

Understanding the Magic of A Moment of Magic:
A Theatrical Analysis of One Wish-Granting Organization

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Brave. Strong. Fearless.

Abstract

A Moment of Magic is a national nonprofit organization with a mission to “improve the quality of life of vulnerable and underserved children and inspire them to be brave, strong, and fearless through fun and engaging social wellness activities” (McGrane). For the most part, these social wellness activities consist of collegiate volunteers dressing up and acting as popular Disney characters and engaging in character-based improvisation with disadvantaged children in hospitals, special needs schools, foster homes, nonprofit events, and house visits. This thesis aims to precisely break down and analyze A Moment of Magic to answer the question: What are the strategies that A Moment of Magic employs to positively affect the lives of disadvantaged children? To begin to examine A Moment of Magic’s operations, four major topics were researched: A Moment of Magic, Applied Theatre, other wish-granting organizations, and the Walt Disney Brand. Then, twenty-five interviews were conducted with A Moment of Magic volunteers and partners (parents, nonprofit coordinators, and hospital child life specialists) to gather intimate and personal data about the strategies, perceptions, and effects of A Moment of Magic’s performances. Although A Moment of Magic seems to have a lot in common with Applied Theatre and Clowning, upon further investigation, there seems to be an internal antitheatrical bias where repetition and imitation are prized over truly embodying a character. It is concluded that this exciting organization can become even better at what it does by embracing basic theatrical practice to hone performers’ communication skills, complex characterization, believable embodiment of the character, and improvisation.

Anecdote: Why I'm Doing What I'm Doing

Before I dive into my thesis, I wanted to give insight into the impetus that led me to where I am today: writing an almost 200-page research thesis about an organization called A Moment of Magic.

It is 2007. My family and I lived a simple life. We lived in a nice house in a friendly neighborhood in Centreville, Virginia. It was just my parents, my nine-month-old baby brother, my twin sister, Skyler, and me. Skyler and I attended preschool every day. My father was a successful lawyer. My mother stayed at home tending to us. We had two cats. We liked to play outside. We loved mac-and-cheese with hotdogs. Skyler and I hated to have our hair brushed. We had just taken our first-ever swim lessons. We were supposed to go to Disney World for the first time in just two weeks. Things were normal.

However, just days before our fifth birthday in May of 2007, Dad and Skyler were goofing around when he noticed huge swollen lymph nodes under her chin. Worried, he took us to our pediatrician where he discovered that these swollen lymph nodes covered her body. After some abnormal blood test results, Skyler was admitted to the pediatric oncology ward at Fairfax Hospital. The next morning, after a spinal tap and bone marrow aspiration, the doctors diagnosed her with Acute Lymphoblastic Leukemia, a rare blood cancer. Things were no longer normal.

The next two years were hard. Skyler was inpatient at Fairfax Hospital for a few weeks, but then was in and out almost daily. The first six months were the most grueling because those early stages determine the outcome. She endured various treatments and several rounds of chemotherapy. We watched as her hair fell out, her energy and spirit diminished, and her body was permanently transformed by the effects of chemotherapy. Nonetheless, she would attempt to

brave every treatment with a smile due to the support from my family, the doctors, and the child life specialist. Despite the pain, she was always laughing. Her resilience and bravery in the face of such a monumental challenge gave my family the hope needed to get through those two years. In 2009, she was deemed “cancer free,” and put into remission.

Meanwhile, my baby brother and I stayed at home with various babysitters and nannies. While I knew that something was wrong with my sister and was scared, being five years old, I was mostly just confused. I can shamefully admit that I remember being jealous of the attention she was getting. I remember being so mad that she was getting tons of gifts, balloons, stuffed animals, and special attention and treatment from my family, doctors, and journalists while I stayed home alone with babysitters that I barely knew. I would later in life come to realize I suffered from a phenomenon called Glass Child Syndrome, a term used to describe the mental health challenges on the siblings of children with life-threatening illnesses; such as the feeling of emotional neglect, the pressure to be problem-free, the burden of parental responsibilities at a young age, the need for attention, and of course later (as in today), the guilt of experiencing these emotions. I carry the effects of being a Glass Child with me today and that is one of the main reasons I do what I do.

As Skyler progressed with her treatments, my family became involved with the Leukemia Lymphoma Society, or LLS, to raise money for blood cancer research. In our first year doing the Light the Night walk with them, we raised over \$15,000. In 2010, Skyler was announced as the LLS’s Girl of the Year for her bravery and resilience and my family’s fundraising efforts. She became the face of the organization, the symbol of hope and passion to put an end to blood cancer. Also in 2010, Skyler was granted a wish from Make-A-Wish and we finally went on that family Disney trip that was canceled years earlier.

Today, Skyler is almost 14 years cancer-free and is about to graduate from James Madison University (with me) also having done a thesis relating to pediatric cancer (although hers is on researching cures... she is smart like that). She also plans to go to Physician Assistant school in the next few years and specialize in oncology. Additionally, my family still raises money and walks for LLS every single year.

As for me, I strive to use my passion for theatre and the arts to help children going through the hardest battle of their lives. Having seen it first-hand, I know how important a smile is during those times. Life-threatening illnesses can be isolating and cold, but a simple smile can return the feeling of normalcy that has been lost and grant a spark of hope to children and their families. That is why I joined A Moment of Magic in 2020. By providing just a few moments of happiness and magic into their treatment journey, their spirits can be lifted and gift them the energy, hope, and support needed to push through and allow them to feel like a normal kid again. Due to this deeply personal connection I have to the work that A Moment of Magic engages in, I have dedicated over 300 hours of service to this organization and climbed the ladder to now hold a national leadership position. My service to this organization has become a monumental part of my life and has shaped who I am. So, when I decided to write a dramaturgical research thesis, there was never any doubt as to what my topic was going to be. That is why I am here today, writing this paper on A Moment of Magic.

Chapter 1: Introduction

Project Overview Pt. 1

Often, I can be found with a group of my peers dressing up as various Disney characters and going to children's hospitals, fundraising events, disability centers, elementary schools, and even birthday parties. Contrary to how it may appear at first glance, we are not "Disney Club" nor "Cosplay Club." Since August of 2020, I have been a performer in the James Madison University chapter and an Event Coordinator on the national board of a collegiate organization called A Moment of Magic Foundation. A Moment of Magic is "a national 501©3 nonprofit organization with a mission to improve the quality of life of vulnerable and underserved children and inspire them to be brave, strong, and fearless through engaging social wellness activities" (McGrane). In summary, this organization utilizes creative play-based immersive performances, primarily with popular Disney characters, to provide a safe, open, and supportive environment for children to express, create, and heal ("A Moment of Magic").

Just last year, A Moment of Magic served over 26,000 children nationwide and 250 nonprofit organizations and hospitals through their in-person and virtual programming (totaling over 125,000 children since 2014). and 100% of medical professionals stated that the "services positively impacted the quality of life of those [they] serve" ("A Moment of Magic"). A Moment of Magic's performances and services implement evidence-based strategies for providing children in need with tools, resources, and support proven to improve their mental health and quality of life. Through this organization, I, as well as thousands of other students nationwide, have brought smiles to children during their darkest and hardest battles, and it is the goal of this

thesis to examine and understand the magic that A Moment of Magic provides from a theatrical lens.

I have been a Theatre Performance and Theatre Studies student for four years at James Madison University. The knowledge I've gained in my undergraduate career has allowed me to perceive that A Moment of Magic's operations fall under the umbrella of Applied Theatre, while also pulling influence from Disney and other wish-granting organizations. It is the goal of this thesis to keenly discern A Moment of Magic's processes through a theatrical lens. This breakdown will allow applied theatre practitioners to grasp the vastness of structures and operations available at their disposal, as well as invite all readers to understand the societal importance of applied theatre.

Overall, this thesis answers the question: What are the strategies that A Moment of Magic employs to positively affect the lives of disadvantaged children? To answer this question, I first researched four major topics that would be pivotal to understanding and analyzing the operations of A Moment of Magic: the organization itself, the practice of Applied Theatre, similar wish-granting organizations, and the Walt Disney Company. Below is a full literature review to provide the needed context and background for each topic to be understood moving forward in this thesis, as well as present what is currently being discussed and studied in those fields. This framework will aid in understanding the next chapter which dives headfirst into how A Moment of Magic compares, contrasts, and relates to the below topics.

Literature Review

a. A Moment of Magic

In 2014, A Moment of Magic founder Kylee McGrane, a sophomore at College of Mount Saint Vincent at the time, had the idea to dress up as a princess and visit local hospitals after learning about the lack of funding in pediatric cancer research, the harsh treatments those children endure, and that there “were no other organizations currently servicing children simply through volunteer work” (“A Moment of Magic”). She brought her roommate on board and founded The Princess Project in 2015, with the first collegiate chapter being the College of Mount Saint Mary with over forty volunteers. However, in 2016, the name changed to A Moment of Magic after their story went viral through a video that grossed 65 million views worldwide, and the club became adopted as an official 501©3 organization, or nonprofit, thus allowing collegiate chapters to form nationwide (McGrane). Today, there are 30 chapters total across the nation, with 28 being Character Chapters (meaning they have Characters and Magic Makers), and 2 being Magic Maker only chapters (“A Moment of Magic”). To define, a Character is any volunteer assuming the persona of a popular Disney character and a Magic Maker is a term used for any volunteer in A Moment of Magic who is not dressing as a character and can assume many roles including the character attendant, the independent playmate, the stage manager, or the remote worker (McGrane and Stanton-Johnson).

A Moment of Magic defines itself as creating “fun, empowering experiences for children to contribute to their emotional and mental well-being, self-confidence, and self-esteem” by addressing “the mental health and wellness needs of the community by offering social wellness youth programs to underserved children” (McGrane and Stanton-Johnson). Although originally starting as an organization servicing only pediatric cancer patients, now A Moment of Magic serves all “underserved and vulnerable children” including children that are terminally or life-threateningly ill and their siblings, children with autism or other sensory processing issues and

developmental disabilities, low-income families, and foster children (McGrane and Stanton-Johnson). According to statistics, “every 60 seconds a child is in need of medical care (both mental and physical)” and these traumatic instances can cause lifelong emotional and physical reactions, so A Moment of Magic operates primarily on the idea that “play is a powerful coping mechanism” (McGrane and Stanton-Johnson). They believe that placing their values in play, imagination, and creativity allows a kid to “just be a kid” and assists in their recovery (McGrane and Stanton-Johnson). Additionally, the website claims that “100% of [child life specialists, parents, and organizations] surveyed stated that [the] services directly impacted the quality of life of the children [they] service” (McGrane and Stanton-Johnson).

