

New World, New Theatre
Understanding Theatre after a Global Pandemic

Master's Thesis
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A thesis submitted in partial fulfillment of the requirements
for graduation with the Department of Theatre

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Fall 2020

All the requirements for graduation with the Department of Theatre have been completed.

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Abstract

Theatre seeks to speak honestly and remain vulnerable in its various forms of performance and interpretation. Theatre does this in order to go on a journey with their audience and often with themselves. I felt an approachable draw to theatre growing up, because of its admittance to the vulnerabilities as a medium art form as a result of the structure. As I watched more and more plays in my childhood and later in college, I realized just how impactful the platform of performance is for those watching alongside the performer. This understanding made me question how notable theatre artists are responding to a world where theatre is essentially silent as its form has been altered by the global pandemic of 2020.

As artists are well aware, the fight for visibility, funding, and accessibility have been an issue since the beginning of theatre's very origins. However, under the face of little to no human interaction in quarantine, this challenge has risen to a new level beyond anyone's previous expectations. How as artists, do we operate with theatre in a world no one can access live? What are the alternatives to its traditional form? These questions led me to my interest in theatre's next evolution. Many artists are asking this question, and it appears to be the perfect time to not only uphold this newfound interest in innovation but restructure the original artform in order to improve theatre exponentially moving forward. If the form of performance is a work that is freeing and allowed to be abstract, how do artists remain so when technology is the only alternative to live performance? How do artists remain credible in a world of fake news? Remain relevant? While studying theatre over the last five years, I have obtained the fundamentals of what it means to be a theatre artist. However, what does it mean now, when all traditional form has been wiped out by a plague, and how can we continue to survive other types of plagues in the future?

In the remainder of this thesis, I will assess the current trends of theatre making in the midst of the pandemic of 2020, how traditional theatre is being called into question, and the methods in which theatre attempts to survive its current circumstances. To do this I will assess an interview with a theatre artist and work with a case study on an online production in Covid 19 to do so, in order to assess where theatre is trying to turn in its next revolution.

Introduction

As a theatre artist, dramaturg, director, crew, and cast member, I have experienced theatre as valuable and important to me and the way I live my life. As an artist, I view the world with the lens of theatre; imaginative, magical, and irreplaceable. When I was eight years old, I went to my first Broadway production in Chicago to see the musical, *Mary Poppins*. It was here that I realized the magic of theatre and its power to not only entertain but change individuals and societies' perspectives. When it comes to theatre, it is one of the most unique art forms to interpret and experience the human condition that exists today. Unlike movies or music, theatre must be experienced live, in the flesh, to truly ignite the experience to its fullest potential. Or does it? After the pandemic of 2020 erupted in the United States in March of 2020¹, this viewpoint came into question. In this thesis I plan to analyze what makes theatre *theatre*, and how as a creative artform, one moves forward from here. How do we take the knowledge of past progression and use it to further provide the benefits theatre has to offer while also adjusting to the constant crises which seem to alter or attempt to eliminate it? In this thesis I will assess a theatre artist's experience, and a production during the pandemic, in order to find out. In these assessments I will determine the magnetism that makes theatre essential for existence and for its continuation.

The term magnetism helps set theatre apart from other forms and genres of art, which makes performance entirely unique and crucial to society. According to *And Then You Act Making Art*

¹ <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

in an Unpredictable World by Anne Bogart², magnetism is a physical and affective energy or force that unites elements across space and time. According to Bogart, there are seven compelling forces to theatre that attract people to it: Empathy, Entertainment, Ritual, Participation, Spectacle, Education, and Alchemy. Empathy is the ability to understand and identify with another person's situation or to transfer your own feelings and emotions to them. It must be personal and intimate. An empathetic baseline allows for a piece to find its humanity to a work for relatability and connection. The performer is the empathetic magnet to the counterpart and audience. A theatre's entertainment factor allows for showmanship that is ingrained in our DNA which is why we crave art in the first place. The term, *divertissement* also articulates this need for entertainment. It means to be diverted and helps to divert from woes of daily life for something more. It is in the practice of *divertissement* the audiences are taken by the show in front of them and it is what makes theatre unique to other genres of entertainment.

Humor is powerful and necessary for life and art and also commonly used in theatre performances³ (Bogart, 70). Humor is helpful to make "music more intense" to political climate and topics discussed with serious implications in art. This is why often times comedic plays have an element of deeper truths or a darker lens to its content than other types of shows. Humor in addition to its truth telling, is physically stress relieving to laugh and move in response to a humorous or funny moment for audiences. When incorporating all the elements that make theatre magnifying, there are also three tasks accomplished with all good theatre that must be understood. One, is that theatre must be able to entertain the drunk. Two, the work answers the

² Bogart, Anne. *And Then, You Act: Making Art in an Unpredictable World*. Routledge, 2007.

³ Bogart, Anne. *And Then, You Act: Making Art in an Unpredictable World*. Routledge, 2007.

question, “how do we live?” Finally three, the production answers the question “how does the universe work.” Such vast questions embark on important experiences inaccessible to other art forms.

The other elements that make theatre *theatre* includes the process of ritual. Ritual is the action of going to the theatre and is part of the attraction; actors begin their ritual in the morning of a show, audience members gather, eat, dress up, and prepare to attend a production. These actions therefore are all examples of common rituals. To give the true definition, rituals are a sequence of standardized symbolic acts in which humans seek specific outcomes. Essentially rituals are a form of communication where a performance is the intrinsic formula for ritual to happen. For rituals to work fully, there needs to be an emitter and a receptor. The emitter and receptor relationship creates the tools for rituals and engaging participation of an audience to take place. Often, the actor is the emitter, and the audience the receptor, however, both are key for theatre to function. A ritual is also a liminal event, (or in between) a threshold where symbolic acts are played out in a space. This use of ritual in combination with participation creates the magical effect of theatre. The difference between ritual and participation is, as assumed, the act of the participator.

Participation is the process of leaning forward into the story. It is considered multidimensional, where there is room to leave some balance for audience imaginations, and allow them to be the detectives of the story without leaving too much out or too much in. The theatre is the gym for the soul, the intellect, and the imagination. “We go to the theatre not just to be entertained but also to think. Viewing a performance is action, it takes work, the audience, just like the actors, must be active during the performance” (Barba, 75). In Bogart’s book, participation is studied on a deeper level. A project called “The Audience Project” reflects this

discovery where ownership is given to the civilians and responsibility is given to the viewer by the actors. The experience assessed the process of participation by outsiders onto rehearsals and found interesting results. The study found a benefit to the observer's viewpoint in the rehearsal process rather than waiting to experience the show after debuting. It's the deliberate act of undergoing, putting yourself through the work to shape and change you, not being submissive but present- that effects outcomes. Expectations create experience; an audience must have specific expectations in order to be invested in leaning in to participate. Theatre is unique in its anticipation for expectations and providing the audience with the agency to create their own assumed values before entering a performance to engage with it. This creates a unique experience compelling enough to survive against other forms of entertainment like movies and books alike.

Spectacle is also essential to theatre making. Human beings crave spectacle which satisfies something deep within us. The theatre, as a place for seeing, is able to fulfill the desire for spectacle not just for audiences but for actors too. The act of seeing, which is also an act of hearing and listening, changes you which also draws you towards theatre's medium. Purposeful development is a necessity when creating visual images on the stage, intention is key alongside the images produced by spectacle. Theatre often uses spectacle to entice, but when it utilizes it, it also must tie into the larger themes of a production to be most effective and enticing.

Education is an additional significant element to magnetism that makes theatre necessary and engaging. The best theatre catches your desire for a particular artists' fascinations and makes them your own. Learning and the desire to learn is human nature; if you are not learning you aren't living. Education is seen in art as a way to learn something new and engage in life. Learning about "the other" is what expands human connection and understanding, which theatre

effectively creates. Artists, actors, etc. are learners just as much as the audience is. Learning leads to insight which leads to looking within and finding a new way of understanding. The most effective art is like catching a disease (pandemic pun intended). Education widens perspectives and encourages influence. Influence is like illness or influenza in terms of “catching” the bug for a concept or idea that excites the artist. One cannot force a concept onto an audience, only expose ones’ excitement and the education follows from that peaked interest. The job of the theatre is not to force education but to learn together in this way. And in a world of uncertainty theatre’s education is needed now more than ever.

Finally, alchemy is the last element that impacts theatre’s unique existence onto the world. It is what makes theatre unique. Alchemy is a seemingly magical process of transformation, creation, or combination. The desire to be in the presence of enchantment is a basic impulse of human beings. Alchemy is a form of magic, found often in the way theatre entertains the imagination of its viewers. The magic of alchemy is what is created by the imagination. In addition to this magic, the convention of revelation is a key component of theatrical magic. Time and space are also essential to the revelation of an experience, and key components to “creating the magic” of theatre, which can be manipulated for the imagination.

