



Shannon Yee and Hanna Slättne

The Making of *REASSEMBLED, SLIGHTLY ASKEW* (2015)

Our guests for this LMYE #5 Laboratory documentary are Shannon Yee and Hanna Slättne, who worked together as writer and dramaturg on the award-winning headphone theatre piece *Reassembled, Slightly Askew* (2015). The performance, made in collaboration also with co-creators Anna Newell, Stevie Prickett and sound designer Paul Stapleton, is amongst the most daring pieces of recent years to have brought together a performative language with a medical one, interweaving technological achievement, autobiographical trauma, and dramaturgical experimentation.

The making of *Reassembled* – a process which we learn took more than five years – has its point of departure in Yee's diagnosis of a rare brain infection in 2008, which kept her at the acute neurosurgical ward at the Royal Victoria Hospital in Belfast for about three months. Based on Yee's writing and on conversations from her early stages of recovery, the idea emerged to 'make a show in bed', and that its spectatorial and sensorial experience be determined by the theatrical potentialities of emergent developments in binaural audio.

As the two share archive materials from their process, their guiding questions in making the piece and the questions the piece asked of them, a picture emerges of a work of great ambition: the starting script is an experimental set of shapes and textures arranged into 'fogs' and 'grids', the dramaturgy situates the spectator in the position of the patient, and the experience plays a complex game of shifting interiorities and exteriorities. In itself a product of a deep process of collaboration – between the co-creators first and then between numerous other individuals and organisations – *Reassembled, Slightly Askew* is crucially a work about empathy. A whole set of processes of 'translation' of experience are at work in the performance, which begins from the communication between two artists and friends to expand out into a much wider journey of radical understanding. Indeed, *Reassembled, Slightly Askew* has toured continuously since its first inception, not only as a performance but also as a tool for medical training. Generous, thought-provoking and, as one review had it, 'quietly devastating' (*Time Out London*), the show is an example of Medical Humanities at its best.

[00:00:23 to 00:01:22] Trailer for *Reassembled, Slightly Askew* (2015)

[00:01:25] BEGINNINGS

HS: hello my name is Hanna Slättne and I am here with my colleague and collaborator Shannon Yee and we're going to talk about *Reassembled, Slightly Askew*, which was a very wonderful and long dramaturgical journey and we shall take you through all of that, I shall hand over to Shannon to introduce herself.

SY: My name is Shannon Yee, and I am a playwright and a theatre-maker and, as Hanna said, we're going to take you into a project that we began over a decade ago which transports listeners inside my head and through my journey of nearly dying and recovery or rehabilitation with an acquired brain injury. So the medical story in the background behind this is: in December 2008 I had a sinus infection that just kind of went a bit wacky and turned into a rare brain infection that nearly killed me. I had a total of three brain surgeries. I was in the acute neurosurgical ward at the Royal Victoria Hospital in Belfast for about three months. I had a section of my skull that was about the size of your hand that was taken out to relieve the swelling in the brain, that was placed under my abdomen to stay alive for about five months. I had to learn how to walk again. I was paralysed down the left side of my body for about three weeks, and after discharge from the Royal Victoria Hospital, I began this very terrifying, very unclear, uncertain journey of what living with an acquired brain injury is like. And let me just share with you a couple of, a couple of those images, because it's from this story that we created *Reassembled, Slightly Askew* to share the story with audiences.



[Screen-shares a selection of images.]

Here I have for you a copy of my CT scan and you'll see the white part on the outside is the skull and here is the swelling of my brain. This also down the hemisphere, the middle, between the right and left hemisphere would be one of the areas of infection and when people try and understand it. I often describe it as, you know, when you, you boil an egg and it cracks out. [Laughter.] That was my brain, in December 2008. My neurosurgeon, actually with a French neurosurgeon, pioneered this process of saving the bone, saving, they call it the bone flap. And what he did is he put it under the abdomen there, just the skin of my abdomen, where it stayed alive until the infection cleared so that took about five months. And here on this side, this is me in the acute neuro ward convinced that I could very easily do my own bandage with no problem at all. When I slowly emerged from the early days of acquired brain injury, I always knew that I wanted to create something about my experience: one, because I'm a writer so I always write as a way to make sense of myself and the world around me. So when myself and the world around me changed so drastically, it was just kind of in me to write about it, but I wanted to create a piece that was very interdisciplinary because the aspects of going from partying on a dance floor and then two weeks later, not being able to walk was terrifying. So, I wanted to incorporate movement. And I also wanted to really play with sound because one of the biggest aspects of my acquired brain injury, especially in the early days, was my intense noise sensitivity. I wanted to play with movement, and I wanted to play with sound as a way to articulate my own journey of acquired brain injury. So that's when I approached this great interdisciplinary director that Hanna and I both know, Anna Newell. And Hanna, would you like to take it from there, because then we're going into kind of the artistic process.

