

INTERVIEWEE: **BROOK SYLVANN, LEADER, EDELMAN IMPROV GROUP**
INTERVIEWER: **Diane DeMartino**
DATE: **April 27, 2011**

My name is Brook Sylvann. The title that I have is community worker, basically case manager. I'm kind of on a team with the doctor, essentially. The doctor handles the medical side and sometimes the people have symptoms of whatever mental illness. Most of the things are not curable; the symptoms are treated mostly. Medication can treat some symptoms. As far as the symptoms go, they might increase with different stressors in the person's life, like housing and employment or something like that. So we try to help with those parts. The doctor handles the medication part. We have a caseload, so to speak. Each caseworker like myself, in my Department, has about 75 [clients]. We also do run some groups as well. So it's kind of both.

How did the Improv group get started?

Basically, I was doing an Improv [comedy] show at a local theater. It was successful and the theater asked me to teach Improv comedy to inner city teens. I had taught before on my own. But I never thought of any kind of specialized group. And I did go down to South LA, as it's called now. So I went down there and that particular one didn't work out. They wanted me to watch someone else teach a younger [group]; I do best with adults. So I agreed to at least go and see what teenagers would be like, and they showed me. They had me sit in on a preteens [group]. I said that wasn't of interest to me; they got confused that I meant teens, but what I meant was watching. But I got the idea that I could possibly teach some other specialized group of people. It kind of opened my mind to the idea that that was possible for me.

So when I came here, they asked me to teach a group of some kind. They want the caseworkers to also run a group and they are smart enough to have it also be something that the person is interested in and motivated to perpetuate. So I said, "What about an Improv comedy group? I'm already a teacher of that." And my boss, Sherwood [Brown], wanted it. He said, "What about just an Improv group without the comedy?" I said, "That wouldn't be good; Improv kind of lends itself [to comedy]." He said, "Well, it might be too specialized for this population;" and I said, "Just let me try it as an Improv comedy. If for some odd reason it doesn't work, then we can always broaden it out."

So he said OK. They had a theater company here already that was run by a doctor, a psychiatrist, and she was phasing that out, but it was still going. So they said, "As long as you're not duplicating." I said, "Well, this doesn't have scripts and theater has scripts." So they said OK. But, before I agreed to do it, I said to that doctor, because I want to know what I'm getting into, because some people suffer from delusions – "Do they know that it's fiction?" Does anybody, 100% of the time? Because I've had even regular so-called actors, like these two women one time were in a scene talking about cheating on their husbands – and they actually got mad as if it was someone was cheating on someone's husband. I said, "Stop! Fiction!" So I could only imagine. She [the doctor] said, "No, there's been no problems with that whatsoever."

So then I had one more concern, because I knew that also at that time, just a few years ago, they would have Halloween parties; but they wouldn't let the clients wear costumes because they felt that somebody would think it was a real monster or something and go haywire. I had heard that before, so that's why I was asking her if they were so concerned about that. As I was dealing with that, I also said – politely, but it was a ludicrous premise – first of all, it's Halloween and the people that are coming here, if they were going to freak, there are other monsters all over the city on Halloween. They would probably freak before they ever made it to the clinic. So they allowed

people to start wearing costumes after that. I know it's kind of crazy. But first of all, they put this caveat like no scary costumes, no knives coming through your head, or whatever. Once I got all that in place, then I said OK, and we haven't really had a problem.

How did you come to be a community worker?

I was pursuing acting myself, or comedy acting, you could say. [Actors] need day jobs pretty much. I couldn't really figure out if I should go into the entertainment business in some other capacity, like on the production side, during the day; so I tried that first and it didn't really work. So then I said, "What else could I do, as a second thing that I would like?" I knew I was good with people and so I thought maybe I could get a job in a sober living [facility for recovering substance abusers]. The income probably would not be that high, but it would be kind of an entrance point. So that's basically how I managed to get a job here.

Well, I had to go through this training (laughs), because, see, this particular field is very stratified or very regulated right now, for good reason. Doctors of course have medical licenses and social workers have social work licenses. There aren't a lot of jobs for lay people. But they did have this training for lay people if you wanted. It was kind of a crash course to break in that way. So I went to this group interview. When you're acting, there's always this dilemma, if you tell the daytime employer or not, because, especially in LA, some people don't like that. But by this time I had just decided I don't want any surprises down the road. So when they went around, everyone was giving the dutiful answer, "I want to help people." I said, "I still want to pursue the acting career." In other words, if they didn't want me to do it, I wanted to know right then. I said, "I'm adding this social service thing; I'm not giving up [the acting]." And the lady running the interview said, "Oh, I'm a stand up comedian myself." So it was a good, fortuitous thing. I'm sort of a fish out of water. I'm not really a mental health person. I'm kind of an entertainment person that's in the mental health field.

Tell me about how you work with the clients.