In the rest of this thesis I will determine the elements that make theatre so magnetizing, in order to understand the ways in which theatre can live on, despite the circumstances which attempts to derail its existence especially the derailment of the 2020 Pandemic that continues to remain unresolved as I write this thesis in December of 2020.

Background

To understand how theatre has been impacted by the global pandemic we first must learn what the pandemic actually is. In America, there is ongoing debate on not only the severity but the legitimacy of the virus through the political spheres which uphold the country. Because of this, ongoing adjustments to protocols and safety have been at play since the news of the pandemic went worldwide in late March of 2020. It was during this time that spreading across the world in other countries such as China and Italy began to expand with extreme death rates and overpopulated hospitals with underrepresented resources to cope with the concentration of patients. In the United States, the government was hesitant to respond under the Trump Administration, and once states finally chose to shut down, thousands had died. By the summer of 2020, over 200,000 Americans had died from the virus to date. Continued opposition on decision making regarding the virus from both political parties impacted the response of local leadership for communities and businesses. As a result, many were hit hard by the impact of the virus and the protocols that were instated to assist during this time. This includes the theatre community.

According to Forbes⁴, The first reports of coronavirus made its way to the United States in January. The Centers for Disease Control and Prevention (CDC) reported the first American death due to COVID-19 on February 29. As March reached its midpoint, it became clear that COVID-19 cases were starting to pick up and that the United States had already ventured past the point of no return. It was during this time that various rules and regulations were put in place

⁴ <https://www.forbes.com/sites/jacquelyncorley/2020/04/10/us-government-response-to-covid-19-was-slow-but-how-does-it-compare-to-other-countries/#450b826dc2e0>

to encourage social distancing and to “flatten the curve.” These regulations ranged significantly, from closing down schools and parks to enforcing strict “shelter in place”⁵ rules for all citizens. Researchers at the Blavatnik School of Government at the University of Oxford explored questions about the impact of the actions put in place by local and federal government and published their groundbreaking results⁶ online in late March. Showing that change is happening with quarantine, however, with stages of reopening now occurring, uncertainty remains constant. Americans should take the issues of the response into consideration as they, in the weeks to come, experience the peaks and then the downswings of the COVID pandemic in the country.

Theatre has always been considered a struggling community, even amongst successful actors and artists, as the saying goes, “starving artists” are often first thought of when theatre comes to mind. It is a profession which expects struggle, yet strives forward through community engagement, nonprofit and grant funding, and a bit of hope. However, when a widespread quarantine was instated in the United States, the in-person theatre that made theatre *theatre*, was no longer allowed to exist. So, artists are now trying to navigate a world without in person interaction or live performance, which is often thought to be the heart of theatre itself. How did we get here?

What exactly is Covid 19⁷? According to the CDC, Covid 19 is a new virus to the world. On February 11, 2020, the World Health Organization announced an official name causing the outbreak, first identified in Wuhan, China. The new name of this disease is coronavirus disease

⁵ <https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html>

⁶ <https://www.bsg.ox.ac.uk/news/worlds-first-covid-19-government-response-tracker-launched-today>

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/cdcresponse/about-COVID-19.html>

2019, abbreviated as COVID-19. In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV.” There are many types of human coronaviruses, including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, however, because by a novel (or new) coronavirus that has not previously been seen in humans. COVID-19 is caused by SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV and SARS-CoV, and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a beta coronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown.

Symptoms of the virus are varied to each individual with some having no symptoms at all while others are as severe as death, creating additional fear and uncertainty around the world. Wide ranges of symptoms are reported across the United States. As the pandemic has progressed, scientists, doctors, and medical professionals have established identifiers, symptoms, and warning signs as well as traditional protocol needed for protective measures over the course of the progression of the virus. According to the CDC⁸, symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. This list does not include all possible symptoms. CDC states that it will continue to update the list of symptoms as professionals in the field learn more about COVID-19. Another large question which has worried individuals is the severity of the disease and when to go to the hospital. Often the CDC says to seek emergency medical attention when seeing the warning signs off the website. Severe life-threatening symptoms include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face

If someone is showing any of these signs, CDC recommends seeking emergency medical care immediately. Of course, this list is not of all possible symptoms. That is the problem, not enough is known or done to prepare for this disease, which has caused confusion about the severity of this virus to Americans as each individual has varying levels of response to the virus often depending on other health issues or age. The CDC, however, says to still call your medical provider for any other symptoms that are severe or concerning to you. Of course, in case of emergency all 911 or call ahead to local emergency facility if someone is unsure of their individual case, and to also notify the operator that you are seeking care for someone who has or may have COVID-19 to help fight the disease, regardless of your particular circumstance.

Another common question the world has had regarding Covid is exactly what is the difference between Covid and a flu? What makes it different? According to the CDC⁹, Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with influenza viruses. Because some of the symptoms of flu and COVID-

⁹ <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. Flu and COVID-19 share many characteristics, but there are some key differences between the two. While more is learned every day, there is still a lot that is unknown about COVID-19 and the virus that causes it.

CDC states that there are some key differences between flu and COVID-19. COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer. Another important difference is there is a vaccine to protect against flu. There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. Flu and COVID-19 share many characteristics, but there are some key differences. Similarities of both COVID-19 and the flu include their varying degrees of signs and symptoms, ranging from no symptoms (asymptomatic) to severe symptoms. Common symptoms that COVID-19 and flu share include- fever or feeling feverish/chills, cough, shortness of breath or difficulty breathing, fatigue (tiredness), sore throat, runny or stuffy nose, muscle pain or body aches, and headache. Also, some people may have vomiting and diarrhea, though this is more common in children than adults

The differences, however, are also important to note. Flu viruses can cause mild to severe illness, including common signs and Influenza (flu) can cause mild to severe illness, and at times can lead to death. Flu is different from a cold. Flu usually comes on suddenly. People who have flu often feel some or all of these symptoms: fever* or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue (tiredness), some people may

have vomiting and diarrhea, though this is more common in children than adults. It is also important to note that not everyone with flu will have a fever. The difference, then is COVID-19 seems to cause more serious illnesses in some people. Other signs and symptoms of COVID-19, different from flu, may include change in or loss of taste or smell.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. This list does not include all possible symptoms. Updates will continue as more is learned about the virus.

So, how long do symptoms appear after exposure and infection? It appears the flu and Covid are similar and different in this regard as well. For both COVID-19 and flu, 1 or more days can pass between a person becoming infected and when he or she starts to experience illness symptoms. However, if a person has COVID-19, it could take them longer to develop symptoms than if they had flu. For the flu, typically, a person develops symptoms anywhere from 1 to 4 days after infection. While for Covid, typically, a person develops symptoms 5 days after being infected, but symptoms can appear as early as 2 days after infection or as late as 14 days after infection, and the time range can vary. The length of how long a person can spread the virus also varies. For both COVID-19 and flu, it is possible to spread the virus for at least 1 day before experiencing any symptoms. Yet, if a person has COVID-19, they may be contagious for a longer period of time than if they had flu. With the flu, most people are contagious for about 1 day before they show symptoms. Older children and adults with flu appear to be most contagious during the initial 3-4 days of their illness but many remain contagious for about 7 days. Infants

and people with weakened immune systems can be contagious for even longer. Whereas, with Covid, how long someone can spread the virus that causes COVID-19 is still under investigation. It's possible for people to spread the virus for about 2 days before experiencing signs or symptoms and remain contagious for at least 10 days after signs or symptoms first appeared. If someone is asymptomatic or their symptoms go away, it is possible to remain contagious for at least 10 days after testing positive for COVID-19.

So how exactly does the flu and Covid spread and is it similar? Well, the CDC believes after research, that there are some overlap between the two. Both COVID-19 and flu can spread from person-to-person, between people who are in close contact with one another (within about 6 feet). Both are spread mainly by droplets made when people with the illness (COVID-19 or flu) cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It may be possible that a person can get infected by physical human contact (e.g. shaking hands) or by touching a surface or object that has virus on it and then touching his or her own mouth, nose, or possibly their eyes. Both flu virus and the virus that causes COVID-19 may be spread to others by people before they begin showing symptoms, with very mild symptoms or who never developed symptoms (asymptomatic). However, there are some differences. While COVID-19 and flu viruses are thought to spread in similar ways, COVID-19 is more contagious among certain populations and age groups than flu. Also, COVID-19 has been observed to have more superspreading events than flu. This means the virus that causes COVID-19 can quickly and easily spread to a lot of people and result in continuous spreading among people as time progresses.

So, who is at risk, or high risk for this virus and how is it different or the same as the flu? Well, the results seem to be a bit of both. Both COVID-19 and flu illness can result in severe

illness and complications. Those at highest risk include- older adults, people with certain underlying medical conditions, pregnant people. But the differences may surprise you. The CDC believes that the risk of complications for healthy children is higher for flu compared to COVID-19. However, infants and children with underlying medical conditions are at increased risk for both flu and COVID-19. It is believed that young children are at higher risk of severe illness from flu. However, school-aged children infected with COVID-19 are at higher risk of Multisystem Inflammatory Syndrome in Children (MIS-C), a rare but severe complication of COVID-19.