[00:06:05] FINDING THE POTENTIAL

HS: Anna had this kind of instinctual idea which was to have a show in a bed. It just came very early on and influenced a lot of our thinking and, as the conversations were going on Anna then gathered an interdisciplinary team around us which consisted of Shannon, Anna, Paul Stapleton, a sonic artist and composer based at the Sonic Arts Research Centre in Belfast, and Stevie Prickett, a choreographer, that was also a collaborator that we worked with regularly. And the challenges at that point were just very complex because the experience was really complex and Shannon was still in the middle of very early stages of it and we wanted to use binaural technology and I just wanted to say because I was thinking about this preparing for this, at that time – this was before amazing pieces like *The Encounter*, McBurney's *Complicite*. This was before a lot of the explosion of wonderful sort of audio and theatre and binaural theatre. We hadn't seen any of this yet. So, Paul Stapleton knew about the technology and brought it to us and we got very excited. So yeah, so that that was the very early stages of the development and then one thing that we agreed on very early, all of us, was that whatever we were doing, we were not doing a radio play. And that became a mantra for the rest of the process. And then, Shannon you applied for funding from a fund that we had in Northern Ireland at that point called the Joint Sectoral Dramaturgy fund, and do you want to take it from there a little bit? We were going to go in and just explore.

SY: So what the Joint Sectoral Dramaturgy fund allowed us to do was all get together in what turned out to be a very, very cold space and suddenly one of the coldest winters in Belfast, and get a bunch of actors together, who are also very comfortable with playing with form and just seeing what we could come up with and specifically we were focusing on the binaural microphones and how that sound and the spatialisation of sound could work because, none of us other than Paul had ever worked with that before. I have a couple of short videos of the early documentation of some of those sound jams and what we were playing around with, and so I'll share that with you, now. [Screen-shares video.]

[00:09:34 to 00:10:08] Excerpt from rehearsal footage 'Movement Jam'

SY: So, the person in the middle is wearing the binaural microphones and we're all just making sounds around. I think that's Anna [seated], isn't it, Hanna?

HS: Yes, that's Anna.



SY: That's one of them. And there's another one now, where we started to play with, and you'll see Paul wearing the headphones on this one—

HS: In this one Paul and Shannon, I think, are behind that door, just listening.

[SY cues up another video to screen-share.]

SY: Yes. Thanks, Hanna. So, the whole time we always had somebody listening on headphones to see how effective that sound was and what was coming through. In this one, I've got them in and Paul's also listening and we're playing with what the sound sounded like when the person wearing binaurals spoke.

[00:10:44 to 00:11:04] Excerpt from rehearsal footage 'Staple-y Binaurals in the Vegan Freezer'

SY: And as you can see, nobody's aged a bit in the 12 years that this has been happening. So from there, Hanna was really, really integral in terms of making sure as creatives as we create a bit of a big mess that she kept us really aligned with going in a particular direction forward and so that we could kind of work through that lateral mess to create something in the dramaturgical direction.

HS: From a dramaturgical process point of view, in preparation for that meeting in what I saw you just called 'the vegan freezer', that's brilliant, that very cold but very exciting explorative space was that I asked everyone a little bit in advance about what they were interested in achieving during those days that we had there, because it would be quite some time before we could reconvene. So, I tried to then definitely during those two days, make sure that we hit all of those little sort of mini aims. The other thing that I think was really interesting with that first workshop from just a dramaturgical point of view is that from very early on I wanted to find some kind of scaffolding to hang what we discovered on, and we started with looking at and distinguishing the voices. So the internal voice, the voice that you hear yourself when you speak and then obviously external sounds, so to start basically there in a dramaturgy that sort of starts in the middle of the head and goes outwards into the space. And so that started very early on and then I insisted on that all through the journey ahead. Not that we stick to it, but that we had that kind of scaffolding within it. The other thing I wanted to say about that early process: because this was such an unknown to us all, we didn't have like a leader at that point, it was such a collaborative process. And I suppose in hindsight, looking at the whole process, we sort of all took charge and lead at different point and this early phase was very much, I think, me and my questions, that were sort of leading some of the work and then someone else stepped in and took that on and then, when it came to sound design later on, then Paul was definitely the lead, but that was really nice to have that kind of process and then after the workshop, what we asked, we needed just to have everything we could from Shannon. So, you went away and emptied your head.

SY: I went away to this amazing place [screen-shares image] in County Monaghan in Ireland, which is called the Tyrone Guthrie Centre. It is named after Tyrone Guthrie, who was a theatre director and it's run by both the Arts Council in the North of Ireland and the South of Ireland, and what is amazing about it is you just go and work. Everybody kind of comes with bags of stuff and I came with medical reports I came with journal entries, even though they were kind of like written when I had double vision, I had information, pictures about the brain and just, I went there to kind of see and sift what from there could we work with, what could be touched on texts, images, sounds to then bring back to the team to work with and also decide slowly what are the bits of the narrative that I want to include or not or how we would go about this?

