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# Another Home Invasion - Study Guide

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Tarragon's Education and Outreach department supports and fosters a strong relationship between, teachers, students and professional theatre artists. If there is further information that you would like about the production or more ideas about pre-show and post-show activities, please don't hesitate to contact us.

Tarragon Theatre is very pleased to be presenting the Toronto premiere of Joan MacLeod's *Another Home Invasion* which was developed as a co-production with Alberta Theatre Projects, and ran at their PlayRites festival of new work before traveling here to Tarragon.

In this study guide you will gain a further understanding of what has gone into creating this moving one-woman show, as well as information and questions to apply to discussions and activities with your class.

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## About the Play

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# *Another Home Invasion*

created by Joan Macleod

directed by Richard Rose

*There're a lot us ladies in the same position. We've got our men at home now, running out of steam. And we're out here on the front lines.*

Jean appears onstage. It has been a terrible week. A mere seven days ago, she shared her home with her husband of nearly sixty years, Alec. Now it's very clear that she's alone. As we watch, Jean tries to work out exactly how this happened. She goes back to the beginning of the week, to the day an unexpected visitor arrived on her doorstep. Jean is at the cupboard

*opening a pack of cookies. I see a face there, in the little window in our front door. . . It's a fellow. We look each other over, him and me. I never thought about not opening the door. Not once. I didn't think anything except -- good, company.*

The stranger, as it turns out, is not the best company. He's disheveled and hardly speaks, and when Jean bends down to pick up the newspaper from the porch, he suddenly grabs her wrist.

*For the first time he looks at me straight. And I look at him. His eyes aren't right. They're skittery. They're too big. There's something wrong with him, with this, all of it.*

Jean remembers her mind whirling, looking for a way out, but while she's lost in thought, the man disappears just as unexpectedly as he arrived.

At the time, Jean thought she could go on with her daily life. After all, how could an encounter with a random stranger who leaves without consequence have any real effect on her life?

Jean knows better now, but a week earlier – in between Aquafit, wrangling with her daughter and granddaughter over household chores, and caring for Alec – Jean just chugged along, looking forward to a visit with Claudia, the nurse. She had high hopes that she and Alec would finally be admitted to the Kiwanis, the retirement home of their choice, and their ticket to a secure and independent lifestyle. Then things take a turn, and Jean learns that the greatest threat to personal privacy and autonomy doesn't always come from where you expect it.

## Interview with a Theatre Artist - Emma Laird

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Emma Laird is the Stage Manager of *Another Home Invasion*.

### How did you first become involved in theatre?

The earliest memory I can remember was in grade 4 when I was cast as the tree in Little Red Riding Hood. I was also cast as Little Red Riding Hood's understudy, which at the time wasn't a term I was familiar with. I went home and got my parents to explain it to me and then I promptly started to think of ways to sabotage the girl playing the REAL Little Red. I wasn't leaving anything to chance. I don't think I realized at that point, but my parents definitely did; this was an art form that I was extremely passionate towards and was going to have a long history with.

### What are your favourite and least favourite parts of the rehearsal process?

My favourite part by far is "tech week", I usually find this part of the process the most challenging, so it's always the most fun. It's when suddenly you leave the safety and comfort of the hall and you have all sorts of new sensations being thrown at you, and you need to figure out how they impact everyone and make it work for everyone in the theatre.

My least favourite part is the first day. Normally on the first day of rehearsals stage managers are called on to read stage directions, this - I loath. I get nervous and tongue tied and then get so preoccupied trying to not look bad, instead of just focusing on my job.

### What is the most difficult part of being a stage manager?

There are many challenges stage managers face, and it really depends on the show. Sometimes the most difficult part is dealing with an actor; sometimes it's the technical aspects, sometimes its designers, there is always something. Generally I find saying 'No' is the hardest part of my job. We work with such creative people, with such big and innovative ideas that are frequently larger than life. It's everyone's job to try and turn these ideas into reality. Sometimes this can't happen and it falls on my shoulders to say "I'm sorry we can't make this work". That's hard.

### How did you prepare for *Another Home Invasion*?

I went out and bought thermal long johns. *Another Home Invasion* is a co-pro between ATP (Alberta Theatre Projects) and the Tarragon Theatre. Which meant that Richard, Nikki and I were all out in Calgary for 8 weeks starting in January. Having briefly visited Calgary last year with a national tour, I had a very vivid memory of just how cold it got there.