With any illness there is also concern for complications for those with severe risk and other illnesses. The same occurs in Covid 19 as it shares similar traits to the flu. Both COVID-19 and flu can result in complications, including- pneumonia, respiratory failure, acute respiratory distress syndrome (i.e. fluid in lungs, sepsis, cardiac injury (e.g. heart attacks and stroke), multiple-organ failure (respiratory failure, kidney failure, shock), worsening of chronic medical conditions (involving the lungs, heart, nervous system or diabetes), inflammation of the heart, brain or muscle tissues, secondary bacterial infections (i.e. infections that occur in people who have already been infected with flu or COVID-19) The difference are also significant. Most people who get flu will recover in a few days to less than two weeks, but some people will develop complications. Additional complications associated with COVID-19 can include-blood clots in the veins and arteries of the lungs, heart, legs or brain, multisystem Inflammatory Syndrome in Children (MIS-C, approved treatments). People at high-risk of complications or who have been hospitalized for COVID-19 or flu should receive supportive medical care to help relieve symptoms and complications. Prescription influenza antiviral drugs are FDA-approved to

treat flu. People who are hospitalized with flu or at high-risk of flu complications with flu symptoms are recommended to be treated with antiviral drugs as soon as possible.

The National Institutes of Health (NIH) has developed guidance on treatment of COVID-19^{external icon}, which will be regularly updated as new evidence on treatment options emerges. While remdesivir is an antiviral agent that is being explored as a treatment for COVID-19 and is available under an Emergency Use Authorization (EUA), there are currently no drugs or other therapeutics approved by the Food and Drug Administration (FDA) to prevent or treat COVID-19. Studies are in progress to learn more. Now the latest plans for a cure include a vaccine, as the flu also has to prevent illness. Vaccines for COVID-19 and flu must be approved or authorized for emergency use (EUA) by the FDA. There are multiple FDA-licensed influenza vaccines produced annually to protect against the 3 or 4 flu viruses that scientists anticipate will circulate each year. Currently there is no vaccine to prevent COVID-19. Vaccine developers and other researchers and manufacturers are expediting the development of a vaccine to prevent COVID-19.

As of October 6, 2020, the United States has had 7,436,278 cases of Covid and 209,560 deaths according to the CDC which is unacceptable. The big questions on everyone's minds then as the information on this virus grows, is just how to stay protected.¹⁰ In many cases, the best way to stay protected is isolation and quarantine. However, as the world has tried to reintegrate itself this summer and early fall, the other best options seem to be mask wearing. According to the CDC,¹¹ The best way to prevent illness is to avoid being exposed to this virus. You can take steps to slow the spread. Stay at least 6 feet away from others, whenever possible. This is very

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/>

important in preventing the spread of COVID-19. Cover your mouth and nose with a mask when around others. This helps reduce the risk of spread both by close contact and by airborne transmission. Wash your hands often with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Avoid crowded indoor spaces and ensure indoor spaces are properly ventilated by bringing in outdoor air as much as possible. In general, being outdoors and in spaces with good ventilation reduces the risk of exposure to infectious respiratory droplets. Stay home and isolate from others when sick. Routinely clean and disinfect frequently touched surfaces.

However, when one does get Covid 19, there are a standard for response as more is known about the virus in the United states. The CDC states¹², that there are certain precautions that can be taken to prevent the virus, although more is being learned every day. If you have a fever, cough or other symptoms, you might have COVID-19. Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your doctor. Since this virus is still being understood as it affects individuals, the most important thing a person can do is to keep track of your symptoms so you can warn others what to look out for. If you have an emergency warning sign (including trouble breathing), get emergency care right away.

If you are sick with COVID-19 or think you might have COVID-19, it is important to follow the steps mentioned to care for yourself and to help protect other people. One option is to stay home except to get medical care. Most people with COVID-19 have mild illness and can recover at home without medical care. CDC recommends that you do not leave your home, except to get

¹² <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

medical care. Do not visit public areas. Take care of yourself. Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.

In addition, it is important to stay in touch with your doctor, and to call all before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency. Avoid public transportation, ridesharing, or taxis. Separate yourself from other people to avoid close contact of spreading the illness. It is recommended that as much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a mask.

Tell your close family and friends that they may have been exposed to COVID-19 if you believe you have it. CDC also mentions that an infected person can spread COVID-19 starting 48 hours (or 2 days) before the person has any symptoms or tests positive. By letting your close inner circle know they may have been exposed to COVID-19, you are helping to protect everyone. If you are diagnosed with COVID-19, someone from the health department may call that individual. Answer the call to slow the spread. Be sure to monitor your symptoms. Follow care instructions from your healthcare provider and local health department. Your local health authorities may give instructions on checking your symptoms and reporting information. Call ahead when seeking your doctor or emergency care. Many medical visits for routine care are being postponed or done by phone or telemedicine due to the virus. If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients. If you are sick,

wear a mask over your nose and mouth. You should wear a mask over your nose and mouth if you must be around other people or animals, including pets (even at home).

You don't need to wear the mask if you are alone. If you cannot put on a mask (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you. Masks should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the mask without help. Cover your coughs and sneezes. Throw away used tissues in a lined trash can.

Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Clean your hands often. Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. Use hand sanitizer if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water are the best option, especially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands. Like any illness, make common sense choices and be aware of the safety of others. Protection can help cause prevention if everyone works together to help stop the spread.

So how has all of this Coronavirus been impacting theatre specifically, if the illness can be spread by close contact? What has been done since Covid began taking notice of the United States, and how has local businesses and community responded? Well, the results are divided. With the Presidential campaign in the same year, and the response by the current government

deemed critically underprepared and highly critiqued, the response to the virus has commonly turned political amongst the people and leaders of each state impacted. With that in mind, response has varied. Those on the conservative side say that the virus is a hoax and attempting to infringe on individual right to choose as free Americans, despite medical and scientific evidence, due to Trump's response as current president. However, the liberal side sees it as a serious threat, choosing the most extreme prevention responses available to help stop the spread. The varied response has slowed the resolution of the pandemic problem, creating no end in sight, as leaders fail to find common ground for impactful solutions to the issue. As a result, local businesses and community members have devised their own response in coordination with the federal mandates that have been ongoing throughout the pandemic's spread.

According to the USA today¹³, global response to how the United States has handled the Covid 19 pandemic has been incredibly critical. "The U.S. response – I exaggerate not – is a textbook example of how to do it wrong," said Dr. William Schaffner, an infectious disease specialist at Vanderbilt University Medical Center. According to the response, some epidemiologists pointed out that successful countries had national strategies as opposed to the American, state-by-state approach. With this approach, there was no consistent protocol for safety which resulted in chaos with hot spots from state to state and continued issue with a rise in the infection within the countries populations. According to Dr. Franzini, Chair of Health Policy and Management at the University of Maryland School of Public Health, "Adopting measures that change at state boundaries might make sense with determining speed limits, but not with

¹³ <https://www.usatoday.com/story/news/nation/2020/08/20/us-covid-19-response-how-miscommunication-selfishness-played-role/5610047002/>

communicable disease.” Franzini goes on to say, “A virus doesn’t know boundaries of different jurisdictions.” A state with strict lockdown orders cannot protect itself from travelers from states with loose restrictions bringing the virus with them, she said, “so a haphazard approach doesn’t make sense.”

The attitude of individualism became harmful when it came to successful protocols to end the virus’s spread, that many other countries did not struggle with. This is due to different attitudes and more community-based mentalities which act for acts of isolation than against it in other countries that the United States do not hold. This American attitude of freedom and individual choice when it comes to mask wearing or strict response to the virus, is not widely accepted in other parts of the world as a result. Therefore, the United States continues to be struggling. “My friends overseas see American exceptionalism as selfishness,” Andreas said. The source of the issues to the American response is the selfishness of individual action that has continued the spread instead of a united unified plan of action that other countries have implemented in their response.