Since 2014, over 125,000 children and 300 hospitals and nonprofits have been served by A Moment of Magic through their four methods of magic making: In-Person and Virtual Creative Play Experiences, The Express, Create, Heal Workshop: The Childhood Cancer Chapter, AMOM Unlimited, and Bravery Bags (“A Moment of Magic”). A Moment of Magic’s primary services fall under Creative Play Experiences where A Moment of Magic chapters “partner with hospitals and nonprofits to bring personalized, empowering experiences that remove children from their day-to-day life of treatment and other unfortunate circumstances, restore a bit of normalcy, and allow children to experience the joy of ‘just being a kid’” (“A Moment of Magic”). The Express, Create, Heal Workshop: The Childhood Cancer Chapter (or ECH: TCCC for short) is a mental health workshop that claims to “implement evidence-based strategies to provide tools, resources, events, and support proven to improve the mental health and quality of life” of specifically children and families affected by childhood cancer through in-person and virtual workshops (“A Moment of Magic”). AMOM Unlimited is a web-based application that offers a wider range of virtual services including virtual programming, digital content, and online resources to families

and children in need. Finally, Bravery Bags are carefully curated activity kits designed through partnerships with pediatric departments aimed at helping medically vulnerable children build social-emotional wellness and cope with daily life stressors exacerbated by their medical diagnosis.

To dive more into their primary form of “magic making” (as well as the focal point of this thesis), A Moment of Magic offers a few forms of Creative Play Experiences. First and foremost is In-Person Creative Programming including one-on-one social experiences to cultivate an environment of personalized connection, small group experiences, and large group experiences with Characters and Magic Makers. A Moment of Magic’s in-person visits can range in form and setting. Most popular is Hospital Visits where Characters and Magic Makers go room-to-room and play with, read books, do crafts, or engage in other pre-planned and approved activities with the children. The second most popular is Outdoor Visits which are normally large fundraisers, walks, or luncheons where Characters walk around and interact with attendees. A Moment of Magic also does House Visits which are the most intimate and the activities are similar to Hospital Visits but allow a bit more freedom and exploration. Subsequently, volunteers can also go to Birthday Parties for qualified children or families and oftentimes these events vary from traditional birthday parties due to the child’s limitations, so activities are determined on a case-by-case basis. Moreover, they also go to Sensory Centers which oftentimes have jungle gym equipment to develop vestibular skills, dark rooms with sensory lights, tactile rooms with a variety of textures, and rooms with soft sounds, so Character and Magic Makers can expect to engage in very physical activities with the children. Finally, there are Isolation Units that generally ask for the volunteers to wear gloves, masks, and gowns and stay 6 feet away from the children, which of course means the interactions and activities must be tailored to the children’s

medical needs (usually it consists of just book readings or conversation) (McGrane and Stanton-Johnson).

The other half of Creative Play Experiences is the Virtual Creative Programming which serves the children who are either in areas that don't have active chapters or are immunocompromised and cannot have an in-person visit. These types of visits include Virtual Hotline Calls which are one-on-one calls with a favorite Character or Magic Maker, Virtual Group Livestream Calls which are group livestreams with a hospital or nonprofit consisting of several Characters or Magic Makers doing a myriad of activities including book readings, crafts, sing-a-longs, and more, and finally, Individual Video Requests which are personalized pre-recorded videos by a Character sent to a child who isn't in the state to have a one-on-one in-person or virtual visit ("A Moment of Magic").

b. Applied Theatre

Applied Theatre is an incredibly broad and diverse genre of theatre. Upon researching the term "Applied Theatre" there is a multitude of scholarly sources that delve into this complex, comprehensive, and constantly evolving field. In broad and simplistic terms, Applied Theatre is defined by practitioners as "a useful umbrella term... for finding links and connections for all of us committed to the power of theatre in making a difference in the human life span... it is performing theatre in non-traditional spaces for marginalized communities" (Prendergast 6-7). More specifically, "Prentki and Preston (2009) define applied theatre as theatre created for, with and/or by communities with the purpose of improving social conditions through emancipatory and active engagement" with "the intention to employ theatre processes in the service of self-development, wellbeing, and social change" (Rhoades 44). It includes several subgenres such as

Documentary Theatre, Theatre in Education, Theatre of the Oppressed, Theatre for Health Education, Theatre for Development, Prison Theatre, Community Based Theatre, Museum Theatre, Popular Theatre, and more. Although each of these subgenres has its own specific goal, audience, and process, all of them exist to serve as a theatre for social wellness.

Although Applied Theatre is a distinctive genre of theatre, the idea of using theatre for social utility is not a new concept. During the 20th century, a handful of various theatre practitioners sought to involve the audience in an innovative way, including J.L Moreno, Bertolt Brecht, Jerzy Grotowski, and Augusto Boal (Obermueller 6). The earliest established artist to engage in theatre for social change was J.L Moreno. Moreno established what is known today as drama therapy, which although has similar aims to Applied Theatre, is discussed at great lengths in literature as a separate practice from Applied Theatre due to its medical and psychiatric training and goals. Drama therapy will be discussed in more detail further on in this review. Later, Brecht attempted to “break the division between actor and spectator so that the spectator would be moved to real action by keeping an objective view of staged action” with his technique called “*Vertfremdungseffekt*,” or V-effekt for short (Squires, Anthony, et al.). Grotowski, through his book *Towards Poor Theatre*, attempted to achieve a “sort of transcendence” by placing his audience in and amongst the performers, thus dismantling the “aesthetic distance” of an audience and merging actor and spectator in what he called, “happenings” (Grotowski, Jerzy, et al). Finally, Boal established the Theatre of the Oppressed which asks community members to take active roles in the performances coining the vocabulary of “spect-actors” (Obermueller 7). He believed that “theatre is rehearsal for the revolution” (Boal). Although Boal is the first recognized “applied theatre practitioner” of this group, all of these artists paved the path for Applied Theatre by engaging the audiences in “the work” of the theatre.

There are several books published that break down the various processes, structures, and roles that can be present in Applied Theatre. One popular educational teaching book is Monica Prendergast and Julia Saxton's 2020 *Applied Theatre International Case Studies and Challenges for Practice* which maps out the core practices. They state that there are four main models of Applied Theatre. First is The Community-Based Model which is "a piece of theatre created for, with and by community participants for an integral audience... followed by 'community conversations'" (Prendergast and Saxton 23). Second is the Curriculum Model where the groups select a topical issue and generate a theatre piece for performance in the community primarily for education on that topic. Third is the Transfer Model which is when "a community-based applied theatre project... is transferred and adapted by a skilled acting troupe for a more accidental audience," thus transferring the idea to a new community (Prendergast and Saxton 23). Finally, the Interview Model is where "interviews become the basis for an applied theatre piece that is subsequently performed for the interviewees and their community by a group of skilled actors" (Prendergast and Saxton 23). When considering these forms, all Applied Theatre can be assessed with the following two questions: "What new questions has this performance generated in me? And how do they shift my being in the world?" The focus for success in this type of theatre is on *what* is being interpreted rather than *how*, thus solidifying its purpose as having a broader effect on the individuals and community present (Prendergast and Saxton 24). The implications of the interpretations, or the questions that arise from the work, are the most pivotal aspects of Applied Theatre.

A popular area of research within Applied Theatre is the ethics behind the intention, processes, and effects of the performances. Prendergast and Saxton address the morality of the making of Applied Theatre by acknowledging that "always the work follows what it is that the

group together with the facilitator develops” and that can be different from the theatre makers’ personal opinions (Prendergrast and Saxton 193). When diving into an Applied Theatre process, one must answer the question, “How prepared are you to follow the group’s interest and, if it applies, to support that shift when reporting back to your funding agency?” (Prendergrast and Saxton 193). If the artists are following the true intention of the form, then they will morally side with and support the beliefs and opinions of their group. On a different note, Theatre scholars Tim Prentki and Sheila Preston in their 2021 book *The Applied Theatre Reader* dedicate an entire chapter to how we, as theatre makers, position ourselves in the telling of trauma without causing unintentional harm to the participants. They explain how when creating Applied Theatre, these three questions must always be present in the minds of the artists: “How do we negotiate the telling of trauma whilst recognizing its incommunicability? What is an appropriate language with which to speak to trauma? And what are the ethical implications of being a listener and performer of testimony?” (Prentki and Preston 108). They discuss how pivotal it is that we keep the mental health, social well-being, and overall safety of the participants in mind to ethically perform theatre for their benefit, thus effectively fulfilling the goal of Applied Theatre.

The area of Applied Theatre can be narrowed down further into one of the newer subsets called Applied Theatre in Pediatrics, where the performances are specifically targeted to an audience of children facing disadvantages such as illnesses, hospitalization, trauma, poverty, and mental disabilities and illnesses. Persephone Sextou is a leading researcher in the pediatric theatre field, having coined and popularized the term Applied Theatre in Pediatrics with her first innovative book *Theatre for Children in Hospital: The Gift of Compassion*, the sequel *Applied Theatre in Pediatrics: Stories, Children and Synergies and Emotions*, and supplementary papers “Theatre in Pediatrics: Can Participatory Performance Mitigate Educational, Emotional, and

Social Consequences of Missing out School during Hospitalization?”, “Applied Theatre, Puppetry and Emotional Skills in Healthcare: A Cross-Disciplinary Pedagogical Framework,” and “What Does an Actor Need to Perform in Healthcare? Emotional Demands, Skills, and Competencies.” The goal of Theatre for Children in Hospital (or TCH) is to “harness theatre as an art form to improve a child’s wellbeing in the hospital while contributing to the wellbeing of those who care for them” (Sextou 22). These forms of performances are “generally interactive, improvisatory, and flexible interventions... that aim to engage the audience in creative distractions from their clinical condition, help them relax, and bring normality to their stay in the hospital” (Sextou and Karypidou 111). They vary slightly in form. Some are one-on-one intimate bedside experiences, and others are tailored to small groups of children. They can range in content, length, style, and technique (e.g. interactive storytelling, puppetry, etc.) to best suit the preferences of the artist and the needs of the audience. Through Sextou’s first research study, “Bird Island,” which was an “applied theatre project for children in hospital as perceived by a hospital teacher,” it was concluded that “Applied Theatre in Pediatrics can... improve the management of words and emotions [and] help them relax and communicate with the outside world” (Sextou 102). Another similar study done by psycho-drama trainer Aivar Simmerman concluded that Applied Theatre in Pediatrics “supported children [who had lost a loved one] so they could adapt to their lives... understand their feelings... and learn to become happy and active people” (Kangur).