I did also go out and get every one of Joan's plays from the library. I was vaguely familiar with her work, but not enough to be able to have a conversation about it. I think even for a stage manager, it's really important to try and learn as much about the people on your team as you can. Especially since Joan was going to be in the rehearsal hall with us, and heavily involved in the process, I thought it would be really valuable to try and get to know her voice as a playwright.

### What advice would you offer to students interested in pursuing a career in theatre?

It's a wonderful industry, with a vibrant community across the country....BUT (did you all see that one coming?) this business is a hard one to get into and you can't wait for people to hand you opportunities. You need to be prepared for the challenge. My advice; know that for the first few years you will be working on the bottom for relatively no pay and little recognition. This is a good thing - because it will give you the opportunity to be a sponge. Get yourself in the presence of the greats of our industry and learn from them, soak it all up. By being at the bottom, there is no pressure on you to be perfect or to know everything, because you are new, you will maybe just serve as the gofer or the coffee fetcher, but if you can surround yourself with these incredible people, it gives you more education than any institution can teach you. Then after a few months/years of this, you can begin to work your way up the ladder and you will have acquired so many skills, talents, strategies, tools, ideas, knowledge...etc.. that you will be great at whatever you decided to do.

## About the Playwright – Joan MacLeod

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Joan MacLeod studied creative writing at the University of Victoria (BA 1978) and the University of British Columbia (MFA 1981). She was encouraged to write plays while attending a poetry workshop at the Banff Centre in 1984. Her poetic, lyrical plays are characterized by evocative imagery and layered themes that consider the complexities of personal and political relationships. MacLeod sees all of her plays as political, exploring the often unacknowledged tensions and conflicts in an apparently peaceful Canadian society. She believes in the power of the imagination to transform reality and enable hope. Despite natural and political cataclysms, individuals can recreate their lives.

MacLeod's first produced work was the libretto for a chamber opera presented by Comus Theatre in Toronto in 1985; it won a Dora Mavor Moore Award for best new musical in 1986. She joined the Playwrights Unit at Toronto's Tarragon Theatre in 1985, and remained playwright-in-residence there for six years. Her first play, *Jewel*, is a monologue spoken by a young woman to her dead husband, who drowned during the sinking of an oil rig off the coast of Newfoundland. It premiered at the Tarragon in 1987 and was subsequently produced for radio in English, French, German, Danish, and Swedish.

Her next three plays, *Toronto, Mississippi* (1987), *Amigo's Blue Guitar* (1990), and *The Hope Slide* (1992), also premiered at the Tarragon. The scenario for *Toronto, Mississippi* originated in MacLeod's experience as a social worker with the mentally disabled in the late 1970s. It explores the complex dynamics between a mother and her mildly autistic daughter, and their responses to an absentee husband/father who lives out his fantasies as an Elvis impersonator and enables his daughter to imagine a world beyond her mental limitations.

In *The Shape of a Girl* (2001) an adolescent girl discovers a frightening correspondence between the senseless murder of a teenager by her schoolmates, and her own social behaviour. Her monologue is grounded in a historically specific Canadian tragedy - the 1997 killing of a Victoria schoolgirl by a gang of teenagers, most of whom were girls. Though she has not participated in this murder, the character Braidie is haunted by it because it replays her own complicity in her friend's tormenting of a "different" girl in their class, the identification of an individual as "other," and a systematic, cruel predation that is psychologically destructive. Braidie's imagined audience is her older brother, whom she has cast as a sympathetic mentor, and she finally experiences a sense of new possibilities and hope.

MacLeod's plays have won numerous awards, including the 1988 Prix Italia for the CBC production of *Jewel*, the Governor General's Award for *Amigo's Blue Guitar* in 1991, and the Chalmer's Award for *The Hope Slide*. They have been produced across Canada, and in England, the United States and Europe, and translated into five languages.

# Geriatric Medicine

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## Definition of Geriatrics

Geriatrics: The branch of medicine concerned with the diagnosis, treatment and prevention of disease in older people and the problems specific to aging.

From the Greek "geron" meaning "old man" + "iatreia" meaning "the treatment of disease.".

From: [www.medterms.com](http://www.medterms.com)

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Article from The Vancouver Sun: **November 6, 2007**

<http://www.canada.com/topics/news/national/story.html?id=406bd325-6421-40da-bf0e-8002964195d2&k=56738>  
(emphasis added)

## Geriatric doctors in short supply

**At a time when Canada's aging population means that seniors are Canada's fastest-growing population group and the fastest-growing segment is 85-plus, Canadian medical schools are barely turning out a handful of geriatric specialists every year.**

VANCOUVER - At a time when Canada's aging population means that seniors are Canada's fastest-growing population group and the fastest-growing segment is 85-plus, Canadian medical schools are barely turning out a handful of geriatric specialists every year.

