**GREATER MANCHESTER DRAMA FEDERATION**

**3 ACT PLAY FESTIVAL 2011/12**

<table>
<thead>
<tr>
<th>Society</th>
<th>Lyceum Players</th>
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<tbody>
<tr>
<td>Title</td>
<td>Whose Life Is It Anyway</td>
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<tr>
<td>Author</td>
<td>Brian Clark</td>
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<tr>
<td>Date &amp; Time</td>
<td>21 November 2011</td>
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<tr>
<td>Venue</td>
<td>Lyceum Theatre, Oldham</td>
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<td>Contact/host name</td>
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<td>Contact on the night</td>
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<tr>
<td>Young actors in cast?</td>
<td>No</td>
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<td>Licence available</td>
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**Production highlights:**
- Incredible attention to detail on set.
- Stumble-free production as close to professional as it gets

**To think about for the future:**
- Er… can’t really think of anything here!
- One of my plays maybe?
### THE PRODUCTION

Adjudicator writes and identifies themes, challenges and requirements, etc., and details the requirements and elements of the production in which he was particularly interested.

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<th>TECHNICAL</th>
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| **Set and props**
* A set which shows creativity and innovation and addresses the style of the production. Is well constructed.
* Props which are in period, authentic in appearance and placed strategically e.g. furniture.

I could go on at length here, but there hardly seems point, the danger being that the Lyceum will get big-headed. This really was an impressive set – what did you do – go and burgle the local hospital? It wasn’t just the more obvious set and props, it was the detail that really sold it – the bag of urine under the bed, the two laptops, the Flu posters, the realistic dad/wiring trunking above the bed, the waste bins, the books, the multi-way extension cables, the kids’ pictures on the sister’s desk, the drug chest and fridge, the tea-making items (not for the Lyceum the easier way of going and bringing cups of tea on from offstage), the saline drips… OK, I’m going on at length. Mightily impressive. Send a tenner or I’m calling the local hospitals and telling them where all their stuff went.

| **Lighting and Sound**
* Lighting and sound effects which contribute towards the dramatic potential, etc.

Whereas there wasn’t much in the way of sound, the “zoning” of the lights to give pools in the “active area” was neatly done.

| **Costumes**
* Costumes which are in of the period, well fitting, colour co-ordinated and enhance characterisation.

Once again, pretty much impeccable, from the medical people’s uniforms to the legal peoples’ suits. Only one minor point (and this is just a personal viewpoint) is that the choice of darker shirts for Philip gave him an almost seedy appearance. Perhaps this was deliberate – compensation lawyers rank among traffic wardens, utility salesmen and estate agents in the food chain – but since his character was an honourable one, I’d have had white shirts.

| **Makeup and hair**
* Make hair and wigs which are in period and appropriate to the production (including size of venue) and assist in developing the character.

Not a great deal to tax the makeup and hair department here, so not really much to say, sorry.
DIRECTION

Detailed study/knowledge and interpretation of the text; progressing the author's intent with creativity and sensitivity.

Using theatrical dynamics to communicate with the audience.

Appropriate delivery of the text using timing and rhythm.

Settings with regard to focus, pace and groupings.

Movement which is appropriate to the period and style of production.

Creating atmosphere and mood to develop the full dramatic impact.

At first glance this is a fairly easy play to direct if you assume first class actors, 100% lines learned, a superb set, first class crew and so on. Dead easy. Of course I'm being a little flippant here, but I'd suggest the play was a lot easier to direct when it was first written in the late seventies when there was not so much public knowledge, information and press coverage of assisted suicide and the like. These days audiences are less easily convinced, but they were with this production 100% last night. This increased awareness makes the subject more emotive, so the balance between the tragic circumstances and hopelessness and the humour could make things uneasy. Last night flowed from one to the other with just the right pace, the right changes of pace (and mood) and a cast that could easily convince this was a real hospital. During the interval I returned to my seat early, just in time to see a hand sneak out from behind the (now curtained) bed to sip at a drink, thereby completely destroying the belief that Ken was really in the situation. (That's an attempt at jest, by the way!)

I did scrawl a big note across my pad part way through – “WILL HE GET OUT OF BED FOR THE CURTAIN CALL?” He did. I would have left him there purely to leave the audience with another “wanting more” talking point as they left the theatre. Yet I can easily forgive that in order for Ean to take his bow – he (and all the others) richly deserved it.