In her books, Sextou consistently questions the morality of some TCH artists. She warns of the dangers of the “arrogance of some theatre practitioners... [who] ‘help’ transform [children’s] lives by inviting them to speak about their memories of pain” thus revealing “individual truths of the artist,” and the “stigmatization of the child’s illness” (Sextou 130). TCH

requires special privacy, willingness, and passion. She defines the main skills needed by a TCH artist as the ability to “deal with emotional incidents in health care, empathy, self and social-awareness, self-reflection, emotional resilience, and active listening... alongside acting and puppetry” (Sextou 89-90). The performers must also “further develop strategies of receiving, processing, and communicating emotions safely and effectively that enable the artist to observe, reflect, and process emotions before, during, and after a performance” (Sextou 101). It’s important to acknowledge how high-stakes adhering to ethics is when dealing with vulnerable children because although positive experiences and environments can set up a young child on a stronger life path, traumatic experiences or environments during those formative years can have long-lasting, detrimental impacts to their brain function (“Why Early Childhood Matters”). If a performer accidentally adds additional trauma to a child going through distressing times due to negligence during practice, it can have life-long consequences on the children’s development.

Applied Theatre in Pediatrics draws upon many of the techniques of Drama Therapy. However, being diving into drama therapy, it is important to note that drama therapy is recognized as a separate field entirely from Applied Theatre due to being clinical and psychiatric, which requires trained professionals and doctors to practice. General applied theatre practitioners cannot practice drama therapy, so instead, many draw influence from drama therapy techniques in their work. Drama Therapy began in 1911 in Vienna by Dr. J. L. Moreno when he used “impromptu play” to observe the mental catharsis of children (Goodman and Prosperi 21). In a psychodramatic stage, “the patient is allowed to perform the roles [they] are not allowed to play in everyday life,” and the environment is “consciously open” meaning the therapist can “join the patient’s fantasy” and assist them in their emotional exploration, thus becoming better at facing life situation as they arise (Goodman and Prosperi 27). Today, Drama Therapy is defined as “a

form of mental healthcare that uses theater techniques to improve mind-body connection, encourage emotional growth, and provide symptom relief” (Lear). Registered Drama Therapist Katie Lear claims it is effective because “children are natural storytellers... and are inclined to work out their feelings and learn through play,” thus allowing them to process sentiments and events that are too big for them to describe through words alone (Lear). Benefits include reduced social isolation, increased self-esteem, practicing new skills, creative problem solving, and improved emotional expression (Lear). A common example of this Drama Therapy in action is role-playing “house” or “doctor,” where through this role-play, children are learning about themselves, their wants, needs, and confusions; thus making sense of the world (“Drama Therapy with Children: Playing and Pretending”).

Applied Theatre for Pediatrics also draws from Distraction Therapy. As described by the Great Ormand Street Hospital, Distraction Therapy is “a way of helping a child cope with a painful or difficult procedure” by “taking a child’s mind off of the procedure and concentrating on something else that is happening” (“Distraction Therapy” 1). This can include controlled breathing, books, games, music, touch-and-feel toys, messy play, make-believe toys, coaching/talking, and guided imagery (“Distraction Therapy” 1) Nationwide Children’s Hospital supports this form of therapy as it not only supports the child going into a difficult procedure, but also addresses the siblings of children in the hospital as they can also engage in the activities (“Play Therapy in the Hospital”).

At an even more base level, Theatre for Children in the Hospital uses the psychological benefits of play, which is a widely recognized, studied, and documented phenomenon. “Freely chosen play,” or play without adults, is beneficial because it “improves the cognitive, physical, social, and emotional well-being of children and young people...” establishing “confidence,

curiosity, and independence” (“How Play Helps Children’s Development”). Children’s psychologists Olga Nester and Christy Szczech Moser have further defined play as “any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion... that involves intrinsic motivation, emphasis on process rather than product and internal rather than external control, and an ‘as if’ or pretend element” (Nester and Moser 247).

Play has been extensively examined in a hospital setting as it is the basis of Cognitive Behavior Therapy, or “learning to cope with negatively associated emotions through modeling, systematic desensitization, and emotional regulation” (Burns-Nader 5). Child life specialists engage in Cognitive Behavior Therapy utilizing one of three types of play: normative play, medical play, and therapeutic play. Normative play focuses on allowing children to feel like “the normal kids” outside of a hospital setting, including board games, video games, puzzles, arts and crafts, and pretend play (Burns-Nader 6). Medical play provides children the opportunity to play with and explore common medical supplies to make them more familiar with the tools and less afraid (Burns-Nader 12). Finally, therapeutic play is the most often used to get insight into a child’s experience and feelings, “things they might not express outwardly” (Burns-Nader 16). In a 2016 study that tested the effectiveness of play interventions to reduce anxiety and negative emotions in hospitalized children by comparing the emotional levels of a group of hospitalized children who received play interventions versus a group who received normal care, it was concluded that “those who received the hospital play interventions show fewer negative emotions and had lower levels of anxiety,” thus proving play’s effectiveness (Li).

Drawing from the realm of play, is the theatrical art of Clowning, where “play is at the heart” (Stepherdson). Clowning is essentially “the study and practice of a form of comedic performance... that is all about letting go... and following whatever you find funny in the

moment” (Stepherdson). It’s a very basic and childlike form of humor that takes a lot of bravery and commitment from adult performers because it requires fully giving in to impulses, letting go of any self-doubt or embarrassment, acting goofy, and just having fun with oneself and the audience. This playful form of theatre has been thoroughly studied concerning the medical field, as it can be especially useful in raising the spirits of those in unfortunate situations. According to a European study done to determine the role of humor, art, and play in the healthcare system, “a systematic review of controlled trials indicates that medical clowns have a significant, quantifiable impact on children’s well-being” and “according to the available evidence, medical clown visits decrease children’s and parents’ anxiety, as well as lowering children’s pain, stress, and cancer-related fatigue” (De Faveri and Roessler). One such renowned and recognized medical professional who has studied and performed clowning in his practices is Dr. Patch Adams. He founded the “Gesundheit Institute” in 1985, a global outreach of “International Humanitarian Clowning and Healthcare” that seeks to restore people, communities, systems, and the planet to wholeness and health through laughter and loving care (Adams). He defines therapeutic clowning as “spontaneous improvisational play... that creates joyful atmospheres enhancing the well-being of individuals” and he and his clowns travel the world engaging in volunteer social and medical activism (Adams). He believes that “the clown, in effect, is medicine” as it eases suffering, promotes healing, and makes the healthcare setting a playful, compassionate, and intimate experience (Adams).

c. Similar Organizations

There are a handful of “wish-granting” organizations in America, or organizations that give medically vulnerable children, typically those with life-threatening conditions, the chance to

have a dream come true, such as Dream Factory, Kids Wish Network, Sunshine Foundation, and the largest, Make-A-Wish (which is international). The effects of these types of organizations have been a popular research topic for children's medical researchers and psychologists to best evaluate their need. Studies have shown that wish-granting interventions resulted in "improvement in physical and mental health, quality of life, social well-being, resilience and coping for wish children, parents, and siblings," therefore "wish-granting interventions can positively impact health and therefore should not be discouraged" (Screti, Cassandra, et. al 479). A similar study comparing the mental health of children who engaged in wish-granting interventions (specifically with Make-A-Wish) versus those who did not conclude that the group of children who received wishes had a "significant reduction in general distress, depression, and anxiety symptoms, improved health-related quality of life, hope and positive affects" (Shoshani, Anat, et al.). It is important to note though that albeit overall these are positive experiences for children and parents, conversely, "the event [can be] accompanied by negative feelings, as the life-threatening nature of the child's illness is continuously confirmed," so the ethics have been contested (Darlington, Anne-Sophie, et al). However, that same study did conclude that those negative effects only have a lasting impact in a minority of patients, and generally the positive impact prevails to a large degree (Darlington, Anne-Sophie, et al). Overall, the consensus seemed to be that these organizations are positive for the children, and therefore should be encouraged.

Starting in 1980, Dream Factory is "the largest all-volunteer driven children's wish-granting organization that does not limit its mission to children who have life-threatening illnesses," but also believes that "children with chronic illnesses and disorders also suffer from substantial emotional and physical pain" and are deserving of a wish ("Dream Factory"). This organization relies fully on fundraising among its 37 chapters nationwide to grant their wishes.

Their standard wishes include celebrity dreams, fantasy dreams, shopping dreams, sports dreams, and travel dreams (“Dream Factory”).

Kids Wish Network started in 1997 and serves children who have been diagnosed with a life-threatening condition, “whether it be progressive, degenerative, or malignant, it must put their life in jeopardy” (“Kids Wish Network”). Additionally, the child must not have received a wish from another organization and must have the ability to communicate either verbally or nonverbally (“Kids Wish Network”). They offer “lifetime wishes” including theme park trips, celebrity meet and greets, professional sporting events, concerts and shows, vacations, shopping sprees, and technology or gifts (“Kids Wish Network”).