HS: And I think I stepped in when you came back from there and we had this huge wad of information and really then trying to go back and help Shannon find her, the things, the story moments that were important to her because, yeah, it was so much material at that point. But it was also incredibly exciting and challenging and we needed to sort of strike that balance between everyone's using their own expertise and learning new things and finding a language to speak because we came from different disciplines. So at the heart of the whole process for me from this point was: this is Shannon's story. And this is one of the big dramaturgical, sort of, hold-points for me from this point, we need to figure out what's important amongst all that stuff and how to shape it. And there was also yes Gráinne's story – Shannon's partner, obviously, that was the other big important point as well. But we had a few questions or I had a few questions at that point to myself. One was:



how do we deal with fictionalisation? Because, yes, it was Shannon's story and Gráinne's story, but at points Shannon was unconscious of this journey, so all couldn't be based on sort of 'documentary experiences', we had to fictionalise aspects of it. So how to do that, how much, how far to go, how artistic to make that? And then we also talked about this soundscape and the experience, versus the linearity of the narrative because they weren't always the same. And then obviously, how to use the binaural technology and when not to use it. And I think, Shannon, we have also a lovely quote from Stevie Prickett as the choreographer – it is a little extract from a video, we can watch that.

[00:18:14 to 00:21:04] Interview with Stevie Prickett, choreographer

[Dialogue from the clip]

Q: Hey, Stevie, what's your role in the *Recovery* project?

SP: My role is choreographer within the project.

Q: And what have you found interesting or different or exciting from your role while you've been working on this with the team?

SP: Primarily the fact that there is no physical movement within the piece in terms of actual bodies in space. It's the movement of sound and that's complicated enough just in terms of moving the sound around within what we would consider kind of normal technologies. But working with these new technologies where we have 3D sound and 2D sound, if you see what I mean, working at the same time and how they how they give different viewpoints of where the character is in relation to all the characters in their own world and in their own head and how you make those choices so the way the sound is moving is adding to the story rather than being a trick which we're using to show off the technology, which I think is much less interesting. And I also think just kind of playing with how we move people when we're actually recording the sound but then how you then can take pre-recorded sound and move that and re-record it and how that gives different insights into the world and the script that Shannon delivered – just kind of how you pull these things together so that you're always staying true to getting the listener to be part of the process and be part of the story. I think one of the big realisations for me quite early on was not to look at the room and think about where people are in relation to the microphones or the sound sources but actually being in the listeners' point of view and hearing how that movement happens rather than looking at it in the space because it's a really different experience. I think just in very simple terms, like how your body loses its reference points, so with using the binaural mics that you kind of lose a lot of front and it seems like a lot of things that I know when they were recorded passed in front of the microphones but were virtually coming out behind and it was very difficult to get a sense of things below you. Paul's talked a lot about how you make those connections because you feel the vibrations of the sound or you have other reference points and we're losing those so it's about working within that remit and within those constraints but still trying to give it a full 3D world around that.

[00:21:05] FINDING THE FORM

HS: So after all of this wonderful chats we had about the dramaturgy, and many attempts, many attempts from Shannon, many drafts of trying to capture it on paper to share with the rest of us, I still wasn't feeling it in my sort of dramaturgical gut. I asked Shannon to come and just spend some time with me and we met, in a very cold office again, at the end of a long working day, on a very blustery evening in Belfast and for me, I wanted to – in all the drafts that I had received from Shannon, as I said I needed to find the emotional, not the emotional journey that happened, but what was the shape of it. You know what was the texture and the shape of it? I was trying to get that information out of Shannon, I was quite anxious because I felt that I was probing and pushing, but it was interesting because, again, looking back at it, Shannon and I had quite different experiences of that meeting. And I shall hand over to Shannon in a second, but I just wanted to say that the main thing we did at that point I just brought out some huge pages and we started to draw what Shannon was talking



about, because we needed to find this language that was more, not words. Anyway, I shall hand over to Shannon to talk about that evening.

SY: So from a writing point of view, what was really challenging was how to represent on the page, something that is three-dimensional and 360 around the head because writing on the page is left to right, top to bottom. And it just doesn't, you know, you kind of read it in a linear fashion. But what we were creating was not linear. It was not kind of sequential in that way. So, it was great that Hanna kind of went: 'Okay let's go take a step back and find a different way to communicate it', and so with the chart paper, we started to come up with these visual representations as a way for me to explore what was happening at that time. And because binaurals are spatial, to try and also like think on a meta-cognitive level about how we can also think spatially when we're so used to doing it in a linear form. So, I don't know where the phrase 'fogs' came up from, Hanna do you?

HS: Yes, I think it was probably my – I think it was that evening, because we needed to be, we needed again to have a language between us, because the experience was part of three different very distinct sequences, but they were all a bit blurry, so we called them 'fogs'. So we had '[Fog One]', 'Two', 'Three'. Yeah, let's have a look at some of them.

[SY screen-shares photographs of drawings.]

SY: Okay. So we looked at the first part of the narrative. We ended up breaking the whole narrative that we had into three acts, or chunks or chapters. The first fog definitely captured a change. And you'll see this here [*pointing out an explosion-like shape at the centre of the 'Fog One' image*] – that's the brain surgery. There's the abscess right there, and it was really helpful to think about it in that way. I think it really opened up a lot for us because then we were able to communicate dramaturg and writer, but then also take it back to the artistic team. There's 'Fog One'.

HS: Before you move on there, I just wanted to say how it goes from that – how we tried to then make that sonically – how it goes from that huge explosion inside of Shannon's head to that very small person who is just out in cosmos. Because I remember you talked about – that you were just out in cosmos and all the parts of you were out there in the cosmos and you were having to, you know, try to gather them up. The images were really helpful for the rest of us to understand what our job was both from a movement point of view, from a sonic point of view, from a directorial point of view. So that's why this way was so good. Can we look at some of the other ones, there was a couple of specific places I wanted to share?