The New York Post¹⁴ mentions in a September article, the arguments amongst media and the Trump Administrations response to the virus which has been a continued discourse of concern since the beginning of this virus in late March of 2020. White House Trade Adviser Peter Navarro and CNN’s Jake Tapper clashed repeatedly over President Trump’s response during a combative interview. In this interview, Peter Navarro defended Trumps actions while Jake Tapper criticized them as many Americans have done in the months since the pandemic came

¹⁴ <https://nypost.com/2020/09/13/trump-advisers-defend-covid-19-response-in-fiery-cnn-debate/>

about. Tapper said in an interview, “I would just like to remind the American people watching that the United States has less than 5 percent of the world’s population, and the United States has more than 20 percent of the world’s coronavirus deaths. That is a fact.” Members of Trump’s team and other republican’s all defend Trumps actions comparing it to 911 saying the downplaying of the virus was to reduce panic, and the response has been working thus far, against critics debates otherwise. Such interviews illuminate the clash of politics and medical response that this pandemic has created amongst the American people and its leadership, which has caused such as strain in the resolution of this virus over the course of 2020 so far. These interviews are numerous and even amongst the presidential debates in November, were a constant cause of concern for action in the future for the safety of Americans and the end of the virus. With such debate on what the right decisions are, no actions are made possible, which leads to a cycle of increased cases and continued fighting amongst leadership and politics, with no clear end in sight.

So how has the theatre community responded? How have they worked through the countries continued divide on action in order to survive? Let us take a look with one of the artists herself to find out in a personal interview on the subject matter.

An Interview; Life as a theatre artist during the Pandemic

Covid 19 has impacted theatre artists all around the globe in addition to individuals across all nations. Below is an article by myself Melissa Trepas, with Dramaturg, Morgan Grambo, on the issues of being an artist, especially in a Covid19 world¹⁵.

Morgan Grambo, recent MFA graduate of Dramaturgy from the University of Iowa, gives us her perspective on the current climate in the field and the impact of the theatre on the world in our current crises for political and social change. Grambo is a graduate student from the University of Iowa with an MFA, and a certificate in Gender, Women's, and Sexuality Studies. Grambo is a dramaturg, teaching artist, and educator based in the United States with roots predominately in PA, CT, RI, MA, IA, and New York City across various demographics.

I first came to know Ms. Grambo through mentorship in undergraduate and graduate studies courses in the theatre arts department at the University of Iowa. In that time, I have found Morgan's insight in her work of storytelling to be incredibly relevant to the surrounding impact theatre has had on current crisis. I asked to interview Grambo for this reason, for which she kindly agreed. The interview was conducted to further conversations about the global pandemic, dramaturgy, and social movements across the globe. Due to the ramifications of the virus and distance, the following interview was led online over email.

Q: Let us start at the beginning. Where are you from, and how did you get into theatre?

¹⁵ <https://thetheatretimes.com/morgan-grambo-landing-the-moment/>

A: Last month I completed an MFA in Dramaturgy at the University of Iowa. I began a deep dive into theatre during undergrad, where I studied English Literature and Theatre Arts at Salve Regina University in Newport, RI. I've lived my life so far bouncing between PA, CT, RI, MA, and IA – with a few years in New York City before returning to graduate school. During my sophomore year of undergrad, I had a professor recommend that I try production dramaturgy for *Columbinus* by Stephen Karam and PJ Paparelli. While I didn't know it at the time (and continued pursuing acting and directing for quite some time after), that experience launched my interest in production dramaturgy and eventually new play dramaturgy and literary management. I went on to pursue a few smaller opportunities before landing an apprenticeship at Roundabout Theatre Company in finance, which another skill that I've acquired over the years. I have learned that it all relates to a love of locating and analyzing patterns! Eventually, I held a full-time position at RTC while I pursued freelance dramaturgy and served as the Literary Manager of Athena Project – an organization that embraces, encourages' and empowers women's artistic contributions across disciplines – for three seasons.

I have just completed my MFA, and a Graduate Certificate in Gender, Women's, and Sexuality Studies, and graduated into a physically and mentally distressing moment. At the moment, I am lucky to have a day job and continue to pursue freelance dramaturgy while we orient ourselves in virtual theatre, continued play submission processes, and envisioning the future of American (and global) theatre.

Q: Have you always wanted to be a teaching artist, director, and dramaturg? What did you want to be when you were young? How have those dreams manifested into what you do today?

A: Until I was heading off to my first year of college, I believed that I was going to be a doctor. I remember loving AP Biology and that I was very into the idea of “being” a doctor (who knows how grounded that was). Of course, as many high school theatre kids do, I also dreamed of being an actor. That eventually expanded as I had the pleasure of seeing my sister expand her performance art into improv and sketch, and I had a lot of upperclassmen in undergrad showing what it meant to direct and take more leadership roles in the theatre. There was a brief moment where I thought I would be a director (with no-hyphen) and I still do direct on occasion (when it feels like a good fit, like with *The Wolves* in 2019 because I had played many, many years of soccer) or on short pieces (like at Iowa’s night of poet’s theatre).

Dramaturgy and teaching go hand-in-hand for me.

They both require an emphasis on asking questions, pulling forth boldness from our collaborators and students (artistically, intellectually, even in terms of silliness), and stoking the fires of curiosity in those we work with. I cannot imagine not having teaching be a part of my career path, that is definitely a major goal of mine. On the most basic level, I love curating reading lists and moderating discussions. Dramaturgy feels the same way and I’m continuing to look for ways to test its malleability outside of production. At the moment, I’m really interested in my role as an advocate for the production of new plays and how that aligns with research, having recently completed my MFA thesis entitled “Amplifying Indigenous, Feminist Voices On Stage” which surveys forty-two plays by Indigenous North American women written in the 21st century. It’s funny to think of a young person’s dreams manifesting as dramaturgy, but there are so many avenues to finding it that I think that must be true of us all!

Q: I must ask, could you explain what a dramaturg is for those less familiar and what the role traditionally entails?

A: The eternal question – and one that many others will define much better than I am about to do! For me, the practice of dramaturgy occurs at the intersection of analysis, context, and impact. It can be applied to many roles orbiting the theatre: production dramaturg (new or published works), an institutional dramaturg, critic, literary manager, scholar, historian, theorist, educator, writer, archivist, director, etc. (the list goes on forever). The dramaturgy of a piece often refers to how the storytelling operates, and it is a safe assumption that the “dramaturg” working on a production must have a solid understanding of that at minimum. In addition to working with the team creating a piece of theatre, dramaturgs simultaneously hold many audience-facing roles that can encompass marketing, outreach, engagement, and education. What I have found to be the key to performing dramaturgy is to have a flexible plan. Every experience is unique and has its own requirements that stem from the intended effects of the art being created.

Q: What was your experience like in an MFA Dramaturg program at the University of Iowa? Did the programs prestige surprise you? How has Iowa impacted your experience as a theatre maker?

A: I did not have as full of an understanding of Iowa’s role in the writing world as I should have when I applied. At the same time, I applied because the MFA in Dramaturgy is housed in the Iowa Playwrights’ Workshop. During my time at the University, I was able to work closely with eighteen playwrights in the program. Since the class of dramaturgs is small (normally three across all the years), we had enormous production and new play dramaturgy opportunities. Luke Daniel White (my classmate of all three years) and I were able to practice our craft innumerable times, while taking rigorous course loads to expand our understanding of dramaturgy.

The University of Iowa has had a massive impact on me as a theatre maker. As with three years of schooling will do, I feel more confident in my initial approaches to plays (having experienced and responded to approximately seventy-two Monday night workshops). I had the space and time to reflect on what I value in a collaboration: positivity, clarity, and commitment. Most significantly, I've massively expanded my understanding and capacities as a researcher and writer on theatre. Also, it cannot be under-discussed how important it was that the University of Iowa covered my tuition and employed me during my degree, which is essential for leaving school with both a great amount of teaching experience but also loan-free.

Q: Why do you think Dramaturgy as a profession remains such a vaguely understood role in theatre in America compared to other global institutions? Do you agree that it is often misrepresented?

A: I think that it can be misrepresented, but not often intentionally. There are some dramaturgs that value production research above many other things, and unfortunately, that is the extent of how many other disciplines view us. The reality is: everyone should also be doing their own research, and we can do so much more. Additionally, I know that dramaturgical practices look so different person to person, region to region, that directors and writers sometimes do not know how to use us, or even worse, to ask for us at all. I think LMDA (Literary Managers and Dramaturgs of the Americas) continues to work hard to both provide clarity on this question, but also to create space for dramaturgs to gather to discuss the deeper and more nuanced ideas that our practice evokes.

Q: As a theatre artist, director, and dramaturg, you have had extensive experience with community engagement, artist collaboration, administrative/ leader-oriented roles, talk

backs, and wearing many different hats. What is the most rewarding and most challenging parts of your job and what is your favorite part of this field of work that you do?

A: Every item on that list feels very related to me. The most rewarding part of being a dramaturg is deepening an experience, which is why I find so much joy in working with audiences, students, and artists on a variety of different tasks. There are so many avenues to “landing a moment” – with just the right piece of information in the lobby display or program, or the honest answer at a student matinee talkback, or responding to an on-stage moment when it works (or ...does not). The most challenging thing is the continuous re-orientation of your practice in every collaboration, and even moment to moment. My favorite part of being an artist in this field is our ability to hold the somatic and the intellectual simultaneously, and the moment when the somatic fully takes over! I love a good catharsis.