Sunshine Factory operates with the motto “making dreams come true for children... who have severe or profound illnesses or conditions, specifically physical/developmental/intellectual challenges from trauma or physical/sexual abuse, and whose families have limited income” (“See What a Dream Can Do...”). It’s important to note that even if the child has a life-threatening illness and qualifies emotionally, medically, or socially, if the household income exceeds \$75,000, they do not qualify for a wish through this organization. Their wishes range from family trips, shopping sprees, adaptive medical or therapeutic equipment, or most popular, a trip to Florida’s theme parks (“See What a Dream Can Do...”).

Finally, Make-A-Wish is the world’s largest wish-granting organization, serving fifty countries worldwide and having granted over 330,000 wishes. It all began in 1980 when a young Leukemia patient wanted to be a police officer, so Make-A-Wish granted him his wish by giving him a uniform and allowing him to shadow for a day (“Make-A-Wish America”). Nowadays, many of the wishes granted are for experiences such as “getting a puppy, seeing snow for the first time, or meeting a favorite celebrity,” but “77% of wish experiences involve travel and the

Walt Disney Company is involved in approximately half of the wishes Make-A-Wish grants” (“Make-A-Wish America”). Just this year in 2023, Make-A-Wish granted its 150,000th Walt Disney wish (“Disney World’s Once Upon a Wish Party”). They grant their wishes to only children with critical illnesses (not necessarily terminal though), and they define their wishes as “a spark that helps these children believe that anything is possible and gives them the strength to fight harder against their illnesses” (“Make-A-Wish America”). They state that “99% of doctors say wishes help relieve a family from traumatic stress” and that “87% of alumni say their wish was a turning point in their treatment” (“Make-A-Wish America”).

Another area of literature that is prevalent when researching these types of organizations, is criticism regarding the difficulties that arose when the 2020 COVID pandemic hit. Due to the physical and grand nature of most of these wishes from the listed organizations, the pandemic in 2020 did cause some backlog due to travel restrictions, isolation mandates, and ensuring the protection of immunocompromised children. This was especially true for an organization as popular, in-demand, and busy as Make-A-Wish. Only one and a half months into the pandemic, “there were already 5,000 suspended wishes” (Hamilton). Over half of the suspended wishes were Disney-related so consequently “Disney was racing against the clock as a massive backlog of ungranted wishes... threatened to keep some critically ill children from ever having their wishes come true,” causing them to create a waitlist of thousands of children (Burkett). Make-A-Wish CEO stated in 2020 that “our kids are patiently waiting... wondering when their wish will come true... our job right now is to keep them inspired and excited for when their wish comes” and how those “who may not have the luxury of time” were asked to change their wishes, but most didn’t (Hamilton). Today, there are still thousands of children waiting for their visits, especially to Disney, causing much stress amongst the childhood illness community.

d. Disney

The Walt Disney Company has a long and impressive history going back over a hundred years that has been well documented, reviewed, and scrutinized through various forms of literature pertaining to the many fields of theatre, business and finance, psychology, behavioral analysis, marketing, children's medical research, history, and sociology. Having gone from a "moderately successful animation studio" to "a global phenomenon... a complete entertainment experience – with theme parks, merchandising, cruise ships, and more," Walt Disney is undoubtedly one of the modern-day largest, richest, and most powerful corporations, currently worth over \$238.9 billion (Beattie).

To provide some basic background on the brand, it all started in 1923 when young Walt Disney created his first cartoon *Alice's Wonderland*, and founded Walt Disney Studios ("Disney History"). Walt was incredibly financially and economically literate. In the next ten years, popularity skyrocketed with the creation of Mickey Mouse in *Steamboat Willie* and the innovative start to merchandising of the infamous character, who soon could be found on "almost anything you could think of... there were Mickey Mouse dolls, dishes, toothbrushes, radios, figurines" ("Disney History").

By 1950, Walt Disney Studios was already the most popular entertainment provider in the world, but Walt wanted to expand further, leading to the construction of Disneyland in Anaheim, California 1955, Disney World in Orlando, Florida in 1971, Disneyland in Tokyo, Japan in 1983, and one final resort in Disneyland Paris in 1992 ("Disney History"). Building these parks globally required much financial maneuvering and monetary risk, but through increased merchandising, branding, and expansion, the team funded the company's global diversification

(Beattie). This expansion didn't just stop at theme parks though, the company sought to become a media giant and started venturing to buy out other networks, brands, and studios. Walt Disney is currently the world's "largest media powerhouse" since recently acquiring the media assets of 21st Century Fox in 2019 for \$71.3 billion, adding to the long list of other bought-out brands and networks including ESPN, ABC, National Geographic, Star Wars, Marvel, Fox, FX, Star, Pixar, Hulu, AEA, and many more (Beattie).

The Disney brand's popularity is thanks to more than just clever financial moves. They take a unique nationalistic identity-based approach when creating parks to garner respect, fame, and praise from their home countries. This phenomenon is a popular study topic for history, marketing, and sociology scholars. For example, one such public history researcher, Bethanee Bemis, wrote a book that situates Disney's spaces within "the memory of identity studies" (Bemis). Disney's original cartoons, live-action entertainment, and merchandising offerings drew from American folk history and ideals which, during World War II especially, solidified them as an American symbol at home and abroad (Bemis). This materialization of American themes adopted by the brand at the parks creates a place where collective memory lives, thus heightening their popularity (Bemis). Due to this phenomenon of social memory, the brand has continually been "legitimized by presidents and other national figures," giving it a standing "that no other entertainment space has" (Bemis i). I do want to mention that the Disney brand did cater to the white majority of the American population and perpetuate many negative stereotypes about indigenous persons and immigrants, but I dive deeper into that later on in this section. The Disney brand has adapted over time to change alongside the American people and their ideals, including retheming certain park elements whose themes were outdated and offensive to modern audiences (Bemis).

Due to the international fame and enthusiasm for the brand, the Disney brand's "charm" has been inspected by many children's psychologists and medical professionals to discover exactly why and how it appeals the way it does to children. Disney's worldwide appeal can be credited to the "multidimensionality of prosocial behavior in Disney films," with prosocial behavior being defined as verbal actions such as complementing and encouraging, and physical actions, such as helping and sharing (Padilla-Walker 395). Studies have shown that prosocial behaviors in children's media are important because the Social Cognitive Theory "suggests that children are socialized by observing models, and that this socialization may be reflected in children's judgements, cognitions and/or behaviors," and Disney films average a prosocial behavior rate of 1 per minute, which is "3x more than regular children's programming" (Padilla-Walker 396). This type of repetitive prevalence of prosocial behavior has even been coined "the Disney way" by other researchers, describing how the Disney creators and producers think about children's culture and produce content in a way that benefits children's literature and education, thus making it a fan favorite amongst parents, educators, and doctors (Osatinski).

However, it isn't just experts in the medical and social fields questioning and analyzing the mental appeal and popularity of Disney and its parks; it's an incredibly popular research topic for theatre professionals as well. There is a multitude of scholarly sources that analyze the dramaturgy of the parks through a performance theory lens, examining how they operate, why it's successful (or not successful) as a performance, and how they compare to other children's theatrical experiences. The Disney theme park experience can be viewed and studied as a type of immersive theatre, where the tourist serves as an actor, and "these guests have simply cast themselves as different roles in the collective immersive experience Disney offers... Disney guests participate actively in the onstage experience" (Kokai 13-14). Performance theory

scholars who have studied Disney oftentimes view this performance at one of “two extreme poles:” those who view it as the epitome of “artificiality, consumerism, and lack of depth,” and those who “uphold Disney for its cultural achievements and virtuosity in creating themed environments” (Kokai 6). Where some scholars such as Umberto Eco, Jean Baudrillard, and Frederic Jameson “see the guest as a passive recipient of commercialized falseness,” others such as David Allen “see Disney as essentially constructing enormous immersive theatre spaces where guests perform as actors... they know it is false and enjoy it all the more... surrendering to childlike wonder” (Kokai 7-8).

There is one place of critique where most scholars of all fields (as well as among the general public) do tend to agree, and that is with the lack of progressivity throughout the park and media. It is an incredibly popular topic in social media, op-eds, and scholarly reviews that the park, despite being for children, does not favor today’s popular progressive values, and instead caters to the more traditionalist and outdated ideals that were observed during the company’s early days. For example, the animated films have drawn criticism for their “extreme femininity, impossible body shapes, and overwhelming whiteness,” with princess examples such as Cinderella, Snow White, Aurora, and Ariel (Kokai 7). Moreover, large sections of the parks present “idealized versions of the Old West,” which exclude Indigenous Peoples and African Americans from the narratives (Kokai 47) Although Disney has made some moves towards correcting the lack of cultural representation, especially with films such as *Pocahontas*, *Mulan*, and more recently, *Princess and the Frog*, the non-white characters oftentimes “carry implicit ideologies... of bestial or less industrialized,” thus still perpetuating negative stereotypes (Kokai 9).

Another area of harsh critique is Disney Park's ableist tendencies. Disney Parks and Resorts have experienced hundreds of lawsuits brought about by people with disabilities, both physical and mental, and their families, thus "exposing an ethical dilemma about the appropriate scope of disability equality" (Mintz 1366). Disney courts and lawyers have adopted a standard of "simple equality" where all theme park patrons "are treated the same way, regardless of ability" (Mintz 1367). Wheelchair-bound citizen and author, Kevin Mintz, argues that "the standard of equality that should be used moving forward is equal access to advantage," thus ensuring equal access to opportunities that enable people with disabilities to have an equally enjoyable theme park experience (Mintz 1369).

Project Overview Pt. 2

To truly analyze A Moment of Magic's complex, popular, and interdisciplinary form, multiple fields must be studied and understood. I hope that this literature review provided the base knowledge of the organization itself, Applied Theatre and its components, other similar organizations, and Disney's history, culture, and critiques needed to comprehend the methodology and findings of my thesis.