SY: Okay, Let me do that then.

HS: Okay, so 'Fog Two' was again divided into several scenes. We have the 'body with an empty head' we call that first part, and it's all the different things that happened. One of the other really huge challenges was when you have such a dramatic beginning of a piece, like with the big explosion and cosmos, and you know, where you are unconscious, how to then continue? Because the rest of the journey was a hard, long slog for Shannon, and tedious. So that was one of the big challenges: how to create those in a dynamic and engaging way but still sharing the long, long journey. So that's a little bit of that, I'm not going to go into detail. Here is more of the really long, long, long journey [*pointing at another image of 'Fog Two'*] of having bloods taken, being tested. 'Can I go home or not?' 'No.' And here you see all the little: 'No, no, no, you can't go home', you know, and all the emotional things and the emotional states that Shannon went through and then at the end here we've got the little exit, which meant that she could go into 'Fog Three' and which was in the next section – the last section. [*Drawing of 'Fog Three'*.] The thing I wanted to show here was in the middle you have the 'outside assault' section which are the aural sort of issues that Shannon can talk much more about, but I wanted to show from a dramaturgical point of view, these two little heads that you see next to that. And we are trying to go from just a sonic point of view, from those echoes being inside the head, and that disruption being inside the head, to trying to make a transition from that, through the impact, or the intervention of a medical professional – again, Shannon, you'll put me right on this – Dr Spence, into a sonic transition from it being inside Shannon's head to being outside.

SY: And I think also it's worthwhile to mention that because by the time we started working on it as a team, I was two and a half, three years into my rehabilitation process and obviously, so much



happens in that. And so early on it was trying to figure out: well, what chunk of that story are we going to look at? So it really began with kind of the dramatic action of nearly dying, which is traumatic enough, so most of the story that we looked at, in those early drafts, was that admission into the hospital, and the nine weeks of being in it and 'will I get out?' and 'what is this new brain?', to discharge. So, we were finding that that was kind of the timeline that we were looking at. And even within that it was, you know, what aspects, are we going to focus on without traumatising an audience? *[Laughter.]* Which is another challenge, because how are we going to take them close enough to the discomfort that I felt and the emotional trauma that I felt, while taking care of them? And Hanna was great at helping me kind of map out within those story moments the emotional journey that we were taking the audience on in that. So, Hanna, should I share that grid now or do you want to—?

HS: Yes. The grid that came out of this, after all those other attempts of capturing the experience, we then had like a grid which broke it down to different textures and things, and all of this then went into the next phase.

[SY screen-shares a grid.]

SY: So looking at it in terms of, you know, an x/y axis, the different aspects and the emotional tones within that, because we were also trying to look at tones and textures and these kind of amorphous feelings, really that we would also be immersing the audience in.

HS: From there, then: so now we had something, we had something really visual, everyone could sort of understand this, we went in and had a few days at the Sonic Arts Research Lab, where we just played around to see what could we achieve, how could we make it feel visceral, how could we explore sonically the emotional stage and those sort of turning points of the journey? How did we go from one state into another? So we had a Neumann binaural head we were playing around with, we had binaural microphones, we had a sonic lab, which is like a huge sort of cube, where there's a mesh floor halfway through so we could drop microphones from heights and things like that.

[Screen-shares a rehearsal shot of working with the Neumann head.]

HS: So we played around with our voices around – we named her Gwyneth, the head, as one of our collaborators. And the other thing that we did as well was that we recorded ourselves and other sounds on mobile phones and played around with that in and around the head in order to create some of those, sort of, more overwhelming experiences. And as I said, Stevie was hugely important in this phase in the exploration phase for the viscosity, to really look at how to move around. Yes. Oh, good. Here's the video.

[00:32:58 to 00:32:24] Excerpt from rehearsal footage 'Stevie spinning binaurals'

SY: So with Stevie wearing the binaurals, we were trying to then see if he spun, did we create, did we recreate that kind of spinning aspect for the audience is when we heard it? And we also had a great time— So, in addition to Gwyneth, which was that green head having the very expensive binaural mics in her ears, we would also wear them and kind of be the moving Gwyneth. So, in this video clip we've thrown Hanna into traffic for her to be Gwyneth *[cues up a new video to screen-share]* to see if we can capture movement and that sound of cars around, and Paul's listening the whole time.

[00:33:53 to 00:34:35] Excerpt from rehearsal footage 'Hanna in traffic'

HS *[running commentary on the video]:* And that was recorded with the Roland binaurals, and they are brilliant from the sound point of view, but they are really sensitive in the lead. And I think I'm picking up on things that were affecting the sound, or could affect the sound.

HS: So, yes there those were the things. And we created, we actually generated a lot of materials in that phase, which was great. And then Paul went away and edited that. It was all made with our own voices. Shannon, at the same time you got some money and we were then aiming to put something into a theatre festival in Belfast at that time, called the Pick 'n' Mix festival in 2012. So we're now in 2012.