Q: How has your role as a dramaturg impacted your perspective of theatre? What about being a dramaturg benefits how you create theatre in our current crisis with Covid 19?

A: Studying dramaturgy has sometimes felt that it has verged on the hyper-critical, sometimes cynical – which was never intended but a result of the intensive practice no less. To serve as a dramaturg pushes you to expand your knowledge of who is writing what, where it is being produced, and significantly, the theories and histories of how theatre making works. As a dramaturg, I feel that my perspective on theatre forces me to hold a variety of disciplines in my conscious mind as I watch live performances (because ours may not be as obvious), in a way that I think often hinders practitioners of other disciplines in their viewings.

In terms of dealing with our COVID-19 pandemic and our immediate (and long-standing) crisis of police brutality, I believe that dramaturgs will be active members of revisioning and

reinvigorating theatre. Personally, I have struggled to participate outside of the projects that were on my schedule prior to the theatre shutdowns, but I am hoping that I will find the motivation to work on something new (and likely, virtual) soon. I've always believed that collaboration is just conversation in different forms, and that is something that we still have the capacity to do, and due to that, I am hopeful.

Q: You studied indigenous feminist history plays for your MFA thesis, could you tell us more about your work, what sparked the interest to study this genre, and how it has impacted your other work as a theatre artist?

A: There is a lot of flexibility regarding what form an MFA thesis in Dramaturgy may take at Iowa. My focus has been feminist drama since I arrived in the program and I began a research project exploring history plays by Indigenous North American women in a class the first semester of my second year. In my third year, after an intensive research period, I produced a staged reading of Marisa Carr's *Reconciliation* at the University. All of the researched plays and avenues to reading them are available on my website¹⁶, alongside a brief "3MT" (three-minute thesis) audio clip highlighting the results of my research. The stakes for producing these plays on stage are incredibly high and in addition to advocating for their production, I have learned a great deal regarding our role as theatre artists in advocating for the ideas in our most significant works off-stage as well. I hope to continue to push for many of the pillars of Native feminist theories, especially challenging settler colonialism and foregrounding Indigenous ways of knowing, as I move through the word – and the learning and conversations are set to continue!

¹⁶ (<https://www.morangrambo.com/advocacy>)

Q: Before the Pandemic started, what were your plans after graduating, have those plans changed? What does your career look like now that we are currently living in a quarantine lifestyle?

A: I am very lucky to have space to return to my mother's horse farm in CT, where I will be living and working for the foreseeable future! My partner and I planned to return to NYC after our graduate educations but will continue to job hunt and collaborate on other projects remotely for now. One of our professors reminded us during our virtual graduation that the future was always uncertain, and I find that a comforting sentiment. I think working in our industry is incredibly challenging under perfect circumstances, so I am merely looking for the strength, curiosity, and passion to bridge this current moment. What I love about dramaturgy, as I've previously stated, is that I've learned how to contribute to the theatre community in so many ways, so I cannot imagine experiencing a shortage of ideas anytime soon.

Q: What theatre-making has inspired you most in your career so far? What stories strike a chord, and what do you think makes "good" theatre?

A: There are certain elements that I enjoy in a theatrical experience, but I would by no means call this an exhaustive list of what makes "good" theatre. 1) I like to learn something. Walking away with new information (either about myself, an idea, an event, a perspective) is critical for me. 2) I'm interested in women on stage. Not exclusively, but I'm drawn to pieces where this is essential to the project. 3) Pieces with dynamic structures. I appreciate a play that evolves in its form over the course of the theatrical experience. There are many more, but these are a few that would emerge the most for me!

There have been many pieces of theatre that I have seen that have left a lasting impression. Darko Tresnjak's Hamlet at Hartford Stage. A reading of Too Heavy for Your Pocket by Jiréh Breon Holder in Roundabout's Black Box. Paula Vogel's Indecent was a particularly formative experience. I am inspired by so many writers and directors that I have observed from afar and have had the opportunity to work with. There are also many collaborations that I have been nourished by that continue to inform my work as I move forward in our field.

Q: Can you tell us more about upcoming projects that you are working on? How are you handling our current pandemic crisis regarding your work and what are your aspirations for the near future? What is your hope for theatre moving forward?

A: I do not have any production dramaturgy lined up! As I have moved into survival mode for the near future, I have found exploring some of my solo projects a fruitful location for working. While I'm considering this period an "off-boarding" from graduate school, I have many ideas for workshops and courses that I am drafting, working on a publishable version of my thesis, and completing script coverage for a few organizations. It may not be the most valuable contribution to the theatre community, but that is my version of sustainability at the moment.

As we have heard from many others during this crisis, I hope that the perspective this moment has provided will force positive change when we return to something that looks a little more like normalcy in the theatre. I'm thrilled for those exploring virtual spaces or distanced theatre, but I cannot wait to gather again – whether in an audience or in a rehearsal room!

Assessing theatre's resilience: A Case Study on *sheltered*, a new play production

In an effort to better understand the methods theatre is using to combat theatre shut downs and global quarantine due to the pandemic of 2020, I decided to use my real-life production of *sheltered* as a case study to assess the process of creating theatre during a pandemic, and the ways in which theatre is progressing to its new form in this current time. In order to best understand the process, I have included the packet of research for the play which also happens to be a new play production by a fellow Fontbonne University student, Jacob Schmidt. As rehearsals progressed, I recorded the process and its effectiveness in my analysis below. It is important that I mention before my analysis that during Covid times, Zoom has become an essential tool for creating art in this uncertain year. Zoom is a video program platform originally designed for corporate meetings which has been dominantly used for work settings, schools, and for theatre making online. However, this case study is unique, as it assess an alternative way to produce theatre while also following the protocols of safety with isolation, fever checks, masks, distance, and the use of technology to progress. In addition, this production especially attempts to recreate the magnetism of traditional theatre in this new online format during the pandemic, and does so, with much success.

What makes this case study especially interesting is that the play itself dives into the chaos of the pandemic and its impact on human connection and various relationships. It reflects life, as often theatre tends to do. The show *sheltered* is the ultimate example of theatre today, as it also is one of the first to premiere in the new wave of pandemic cannon that is sure to come as the pandemic continues to stretch months into the future with seemingly no means to an end. Using this case study, I will assess in more depth the aftermaths and impact that theatre is making in this uncharted territory and the successes and failures of this new attempted practice to

theatre using limited interaction, live sets, filming, and editing that this production is putting into practice. You can view the research packet for the production here¹⁷ in addition to the first draft of the script. The final draft can be seen in this attachment here¹⁸ with special permission, and the playbill¹⁹ that was sent out during the online live viewing of each production online. View the production off of YouTube in the link attached here²⁰ for more clarity on the assessment to follow.

The beginning stages of any production are often chaotic, stressful, yet exciting. The production of *sheltered* was no different as it dived into a meta-experience of the Covid world in the play while also still living within it in our day to day lives. The first step of this production was creating the team to create the production. Former colleague and friend, Kayla MaGraw directed the production, while my other former college and friend, wrote the play. As I administered work as the dramaturg, the team began to form. Since this show was a new play production, the process to follow was considered a learning curve for all involved not only because of Covid 19, but because it was a play never viewed by an audience before, with its own room for growth as the rehearsal process progressed. This gave this show the unique opportunity to be particularly flexible to collaboration and feedback for future productions to come. The Playwright, Jacob Schmidt, is a recent college graduate and new playwright in the St. Louis region of theatre. Director, Kayla MaGraw, is a masters' student and director, new to the online world of theatre collaboration. While I, Melissa Trepá, am an additional collaborator and dramaturg, and also a masters' student. Actors in the roles of the characters were a mixture of

¹⁷ [final research packet sheltered by melissa trepa .pdf](#)

¹⁸ ["sheltered" OFFICIALLY Official Script - Google Docs](#)

¹⁹ ['sheltered ' Playbill.pdf - Lumin Pdf](#)

²⁰ [sheltered - YouTube](#)

experienced artists and new young professionals in the St. Louis area. As a new play in production, *sheltered* is a unique opportunity to join a larger much more necessary conversation about the impact of the arts and common human connection.

So, what is *sheltered* exactly? The play *sheltered* is unique from other stories on the pandemic as it not only touches on several topics and themes of this 2020 movement, but it also explores how to produce theatre without the reliance on Zoom in our uncertain times as theatre artists. The play is unique as it explores several different demographics, backgrounds, and relationships impacted by the pandemic on several levels. The play is a dual genre of drama and comedy as it tackles truth through intricate lenses of relationship and intelligent humor to balance harsh realities with soft hopes and goals. It is funny and thought provoking, which is hard to do. The style is very intricate, historically accurate, and feels like nonfiction as it tackles true historically accurate occurrences with fictional storylines based on real life stories. Central themes of the production include self-love, mental health, women's rights, gender equality, LGBTQ relationships, friendship conflict dynamics, domestic violence, unemployment, wage and hazard pay crisis, pandemic health crisis, American politics, and the human experiences of connection as a whole.