In Chapter 2, I will be utilizing the research presented in the literature review to craft my research-based findings and introduce my methodology for my interviews. First, I will be breaking down the organization itself to analyze its mechanics, including specifically analyzing its operations, training modules, programming, and published testimonials. Arguably, A Moment of Magic's programming exists in a unique subset of Applied Theatre called Applied Theatre for Pediatrics, so the next major research point pertains to analyzing how A Moment of Magic compares to other Applied Theatre for Youth, examining where they operate similarly and more

importantly, where and how they differ. To be more specific, I will be cross-referencing the strategies, practices, and effects of Applied Theatre in Pediatrics, generalized Applied Theatre for youth, and Drama Therapy to best understand the impulses behind and impacts of A Moment of Magic's operations. Similarly, on the other side of the spectrum, I will be analyzing similar nonprofit and wish-granting organizations that strive to bring needed happiness and joy to children in need (not necessarily through performative means however) such as Make a Wish, Dream Factory, Kids Wish Network, and Sunshine Foundation to see where and how A Moment of Magic compares and differs in its methods. Then, because A Moment of Magic draws inspiration from popular Disney characters and narratives in their performances, I will be analyzing Disney's history, cultural significance, psychological appeal to children and adults, legal proceedings, and business enterprise to acknowledge why, how, and to what extent A Moment of Magic deploys Disney.

Once I had my literature review completed and initial findings conjectured, I felt confident to develop my interview process which I share in full detail in Chapters 3 and 4. To gather more intimate, individualized, and particular data on A Moment of Magic's proceedings, I conducted 25 interviews with administrative staff, volunteers, partners, child life professionals, and parents. I share the process and findings from the volunteer interviews in Chapter 3 and the partner interviews in Chapter 4.

Lastly, given that I have been a performer in this organization for almost four years with over two hundred hours of performance time and currently hold executive positions in my chapter and on the National Team, I will be interweaving my own experiences at the top of some chapters to illuminate some of A Moment of Magic's operations. These personal experiences of mine and anecdotes from my interviewees will provide concrete examples of just how exactly A

Moment of Magic supports the mental health of children, as well as offer particular documentation on the internal and external processes and perceptions of A Moment of Magic. All in all, through this thesis, I hope to demonstrate the specificity of the methods chosen, the challenges of these strategies, and the overall uniqueness of A Moment of Magic that creates “the magic” that makes it so special.

In addition to the research findings and analysis of the strategies that A Moment of Magic employs to improve the lives of disadvantaged children, my thesis will consist of a second deliverable that will serve as a culmination of my training as a Theatre Studies and Theatre Performance undergraduate student. I have designed a document to be added to the training guide for chapters. This will specifically be crafted as performance training in the form of lesson plans. The full reasoning behind this second deliverable can be found in Chapter 5, and the documentation itself in Appendix B. Given my previous experience in A Moment of Magic as a performer and executive member, as well as my outward experiences as a theatre artist, I’ve felt that the current training modules do an excellent job relaying the need for this type of performance, the organization’s significance in the children’s lives, educating us on the nuances and realities of their varying life situations, and coaching us on how to specifically communicate about trauma and heightened emotions with children. However, I believe that the specific training on acting and performing could be more comprehensive, especially given that over three-quarters of the volunteers in this organization study STEM-related majors with little to no theatre training. This module consists of a lesson plan that relays information on the basics of theatrics including given circumstances, character research, improvisation, and preparation for a scene to better prepare the performer to engage in such a complex style of performance that essentially combines acting with therapeutic coping strategies and techniques. This training

module has allowed me to demonstrate and apply my experiences, studies, and knowledge from my undergraduate career towards producing an applicable deliverable. Finally, this deliverable does have further application outside of just A Moment of Magic as it could be useful as an exploration of what other similar professions that don't traditionally study theatre techniques should know about the craft to operate at a deeper, more impactful, and more engaging level, such as drama therapists, social workers, and Disney employees.

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Chapter 2: Research-Based Findings and Methodology

In this chapter, I utilize the research presented in the literature review in Chapter 1 to begin to describe and unpack what the strategies are that A Moment of Magic employs to positively affect the lives of disadvantaged children. Then, in the next two chapters, I explain how this research prepared me to craft and undertake the interview process. I present the research based findings in the same order as the literature review.

A Moment of Magic's Operations

Based on the website, the training documents, and other volunteer and partner resources within A Moment and Magic, I analyzed A Moment of Magic on a deeper level to better understand their operations and prepare me to craft the interview questions.

Starting with the structure of the organization, the website makes it clear on its Leadership page that there are very clear, important, and specific positions of power and leadership at both the national and chapter levels. At the top of the organization is the Board and Directors and Board of Advisors, a team of volunteer professionals with ample experience in running nonprofit organizations whose jobs are to “ensure that the mission is at the heart of every decision made” (McGrane and Stanton-Johnson). They determine the governing policies, overlook the National Staff, and provide any advice or counseling the National Staff may need. One step below them is the National Team and Staff who deal more with the day-to-day management of the chapters and their executive boards. The National Staff includes founder Kylee McGrane as Executive Director, a Business Administrator, a Project Manager, a Training

Coordinator, a Program Manager, a Mental Health Specialist, and a Costuming Manager.¹

Moreover, most of the National Staff has a team of interns assisting them. Below the National Staff is the Medical Advisory Board of volunteer-certified child life specialists who serve to provide legitimate medicinal guidance and suggestions to the National Staff to inform their decisions. Lastly, there are Committee Chairs for the Express, Create, Heal Workshop and the yearly Night of Magic Gala who specifically devote their time to planning those events.

Beneath the National Team are the 30 university chapters. Each chapter has a few mandatory executive positions that must be filled to be considered an established, active chapter: the Chapter President, Vice President, Magic Experience Coordinator (or visit coordinator), Secretary, Training Coordinator, Treasurer, New Member Coordinator (or outreach coordinator), Costume Coordinator, and Fundraising Coordinator. If a chapter has enough willing and experienced volunteers, there are a few smaller optional executive positions available such as Community Coordinator (they tackle engagement with the local community and spearhead getting grants, usually they work in tandem with the MEC or Fundraising Coordinator), Magic Maker Coordinator (similar to Training Coordinator, but deals solely with Magic Makers), Intra-Chapter Relations Chair, and On-Campus Coordinator (they book meeting rooms or fundraising spots on campus). However, these smaller positions can be, and often are, absorbed into the larger positions if there are not enough qualified or willing volunteers to fill them.² Finally, below the chapter's executive board are the General Body Members consisting of Characters, Magic Makers, and Characters in Training. This General Body is the largest group of members in the organization.

¹ This isn't publicized anywhere on the website, but from my personal experiences on the National Team as an intern beneath the Program Manager, only the "National Staff" are paid positions.

² Barely any chapters have full executive boards due to how many positions there are, so more times than not these smaller positions are absorbed.

A Moment of Magic offers a few different forms of service, including In-Person and Virtual Creative Play Experiences, The Express, Create, Heal Workshop: The Childhood Cancer Chapter, AMOM Unlimited, and Bravery Bags. Although all four of these options exist under the umbrella of mental health interventions, they can be grouped into two different categories of experiences: Character and Magic Maker Based-Interventions, and Non-Character and Magic Maker Based-Interventions.

Character and Magic Maker Based Interventions make up a large percentage of the service that A Moment of Magic does, so I will first be looking deeper into those two areas. As mentioned in the last chapter, a Magic Maker is any volunteer in A Moment of Magic who is not, at that moment, dressing up as a character and instead assuming one of many roles including character attendant, stage manager, independent playmate, or the remote worker (McGrane and Stanton-Johnson).

Every volunteer who joins A Moment of Magic begins as a Magic Maker and goes through a set list of trainings. Based on the “Facilitator’s Guides,” which is a database with all A Moment of Magic’s training for Creative Play, the set trainings that every volunteer engages in includes:

1. “Introduction to A Moment of Magic” outlines the basics of A Moment of Magic and is generally presented at the interest meeting.
2. ”AMOM at Your School” outlines networking and outreach strategies for the chapters, as well as providing volunteer retention tips.
3. “Basic Visit Training” demonstrates the pre-visit preparation steps, provides a basic visit outline, and sets etiquette expectations.

4. “Different Types of Visits and Children We Work With” lists how to act around children going through differing circumstances in a variety of types of environments.
5. “AMOM Professionalism” sets communication expectations.
6. “Language Training” teaches a few basic phrases of common languages and includes tips for overcoming language barriers.
7. “Costuming for Magic Makers” instructs Magic Makers on how to assist in costume preparation and navigate malfunctions.
8. “Fundraising” provides various methods of raising money for the chapter.
9. “Advanced Hygiene” provides volunteers with hygienic preparation for high-risk visits.
10. “Advanced Magic Maker Training” teaches volunteers how to navigate difficult situations from a Magic Maker perspective.
11. “Practicing Mental Health in Regards to AMOM” prepares volunteers for the trauma they will experience in this work and provides resources for communicating mental health needs.
12. “Pediatric Cancer Training” provides the basic statistics of pediatric cancer and defines what it means to be an advocate.
13. “Chapters to Nationals” clarifies the relationship between chapters and nationals.
14. “Mock Visit Training” is a simulated visit with peers acting as children and parents to allow volunteers to practice difficult situations in a safe setting.

These trainings are provided to the chapters from this database in a PDF outline format, with any videos or external resources linked, and follow a consistent structure of reviewing the mission statement, an overview of the lesson, an icebreaker to build community (these are not

provided though, it states that chapters should choose one themselves), a bullet-pointed outline of all the information, and a discussion of the content learned. The trainings are then expected to be shared by the Chapter Presidents to the general body members at weekly meetings.³

Once the requirements have been met, a volunteer can choose to become a Character. To become a Character, there is an auditioning process, but “regardless of age, ethnicity, race, physical ability, or gender identity, any member who completes an audition... is guaranteed to be cast as one base character,” meaning that as long as a volunteer completes the audition process, they will be cast as a Character and trained to go on visits (McGrane and Stanton-Johnson). To audition, a volunteer must sign all the organizational agreements, raise a specific amount of money to go towards covering the cost of the costume (which changes by the year, this year was \$500), have a documented Flu and COVID vaccine (including boosters) to ensure the protection of the immunocompromised children they visit, and have participated in 40 hours of Magic Maker duties on visits. Once those guidelines have been met, a volunteer can submit an audition consisting of a monologue that “captures energy level,” a monologue with an accent, headshots, full-body photographs, and additional personal demographic information (McGrane and Stanton-Johnson). Once submitted, the Casting Team, comprised of The Training Advisor, the Costume Advisor, and the Executive Director, cast the auditionees based on several demographics including “members’ height, face shape, ethnicity, gender identity, and with whom they share at least 50% of the character’s additional demographics” (McGrane and Stanton-Johnson). In addition to those demographics, the ability to do or learn accents and the volunteer’s natural energy level is also a determining factor in who they are cast as. The casting decisions made by

³ From my experience in the organization, I can provide insight on the timeline of these trainings: one training is expected to be done a week and there is no minimum number of trainings needed to have attended to begin going on visits. The expectation is that the volunteer is training once a week throughout their entire time in A Moment of Magic.

the team are then reviewed by a Casting Review Committee comprised of a volunteer group of active members and later shared with the new Characters in Training at a reveal called Coronation. These casting decisions are final, and volunteers cannot be recast except for exceptional circumstances to be determined by the Casting Team. To remain an active character and stay in good standing, a volunteer must attend at least one visit a month.