[00:32:22] PILOT

HS: At this point, Shannon had been successful in getting money from the arts and disability organisation in Northern Ireland to prepare a pilot for the Pick 'n' Mix festival in 2012. So then we were just focusing on preparing for that. Here is a little flyer [*flyer showing on screen-share*]. At that point the piece was called *Recovery*. And we had just one bed set up, I think. Also it was just like the one, [*an image of a hospital bed on screen-share*] so that was the setup we had. And there were some things that we were looking at that point, the dramaturgical question at that point that we wanted to gain audience feedback on, from having experienced it, was 'how to divulge the medical information?' And again, as I said earlier, because this was a pilot, so we only got 'Fog One', which was that kind of a big dramatic part of the story. So I was also trying to tease out information from the feedback on that of how we can then move on for the rest of the piece and so that, even though the experience was repetitive and samey for Shannon, that it didn't sound like that. And the other big thing that was really important that came out of the Pick 'n' Mix pilot, was an application to the Wellcome Trust, that Shannon worked incredibly hard on. And we got the news in May 2013 that we got the grant, which was absolutely amazing because it meant that we could, we had the freedom now to really move forward. [*Collage of portraits of the project team members on screen-share.*] But one of the big questions, then, the moment we were working with the Wellcome Trust, was – because they're also educational, so the question was: is this an educational piece, or is it an artistic piece? This was a big discussion we had and we, in the end, went with our gut feelings that we had such strong artistic instincts, so we went: 'Okay, we're going to do this as an artistic project, and we're going to add the educational material separately, we keep that separate.' And the picture you saw, that was the full team including the medical consultants, and Shannon's teams. I want to let Shannon talk a little bit about that.

SY: So securing the Wellcome grant really made the project possible. One, because as an artistic team, we could go back and pick up the other 'Fogs', but also, most importantly, that we can meaningfully involve the medical professionals involved in saving my life, who know more about brain surgery than I do. Although after this project, I feel like I have a better idea. [*Screen-sharing portraits of the team.*] So here is my neurosurgeon, Mr Roy McConnell, and here is head injury nurse, Mr Colin Williamson, and the rest of our team and my partner Gráinne there. We all were able to come together and really work with the artistic, the autobiographical, and the medical aspects of the story as a way to – I mean, the focus of the Wellcome grant was to engage the public, using the arts, into science. And so, the scientific aspects of our project were neuroscience, psychoacoustics, which is the way that the brain understands sound, and medicine. So it was a massive, massive [*laughing*] – I feel it was a massive, neurological feat, neurocognitive feat to even get the application done, and it also helped us across two years, really, work very carefully on getting it out. And I can show you a little bit of our project plan [*screen-sharing project plan*], which was just wild and shifted from the artistic into also aspects of involving the community voluntary sector, so brain injury support organisations, which I thought was really important also to do that. When we started making *Recovery*, at the time it wasn't aimed necessarily at people with acquired brain injuries. That story was sitting at the centre, and the immersive audio piece was targeted at everybody that was kind of in that person's ecosystem – so the medical professionals, the carers, the family members, the friends – to say: 'This is what it's like to get inside, to have that invisible disability and that experience.' And so from that I was also really fortunate to be able to secure an artist residency at the MAC [*screen-shares image of MAC*], which is where Pick 'n' Mix festival happened, but it's the Metropolitan Art Centre in Belfast. So that gave me time and space to test. Throughout it, part of the development was testing out different aspects with different focus groups – so medical professionals, focus groups of carers, focus groups of other artists, focus groups of people to just go to the theatre or don't – and there was a real element of the rigour in developing the piece. And one of the best, most exciting [*laughing*] – one of the most exciting focus groups was a group of neurosurgeons. We were able to tempt them with food as you must [*screen-shares a photo of a group of people around the dining table*], but also they were in my bed, they were in my head. I think one of them had had kind of a neurological incident. But most of them I remember came into the room, saw the four hospital beds lying out and said: 'Oh, we've never been on this side.' And I said: 'Yes, exactly. That's



the point. Please take off your shoes and you don't know what's going to happen next.' And I think the element of stripping away agency was really an important part of the story, of my story, of the narrative story, and also part of the consideration then when we started to look at the whole theatrical experience, from the moment the audience sits down and waits outside in the waiting room for their tickets. Hanna, go ahead.

HS: Shannon was obviously in the room receiving the neurosurgeons as they came from the dinner table and into experiencing the pilot. I was sitting at the other end at the dinner table, sort of receiving them as they come back, and the shift in their understanding what this was from when they went in and when they came out – it was huge. And as they came in, some of them were a little bit like: 'Yeah, you know this is a night out, yeah, a bit of food yeah', they weren't completely comprehending what it was that we were doing. And the change in how they talked about it [afterwards], I mean, it was fabulous. And we knew definitely – because we've had a really positive response from the Pick 'n' Mix audience – but to get this kind of response and absolute shift in the neurosurgeons was – it was really cool. That was very brilliant.

[Screen-sharing programme for *Reassembled, Slightly Askew*.]