I think the decision to set it present day was a brave one and I wonder whether it was thought through. “Living wills” did not become legal until 2007, so when the play was written were not an issue. Today, if an individual becomes unable to give informed consent or refusal due to incapacity can have a living will to fall back on. This would mean that when the hospital sectioned him they would have had to obey his living will and thereby he could have refused treatment – he could have written such a will and wouldn’t have needed habeas corpus. So, set today, the legal advice was not valid or current!
ACTORS

Characterisation which is believable shows flair, originality and understanding.
Vocal technique which is appropriate to the play and is delivered with understanding and a
good technique.
Movement which is in character and in period and incorporating movement to deliver pace.
Supporting ones fellow actor unselfishly and enhancing his performance.
Using all available theatrical skills to make a noticeable contribution to the play.
(Include individual adjudications for each actor.)

What a complete team effort, from the very visible actors to an equally impressive crew and
production team. In almost all cases they totally sold the hospital ward scenario without ever
dropping out of it.

Ean Burgon, as Ken Harrison – A role I would love to have done myself, but never have. I
wonder how much the recent parallel situation in “Emmerdale” altered the actor’s (and
audience’s) perception of the situation. It would have been tempting, but I suspect Ean didn’t
make much, if any, reference to that – he made the part completely his. One can argue that a
role with strong tragedy and/or string humour has plenty for an actor to get his/her teeth into
and, by implication, plenty of opportunities to display talent and technique, so perhaps it was
the gaps between these two that impressed most, if in a more subtle way. We see amateur
actors have fits of histrionics regularly, and there are cases when sudden outbursts of temper
fit, but several times last night we had a subtler descent into the strong emotions rather than a
switch. This adds some depth to the characters and give this impression that both actor and
director gave this a lot of thought and did a lot of work. Ken was in a desperate situation;
hopeless. Probably by the time the play was set, the instant despair had given place to a
more brooding anger, always bubbling under the surface and easily, but not suddenly,
breaking out. Very nicely done.

Sue Garlick, as Sister Anderson – In contrast to the above, Sister Anderson didn’t  have the
high spots and low spots to use to demonstrate her skills. Instead she had to be a measured
character, the consummate professional, the one who is only affected by tragedy in private,
when nobody can see her, since she dare not show any despair when patients, relatives and
even other staff are watching. We never really saw any displays of such sadness, yet we
knew they were there, meaning Sue had, again, provided depth into her portrayal of the
character to show the whole person, not just the one we are given by the script. I always
remember telling a youth group I sued to run that I did not want the actors to step out on
stage and become entirely convincing characters, I wanted them to step out on stage as
those characters. I’d venture to guess Sue lived the character in the wings as well as on set.

Carrie Ann Holden, as Kay Sadler – I always thought Brian Clark missed an opportuni
ty with this character. Without doubt she was affected by the plight of Ken Harrison, but there
was so much more he could have made of it, especially when the final judgement was in
place. That said, I am in no way criticising Carrie Ann’s portrayal of this shiny new nurse. The
interplay at the start was perfectly staged and she was convincing throughout. There was
nothing at all to criticise.

Chesney Talbot, as John – anyone who has ever worked in a hospital knows a John – the
flippant, impish orderly who flirts with and teases all the nurses and has a rapport with
patients, whereas frequently falling foul of authority figures. We had all those in last night’s
production, with John ending up as perhaps the most open and honest of all the medical staff,
at complete odds with his perceived nature – it took a Ken to recognise the real John – and
this again required a depth of thought stretching beyond the stage set. I confess I found
Chesney a little difficult to hear (in terms of annunciation) at times, but then again I’m the
“somewhat deaf bloke at the back” your directors always tell you about. No, I mean it, I do
have slightly impaired hearing; and I was at the back!
Lois A Kelly, as Dr Scott – paired with Sister Anderson, this was a convincing medical team. Dr Scott's character is one of the main moral pivots of this play, torn between loyalty to her job and her boss and to her patient, that latter loyalty being challenged and split by what that loyalty should be – to save him or to help him. Again I think the playwright missed the opportunity to explore the suggestion I’ve heard from many doctors and nurses that “you kill yourself today and someone finds a cure tomorrow”. I think Dr Scott would have been the perfect vehicle for this argument and I think Lois would have got her teeth into it. That said, her teeth were locked into this part, nicely understating the diversity of her loyalties so both patient and other medical staff could see both professionalism and humanity. Another of those roles without the highs and lows to demonstrate your skills, this was exactly what was needed – a rick-steady performance.

Pauline Walsh, as Dr Emerson – The experienced consultant perhaps choosing blind professionalism over human sympathy, the character of Dr Walsh reinforces the self belief that so many consultants have. (“Question - What’s the different between God and a consultant? Answer – God doesn’t go around all day believing he’s a consultant.”) I confess I’d like to see a bit more of the godlike arrogance in this portrayal. I felt it was more of a woman that wanted to be liked, thereby giving her some sympathy with Ken’s wishes. That would have made her eventual climb-down (when she offered to keep him in the hospital and comply with his wishes) even more dramatic. I also thought she avoided eye contact (looking away) more than an arrogant consultant would have – they tend to stare people down. These are only minor points, I know, but we say what we see.