Even young people are having trouble finding a family physician.

Where, then, does that leave the elderly, often with complicated medical issues that require much more time than the fee-mandated few minutes of an office visit?

The elderly often find a visit to the doctor's office virtually impossible, and instead end up rushed by ambulance into overcrowded emergency departments when a health crisis hits.

Once in hospital, the situation can go from bad to worse. During a week in a hospital bed, they can go from being mobile to being unable to stand, let alone get themselves to the bathroom or do any of the things that were so vital to their independence.

The fortunate ones have family to help navigate their way through the medical system.

**But that takes its toll, with caregivers burning out. One elderly Ontario woman recently had to sleep in her car overnight while her husband was being treated for the after-effects of a stroke. They simply lived too far from the only centre that could provide the rehabilitation he needed, and she couldn't afford a hotel room.**

The stress can bring out old grievances and sibling rivalries as the debate rages over just how to care for mum or dad. As one doctor points out, if your kids didn't get along when they were 16 and 17, they'll still be fighting at 50.

**Medical care for seniors doesn't stop with the doctor. Best practices suggests it takes a team, with nurses and social workers involved with doctors and specialists who get to know the patient and their circumstances and liaise with family or other caregivers. But unless you're fortunate enough to live in centre that has the services, plus live long enough to get to the top of the waiting list, you might be out of luck.**

Faced with such an urgent demand for geriatric specialists, you'd think students would be lining up to fill the spots. They're not. Geriatrics is a poor cousin to the more lucrative specialties like cardiology or neurology. Students graduating with crippling loans have to maximize their incomes to pay them off - not see one patient in the same time their cardiology colleague sees six.

Yet while students are steering away from a geriatric specialty, the reality is the average doctor will see more seniors than anyone else.

"Except if you are a pediatrician, the classes graduating now will spend 50 per cent of their time with people over the age of 65," said Dr. Laura Diachun, a geriatrician, associate professor of medicine at the University of Western Ontario and co-author of a study pointing to a shortage of doctors who practice geriatric medicine.

Dr. Janet Gordon, a professor in geriatric medicine at Dalhousie University, did a survey of medical schools across Canada and found that students were exposed to anywhere from seven to 200 hours of geriatrics.

"In medical school, people do close to two years or more of classroom learning and then clerkship, on the floor-clinical learning," Gordon said. "Only half the schools have people do geriatrics even though all have them do pediatrics."

Gordon said in problem cases set for medical students at her university, she found only seven per cent of the cases had patients over the age of 65 and none included patients over 70.

"I think there is a belief geriatrics is too complicated to teach them early on," said Gordon.

**Geriatrics is a complex and challenging field. It's not like a 40-year-old landing in emergency with a heart attack or pneumonia. Treat the problem in the younger patient and chances are the patient will be up and on his or her way.**

**For an 80-year-old, one ailment may be complicated by a range of other conditions. Is the confused patient suffering dementia or is the confusion coming from an infection and dehydration? If he's sent home after days in the hospital, is there someone there to ensure he eats? Takes medication?**

In medical school, students spend days and weeks gaining pediatric experience. They spend only hours with the elderly.

"The bottom line is this is not a sexy place to be," said Lynn McDonald, director of the Institute for Life Course and Aging and a professor in the faculty of social work at the University of Toronto. "It is not glamorous like brain surgery or saving children who are dying from leukemia.

**"We live in an ageist society; there is the feeling, 'who cares?' They are going to die anyway. . . . There is no prize, no glory.**

**"It is hard, hard complicated work and it is work that requires many disciplines. It is an interdisciplinary team approach. Older people don't just have one problem, they have many problems, it is very complicated and there is a special knowledge base."**

**McDonald said when she first went to work in gerontology in 1970, no one even knew what the word meant. "Society is catching up, but not fast enough in my opinion," she said. "I think it was in 2001, seven doctors went into geriatric medicine in all of Canada - we need hundreds."**

Geriatrics is also lacking in nursing training, McDonald said, but the curriculum is so stretched there is little room for geriatric medicine.

"Maybe we get three or four nurses in the program a year," she said of a multidisciplinary program at U of T in aging, palliative and supportive care.

"That's not very many when you think most old people end up on the medical wards in hospitals and they end up in long-term care.

"Who's looking after them? People off the street - that's who is looking after them, with a nurse in charge if you are lucky."