The play *sheltered* is approximately 128 minutes long with intermission. Each story is a vignette of a larger story arc as the production was curated with pandemic safety protocol in mind. The rehearsals were done online via zoom video chats and only one or two rehearsals were done in person and recorded for filming, which included social distancing and mask wearing amongst fever checks. Once filmed, the creative team collaborated to create the final filming, which was live streamed online using YouTube, similar to live theatre presentations. More

productions of *sheltered* are expected to come as all new plays in their development grow, and the world of theatre and its constructs continue to change.

What made this production particularly exciting is director Kayla MaGraw's approach to its storytelling. Her larger goal was to try to emulate the true theatre experience to the best of our ability with the resources we had online and restrictions Covid required of us. Instead of a zoom show which has trended in our current world across global platforms as a means for continuing theatre, Kayla wanted a different perspective. This was due to the fact that the zoom format felt like a failed attempt at theatre where film collide, with a disconnect from audience to performance in the lens of a zoom call. By having the show filmed, but with just one lens filming straight on, it created a stage viewing that never changes rather than the eye of a lens that film relies on in order to be more authentic to a true theatre viewing experience of performance. In addition, the show was curated with a livestream the weekend it debuted to instill that "live" theatre experience that makes theatre unique from other entertainment platforms. With this in mind the show also had a countdown, and comment section for viewers to experience the show in real time as if they were live, which also included an intermission, which is common in true theatre settings. After the show, there was a talk back about the process which is also unique to theatre productions to create authenticity. With all these protocols in mind, the show of *sheltered* was able to flourish as its own theatre medium against other theatre productions and movie streams across the internet while current theatre continues to be inactive due to Covid 19 precautions.

So now that the vision was created, and the team was forming, the next step for any new play production is script revisions and auditions. During August Jacob Schmidt, Kayla MaGraw, and I created the final drafts in editing and collaboration sessions via email and administered

auditions via a large zoom audition process. As the first and second drafts were being edited by Jacob, Kayla and I took the liberty of reviewing and making comments for suggested revisions as Jacob tried to finish the final version of the script before the first rehearsals in the fall semester. While Jacob was busy with his writing, it was up to the director Kayla MaGraw and I, the dramaturg, to watch auditions and make the cast list.

To facilitate an open casting call, Kayla and Deanna Jent, our Artistic Director at Fontbonne University, created a zoom link in September with a prompt for the audition members to do a cold read to, reading from sides from the revised script in progress. Once they finished their readings, they would be contacted several days later with results of the cast list. Kayla made the final call, but I helped to make notes and assessments in the auditions. The link for the zoom auditions were sent out a while prior via Facebook to connected friends and acting colleges to gain a large enough demographic to provide auditions. When each person signed up for the Zoom link for the audition, they were also asked to fill out an audition sheet²¹ for the rehearsal and decision-making process. The audition sheet included name, phone number, email, age, height, gender, solo or group scene preference, experience, talent, skills, availability, participant release, and signature. The auditions took place September 10th with time slots given from 4-6:30 pm. The production was set for November 20-22nd. The link had a prompt on it which provided those who auditioned the safety measures that were in place for this production, the character breakdown, and the overall expectations for those interested in being a part of the production. This included all rehearsals being on zoom with rehearsal time slots a few times a week, and only filming in person once during the entire process, which included the use of face masks, fever checks, and Covid testing practices in place in order to do so safely. A character

²¹ ["sheltered" Audition Paperwork - Google Docs](#)

breakdown and setting, and time period, were all provided to those auditioning as well since the audition was a cold read of characters. The prompt given to those auditioning is as follows:

CHARACTER BREAKDOWN/ANALYSIS

(Ages and Ethnicities of the characters are flexible, Gender Identities/Presentations are cast as written. The stories of each character(s) are told through three phases in time throughout the play; at the beginning of a shelter in place order, two weeks in, and now more than a month in.)

PLACE: The metropolitan city of Seattle, in the state of Washington. An apartment complex.

TIME PERIOD: 2020. Phase One is March 25 (2 days after the "Shelter-In-Place" order). Phase Two is April 17th (2 weeks after the "Shelter-In-Place" order). Phase Three is May 20th (3 days before the "Shelter-In-Place" order is lifted.)

CHARACTERS:

MICHAEL: A hard worker. MICHAEL spirals into a depression throughout the play. He loses his job, dodges bill collectors, and is surrounded by news coverage of the doom and gloom of the pandemic. MICHAEL is looking for a purpose. He's waiting for something good to happen. Unfortunately, he is losing the will to live and we eventually see him loading a gun to kill himself....or does he?

SETH: A corporate, brown noser. SETH is trying to adapt to the virtual office space on Zoom, all while trying to impress his senior boss. He's still expected to uphold the same office formalities at home (dress code, polite "office talk", etc), but he's finding his way around them. SETH is trying to find the balance of work and play, and still make a good impression at a prestigious job.

ROBERT: A hopeless romantic who's hopelessly in love with VANESSA, and tries very hard at making their relationship work. Funny, sweet, caring, communicative. In essence; the perfect boyfriend. He's ready to take the next step with VANESSA in their relationship, but hits a rough patch when it's revealed she's been cheating on him. ROBERT tries to navigate the idea of a new world without her.

VANESSA: A modern girl who found the perfect boyfriend in ROBERT. They're happily in love, but VANESSA feels like she's missing something. She starts an innocent friendship with a work client that soon falls into an affair. And after ROBERT asks her the question of a lifetime, she decides to come clean. VANESSA struggles to figure out what she wants, and how her actions have affected someone she loves the most.

CARLY: An essential worker that's getting mistreated by her work. She tries to stay optimistic about her job....but then devolves into being realistic. She persuades JESSE into not causing trouble and to keep going for the sake of pay. She needs a little push to join JESSE in quitting. She's the brains of the two.

JESSE: An essential worker that's been pushed too far. She eventually decides to strike and contact a union about the unsafe work conditions. She tries to get her roommate and friend CARLY to join, even though they both have no idea how to get started. She's the brawns of the two.

TOM: A caring husband and father-to-be. He waits on his wife hand and foot and is trying to stay positive and optimistic about the birth of his child. He shares the same fears with RACHEL in having their son born in a hospital, but he always finds the right way to help calm RACHEL.

RACHEL: A worried mother-to-be. She's made all sorts of plans to have her child be born safely, but they're all starting to fall through. She relies on her husband TOM to reel her back and get her to focus on the fun things of parenthood.

SUSIE: A busy bee, proud cat mom. Since she's stuck inside during the pandemic, she's trying many different hobbies to stay occupied and help the days pass. The problem is, she hasn't found a hobby to stick. And talking to the cats DEFINITELY isn't helping. But maybe her feline companions are more of a help than she thinks.

KYLE: An oblivious frat-ish guy. Spends the days drinking beer and gaming with his roommate CHAD. After a breakup with his girlfriend, he's got his best bro to help him out and distract him. But he's oblivious to the fact that this friendship might be moving in a more romantic direction.

CHAD: A confused frat-ish guy. While spending a lot more time with his roommate KYLE, he's beginning to realize his romantic feelings for him. The problem is, KYLE is straight and in a relationship. And CHAD'S straight! He thinks? CHAD tries to navigate these new feelings for another guy while trying to maintain his Mario Kart title.

DR. MOORE: A busy therapist. While more and more people are stuck at home, the demand for help is at an all-time high. DR. MOORE is struggling to find a balanced work environment with such high demand and is increasingly concerned about the behaviors of a new client. Finds herself in the same position of her clients; helpless.

KATHY: A victim looking for a way out. She thought that BILL was a nice guy and was lucky to move in with him. But she's starting to feel the water heat up around her, and she's trapped. BILL reveals his true colors and KATHY starts to feel that staying inside is an increasingly dangerous option for her. She's desperate to do anything to escape but hopes it doesn't come to it.

BILL: A man abusing his power. BILL seems like a great guy, with a few quirks. But then his requests turn into demands, his comments turn into insults. He starts to control KATHY and threatens that there's no way out for her. Where is she going to go in a pandemic, during a "shelter-in-place" order? He didn't have to build a cage to keep her in, the virus did that itself. All-in-all, a piece of shit guy.

After the auditions, the cast list was decided within a day by Kayla MaGraw and the creative team. After the cast was selected, I created the cast research packet to assist the actors

with the unique process ahead and the content of the script and approaches established with it.

After the first rehearsal, Jacob Schmidt, the playwright, completed his final draft and revisions for the cast by September 21st. The format of the play was as follows:

Play Timeline

The whole play is set in the same apartment complex, in Seattle in present day Covid 2020. The only difference in setting is the apartment's props, to indicate it is the same complex but different apartments. The time of day is also varied by the scene. The Setting? The metropolitan city of Seattle, in the state of Washington. Note the show develops by phases.

