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Reflecting on the Process: Devising an Interactive Murder Mystery Using Medical Improv

By Jennifer Marks

Abstract

The *Malady Mysteries Project* is an interdisciplinary practice-as-research project led by students and faculty in theatre and medicine. Our project opens actors and audiences to a world inhabited by people with chronic illness and disability, creating a space to work out the anxieties of the present within the safety of the past to give us hope and promise for the future. During the first year of the project, we hosted several devising sessions to develop our mystery and gave an introductory interactive performance designed to immerse audiences in the nineteenth century at the intersection between medicine, mystery, and policing. Our devisers and actors are students and faculty in theatre and medicine as well as faculty in various disciplines across the university. We created dynamic characters and set them in 1892 Radium Springs, GA, in a former family home turned health haven and hotel run by sideshow medicine man Doc Haverly. Prioritizing discovery through process rather than final product, we are investigating the mystery genre and its use of nostalgia and character tropes, using a Neo-Victorian lens to challenge common tropes around illness and disability. As our actors and audiences interact, we want to make the invisible visible and create possibilities that were not available to many at the time, thus resonating with our current historical moment. What we created together as we discovered the various elements of the play in each session fostered hope and community within our interprofessional group. The process led to challenges and growth from the core investigators and their devising team, from representing illness and disability in the devising process, creating a setting that would reflect the work we are doing, and learning to navigate and appreciate the untethered creative journey that improv and devising can bring.

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Reflecting on the Process: Devising an Interactive Murder Mystery Using Medical Improv

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The *Malady Mysteries Project* is an ongoing interdisciplinary and interprofessional project led by students and faculty in theatre and medicine at the University of Georgia (UGA). Our project is an inquiry into the intersections of medicine, history, and performance that examines power structures around gender, class, illness, and disability and will lead to a full-length interactive dinner-theatre-style mystery set in 1892 Radium Springs, GA. The nineteenth century saw the rise of modern medicine, modern policing, and the mystery genre. Given that these three areas share similar methods, we can explore a more complex approach to medical knowledge, understanding invisible disabilities, and gendered acts of care and research. This time of science was a time of categorizing the world, defining what is "normal," and either curing or institutionalizing those who did not fit. (Garland-Thomson 6,16; Stoddard 15).[1] Medicine, policing, and mystery genre detectives all rely on the scientific method to solve the mystery through observation, theories, evidence gathering, and questioning. Arthur Conan Doyle based his iconic detective Sherlock Holmes on his friend Dr. Joseph Bell who would diagnose his patients using only the clues he saw on their bodies. When an illness or disability is invisible, observation and evidence gathering becomes challenging, and patients are frequently disbelieved and dismissed (Westmoreland and Key 325).

[1] I include freak shows as an institution. For more on the freak show, please refer to Robert Bogdan's *Freak Show: Presenting Human Oddities for Amusement and Profit*. University of Chicago Press: 1990.

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Prioritizing discovery through process rather than final product, we are using a Neo-Victorian lens to investigate the mystery genre's use of nostalgia and character tropes to challenge common misrepresentations around illness and disability (Llewellyn 165). As actors and audiences interact, we want to make the invisible visible, creating possibilities that were not available at the time thus giving voice to the silenced.

As someone who often feels silenced and dismissed in healthcare, the team has encouraged me to share my insights into our work on this project through these field notes and how work gives me hope for the future. I will begin with an overview of our team and our approach, discuss our production choices, share some challenges we faced, and then give a glimpse into the project's future.

AN OVERVIEW OF OUR INTERDISCIPLINARY TEAM AND OUR APPROACH

Amy Baldwin is a Professor of Medical Education and Director of Humanism in Medicine at UGA's School of Medicine. She is trained in medical improv, specializes in viral oncology, and serves as our virology dramaturg and medical improv expert. Gabrielle Sinclair Compton serves as our playwright and devising dramaturg, extending her dissertation work on the use of space in experimental theatre practices by exploring the body as a heterotopia. I am a former faculty member of the theatre department (where I also received my PhD), and one of my areas of concentration is performance and medicine. I am now co-appointed with the Colleges of Pharmacy and Veterinary Medicine where I train simulated patients and clients. As my dissertation examines nostalgia and American identity in interactive murder mysteries, I serve as our mystery dramaturg. Our devisers and actors are students in theatre and medicine, as well as faculty

in various disciplines who form the faculty learning community "Improvisation for Teaching and Learning."