McDonald says in the United States, the John A. Hartford Foundation, dedicated to improving health care for older Americans, is putting millions of dollars into training professionals in nursing and social work in geriatric medicine.

"They know they are going to have an age wave," she said. "They are preparing and they are throwing money at the problem big-time, and it works.

"If you start to pay students for doing it, they are a lot happier than if they are doing it because it is noble."

Drawing on the Hartford example, McDonald wrote a proposal for a national centre of excellence in aging focused on the three professions that provide social, psychological and physical care to Canada's older population, the National Initiative for the Care of the Elderly.

"We were shocked when we got this letter saying 'congratulations,' " said McDonald of the success of her proposal.

But the dollars are not lavish. While Hartford is pouring \$25 million into a single profession - nursing - McDonald said that in Canada, by the time overhead is paid, there will be \$1.6 million left for four years.

The centre has put together academics and practitioners working with older people and is focusing on best practices, with the aim of providing community agencies and institutions across Canada the tools they need to work with them.

"That's turning out to be a big winner," she said. "People don't have that information in one spot."

The institute also has a mentorship program for students in gerontology from the three professions, and it pays their way to an annual knowledge exchange.

McDonald said one way to get people involved is to offer scholarships and money for students to do research.

"Once you start to do it you love it," she said. "People who are in gerontology and geriatric medicine love it.

"It really is a challenge - it is really exciting when you can make a difference for an older person and their family."

## Home Invasions – Statistics and Security

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In 2006 the rate of break-ins in Canada dropped to its lowest level in over 30 years. However, it is difficult to produce similar clear statistics regarding the crime of “Home Invasions” because it’s lacks a precise definition. There is currently no specific offence in the *Criminal Code* called ‘home invasion’, data reported by police agencies do not include this type of crime specifically.

Home invasion scenarios are generally thought of as a premeditated confrontation in the victim’s home with the intent to rob and/or inflict violence. The case in *Another Home Invasion* is quite clear; however many other incidents are not as easy to define, such as:

- a homeowner returns home unexpectedly while a break and enter is in progress and there is confrontation
- a person breaks into a home believing that no one is home and someone is, or
- believing that the occupants are all asleep and they wake up, and there is confrontation
- someone forcibly enters the home of a person known to them to “settle a score”.

The impact of home invasion extends beyond the violence of the crime itself; it is particularly frightening because it has a predatory nature and violates the one place that we feel safe: our home.

Canadian Centre for Justice Statistics claimed in 2007 that 68% of home invasion crimes are committed by strangers. (A further 21% were casual acquaintances of the victim and the remaining 11% were family, friends and business relationships.)

Studies have shown that elderly victims are more frequently victims in this type of crime as compared to normal robberies. Of all victims of a ‘home invasion’ incident between 1995 and 2000, 17% were aged 60 or over, compared with only 6% of all other robbery victims.

## Additional Resources

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<http://seniorcarecanada.com/> - Senior Care Canada is a Canadian quarterly trade magazine focusing on senior care and facility management.

<http://www.statcan.gc.ca/pub/85f0027x/85f0027x2002002-eng.pdf> - Statistics Canada Bulletin

<http://www.statcan.gc.ca/pub/11-008-x/2008002/article/10689-eng.htm> - Article from Statistics Canada about trends in eldercare compiled from data used in this article come from the 2007 General Social Survey on Family, Social Support and Retirement.

## Pre-Show Exercise #1 - Direct Address Monologues

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*Another Home Invasion* is a one-person show written by Joan Macleod. The audience learns about the elderly Jean and her husband Alec from Jean's point of view as she speaks directly to the audience. Use this exercise to have your students practice direct address to an audience.

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### **All you need:**

Enough copies of the EXCERPT #1 and EXCERPT #2 for students to share and space to rehearse.

### **In pairs or small groups:**

Have your students rehearse the scene.

### **Scene sharing:**

Have each group present their scene for the rest of the class. Allow this to open into a discussion about the challenges of this monologue and direct address (ie. staying in character, what's funny and why, etc.).

**JEAN**

We like to eat early. We eat at 4:30 -- except when Bethie comes over. Bethie's our daughter. No one can eat before seven when Bethie's around or she'll make a fuss. She'd eat at midnight every day of the week if she could, Bethie.

I'd just done the dishes. Alec, he likes the water red hot. He likes it soapy. They could be used in surgery, the dishes. Alec watches me wash the dishes then he makes me put those dishes into the dishwasher. We're careful with the washing because we don't want Alec to take a cold.