SY: So, in addition to this artistic journey of the piece developing, I was also going through my own journey of owning my acquired brain injury and owning essentially my disability, and I realised that the title of the piece needed to change. 'Recovery' was very much a medical model, it implies that you break something, it gets fixed and you go back to the way you were. And for me, my acquired brain injury was not that, I wouldn't go back to the way I was, at best I was reassembled, if not slightly askew. So that then became the name of the piece. And I think it also captured the part of the story that we were going to tell, really. So, the beginning – I had always kind of said in my head that the story is 'recovery, colon' – and that's very academic, like you needed title with a colon in it – my process of being disassembled and reassembled, slightly askew. So it was nice that the title emerged organically and it also aligned with where I felt I was in terms of my identity and activism as an artist with a disability. That was a really important part there right before the piece got finished and began its tightening artistically.

HS: So the next phase after that, with its new title, then was the absolutely massive job of recording all of this. Because now we have the 'Fogs', we had the convention, we had the reassurance from the pilot and from the neurosurgeons, we had their input, we had feedback and you know, now we were ready to go. And so, it was then just a logistical exercise because, remember we were doing this on top of other full-time work and everything. This was all happening around a lot of other stuff. But we had a gorgeous day of experimenting with how to create this surgery in the sonic lab, and we wanted to share that video a little bit.

SY [screen-sharing an image]: So what Paul had told us was that he heard the closest thing that could get to capturing a head is a cabbage because of the density and the shape of the vegetable. So we ended up doing a bit of brain surgery one day on a cabbage. So, here's the picture of the setup. And we have also–

HS: We had – just to remind Shannon, we actually had three different types of cabbages. We had looser packed cabbages and then like the really dense cabbage, and we recorded them, and then we listened really carefully to see which one was the right one.

SY: I don't, I didn't remember that bit. And here is a video a little bit of the brain surgery on the cabbage.

[00:47:03 to 00:49:47] Excerpt from rehearsal footage 'Brain surgery on a cabbage'

HS: We also did obviously a lot of other recording. We were recording actors, and we were recording hospital trolleys in hospitals, and screaming babies in shops, gathering all the ambient sounds that we needed. So now we had all of this, and then the rest of us could chill, but poor, poor Paul Stapleton had this massive, massive job of going away and editing and creating the next thing. And it ended up being 40 minutes and we were all going a bit: 'Ah, is that too much, it's too long?' But it was the journey and it was gorgeous. So it was difficult, but just, one quote from Paul, I want to share, because I know, I remember when he sent this out, the first full draft, he said that: 'It was only when I



listened back through the first full draft, that I myself,' and he speaks for all of us here, the rest of the team, 'finally got a sense of what Shannon had been going through.' And it was like a quite a big moment for us because we had worked on this piece on the outside and then suddenly we were actually able to be on the inside. Before handing back to Shannon, I'm just going to say that from a dramaturg's point of view, I had one of my scariest moments because knowing how intensely, and how much work had gone into this first full draft of Paul's, I now had to give notes, dramaturgical notes. And Anna and I were combining sort of my notes, her notes, Shannon's notes, so that would be one note session. And we were so aware that, like if you're giving notes to writers, they just retype it but with sound design, oh, my goodness, I didn't understand, we didn't understand that if we say: 'Oh, can we have a little bit more there?', if that would mean that the whole thing that he'd built up was going to fall apart. We just didn't know. So, it was a quite scary, scary moment, and gently trying to give some feedback to this quite exhausted, brilliant, brilliant man.

SY: That draft – and again, we were able, thanks to Wellcome, to get feedback from the medical professionals, which was really valuable because they sat outside the artistic experience and also made sure that the script was accurate in terms of medicine. And then even within that, I know the first time that Mr McConnell heard the whole thing, the neurosurgeon, he said: 'Oh, did I say that bit like that?', which was a bit basically, 'She might not make it through the day', and it was quite matter of fact. And I said: 'Oh, yes.' And Gráinne said: 'Oh, yes.' And he said: 'Oh, I should probably work on that.' And so just even in those moments it was immediate, immediate impact. And as part of also some of the focus groups, and the testing it out, I was able to take it to the British Association of Neuroscience Nurses. I was also able to take short samples of it to medical professionals within the Belfast Trust, thanks to Mr McConnell's leveraging and convincing of people. So there was a lot of rigour that went into testing and testing and testing to make sure that we were getting it as right as could be before it opened at the MAC as part of the Cathedral Quarter Arts Festival in April 2015.

[00:53:45] THE PRODUCTION

HS: As Shannon was mentioning earlier, simultaneously with all of Shannon's work with the focus groups and keeping all of those contacts alive, it's just amazing to see her do all of that, the rest of us, in particular, Anna in conjunction with Shannon was also then really carefully crafting the audience experience. As Shannon said before, you arrived, you got to fill in the form, sort of setting that up that you are at a medical thing [*a photograph of a waiting room on screen-share*] and you even got a wristband, a hospital wristband. And again, how we were talking about – because again we didn't quite know yet how this would impact on people, so we really talked about setting it up. How much information do we need to give them in advance, and what kind of space do we need to create afterwards for people to come back out of the experience? So all of that was being shaped. And we had lots of support from the MAC at the time. And yes [*an image of four hospital beds side by side and a discussion table on screen-share*], here is the setup that we had with the beds and the technology and then like a little gathering space afterwards to sit and maybe browse through some materials. There was a video that was made as part of the Wellcome about the making of the show that people could watch if they wanted to. The other thing that we learned from that first run at the MAC was how very tiring it was to be the nurse and the performer, even though it feels like you're not doing very much, but actually you have to be so tuned into how people are responding in their beds and to set up that system where someone can go: 'No, I'm not comfortable, please come and relieve me of this.' And all of those kind of things. So you had the attention and the focus within the room was really quite intense. But, hugely powerful for a lot of people and lovely feedback, even for those who had difficult journeys through, they still had really a strong experience and that felt important because it was successful I think in, in the care of the audience.