We designed the project as a slow process. As an addition to our busy academic lives, we wanted the work to refresh us as we fostered a sense of community and hope. Beginning in August 2024, we hosted six devising sessions, co-led by Amy and Gabrielle, which explored the body, family, suspicion, clues and revelations, scene and character analysis, and the physical atmosphere of a cozy mystery. We also hosted two online mystery writing workshops. In our pre-performance devising session, long-form improvisation expert Ben Compton guided us in some basics so our actors would feel more comfortable improvising as their character for extended periods. At the end of the academic year, Gabrielle directed a performance in a warm wood panel townhome clubhouse where we introduced the characters to an audience.[2]

ESTABLISHING A NEO-VICTORIAN TIME AND PLACE

We set our mystery in Radium Springs, GA (called Blue Springs at the time), in an old family home turned health resort:

> It's 1892, and the Great Illness is ravaging the U.S. Sideshow medicine man Doc Haverly has returned to his family home to open a health resort and spa, much to the frustration of his siblings. The whole town is invited to the Grand Opening, including Melody "Malady" Cooper, who hopes to get a hold of the Doc's miracle elixir so she can have better health, finally be taken seriously, and become

[2]During the first year of the project, we were fortunate to receive two mini grants we used to host several devising sessions and the introductory interactive performance: Building Intersectional Southern Futures Mellon Grant through UGA's Institute for Women's Studies and the UGA's Arts Collaborative Mini-Grant.

> a real detective. However, not everyone is at the opening for healing reasons, and when murder happens, Malady might get her chance at solving a mystery after all. (Program)

We chose this period to delve into the intersections between the mystery genre, modern medicine, and modern policing. In 1892, public health concerns had grown regarding the plethora of non-prescription "remedies" that contained poisonous or addictive ingredients and the often wild claims made by manufactures about their effectiveness (Cunningham). In marrying art with science, we explored contemporary anxieties about illness and disability through a pivotal moment in the past.

Left, Doc Haverly (portrayed by Ed Sperr) scheming his next big thing. Right, Ivy Abbott (portrayed by Jessica Sager) is his assistant who performs as his sickly patient in the side show. No one at the party knows she's not really sick.

We began by devising characters and considering various locations for them to inhabit. With an interest in the line between remedy and poison, Amy, who grew up in South Georgia, suggested Radium Springs because she always held a fascination with the place, especially as radium was once considered curative, appearing in everything from cosmetics to

tonics (Krewer, “Radium Springs” and “Radium Treatment”). This location immediately resonated, and the various fragments of the mystery clicked together.

After locating our setting, I gave our devisors character worksheets to help them develop ideas, including reasons they might murder. All the characters have come to the resort for its grand opening, reproducing a closed community popular in cozy mysteries through the conceit that characters and audience were sheltering inside the hotel from the Great Illness outside (Reisman 1). Since radium was not discovered until 1898, we leaned into the mystery of the springs’ deep blue glow, making it the secret to Doc’s elixir (Mould 1238). During the performance, we poured blue liquid into a clear glass bowl set on a vintage uranium glass plate. Then Doc Haverly wowed his audience by waving a handkerchief (with a black light concealed inside) underneath the plate to make the water glow.

An important goal was to create an immersive experience. Tina Hantula of the theatre department kindly curated costuming for us, and we encouraged the audience to dress in period costuming as well. I used Victorian health resort advertisements and invitations to craft the language in our performance literature, mimicking the typeset, and included medical advertising of the time in the program.

Grand opening announcement and invite for the audience—language and graphics based on similar documents of the time.