I'm trying to just see everyone as a really unique individual, pretty much. I don't see the illness side of it. I just see the person. Regardless of whether you're even in that group or not, ideally if someone's having a bad day or something, I just try to see and accept the person as they are and create that type of environment [where they] would be as safe as they can be. I still have control of the situation. It's not like anything goes or stuff like that. There are parameters and so forth, which also can comfort people. So it's kind of a mix of those two things.

It's the same system that Second City [the famous comedy troupe in Chicago] uses, that I got trained by. I don't really consciously at least change it that much. I understand that it's different; there may be a little more patience involved; but it's basically just – The beginning part is called, "From Street to Stage." In other words, everyone comes in from their day with whatever problems or whatever that they have. So the beginning part is just kind of designed to take the people away from their daily problems and into the present wherever you are. They find that the most boring, because they don't realize that's a bonding time, but especially here – In regular classes, they do get people up (snaps fingers) [in the beginning], try not to talk that much, and they get people up. But these people – I try to take the time to have them all bond with each other and with me. Until I feel that that has occurred, I don't really just throw them up and into something. Once that's occurred, then there is a warm-up period, which is kind of easy kids' games. They are kind of silly, but that's kind of what it is.

Today that story [exercise] was the beginning. It's pretty straightforward. We've done that in

shows and you could almost put an audience person or a new person [into that exercise]. The premise is kind of simple. That basically gets people into the spirit of it and there is no big consequence. Then, after that, I try to teach them, because in Improv, there is no script. Some people think that it's ad-libbing, but it's really not. It has a structure that you can hold onto, so it's an alternative to reading a script.

That's [the idea created by] Viola Spolin, the originator [of Improv; she worked in Hollywood in the 1940s and in Second City in Chicago in the 1950s] - She designed a system that's not approval seeking [and] that has a healing aspect to it also, because a lot of society and teaching [programs] have the teacher in a power position and the student has to do whatever the teacher wants, is what they're tuned to. So it pretty much kills creativity. She designed a system where you can't do it right and you can't do it wrong. It's just a matter of doing it, so I only teach them the art form, not the content of the creativity. So I tell them, "I'm teaching you the glass and you put whatever liquid you want in that. I'm not going to comment on the artistic." And that comes from her. So that is really good in this setting, because a lot of people with mental illness have a lot of judgment on themselves and from other people consequently. So this helps to dismantle that.

I've seen one of the students recently – When he first came, he had aspirations of being a standup comedian and had been in the class a couple or three years. He put together a stand up comedy act and went to a club and got invited – I referred him – I know a guy who helps beginning comedians and he put him in the show, which I went to, on my own time. But yeah, that's something that a person – that's a dream they had all their lives; they are in the later mid-part of life. I just basically kept the space of that it's something that you can do, and then just held it until they arrived there and made it real.

What are the therapeutic values of Improv?

I don't know if this has value [in] a scientific [sense] – it's not really quantifiable or whatever, but there is a childlike aspect dealing with these mental illnesses. By the time the person comes in here, there's been a crisis and most likely there's been a lot of loss. They don't know if it's permanent or to what degree; and so it gets really serious and very adult. Also, in this kind of County setting, there's a poverty aspect which is another burden, like two burdens in one. I don't know if poverty could perpetuate mental illness, but mental illness can have an effect on incomes certainly, so there are a lot of stressors. So they have to stay on top of a lot of things. So this gives a chance, for a couple hours, to be childlike once again and it's a safe place for that. That's one. Then two is not judging self and others. That gives them freedom, kind of like the way a child has freedom and just the way that an adult could have freedom, to the degree you don't judge.

The trust is a big part of Improv. It's a very group-oriented thing, so it's a very generous type of activity, because you're constantly trying to help the other person look good, so to speak. A lot of the skills that it takes are sort of counter to what we normally [would do, when we] might be more selfish, and it's not as easy to do, surprisingly. Because a lot of times we want to control our life or our situation or our surroundings and Improv won't work if you try to control it. Because as soon as you have an idea, then the next person takes it in some other direction and you have to adjust to whatever they've said or done, or else it's not going to seem real. So that takes quite a lot of doing and some people aren't ever able to do it.

I'm really – when all is said and done, the way that Viola Spolin [envisioned Improv], is that I'm just an actor that's further along in the process that's mentoring other actors. I understand the mental illness part, but I don't really pay that close attention to it. A lot of people will say that the people seem like professional actors or that the shows that we do are more entertaining than some stuff

that they see in the community and this is LA. I mean, I've been around comedians and actors for a long time and the ones that specialize in being funny – it's not that easy. A lot of them aren't that funny and I've just had to sit through a lot of [not very amusing] stuff. So that's kind of cool that whether it's the process or it's me or a combination of both, we can make something of quality that they can all be proud of.

That's the thing. We are in this super clinical environment and supposedly we are supposed to be detached. It's a kind of paradox, like these are cases that have numbers. The case is open. The case is closed. What's the next case? Because to some extent, if you really got involved too much, you wouldn't be able to function, because there is a lot of difficulties. So there's a certain amount of detachment. But it's true that, irrespective of that, I do feel sort of proud of them or like when the guy did the standup comedy show, I went there. So I do see them as people and hope the best for them.