SY: So, another exciting aspect of not only the piece finally being done, was the way that we were really able to work in partnership. I'll show you a photo now of some of the partners that were absolutely integral to making *Reassembled, Slightly Askew* happen. [*Screen-sharing a photo of four women.*] I haven't aged a bit. So this was it, it's *Reassembled, Slightly Askew*, Anne McReynolds who is the CEO of the MAC, that took very – that was unbelievably supportive of the whole



development of the piece, and then me as an artist. The woman with the red scarf is Chris Ledger, who at the time was the CEO of Arts and Disability Forum, again mentored me and the project. And sadly, we lost Chris earlier this year. And then at the end, Lily was representative of the Wellcome Trust. And also who's not in the picture is The Cedar Foundation, which is a brain injury support organisation, and different people that were coming on from that. And someone else that I absolutely have to mention is another mentor friend of mine – her name is Julie McNamara, who's here [*screen-sharing another image*] and she is a theatre-maker, radical theatre-maker, disability activist and has an acquired brain injury, and she gave us some incredible insights – [*referring to the photo*] standing here with Stevie – some incredible insights about the artist care experience. So really important things about how you bring the audience back. How do you ground them? You count them back in. You place your hand on their shoulder, letting them know, because she was like: 'I am floating, I am floating, and I was ready to rip off somebody else's hand and how do I transition out of that?' So I myself as an artist with a disability have been mentored and supported, and the piece itself and the piece would not exist without, without all of those guys' input. And so then it all got really official after it launched and we worked really hard with an artist, Richard Lavery to create the show's website which actually has a load of documentation on it, so I'm going to share that with you now [*screen-sharing the project website*]. Here we were able to also hold all the documentation of the show's development which had been just shared on my blog, but now, we were able to have: the piece, the history, the awards and reviews it had received and also the trailer. So, we were able to create a short video trailer of the piece and on the website we were also able to – let me find that – some of the offshoots of the documentary, we created these little short interview vignettes with all of the artistic team and Gráinne, my partner and also Mr McConnell and Collin. So, the website became this great final holding place for all the – because I love documentation, so I was like: 'We have all this stuff! How do we share it because it just reflects also the rigour that that we put the piece through. So after many long years, we finally created enough of a foundation for the piece to kind of be born in a way.

[01:00:36] REFLECTIONS

HS: We do sit here with a bit of hindsight. So in the last few minutes I wanted to just talk a little bit about what we felt as an artistic team didn't work as we wanted to, because that might be interesting, and then what happened next a little bit. Because then the show both had a very successful life afterwards, but there have been some logistical challenges. Just to reflect on when we gathered afterwards and we had come down a little bit from the first opening and run when we reflected on what hadn't worked there was a couple of things. Some ambitions of incorporating movement never really fully work the way we wanted it to and, I'll let Shannon speak to that in just a second. But the other aspect of we had also talked about having transducers in the beds on the bespoke mattresses, but it just became too expensive and particularly considering how we wanted to be able to tour it not only to arts venues, but also to hospitals and to conferences for surgeons and other medical audiences – so that didn't quite work. And I think also, Shannon, you felt that the piece around your learning to walk again – so, I don't know if you want to talk a little bit about that bit a bit?

SY: Yeah, there are some things that initially we had thought: 'How do we capture the full body experience?', particularly around hemiparalysis and learning how to walk again. And we found that sound wasn't quite getting it and we considered, well, what if we put transducers in these particular mattresses and, you know, that means that when someone could follow the sonic current of an electric current, so to speak, going down and communicating, but it just didn't quite work. So we then went back to the emotions, conveying the emotions which was always a really good place to go to in terms of telling story. And I think certainly in terms of what did work, and how this process, this five-year process positively impacted all of our work as artists in our own disciplines, for me always going back to that emotional journey and the story points – Hanna would always go: 'What's the emotional journey?' – and looking again back at that kind of the ebb and flow and the rollercoaster that you are taking your audiences on, hopefully, for me has been a really useful tool that I always go back over on and go back to in the other projects that I've worked on. Also the fact that because we're all so