Nonetheless, although a volunteer's character is final, in the event of an emergency, a Swing can substitute in as another approved character should they fit the demographics, have access to the costume from their own or a neighboring chapter, and be approved by the Casting Team to go in (McGrane and Stanton-Johnson). To qualify to cover other characters, a volunteer must be an experienced character in good standing and go through the "Swing Auditions" to receive their approved list of possible characters (McGrane). I do want to note though that this "Swing Process" was a recent change in January 2024 that is still currently in the works. Up until this past January, there have been two systems in the last two years. Most recently, there was a general "Substitution" process where anyone could be approved to cover anyone as long as they got Casting Team approval (which generally meant being experienced and looking the part). I expect that this system was a bit too open and unstructured, leading to the recent change.⁴ Before that, there was a "Flex" System where each volunteer was assigned at Coronation, in addition to their base Character, one other character that they could "flex" as, or cover, in emergencies. On the contrary to the "Substitution" system, this process was very limiting and did not seem to be very effective in emergencies.

⁴ For example, I substituted as Elsa this past year because my normal cast character, Megara, wasn't deemed popular enough to be desired at a specific cancer awareness event. This substitution was allowed only on the basis that I was an experienced member who happened to be available to drive three hours on a Thursday.

In addition to the training discussed previously that all Magic Makers must do, there are additional trainings only for Characters. These trainings consist of four lessons: “Basic Character Training,” “Advanced Character Training,” “Costuming,” and “Scenario Based Training.”⁵

1. “Basic Character Training” covers all the fundamental aspects of being a character. First, it outlines the audition process that was mentioned above. Then, it lays out the basic steps of characterization, including understanding the canonical facts (or facts given and supported by the source media), studying the character’s mannerisms and postures from watching their media, and practicing their voice and way of speaking. Lastly, this training lays out the pre-visit preparation, defines the expectations during a visit (most importantly “staying in character 100% of the time”), and then provides strategies for post-visit debriefing (McGrane and Stanton-Johnson).
2. “Advanced Character Training” focuses on further developing characterization to better play the character. Their strategies for more in-depth characters include having an understanding of non-canonical knowledge (or the questions and concepts that there may not be a right answer to in the source media), researching additional source material if the film or television show was based on a preexisting story, myth, or piece of text, knowing all the existing iterations of your character should they appear in multiple media (for example, Spiderman appearing in Marvel movies that aren’t his title movies, such as *The Avengers*), and more carefully examining their physical mannerisms, vocal tendencies, and nuances to their personalities (McGrane and Stanton-Johnson). Moreover, this training provides improvement tips such as repeatedly watching the character’s media, watching theme park videos of that

⁵ Similar to the other trainings, these are presented at weekly meetings (on a night that only a character training is being reviewed, only the active Characters need to attend)

character in action, engaging in practice conversations, and memorizing lines from the media. A Moment of Magic seems to be very keen on learning through careful observation and imitation, or just copying the characters (and other character actors) outright.

3. “Costuming” teaches the Characters how to take their measurements for the costume orders, the expectations of care and maintenance on the costumes and wigs, and the basics of character makeup.
4. “Scenario-Based Training” is similar to “Mock Visit Training” but has more structured scenarios of situations that could occur on visits and asks volunteers to brainstorm ways to handle them. For example, scenarios include if a child mentions their illness, an adult is being inappropriate, a volunteer begins to feel ill, or a child has a medical emergency while a character is in the room (McGrane and Stanton-Johnson). Due to the stakes of the visits, especially in hospitals, I believe these types of scenario-based lessons are pivotal for preparing the volunteers to enter these environments.

Although A Moment of Magic mostly casts Disney-owned characters, including any classic Disney, Marvel, Pixar, Star Wars, or Disney Channel/Disney Junior, they have also developed what they call “Original Characters.” An Original Character is a character co-created and inspired by a child they served. Original Characters allow the organization to “have no limitations on the characters [they] can use to create magic” enabling them “to bring the characters of these kids’ dreams to life before their eyes” (McGrane and Stanton-Johnson). Their Original Characters serve to fill gaps in the diversity and representation available from classic Disney characters. Today, there are thirty-one Original Characters, all identifying as different

ethnicities, gender identities, and abilities. For example, there is a Princess named Willa who is a cancer patient herself. She was imagined by a young cancer patient to look just like her: a princess with no hair who loves makeup and wearing big ball gowns. Each volunteer who is cast as an Original Character is given a character sheet of details from their imagined story so they can prepare just as any other Character would by studying character facts. Furthermore, each Original Character is featured in Kylee McGrane's own children's story that was published in 2023, *Your Magic*. *Your Magic* is a children's poetry book filled with illustrations of the Original Characters that "inspires young readers to see themselves as the heroes of their own stories...and embrace their unique talents and strengths" (McGrane). Including the Original Characters that were co-created between a child and A Moment of Magic in the cast of volunteers expands the representation offered by A Moment of Magic and provides the organization with a unique and sentimental touch that cannot be found in any similar organizations.

A Moment of Magic also engages in Non-Character or Magic Maker-based interventions. Albeit only a small fraction of the services performed by A Moment of Magic, these non-character-based interventions are each notable and demonstrate the lengths that this organization goes through to carry out its goal of improving the mental health of disadvantaged children. First are Bravery Bags which are carefully curated activity kits designed through partnerships with pediatric departments aimed at helping "medically vulnerable children build social-emotional wellness and cope with daily life stressors exacerbated by their medical diagnosis" ("A Moment of Magic"). In 2023, A Moment of Magic mailed a total of 366 Bravery Bags to children across the United States ("A Moment of Magic"). In the same vein as these Bravery Bags, A Moment of Magic also does Memorials to honor the children who have passed away. They partner with the Arbor Day Foundation to plant a tree in a national forest and provide a memorial monument for

each child who passes, thus also contributing wellness and coping services to the families of the children they serve (“A Moment of Magic”).

They also created the Express, Create, and Heal Workshop: The Childhood Cancer Chapter which is aimed at providing medically vulnerable children and their siblings with activities to cope with the daily life stressors of their circumstances. A Moment of Magic’s medical advisory board, in partnership with Arms Wide Open Cancer Foundation, launched their Express, Create, and Heal Workshop: The Childhood Cancer Chapter in 2022. The goals of this workshop are to “improve access for families affected by childhood cancer to resources, education, tools, and support that bolster and support their mental health and empower them with coping strategies, community, and resiliency,” to “empower those we serve by using the language of fun through arts, music, movement, mindfulness, self-expression, and community-based activities led by highly trained volunteers that can be tools in supporting their mental health,” and to “break the stigma around mental health by creating a more compassionate community that values sharing vulnerabilities and asking for help” (McGrane). These workshops, led by trained volunteers, are held virtually and in-person for cancer patients, survivors, and their siblings. Training for these workshops includes all the basic Magic Maker training, plus an additional two lessons. The first is ECH:TCCC Basics which describes the program and its importance and the second is a specific training on the differing activities for each age group which can be found on the “ECH Facilitator’s Guides.”

Each age group of ECH:TCCC explores the same broad mental-health related topics but through age-appropriate activities. For the youngest groups aged three to seven, the activities consist of a mindfulness exercise called Starfish Breathing and Bubble Breathing, an autonomy exercise consisting of using “Super Voice” or “I Statements,” a coping exercise using strength

stones to learn to cope through art, and a self-empowerment exercise utilizing *Your Magic* (McGrane). For the older groups aged eight to twelve, they learn about mindfulness through deep breathing and a body scan, explore autonomy through a sing-and-dance-a-long, and explore coping strategies through creating strength stones and a Cool Down Box (or a box of fidget toys for distractions), and discuss self-empowerment also using *Your Magic* (McGrane). Lastly, the teenage groups aged thirteen to nineteen learn mindfulness through deep breathing, a body scan, and a grounding exercise, they explore physical and mental self-care by creating a lip scrub, discussing the power of words through a gratitude journaling lesson, and discussing identity and individuality utilizing *Your Magic*.

A Moment of Magic's website contains testimonials from partners to reveal the impact of their services. Although this information is open to organizational bias, it is still revealing of the overall effects of the services on the children. They claim that all the statistics come from a post-visit survey sent to partners after a visit where they are asked to rank the few categories on a one to five scale. Looking at the averages of the rankings, A Moment of Magic has a 4.86/5 on costuming, a 4.75/5 on character likeness, a 4.75/5 on the ability to portray characters, a 4.83/5 on magic maker involvement, and a 4.72/5 on activities done during the visits ("A Moment of Magic"). Moving on, it is reported on the webpage that "100% [of partners] stated that they would work with us again," "100% stated that they would recommend [the] services to other professionals," and "100% stated that they believed [the] services improved the quality of life of the children [they] service" ("A Moment of Magic").