Well, for instance, any time we are in a difficult situation, even for myself, and if things look kind of dark, then there is someone that appears. I call them Angels. Not in a Christian sense, but some benevolent soul will appear in the dark surroundings and help you get out of it. I've mentioned that I've had different ones of those. Someone in my class the other day was saying, "Well, that's who you are to me." So I've never thought of that. I'm used to having Angels that I had, but I never really thought of that I could be one to someone else. So that's good.

What kinds of challenges have you had and how have you solved them?

Before Carol [Giannini became a co-leader of the group], one of the problems that we have here is that it's an ongoing clinic that has a lot of changes and crises and so forth. So the groups when I first started were not all that reliable. Suddenly something would come up and the person wouldn't come and there would be no group. Most of these people don't have cars. It's not on a really good bus line, so coming here is an all-day process more or less. It takes two buses [and] then you've got to go back. In the winter, it's dark. So mostly they just come for the doctor.

So what I said is, "I don't want to do that; I don't want to put someone in a position where, if for some reason I can't do it and they've made the trip, I can't call everyone." Some of them don't have phones. So I said [I needed] another [leader] in order to do the group responsibly; I have to have a co-[leader]. Originally the psychiatrist on our team, who was an actress when she was younger, agreed to do it. So that was really fun. She was really good. As time went on, her schedule made it prohibitive to where she couldn't do it. Carol is the nurse practitioner on our team and somehow or other she was able to do it. That's mainly the genesis of why there is another person on the team.

It's kind of never-ending. It's not like in entertainment, [where] we have a project; it has a beginning, middle and an end, and then it's done. You can see the film or you can see the finished product right away. Here, it's more of a service industry, and there's always going to be another case or what have you. We are not going to solve mental illness and so on. So it has a little bit of a factory production, assembly line, aspect to it where you don't really have a sense of accomplishment.

I do to some extent when something goes well, but for the most part, people are coming because there is some kind of a problem. My job is mostly problem-solving. Someone has something that's beyond their capacity, they feel. That may or may not be the case. But if it is then, I will handle it; if it isn't, then I will empower them to deal with it.

What are your thoughts about the stigma of mental illness?

A lot of the stigma sadly comes from the employees, I would say. Well, it's kind of a condescending type of attitude. It's very subtle, but palpable, I would say. I try not to do it myself but I even find myself doing it, hopefully as little as possible. It's like, let's say, if you think – because really you can't tell the difference [between a client and someone who is not a client]. If someone smells bad or is just – you can probably figure [they may have a problem]. But a lot of times, you can't really tell.

I once went to Lourdes in France [Lourdes has been famous as a site of miraculous healings since St. Bernadette experienced visions of the Virgin Mary there in 1858]. It's a pilgrimage [site] for people who have all kinds of problems. I went there as a kid. Thousands of people are there with all kinds of illnesses, all these fifty-year-old ladies with paper hats. It's just unbelievable. There are crutches – the water is special or something like that. Everyone starts looking at you to see what's wrong with you [and] why are you there? And it's creepy and weird [when] you're just a tourist and the way they look at you is to see why you're there. So I said to my sister, “Just hold onto my arm,” and she said, “Why?” I said, “Just hold onto it.” She held on to my arm. Then I just was like whoa! I acted really weird, walking around and we fit in better. People stopped looking to see what the problem was. It was the opposite of realism.

So that's kind of what happens here. People are constantly trying to see what's wrong with the person and then sometimes they'll talk in a more specific way as if they aren't smart, because they're suffering from something, or we have to talk louder or be different in some way. And that's not the case. They can hear just fine. They're smart. So it starts right there.

So I just I treat them as normal people. I don't think about the mental illness part of it at all. That is healing, I think, because there's also a self stigma. Most of them know or have the sense that they are here [because] they have some diagnosis. And for some odd reason, they get ashamed of that. There's also the word “crazy,” which is kind of extreme. So it's a very subtle thing, but I just treat them as normal, which they are really, and then that's how they behave. They behave the way that they are treated essentially. So if they keep coming, the ones that keep coming back, I'm sure that helps. The short-term ones, I don't know about.

Like one [client]. One of the doctors had seen him for ten years. He had depression and she couldn't help him. These medications are very expensive and a lot goes into it and the guy's life wasn't really changing. Then he came in here and within a year or so, he started picking up speed and becoming more who he was. When we were in one of the team meetings, the doctor said, “For ten years, the guy didn't do anything. And now that he's in that group, he's coming back to life.” So that's something. Laughter is the best medicine, as the cliché goes.

The staff would love it, if we could have shows every month, because they deal with serious stuff. Laughter – if you can laugh at something, you've kind of accepted it or risen above it. It's kind of a magical quality. That's really what I admire, is their human spirit; and that's what I'm trying to unconsciously impart to them, is that “You are alive and you are a fighter. You can make the best of your life, and your spirit cannot be damaged or touched by these earthly things.” Laughter is one form and comedy is one form of that [human spirit], the most fun one. (laughs)

Thank you.

END OF INTERVIEW