Phase One is March 25 (2 days after the "Shelter-In-Place" order). Phase Two is April 17th (2 weeks after the "Shelter-In-Place" order). Phase Three is May 20th (3 days before the "Shelter-In-Place" order is lifted. The Phases help indicate narrative development and story arcs amongst individual storylines as well.

Phase One-Shelter-in-Place (March 25, 2020)

Scene 1: p.4-5, MICHAEL leaves for work in a hurry, the answering machine picks up for DON, his coworker, who warns Michael of their work situation due to the pandemic, which does not look good.

Scene 2: P. 6-7: SETH has his first day of work at his remote job as a marketing team member, he struggles to work with the technology and make a good first impression.

Scene 3: P. 8-12: VANESSA and ROBERT seem to have the perfect relationship, VANESSA stresses about her fashion job, while ROBERT comforts her. VANESSA seems to be cheating online on ROBERT texting and sending naughty pics to an unknown number after ROBERT leaves.

Scene 4: P.13-15: CARLY and JESSE are roommates and colleges who both work at the same company as essential workers, just different shifts. The beginning of the Pandemic has the girls concerned with changes to work life and society as "normal" begins to have a new meaning.

Scene 5: P.16-20 TOM and RACHEL are the cutest couple. However, they are stressed by the woes of pregnancy as RACHEL approaches her due date in the middle of a global pandemic, TOM tries to sooth her stresses, however both can't remain calm forever. Love making seems a good distraction as any.

Scene 6: P.21-22: SUSIE is a cat mom and hobby enthusiast. Thanks to the early shelter-in-place order, Susie has plenty of time to learn new hobbies. She starts with Thumbelina's sewing shows' instructions but struggles to keep up. Her cats keep her company.

Scene 7: P.23-27: CHAD and KYLE are college roommates who just found out they're stuck together for the remainder of the shelter-in place order, thanks to a global pandemic. They see it as a chance to play videogames and slack off, however, it is a lot of time isolated with one other person. Logistics of job plans is exchanged but CHAD feels more is at stake, than just work. He calls a mysterious friend for advice, without KYLE knowing.

Scene 8: P.28-29: DR. MOORE is a professional therapist and has just begun the transition to online therapy with her clients as the news of a shelter in place order has been conducted in Seattle. DR. MOORE seems to be handling the transition well and introduces a new client to her work load.

Scene 9: P. 30-33: KATHY and BILL are a couple in the midst of the early stages of the pandemic. KATHY just lost her office job and tries to keep the household needs at bay as her husband BILL tackles the stresses of his job as the pandemic hits his workload. The stress adds tension to their relationship, and we see an uneven dynamic between the unhealthy relationship begin to brew between them.

Phase Two- (April 17th, 2020)

Scene 1: P. 35-36: MICHAEL is not doing well his mental health is declining. Several voicemails are heard from concerned loved ones including AVERY, DON, OLIVIA, and CHESTER, MICHAEL is withdrawing and fast as the impact of isolation and job loss from the Pandemic takes its toll.

Scene 2: P.37-38: SETH is back at work but taking a more casual approach to remote work, attempting to gain praise and respect at his position despite this millennial style to work, it backfires and SETH struggles to keep impressions positive on his progress in the company.

Scene 3: P. 39-42: VANESSA and ROBERT are home together celebrating their anniversary inside, thanks to quarantine, ROBERT completely oblivious to VANESSA'S cheating, continues his romantic endeavors with her. Their anniversary is altered due to restricted access in quarantine, so they stay at home for in-door festivities. However, plans are interrupted when VANESSA is almost caught on the phone with her side piece, before finding the ring ROBERT intended to propose to her with. On to spot, ROBERT asks to marry VANESSA, unaware of the phone call.

Scene 4: P.43-46: CARLY and JESSE are at each other's' throats as work conditions stresses continue to rise and unfair treatment at the front lines of the pandemic. The job has the two over worked and underappreciated or compensated. The two roommates feel fed up with their job and their unfulfilled promises of safe work conditions, fair pay, and fair treatment and seem to lash out on one another between shifts to cope.

Scene 5: P.47-51: TOM and RACHEL begin the morning, RACHEL is struggling as she continues to grow and reach closer to her due date, TOM tries to keep up with her needs. RACHEL feels the stress of becoming a new mother and the expectations associated, as TOM takes on traditional and untraditional roles at home to prepare for the baby. RACHEL's insecurities get to her, but TOM reassures her the two of them will work together to be equal contributing parents for their incoming child.

Scene 6: P.52-53: SUSIE is onto her next project for self-improvement, this time following along with Danika's workout video. As before, SUSIE struggles to keep up, and eventually takes a breather on the couch with her cats, her intentions are better than her executions, but she continues to try every time.

Scene 7: P.54-58: CHAD and KYLE have been isolated for a few weeks now and are still chilling in the apartment. The constant time together has caused irritability between the two, KYLE has a

breakup and struggles to keep his pain at bay, CHAD tries to be a supportive friend. CHAD calls a mysterious friend at the end of the scene.

Scene 8: P.59-60: DR. MOORE begins to have an increasing workload as the toll of the pandemic hits the community and DR. MOORE gains more and more clients. She struggles to keep up and to also assist her most in-need patient who begins to feel distant in her sessions.

Scene 9: P.61-65: KATHY and BILL'S relationship has escalated to full violence and abuse and KATHY attempts to call a help line to escape to a shelter while BILL is not home. However, with the pandemic takeover there is no rooms or shelters available to save her. As she tries to plan her escape, BILL catches her wrist with the phone number on it and tries to catch her bluff, KATHY challenges it, without any alternative plan, and he does not test her whereabouts further. She is safe for another day, for now.

Phase Three- (May 20, 2020)

(Note the gunshot heard in Scene 1 is heard but all actors in their respective scenes at some point in their interactions- it is not clear until KATHY's scene where the gunshot is coming from)

Scene 1: P. 67-69: MICHAEL is severely depressed and lets all his concerned loved ones to voicemail once again. This time he deletes the messages entirely before they can finish. His mother is the last to leave a voicemail, MICHAEL listens to it, and rewinds the end several times. Michael holds a gun in his hands. The audience hears a gunshot.

Scene 2: P.69-70: SETH seems to have a handle on the remote technology and his role in the marketing team he is working in. His idea for casual wear and laid-back demeanor with at homework seems to be a success with his coworkers and boss, and SETH is striving as he gains confidence and understanding at the job. His team respects his growth and his leadership in such hard times. SETH thinks he hears a gunshot but moves on with his earbuds as he works.

Scene 3: P.71-74: ROBERT and VANESSA are at the end of their relationship when VANESSA confesses to her adultery. ROBERT is angry, of course, and asks for an explanation. The two hash out their pain to one another, ROBERT is forced to stay at their place until the quarantine is lifted since he was tested for Covid at work. The two hear a gunshot, ROBERT calls the police.

Scene 4: P. 75-79: JESSE and CARLY are past the point of anger and look to each other for comradery as they alternate shifts at work from one another as essential workers, the two hash out their complaints before deciding they've had enough and decide to go on strike. CARLY hears the gunshot.

Scene 5: P. 80-83: TOM and RACHEL are coming close to delivery time, and RACHEL continues to worry about the hospital dynamic given the pandemic's chaos around the world. ROBERT reassures her that RACHEL will be the best mother, that he is frustrated he can't be there under normal circumstances to support her through it all, and they put on brave face for their baby to come. The gunshot goes off but isn't quite heard as tea is on the kettle, blocking the noise.

Scene 6: P. 84-85: SUSIE is back at another hobby, determined as ever to learn something new. This time, she works on a cooking show, and finds success following along. She is impressed with herself and her growth, unable to hear the gunshot with her mixer loud and proud, continues to cook. SUSIE tends to her cats, happy at her improvements and proud of herself.

Scene 7: P. 86-91: CHAD and KYLE's friendship takes a turn when CHAD comes out to KYLE while bonding with one another through a kiss. At first, KYLE does not reciprocate, before he does. The two talk about their sexuality, and CHAD admits a gay friend gave him advice on how to cope with being closeted and his feelings for KYLE. The two to see it through together as more than friends. They continue gaming, unable to hear the gunshot over the noise of their video game.

Scene 8: P. 92-93: DR. MOORE is struggling to focus on a new client when her distant patient is nowhere to be found. While speaking with a client online on video chat, DR. MOORE gets a text with news on the whereabouts of her withdrawn patient. The answers are inconclusive and like a professional despite her emotions, DR. MOORE continues her session with the client in front of her online. Too engrossed in her meeting, she misses the sound of the gunshot go off in the other apartment.