Food became an essential part of our process; essential and health giving, food preparation is an act of care. Food is powerful and enjoyed with all senses; it can bring us right back to specific places and times, while grounding us in the present moment (Baučeková 46; Rowland 168). In our devising sessions, food brought us together by giving us a feeling of community, allowing us to feel safe sharing our own health journeys. I also hosted a small Victorian tea at my house, using period recipes and vintage dishes, including uranium glass, for the event. The ritual performance of this afternoon tea helped us to slow down and frame the story setting.

For the first performance, we wanted the audience to experience the care, community, grounding, and safety we did when building the mystery. Diving into my collection of old cookbooks, I pulled recipes from the nineteenth century, including several designed for those who are ill. Our

menu consisted of healing soups and finger foods, so we used only used spoons as utensils, highlighting the "Spoon Theory" of chronic illness (Miserandino). I scoured thrift stores for vintage and antique dishes and included some from my own collection. We had cloth tablecloths and napkins and Victorian floral arrangements. Audience members expressed joy and awe at their surroundings, especially when learning the recipes were authentic to the time.

Victorian-inspired floral arrangements, table settings, and food at the introductory performance. Photos by Amir Shiraz.


Victorian tea with uranium glass dishes. Photos by Gabrielle Sinclair Compton and author.

CHALLENGES AND REVELATIONS

Differing Approaches to Improvisation

Though similar in technique, theatre improvisation and medical improvisation have different aims. In theatre, improvisation can be the basis of a comedic performance, an acting exercise, or a tool for devising a script. As such, the focus of theatre improv is on developing an engaging scene or story for an *audience* and including them in its telling (Spragge and Eichler xvii-xviii). Medical improv is used to grow numerous skills such as communication and adaptability, often utilizing exercises performed as singular experiences, including debriefing time afterwards. Amy and medical librarian Ed Sperr (who portrays Doc Haverly) are members of the Medical Improv Collaborative and facilitate medical improv sessions for medical students, residents, and undergraduate and graduate students in other disciplines.[3]

Although I was open to learning more about improvisation from other perspectives, my biggest challenge was learning to let go and trust the

[3] These sessions are different from simulated patient/client encounter experiences.

devising process. In my writing, I must have a plan—a general outline. I need to know my purpose and how to achieve it. I need structure. Even simulated patient/client encounters include a case and structure, and murder mysteries especially require structure and planning. A clear map ensures the solution is logical and the audience has a fair chance of solving the mystery through its clues. Plus, the rules are part of the comfort of these mysteries.

We did not discuss the structure of a mystery at the outset; I felt uncomfortable not having the guard rails of the cozy mystery structure to begin our process. After our first session, I only saw a collection of random scenes that added up to a mystery-themed episode of *Whose Line Is It Anyway?* I felt lost and overwhelmed, especially as we had so many voices (seventeen in all) involved in devising. My co-investigators on the project had to show me how these scenes could potentially connect and make a cohesive narrative before I could let go of the idea that we needed to begin with an outline. Indeed, most of our characters came from that very first session, inspiring us to set the mystery in a family home.

Devising without guardrails is terrifying, but I eventually learned it can also be liberating. Plus, I know our characters are more interesting and well-rounded because of our approach. Although we are working with character tropes, the freedom devising sessions provided have ensured these characters are three-dimensional. My experience and struggle with learning to devise a story showed that the process is just as powerful and important as the final product, sometimes even more so. I look forward to the discoveries we will make when we place the characters in the fixed structure of a cozy mystery.

Given our different goals and backgrounds, we needed to work on intentionality in our devising sessions by making space after each exercise to unpack what we created and how it might fit into the overall mystery

narrative. Taking time to debrief is common in medical improv, allowing the improvisers to reflect on their experience and how it applies to various professional skills, such as active listening and thinking outside of the box. The energy in our devising sessions was so positive that our devisers were eager to keep working and always wanted to go to the next exercise; however, they developed a passion for what one of the medical students called "the building of worlds" that came from discussing each exercise. These debriefs became moments of understanding and growth between theatrical and medical improv.

Challenges and Revelations of Representing Disability

After a few devising sessions, we were concerned that disability was not part of the scenes we created through improvisation. We discussed whether we should incorporate aspects of illness and disability into our improv prompts. We reached a consensus that these elements should come up naturally and not be forced, potentially leading to harmful tropes or stereotypes, especially as mysteries are purposefully tropey and improv often has comedic aims.