We were playing crib, we were having our tea. We play every day there after supper. We play for twenty-five cents a game. We keep track of the wins and losses and who owes who how much right there on that calendar -- which is silly. Our money all comes out of the same pot.

I'm at the cupboard, opening a pack of cookies. I see a face there, in the little window in our front door. I think it's my granddaughter Amber. We've already been waiting over an hour for Amber to come do the vacuuming. But it isn't Amber.

It's a fellow. We look each other over, him and me.

I never thought about not opening the door. Not once. I didn't think anything except -- good, company.

'Where you off to?' Alec wants to know. It used to be he was always the one answering the door. 'Jean, do you hear?'

You'd think I was leaving the country. There're a lot us ladies in the same position. We've got our men at home now, running out of steam. And we're out here on the front lines. 'I'm answering the door!'

JEAN

Some people get crazy about their houses. They won't leave when they should. They won't consider something smaller. They wait until they have to get dragged out, kicking and screaming.

Alec and me, we wanted to walk out of here under our own steam. We wanted to have a say in where it is we were going. We chose the Kiwanis because it's nice. It's got a bunch of floors just for couples. There's not a lot of places out there for couples. Most of the homes are for people on their own. A lot of the homes got little rooms and no kitchen except the big one attached to the dining room where the whole bunch goes to eat.

The Kiwanis has a kitchen in every suite. It has a dining room downstairs. You can take your meals in the dining room or you can do your own cooking. Your decision.

After the fellow left I couldn't settle down. I was afraid that he might come back. Then I got worried that he was going to snatch up Amber on her way here. But Amber was fine. She came sailing in to vacuum, four hours late, wearing one of those little tee shirts

## Pre-Show Exercise #2 · Respect for the Elderly

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How society treats the elderly is a theme that's explored in *Another Home Invasion* and appropriate for students to consider. Use this exercise to have your students explore what their parents and grandparents have to deal with as well as what will hopefully be different when they grow old.

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### **All you need:**

Paper, pencils and access to the internet

### **In pairs or small groups:**

Have your students brainstorm and research (using the internet) what physical problems and ailments have plagued their parents and grandparents. Then have them choose one or two to explore in a proposal to the class. Below are some questions for them to consider:

- What should the government cover for all Canadians?
- How do we mistreat the elderly? Even just on the street or TTC?
- How can things like arthritis, Alzheimer's or osteoporosis be reduced?
- What do you think is the hardest thing about growing old?

### **Create Proposal:**

After the research is done have your students prepare a proposal about what could be done to make things better for their parents and themselves.

### **Proposal sharing:**

Have your students share their proposals with the rest of the class. Allow this to open into a discussion about what they could do to help their parents' generation and in turn their own.

## Post-Show Exercise #1 · Imitation While Story-Telling

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The character of Jean imitates various other people in the play to help tell the story (her daughter, granddaughter, husband, the social worker etc.). Use this exercise to have your students tell a story of their own where they get to show off their imitation of someone else. Perhaps suggest that this needs to be a family member or someone who is not in the class (or the teacher).

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### **All you need:**

Enough space for students to work in pairs.

### **In pairs:**

Have the students share a story from their life involving someone else with their partner.

### **Rehearsal:**

Encourage the students to rehearse their imitation stories to their partner making their imitation different from themselves.

### **Scene sharing:**

Have each group present their imitation story to the rest of the class. Allow this to open into a discussion about how they could take the story or imitation further.

## Post-Show Exercise #2 · Write a Short One-Person Play

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Joan Macleod has enjoyed much success by writing one-person plays (*Another Home Invasion, The Shape Of A Girl, Jewel*). Use this exercise to have your students write their own short one-person play.

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### **All you need:**

Paper and pencils

### **Brainstorm:**

Have your students brainstorm story ideas for one minute. Encourage your students not to edit themselves so they have as many ideas on the page as possible by the end of the minute. Naturally give them an extra 30 seconds or so if you feel they need it.

### **Structure:**

Have each student choose one or two ideas from their list and come up with a beginning, middle and end for their short play. Once everyone has these determined you're ready for the next step.

### **Write a short play:**

Give your students a timeline of 10 minutes or so to write their short one-person play using the structure they have chosen. Of course this may change if they think of a better ending while they are writing. If necessary give them a guideline of 2-3 pages maximum.

### **Scene sharing:**

Have each student read or present their short play to the rest of the class.

# Notes





**“Every time I think that I’m getting old,  
and gradually going to the grave,  
something else happens.”**

**- Elvis Presley**