Ros Henderson, as Mrs Boyle – a nice portrayal of a woman ill-prepared and out of her depth. Offering to shake hands with Ken was not in the script but a very neat extra touch which went a long way to showing her ill-preparedness before she’d really said all that much. The flippancy of the portrayal was nicely balanced with “avoiding eye contact” awkwardness further amplifying the fact the character was out of her depth.

Matthew Allen, as Philip Hill – as mentioned above, I found the enigma of an outwardly (visually) quite seedy solicitor who was actually good at his job (not many compensation lawyers of today would be capable of taking on the case Ken was proposing) and quite caring. Matthew was a little too relaxed, as well, as evidenced by the eternal “one hand in pocket” stance usually adopted. When facing a tyrant in the shape of Dr Emerson, he would have been a little more overawed. (This is another example of how times have changed since the play was written – law has become far more niche and high-street since those days and most compensation lawyers are juniors who wouldn’t dare face up to a consultant surgeon.)

Nigel Winters, as Dr Paul Travers – It’s a shame in a way that from the start of Act II we have a series of “suits” arriving on the scene. One follows another and so on, with the result we are presented, as is Ken, with the grey face of officialdom. Don’t get me wrong, there was nothing poor about Nigel’s Travers, nothing at all, but the opportunities for the actors to shine was diluted by their numbers, and this comment applies to most of those who follow. Nigel gave us exactly what the role demanded as the professional with a caring edge.

As an aside, there are some errors in the script and these are inconsistent with the updating as I understand them. Section 26 (as mentioned in the script), as I understand it, defines “nearest relative” and has nothing to do with “sectioning”, which is dealt with in Section 2 and Section 3. The modern act requires a medical health professional and TWO others – Travers would have signed as would Emerson and they would need a further signature outside the hospital. This, of course, has nothing to do with Nigel's portrayal, I’m just attempting to be a smug know-all.

Jon Comyn Platt, as Peter Kershaw – along comes another suit, this time as a barrister. An understated portrayal of a fairly understated character, again with few opportunities to provide the highs and lows of the more tragic characters. Non the less ably for that, mind you, with nothing to criticise.
Harry Ogden, as Dr Barr - along comes another suit. (Did I say that already?) Harry looked a little flustered for some reason – no idea why. This short role as the “unattached” consultant was again a bit bland and didn’t give Harry a lot to work with, but once again he came over as the character, the professional whose final lines were to show he cared, amplifying, in my view, the apparent lack of caring in Emerson.

Steve Hendron, as Andrew Eden – This “suit” belonged to the hospital in the form of their barrister. Once again a stolid and solid portrayal from Steve without being given much weaponry – the play is really a vehicle for patients and medical staff, so the playwright didn’t give the lawmen much to do. What was done was convincing, capable and complete.

Michael Russell, as Mr Justice Millhouse – This time the writer did give the actor a few weapons and Michael grabbed them and wielded them like a pro. I liked this portrayal a lot – totally in command, relaxed, unfazed and yet sympathetic. Just how we all imagine a judge to be.
OVERALL ACHIEVEMENT (or CONCLUSION)

An excellent understanding of the author’s intent. Direction which shows skill, originality, sensitivity and creativity using all the theatrical tools of pace, focus, delivery, timing and rhythm.

Talented actors creating highly effective dramatic impact.

Evidence of teamwork and unselfish ensemble playing.

Actors who interact and react and a production team who use all resources to create atmosphere and mood.

“What a depressing subject for a play” you can imagine someone saying. And yes, they’d be right about the subject matter. But this didn’t come over as a depressing play. The cast and director were faithful to the author’s intent by giving us the humour and the pathos and the anger and the despair. We, the audience, laughed and we didn’t cry. The blurb on the back of the script says, “The play examines the moral and legal aspects of the situation and the reactions of the hospital staff.” (That shows that he never intended to put much effort into the support roles of the legal elements, as mentioned several times, and denying some actors the chance to really engage the audience.) But last night’s production was bigger than that – it didn’t just examine and it didn’t just deal with the moral and legal aspects. It dealt with the humanity (good and bad) of it all and I’d suggest that Brian Clark missed an opportunity to sell that aspect in his blurb. Certainly if he’d seen the Lyceum’s production he would have left the theatre with the humanity angle firmly in mind. As such, I’d say that not only did the Lyceum meet the author’s intent, they exceeded it.

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<tr>
<th>Adjudicator (print)</th>
<th>Ian Hornby</th>
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Date 22 November 2011