Given that many of us have disabilities, allowing these elements to come up organically seemed a reliable approach. However, what we realized in our debriefing sessions was that a lack of visibility, whether spoken or performed, led to little or no inclusion of disability and illness in the material we devised. Yes, several of us have illnesses and disabilities, but they are primarily invisible. For example, some of our group live with chronic pain. Some are neurodivergent. Some have experienced temporary disabilities. I live with many disabling conditions, including fibromyalgia and CFS/ME (affecting my immune system). I am in constant pain, but it may not show on my body.

We decided to pull from Amy's area of specialization and frame the mystery by creating an epidemic that is an amalgamation of microbial diseases prevalent during the period, including typhoid, malaria, tuberculosis, and cholera. We wanted to present an unseen but looming threat that existed just outside the walls of this secluded health resort, thus channeling some of the fears and anxieties around the COVID-19 pandemic. Doc Haverly reassured the audience that they were safe at the resort and claimed his elixir would provide the cure. Our main detective, a woman chronically ill from childhood named Melody (Malady) Cooper, came partly from Gabrielle's imagination and partly from the work of one of our medical students, Grace Snuggs. This character follows the nineteenth-century trope of the sickly young woman who never enjoyed good health, is considered unmarriageable, and is an object of destain and pity. Having experienced judgment and pity because of my own health issues, I know this trope still has power in the twenty-first century. Kids and even adults taunted Melody as a child, nicknaming her "Malady." Grace subverted the trope by portraying Melody as a vivacious modern woman, the first female self-taught detective, thus rendering her ill health invisible but for her cane and a persistent cough. We also added a character based on cookbook author Frannie Farmer, who had a stroke at sixteen, worked to walk again at 30, and walked with a limp ever after (Miller and Volkwien 230). In terms of visibility, however—an area we continue to work on—we ended up with a lot of people limping around with my canes. Still, the experience led to fruitful conversation, and many came away with a new understanding of how disability might affect someone's day-to-day life.

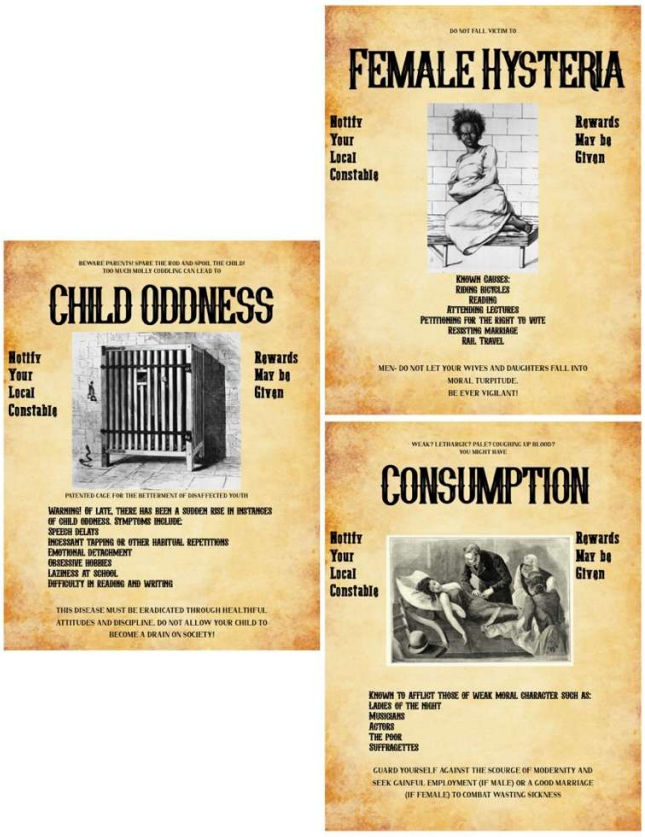
Melody (Malady) Cooper played by Grace Snuggs interviews one of the suspects, Black Rose, created and performed by medical student Danielle Jolly. Photo by Amir Shiraz.