There are several quoted testimonials from various parents and child life professionals that all beam positivity and praise. To highlight a few: Heather Roberts, a Child Life Supervisor, stated that A Moment of Magic "helped [the patients] engage with safe, non-medical personnel

and experience a magical visitor” (“A Moment of Magic”). Jamie Antrim, a Child Life Assistant said that the visit “provided a lovely distraction from the stressors of the hospital” (“A Moment of Magic”). A mother named Jaime commented that “the visit allowed Reagan to have fun inside her home... due to her chemo treatment, she is immunocompromised and is unable to go out” (“A Moment of Magic”). Another mother named Marilee praised “my girl absolutely loved the FaceTime experience (we are in Australia) and thank you so much for the gift in the mail” (“A Moment of Magic”). Cynthia L. Walter-Glickman, a Certified Child Life Specialist at Saint Barnabas Children’s Hospital announced that “patients do not have these types of experiences often...as an inner-city hospital, our families do not have the opportunities other communities may have” (“A Moment of Magic”). Lastly, Tracy Hawkins, Certified Child Life Specialist said that “the princesses made our patients feel more normal and gave them the appropriate distraction they needed” (“A Moment of Magic”). Looking at the provided information, A Moment of Magic’s services are appreciated, and the volunteers are well-trained, passionate, and have a beneficial effect on the children’s moods and mental health.

A Moment of Magic is Applied Theatre

Based on the comprehensive definition provided in Chapter 1 of Applied Theatre as “the power of theatre [for] making difference in the human life span” and “performing theatre in non-traditional spaces for marginalized communities,” A Moment of Magic undoubtedly falls under this umbrella of Applied Theatre due to their unconventional style of performance that has a goal of improving the welfare of children (Prendergast 6-7). Narrowing down the concept a bit further, A Moment of Magic seems to fit in the smaller subset of Applied Theatre called Applied Theatre in Pediatrics as their Creative Play Experiences are specifically targeted towards an

audience consisting of children facing disadvantages such as illness, hospitalization, trauma, poverty, and mental disabilities and illnesses. In this section, I will be putting A Moment of Magic's strategies in comparison with various Applied Theatre for Pediatric techniques and precedents to analyze where the parallels lie, as well as discuss how A Moment of Magic strays from the established techniques.

Before I dive into where and how A Moment of Magic draws from existing Applied Theatre, it is interesting to note that nowhere on A Moment of Magic's website or documentation (including the volunteer training) do they ever refer to themselves as a "theatrical" organization, nor their services as a type of "performance," despite so clearly using the basics of acting, Applied Theatre, and character work in their services.⁶ There is one brief spot on the website under the "Services" tab where they claim that their "programs infuse arts, crafts, music, theatre, and movement directly to vulnerable children," but other than that small font-size description, the word "theatre" or "acting" do not appear anywhere ("A Moment of Magic"). It's especially surprising to not see appropriate theatre vocabulary mentioned in the training because that feels like where it would be the most important for the volunteers to understand the basics of what they are being asked to do, which is act. They refer to all implications of acting as "characterization" and simply teach it through imitation or copying. However, being that A Moment of Magic's chapters are collegiate organizations consisting of anyone and everyone who would like to join, perhaps this elimination or masking of theatre terminology is to not scare away any individuals who may be weary of joining if they knew this was a theatre-based organization (whether it be because of any personal assumptions, lack of experience, or preconceived notions of the art).

⁶ I can also chime in from personal experience that the word "acting" has never been said in a meeting, training, or interest meetings.

It is important to note that A Moment of Magic's use of "imitation" to learn characterization is not to be looked at as futile or useless. In fact, imitation is an important skill when learning how to act. Mirroring life is a foundational element of theatre, so teaching imitation early on in an actor's journey can be a useful steppingstone towards deeper, more complex, acting. The problem is that imitation has its limits. Mirroring produces surface-level performances that can lack a deeper emotional and physical understanding of the character. Although I commend A Moment of Magic for employing imitation, I believe that due to the high stakes of their visits (how the characterization being "real" is what creates the magic for the children), more complex characterization techniques could be beneficial. This idea will be expanded on in Chapter 5.

Despite not expressing themselves as a performance, each of the various aspects of A Moment of Magic can be put into terms with very basic theatre roles and terminology. Looking at it on a very basic level, a Character is the actor or performer as they are taking on the persona of a role that they have been cast in and are performing it to an audience. The disadvantaged children they serve are the audience as they are engaging in the performance. However, the two roles can also be flipped. Given that it is an interactive performance, it exists on a balance of give and take between the Characters and children. The children are not just sitting and observing as passive audience members, they are jumping into the worlds of the Characters. Through engaging in this imaginative play with the fictional characters, they too can assume any persona they choose and go on countless journeys and adventures, thus producing happiness and joy and allowing them to learn and grow. The space they may be in, whether it be a hospital, house, or other private or public location, is the stage as it is where the performance is happening. The Magic Makers take on a few different roles (and oftentimes at the same time). First is the stage

manager or stagehand as they are ensuring the overall performance is running smoothly, looking out for their actors, and communicating with the partners. Second is the dresser as they assist the actors in getting ready and handling any on-the-spot costume malfunctions. Lastly, is the role of an ensemble member because they, at times, have to engage with the audience as well as an independent playmate, but the role they play is simply themselves and they're working to get the audience engaged with the central performers once again. The style of performance is long-form improvisation because there is no script, just roles, and a general, but flexible, structure.

I believe that *A Moment of Magic* fits into the niche field of Applied Theatre in Pediatrics. As mentioned in Chapter 1, Dr. Persephone Sextou is the leading expert in the field of interdisciplinary Applied Theatre for Health and Wellbeing and has published numerous articles, books, and reviews on this specialized field. She has even narrowed the Applied Theatre for Pediatrics subset into an even more specific type of performance called Theatre for Children in the Hospital (or TCH), which most of her published material tends to discuss. Although *A Moment of Magic* more broadly fits into the larger term of Applied Theatre in Pediatrics due to their current wider audience range (which is more than just medically vulnerable and encompasses any underserved or disadvantaged circumstance), many of the techniques and methods Sextou describes in her material on TCH correspond to *A Moment of Magic* nearly perfectly. Sextou describes the goal of TCH as to “harness theatre as an art form to improve a child’s wellbeing in the hospital while contributing to the wellbeing of those who care for them” and describes the performances as “interactive, improvisatory, and flexible interventions... that aim to engage the audience in creative distractions from their clinical condition, help them relax, and bring normality to their stay in the hospital” (Sextou and Karyipidou 111). On the same note, *A Moment of Magic* states that their “creative methodology helps children express, create, and

heal in an open, supportive environment by providing them with the opportunity to explore mindfulness, mind-body connection, provide skills for understanding frustration, create space to gain autonomy, promote coping skills, space for growth” and thus their overall effect is that they “build social-emotional wellness and cope with the daily life stressors exacerbated by their circumstances” and allow a “kid to just be a kid” (“A Moment of Magic”). Both definitions share a common theme of using interactive modes of art to improve the welfare of a child in need. Therefore, A Moment of Magic’s Creative Play Experiences are undeniably a form of Applied Theatre for Pediatrics.

In addition to having nearly identical goals, there are also similarities in the skills, competencies, and training needed from the actors participating in both TCH and A Moment of Magic. Sextou defines the main requirements of performing this type of theatre as “participatory acting and improvisation,” “an all-around awareness of emotions during performance, including their own and those of their audience,” “adaptable to situations, present in the now, calm, self-aware, emotionally aware, professional, friendly, and welcoming,” and recommends that they have had “hands-on practical experience and opportunities to familiarize themselves” with this style of performance before engaging in a legitimate space (Sextou and Karypidou 116). First, the skills of acting and improvisation are all described in the “Basic Character Training” and “Advanced Character Training.” Although the trainings never actually use either of the terms “acting” or “improvisation” to describe what a Character does, they do instruct the Characters on the basic elements of characterization, such as mirroring the vocal and physical mannerisms of the characters, which is essentially, on a very fundamental scale, “acting” (although with many limitations as discussed previously due to lacking depth and complexities). Furthermore, the characterization training asks the Characters to engage in practice conversations with fellow

Characters to prepare for anything that may occur on a visit, which likewise can be seen as very rudimentary “improv” (McGrane and Stanton-Johnson). Moving on, the two trainings “Different Types of Visits and Children We Work With” and “Practicing Mental Health in Regards to AMOM” relay the importance of monitoring the current emotions of both the children and the volunteers to ensure everyone is healthy, happy, and of sound mind. Next, the expectations of being kind, engaging, present, polite, and professional to represent the organization well are all listed in the “Basic Visit Training.” Lastly, engaging in hands-on training and familiarization of the craft can be experienced through the “Mock Visit Training,” the “Scenario Training,” and by participating in the required 40 shadow hours as a Magic Maker. These parallels further validate A Moment of Magic as a form of Applied Theatre in Pediatrics.

Where A Moment of Magic seems to differ in strategies of Sextou’s TCH is in the format of the performances. On one hand, in her studies, she acknowledges that the layout, structure, and composition of TCH can be flexible to best fit the needs of the children. On the other hand, through her plentiful examples, there is no evidence of any performances primarily revolving around pre-existing pop culture characters. To provide a few examples of performances that Sextou has worked on, the performance described in *Theatre for Children in the Hospital: The Gift of Compassion* called *A Boy and a Turtle* celebrated “flexible structure and a participatory one-to-one style open to adjustments and improvisation (Sextou 70). With a cast of two fictional vague characters, one playing “The Boy,” and another playing “The Rainbow,” *A Boy and Turtle* is a loosely scripted interactive Storytime employing sensory-friendly props, the strategic addition of questions and reflection, and moments of play and fun (Sextou 74-77). Moving on, in her article “Theatre in Paediatrics: Can Participatory Performance Mitigate Educational, Emotional, and Social Consequences of Missing Out School During Hospitalization,” her project

“Bird Island” consisted of “an interactive bedside performance and artmaking activities” (Sextou 89). This specific performance involved a mix of puppetry as the actors utilize puppets, improvisation, and singing to relay the story of the hospitalized “Puppet Sam” as he dreams of adventures with his dog, Lollie (Sextou 89). After this show, they end the story with an interactive craft with the child (Sextou 89). Finally, in *Applied Theatre in Paediatrics: Stories, Children, and Synergies of Emotions*, she discusses the synergistic performances imagined and co-created by children in the hospital that she has witnessed as “extensions of the children, providing means to understand aspects of the children’s language of emotions in hospital life” (Sextou 32). The stories are creations of “verbal improvisation with puppets, playmobile toys, and objects in confined spaces in healthcare contexts... they are products of the actor-child relationship, active listening, improvisation, patience, attention to senses and willingness to compassionate communication and empathetic understanding” (Sextou 32).