busy, we couldn't all have like four weeks of rehearsal all together, that actually worked really well because we needed time for 'I don't know' to slowly marinate and sift its way out and about. I know for Anna, she now also spreads out four weeks of rehearsal, with a few months in between and getting weeks here and there to then allow decisions time, as Hannah would always say: 'Well, you just need kind of time.' And that's really valuable. I think especially as Hannah alluded to in the beginning where we started creating this piece when there weren't as many binaural sound pieces out and about that with any sort of technology, it runs the risk of being gimmicky. You kind of go: 'Oh, this is the new tech, let's just throw this on it.' But part of the reason I think *Reassembled* works so well with binaural or microphone technologies that it's a marriage of form and content. And also we worked really hard on the different artistic levels across the five years, but the content is a story about how the inside of my brain and the world around me changed. And the way in which we tell the story is by using technology to transport listeners, so they feel that they're actually inside my brain as my brain and the world around me changes. So those two really, really match up. And I think that's key when we're looking at different kinds of technologies to use in storytelling. And also the partnership between arts and science, and community/voluntary sector and the medical field all around the piece to show the impact that the arts has, and the relevance that the arts has in terms of all aspects of our life, I think have all been really important and certainly have contributed to how *Reassembled* has toured locally and nationally and internationally since 2015. It started in 2015 and the Northern Irish tour and then it went over to London at Battersea Arts Centre. And then from there, it toured around England. And also, from there it went to Dublin and then it did a three-city tour in Canada, and most recently in 2019 was in Hong Kong at the No Limits Disability Arts Festival there, which I really think was a once in a lifetime opportunity.

HS: After all of that I should just say one more thing. So yes, as Shannon said, it still has an ongoing life, and again Covid impacted also on its continuous life, but we will see what happens after the Covid sort of era of our lives, but it's also impacted a lot of my personal journey. I had already been really fascinated by sound before but it's sort of really put me on a new trajectory as well with my practice and I'm currently doing a PhD in looking at immersive audio storytelling for another acquired brain injury, which is Parkinson's. So, it has really, as a piece, also impacted on our lives immensely. And all of us still have our brilliant ongoing very good relationships which is brilliant as well. But yeah.

SY: And what's really nice too is once things and the world – I don't know if I could say 'rehab itself', or 'recovers' from this global pandemic and the fallout of all of it – what's really exciting is that *Reassembled* is ready to go back out again because it's in this lovely little neat – 20-odd actors are squished into a little audio file and carried around in a laptop by a nurse. And it has also been going in medical training settings and to continue that other strand of its of its life of arts festivals and medical training. And it was in Mount Sinai, not far actually from Central Park East in 2017 where a lot of the New York was hit and what I am hearing is that it is incredibly relevant still that emotional journey, for everyone, of thinking you know where your life is going and then being taken somewhere, and you're stripped of your agency and you have to reassemble your life again, with issues of fatigue, with issues of agency with all the big questions that good stories, and that we as humans have to face as individuals. And this one final video I wanted to leave us on is an interview with Mr McConnell, who is my neurosurgeon who went from a very – he'll say himself – a 'very sceptical scientist' to believing in the power of arts and healthcare. And I will, Hanna, and I will leave that with you now.

[01:09:25 to 01:11:54] Interview with Mr Roy McConnell, Consultant Neurosurgeon, Royal Victoria Hospital, Belfast

[Dialogue from the clip]

RMCC: Using the arts as an effective tool in healthcare is a concept that I hadn't really explored much before *Reassembled*. If I'm being honest, I viewed it as being on the fringe of what we do and not to play mainstream. I'm sad to admit that I'm a hard-nosed scientist and that's the background I've come from. However, as I got more involved with the project, I realised the ability of it to affect how we think about our patients and to have a better understanding of our



patients and to realise that it is really a very powerful educational tool for people who have not been in that situation to help them to gain empathy with their patients and how they are looking after those patients. And so I began to realise this is actually a very powerful educational tool. I've spoken to various directors of education and encouraged them to come along and listen and to see what role they feel it can have in education within the university. So for me the highlight was just coming to that realisation that this was an incredibly effective way of communicating to a lot of people in the public how patients in this situation can feel and that it was something that would be useful across a generality of neurological conditions. In terms of frequency, subdural empyema is very rare – however, in terms of frequency of patients becoming comatose from various different reasons and emerging from that, that is common. Stroke is a very common condition in our population and carers are coping with patients emerging from stroke and significant neurological disability every day in this city and other cities around the United Kingdom. And thus anything which helps us to better understand that and to help us as a health professionals, however uncomfortable it may feel to immerse ourselves and what our patients are experiencing, I feel is a tremendous thing to be involved with – and to me that's the highlight.

Transcription by Samantha McAtear

Clips Summary

[00:00:23 to 00:01:22] Trailer for *Reassembled, Slightly Askew* (2015)

[00:09:34 to 00:10:08] 'Movement Jam', rehearsal footage

[00:10:44 to 00:11:04] 'Staple-y Binaurals in the Vegan Freezer', rehearsal footage

[00:18:14 to 00:21:04] Interview with Stevie Prickett, choreographer

[00:32:58 to 00:32:24] 'Stevie spinning binaurals', rehearsal footage

[00:33:53 to 00:34:35] 'Hanna in traffic', rehearsal footage

[00:47:03 to 00:49:47] 'Brain surgery on a cabbage', rehearsal footage

[01:09:25 to 01:11:54] Interview with Mr Roy McConnell, Consultant Neurosurgeon, Royal Victoria Hospital, Belfast

Video available at <https://www.auralia.space/laboratory5-shannonyee-hannaslattne/>.

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