For instance, I enjoyed showing actors how to walk correctly using a cane. During the first devising session, we did a mirroring exercise. One of the members was recovering from knee surgery and was using a cane. Grace was paired with him and wanted to represent his movements authentically, so she could better work from his perspective. I handed her my cane, and the exercise was a revelation for her. In discussion, she noted that she had to really think about the cane. It affected *all* her movements. It was ever present. I also shared my experience learning to walk with a cane and how I must always think about how to carry things while using my cane. It sometimes feels a part of me and sometimes feels an exhausting burden.

Gabrielle hosted one of the writing workshops and encouraged participants to write about being a detective for the body's mystery afflictions, offering a space of agency for the individual writer to take control of their narrative of illness and disability. Some of the writings generated

were performed in later devising sessions, where Gabrielle helped the authors embody their work—whether non-fiction or fiction—through performance. Such performances helped make otherwise invisible bodily experience a bit more visible to others.

These moments, guided by those of us with disabilities, went beyond the often-problematic simulation exercises meant to give the able-bodied an experience of what it is to be disabled or constantly ill. Grace's mirroring experience helped her to develop the character of Melody appropriately. I am a firm believer in employing more disabled actors to play disabled characters, *and* I believe there is value in the able-bodied stepping into our shoes and experiencing what it is like to navigate the world in our bodies. After all, the disability community is the one marginalized community where anyone can suddenly become a member. The key is to avoid performing disability without guidance from and discussion with the disabled community. Working together opens pathways of communication, empathy, and understanding. The experience left me hopeful that the medical students would better relate to their patients' lived experience with illness and disability.



***Posters inspired by recent scholarship on policing patients rather than healing them and by recent targeting of the CDC by politicians. Created by Anna Corbould, these posters highlight the similarity of methods in policing, the mystery genre, and medicine*.**

One way we challenged assumptions about illness and disability was through the creation of wanted posters inspired by recent scholarship on the growing issue of medical practitioners policing their patients rather than prioritizing their care (Chiarello). One of our actors Anna Corbould created wanted posters that incorporated contemporary anxieties about illness and disability behind some of the governmental restructuring and policy changes by the current political administration. We put them in the hands of Police Chief Granger, who introduced himself to the audience as the

moral compass of the community, depending on all of us to report these dangerous drains on society—hysterical females, odd children, and those afflicted with tuberculosis. His rhetoric—as well as his insistence on being fed cake before Doc Haverly's speech—made him the most hated person among the party. He thus became the perfect murder victim, a common trope in the classic cozy mystery that ensures the other characters and the audience do not feel the need to mourn the victim and can get on with the comfort and pleasure of solving the puzzle of whodunit.

Left, Chief Granger (played by Jerry Gale) rants about drains on society. Right, his assistant, Dr. Amelia Quincy (played by Amy Baldwin), and Ruby Haverly, Doc's sister, who is studying medicine. (portrayed by Anna Corbould) check for signs of life and clues on the victim. Photos by Amir Shiraz.

LOOKING TO THE FUTURE

This project has shown how people in art and science can work together to build a compelling performance. What we fostered together illuminated some of the challenges of disability and the anxieties we still

have around bodies outside what is deemed "normal." We shared our embodied experiences, and I witnessed the power this sharing had in strengthening empathy and awareness both inside and outside the walls of the mystery. Next, we want to explore different performance mediums to see what more we discover about our story, starting with a radio broadcast of the mystery recorded in front of a live audience. We hope to incorporate Foley sound techniques because mysteries are already about looking at the world in a different way, reimagining objects and other ways of seeing.

The *Malady Mysteries Project* team is passionate about creating an iconic detective in Melody (Malady) Cooper, developing her world, and completing a publishable script for broader accessibility. One of my dissertation arguments focused on the way tropes open the door for anyone to portray a character, and different bodies will lead to different interpretations of a trope. Gabrielle dreams of different bodies inhabiting Melody's character across space and time, leading to new discoveries of who she is. Ultimately, we hope that all these Melodys (and iterations of the other characters) will give power and voice to those stigmatized or silenced because their afflictions go unseen.

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