Scene 9: P.94-99: KATHY and BILL'S abusive relationship has hit its climax, as KATHY decides despite the danger, she has had enough and attempts to leave BILL. BILL catches her, noticing their joint accounts had money missing, and he returns home to confront her. The argument escalates, and to protect herself, KATHY shoots her gun at BILL'S ear and runs. MICHAEL from down the hall hears it and provides her with an escape route. The apartment complex is buzzing from the noise.

Epilogue: P.99-101

A news REPORTER narrates the unfolding of KATHY'S gunshots as residents of the complex were interviewed for their perspectives on the situation for a local Seattle story with King Five News. Lights fade out. End of Show.

After the final script was sent, the cast had an initial read through and received the cast research packet via zoom. From there on each week Kayla MaGraw would create the schedule with the cast pairings who would do rehearsals together and time slots for them to sign up with Kayla on Zoom to rehearse a few times a week. From here Kayla facilitated the rehearsal process while the creative team grew and prepared for the filming weekend where all the rehearsals would come together in a final performance. Rehearsals lasted from September 21st, until November 1st on zoom sessions. The first week of November, the cast came in individually to the filming site with masks and distancing practices to rehearse in person with Kayla, and a small portion of the creative team. That weekend, November 7-9, the cast came in time slots with their

acting partners to film three times before leaving the set. During these weeks, the creative team grew and created the larger set of the cast.

The creative team was as follows; Playwright: Jacob Schmidt, Director: Kayla MaGraw, Stage Manager: Traci Clapper, Dramaturg/Assistant: Melissa Trepa, Producer: Deanna Jent, Videographer: Professional Production Enterprises, Props Coordinator: Lindzey Jent, Props/Costumes Facilitator: Dorian Baldwin.

The final Cast was as follows; Michael: Dakotta Hagar, Seth: Antonio Barnum, Robert: Adam Jurotich Sr., Vanessa: Madison Landry, Carly: Vicky Chen, Jesse: Kiera Lynn, Tom: Nicholas Johnson, Rachel: Madison Dennis, Suzie Kate Dawson, Thimblelina/Dankia Du-Pree/Kitty Kristie: Grace Costello, Kyle: Kane Carpenter, Chad: Josh Marotti, Dr. Moore: Dianna Pallas, Bill: Nathan Maul, Kathy: Melody Quinn, Don: Chad Griefe-Weternhall, Avery: Dorian Baldwin, Chester: Jacob Schmidt, Michael's Mother: Juliana Banner-Hagar, Reporter: Melissa Trepa.

The creative team was hard at work with scheduling zoom rehearsals, facilitating Covid practices, finding costuming, props, working on the playbill, soundbites, and video affects for the film production team that was hired to help assist in producing the play during the casts rehearsals during the week. As rehearsals progressed, actors worked to get off book and work on blocking and memorizing from the comfort of their own homes with director Kayla. When the final dress rehearsals arrived, the cast came with their costumes, prepared parts, and blocking to work through before filming weekend the first week of November individually. Filming weekend, the filming crew hired, Professional Production Enterprises, filmed with official lights, curtains, and camera equipment while each vignette group went ahead and did their parts. All groups had time slots to come in and film to avoid contact with the larger cast. In addition, many

breaks were held between scenes for safety and masks were worn when not filming the actual parts by the actors. Everyone in the creative team wore masks at all times. Once filming was done, the show was all edited and added together by the film crew and given feedback by Kayla MaGraw and Jacob Schmidt before final edits were made. This was all done just moments before the filming debut occurred which was live streamed on YouTube November 20-22nd, 2020.

The additional challenge for this process was creating the different apartment complex apartment spaces and set given the limited day to film and space to film at, as well as the various storylines in the show. To assist with this process, Kayla MaGraw worked with the creative team to create the vision. All the apartments would have the same basic couch and carpeting since some apartment complexes are furnished and the actual filming was done in a conference room at Fontbonne University in one large room. The details of the rooms, such as different props like blankets, lamps, etc. were chosen by the actors of the scene with Kayla that were then gathered by the creative team afterwards. The actors were also asked to bring in a few items that represented their characters to individualize the room and create the creative space often lacking in zoom rehearsals for the final filming day. Materials were gathered by cast and the creative team for the filming weekend, and strike happened the Sunday on the last day of filming when all the apartments and additional scenes had all been completed and filmed.

Once the show was filmed safely, the cast and crew could only wait on their hired filming team to do the editing. Once this was done the video was uploaded to YouTube an hour before show time at 7 pm to create the live atmosphere of the show that true theatre in habit the weekend of November 20-22nd. After the weekend which viewed the show live Thursday-Saturday at 7 pm, and Sunday at 3 pm with a talk back on zoom with the cast that followed, the

show of *sheltered* was left on Fontbonne Theatre's YouTube page indefinitely for future viewers to watch the show.

Sheltered is a unique story as it articulates the complexities of living in a pandemic from a multitude of perspectives. In addition, it also tackles the interworking's of complicated relationships, both positive and negative, to shed a light to the larger theme of the vital human experience of connection. As the show progresses, the use of short scenes which connect later in the plot's narrative arc help to articulate this message of the need of connection. How individuals may feel alone, but that we are all connected even amongst the most diverse experiences and backgrounds as human beings.

In the play, we see serious mental health and relationship dynamics come into play and then some more light-hearted in contrast with emphasis on the love of others and oneself. These paradox scenes help to highlight the truth of the struggles the pandemic hold while also highlighting the complexity of the situation at hand. Time also plays an important role in this work. With the timeline showing a two-week shelter in place order, to the longer months of Quarantine. The show highlights the value of time in ones lives as American's are forced to slow down and assess their circumstances amongst the faster pace individualistic lifestyles we had before. The production also forces one to reflect on the less than particularly organized government response in America, as well as what we as people value with our own time. The individual scenes have their own values however, it is most valuable when looking at both the universal lessons and the individual messages of the story, that the audience can best interpret this production.

Themes of this play include but are not limited to the experiences of human connection, responsibility, time, love, and expectations. It highlights the flaws of the American response to

the pandemic more subtly through the actions of the cast in their individual storylines. It also highlights the oppressions of LGBTQ communities, gender inequalities, domestic abuse survivors, and mental health issues including loneliness, depression, anxiety, and suicide as multiple storylines are in conversation with these issues. In addition, American response is questioned by the essential workers discrepancies and the young employers' remote troubles and use of technology where companies are not prepared for the response of this crisis. Medically speaking the pregnant couple and the essential workers scenes highlight the lack of preparedness and the severity of this unknown disease and its impact on human beings. All the scenes have a larger purpose and message and must be analyzed as such.

Overall, the play was a success at capturing that theatre authenticity on an online platform during a time of a pandemic and crisis. There were obstacles, as all shows experience, however it brought the cast together and brought many learning opportunities for the future. Issues that occurred included scheduling, time in the space, and even technical issues with some of the scenes once the show debuted onto the YouTube channel. However, over all the cast was able to create a show as theatre was intended to do.

The talk back after the show was also an essential element to this process. It provided the audience with additional insight on the process of the show as well as a time of reflection for this new play and the decisions that were made when creating it in a time of a pandemic for the cast and crew. Much was discussed in these talk backs at least an hour or two after the show with much of the cast and those who viewed the show live. Most prominently, discussion on the challenges arose from the audience. The show had a little issue with the character of Susie and the YouTube characters she follows when their audio overlapped one another for instance. Kathy and Bill's characters, which have to do with a domestic violence relationship, had trouble

preparing such serious acting and blocking without much personal preparation outside of zoom before filming. Then the filming was also a challenge, as the actors all varied in their experience with film compared to traditional theatre practices which effects the performances. However, despite it all, it was a great experience, and much was learned by all involved. After reviewing this case study, I would deem it a success and a template that more theatres should practice as theatre moves forward, no matter if we remain in a Covid world.

Conclusion

In the interview and case studies of this thesis I determined their impact and relevance to the existence of theatre and its survival. I analyzed the current crisis of the Covid 19 pandemic in the United States in order to better understand its impact on theatre. After interviewing Morgan Grambo, and analyzing the production of *sheltered*, it appears obvious that theatre is incredibly resilient and adaptable. Theatre has continued to evolve with the circumstances given to it, despite the pandemic's attempts to derail it otherwise. In the introduction I mention the unique role of magnetism in theatre which was attempted in the production of *sheltered*.

The term magnetism helps set theatre apart from other forms and genres of art, which makes performance entirely unique and crucial to society. According to *And Then You Act Making Art in an Unpredictable World* by Anne Bogart²², magnetism is a physical and affective energy or force that unites elements across space and time. According to Bogart, there are seven compelling forces to theatre that attract people to it: Empathy, Entertainment, Ritual, Participation, Spectacle, Education, and Alchemy. All of these elements remain in-tact in their own adapted forms when put online or moved from their original content. Art is a reflection of life and it is in the magnetism of theatre that it continues to survive. It is with this knowledge that I remain hopeful in theatre's pursuit for survival despite the odds or circumstances presented to it. For that, I am eternally grateful.

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