Another area of discrepancy between A Moment of Magic and TCH is in characterization. All Sextou’s published examples of bedside performances utilize fictional characters, either crafted by a team of devisers and health specialists or by the children themselves. Additionally, many TCHs involve puppetry to portray these fictional characters since a puppet can make a child feel more comfortable than a stranger. On the contrary, except for the Original Characters which do align with TCH’s synergistic performances as they are crafted by the children, A Moment of Magic uses well-known, recognizable characters from popular media. Another difference is that Sextou’s TCH bedside performances require a lengthy introduction of all the performers (as themselves, actors there to provide happiness to the children) to ensure the children are comfortable, consenting, and prepared for the experience (Sextou 72). Although A Moment of Magic’s volunteers are taught to allow the children to approach them on their own

time and be weary of negative emotions such as fear and sadness, generally the child is already aware of who the Character is due to the world-renowned nature of Disney, as well as the fact that oftentimes the parents are requesting the child's favorite character. Usually, there is no need for formal introductions to break the social barrier because the child already knows their visitor. Depending on the child's perception and imagination, this favorite character who is now in their presence may already be their friend, teacher, sibling, or even their idol, meaning that there is an inherent level of trust, excitement, and comfort upon first glance. This level of upfront ease can increase the wellness benefits of the interaction because the children may feel more inclined to truly play and open up, and therefore, heal.

Shifting gears, many forms of Applied Theatre, especially those for youth and/or trauma victims, draw inspiration from Drama Therapy. In pediatric care, the foundation of Drama Therapy is "storytelling, imaginative play, dolls and puppets, and improvisation" to help children explore their feelings, connect with others, and problem-solve difficult situations (Lear). Since playing pretend comes naturally to children, this form of therapy helps them explore and work through feelings and traumas that might be too big to do with words. Although it is not always an expectation for the children that A Moment of Magic works with on visits to discuss their circumstances outright or even ambiguously, if they do feel comfortable enough to open up in any way while playing the characters, the volunteers are prepared. In the "Scenario Based Training," A Moment of Magic volunteers are taught how to engage in some specific scenarios that may come up when playing with children, such as the children mentioning their illness, expressing fear of death, or bringing up a trauma. Generally, the expectation is to "be empathetic," acknowledging their feelings with a phrase such as "that must be a difficult experience for you" and then "redirect, say 'thank you for sharing that with me, I am in awe of

your strength” (McGrane and Stanton-Johnson). If a situation escalates to a medical or emotional emergency, such as a panic attack, volunteers are also trained to remain calm and grab a parent or medical professional to assist.

Furthermore, Distraction Therapy goes hand in hand with Drama Therapy as well. Distraction Therapy is a series of techniques used to “take a child’s mind off of the procedure and concentrate on something else that is happening,” which can include storytelling, touch and feel toys, artistic play, guided imagery, and breathing (“Distraction Therapy” 1). Not only are A Moment of Magic’s Creative Play Experiences related to Distraction Therapy because meeting and playing with a character can distract the child from their circumstances and allow them to feel like a “normal kid,” but the Bravery Bags and the Express, Create, Heal Workshop also fall under this umbrella. Both additional services provide children with tools, resources, and strategies to cope with their trauma and distract them from any negative emotions such as grounding techniques, breathing for mindfulness, gratitude journaling, playing with fidget toys, painting, drawing, creating a lip scrub for self-care, and reading a book (“A Moment of Magic”).

Another major inspiration for Applied Theatre for Pediatrics is the simple act of play. Play is important because it “allows children to express their feelings and gain control... by giving children choices” (Burns-Nader 6). As discussed in Chapter 1, there are three types of play used by child life specialists in hospital settings: normative play, medical play, and therapeutic play. Whereas traditional TCH only seems to utilize therapeutic play because the performances are designed to help children think through difficult events and express their feelings, A Moment of Magic draws from both therapeutic play and normative play. (Burns-Nader 6). One of A Moment of Magic’s key goals is to allow a child to just “feel like a kid again,” which is the definition of normative play (“A Moment of Magic”). In fact, I believe that

for A Moment of Magic, normative play is the primary goal, and therapeutic play is a consequential effect of engaging in normative play. Once the Characters and Magic Makers begin engaging in normative play with the children, then the child may feel inclined to open up and work through their trauma, thus transforming it into therapeutic play.

A Moment of Magic also seems to draw from elements of Clowning. At the heart, clowning is about “letting go... [and] following whatever you find funny at the moment” because “if we see someone enjoying themselves and laughing, then we’ll feel inclined to do the same” (Stepherdson). Essentially, it’s an actor allowing themselves to have unrestrained fun to inspire the same in the audience. Albeit not every Character that A Moment of Magic offers is by nature a goofy, hyperbolized, over-the-top “clown” (but some definitely are) because they may have restrictions to their movement and physicality based on the source material, the idea and goal of having fun in character to produce fun in the audience is an influence. A Moment of Magic’s goals can be seen as very similar to Dr. Patch Adams, a famous clown and doctor, and his Gesundheit Institute’s objective of restoring the wellness and welfare of communities through laughter and joy (Adams). Just as Patch Adams sought to revolutionize the medical field through improvisational play, laughter, and compassion, A Moment of Magic seeks to provide “support and experiences [to children] that safeguard their mind” (“A Moment of Magic”).

All in all, although A Moment of Magic may not brand itself as a theatrical organization, they operate very closely to Applied Theatre for Pediatrics and Theatre for Children in the Hospital except for their intended audience and characterization. Moreover, they also draw some inspiration from Drama Therapy, Distraction Therapy, and Clowning to effectively improve the quality of life of vulnerable and underserved children. The question left after this section of research analysis is: why does A Moment of Magic not brand itself as theatrical nor use basic

theatre practices? This question prompted many of the interview questions that I go over in the next chapter.

How a Moment of Magic differs from other Wish-Granting Organizations

A Moment of Magic, by definition, does seem to fall under the umbrella of a “wish-granting organization,” but it differs in many areas from the other popular organizations in this realm. Traditionally, a wish-granting organization is an organization that strives to give medically vulnerable children, typically with life-threatening conditions, the chance to have a dream come true with the goal of improving their “physical and mental health, quality of life, social well-being, and resilience and coping for wish children and siblings” (Screti, Cassandra, et. al 479). Although A Moment of Magic’s mission statement of “providing social wellness activities [i.e. providing a character of their choice] to improve the lives of underserved and vulnerable children” is encompassed by that broad definition, there are some clear differences in how A Moment of Magic operates and consequently the effects and influence it has.

The biggest difference between A Moment of Magic and the other wish-granting organizations (specifically looking at Dream Factory, Kids Wish Network, Sunshine Factory, and Make-A-Wish), is the scope of the wishes. Traditionally, most wish-granting organizations offer very broad and flexible options for their wishes to cater very specifically to the child’s preferences. For example, according to their websites, both Dream Factory and Kid’s Wish Networks’ wishes include a range of options such as park trips, celebrity meet and greets, professional sporting events, concerts and shows, vacations, shopping sprees, technology, and gifts. Sunshine Factory’s website claims to be even broader and includes all of the above plus

expensive adaptive medical or therapeutic equipment that the family may not be able to afford. Lastly, Make-A-Wish has the widest wish options available, rarely turning down any requests (for example, according to their website's testimonials, children have requested unique wishes such as seeing snow for the first time, shadowing a police officer, and getting a puppy).⁷ Those organizations will go out of their way to make almost any wish the child may have come true. However, despite the vastness of wishes available, a large fraction of children's wishes with these companies are to visit Walt Disney World. For example, with Make-A-Wish, Disney trips make up over half of their wishes and they even hit their 150,000th Disney wish in 2023 ("Disney World's Once Upon a Wish Party").

On the other hand, A Moment of Magic is very specific about what wishes it can grant. Being that the organization only offers magical character visits with Disney or Original Characters, it cannot grant wishes to the scale or scope of the other organizations. Even further narrowing the wishes, a child may request their wish with their favorite character offered, but there is a chance that a volunteer trained in that character does not live in the area or is not available. However, if a volunteer in the area isn't available, substitutes are allowed in urgent cases, but the substitutes must still be of that volunteer's identifying race and gender so the wishes do exist in a narrow range.⁸

Despite having a narrower scope of wishes, A Moment of Magic is offering wishes that none of the other wish-granting organizations offer: a bedside or private character visit. From the lists of possible wishes given on their websites, the closest that the other organizations can carry

⁷ Having had a Make-A-Wish trip with my sister though, I can add that the agent who meets with your family to discuss wish options does come with a Disney-themed notebook and a Disney lanyard, and heavily pushes the idea of "DISNEY" to the child. My sister was talked out of Hannah Montana by the agent and we went to Disney instead.

⁸ To cite a specific example, if a child ever asked for a Jasmine or Mulan in the Harrisonburg, Virginia area, that character cannot be substituted as there are no volunteers of those racial identities.

out is either real “celebrity visits” or access to “theme park vacations” where they can meet character actors; but I will discuss this in further detail later on in this chapter when discussing Disney (“Make-A-Wish”). All things considered, although A Moment of Magic can be viewed on the same page as the other traditional wish-granting organizations, they specialize in the types of wishes available, providing a unique and intimate experience that none of the other organizations can exactly match.

Another area where A Moment of Magic greatly diverges from the traditional wish-granting organizations is in the population it serves. Conventionally, wish-granting organizations cater to medically vulnerable children. Make-A-Wish and Kids Wish Network both only grant to children with life-threatening illnesses. Dream Factory expands that definition slightly to include children with chronic illnesses and disorders. Sunshine Factory also includes those who have endured trauma from physical or sexual abuse but does not grant wishes at all to children whose household income exceeds \$75,000, making them the only major wish-granting organization to require both a medical vulnerability and a low-income status, thus restricting its potential reach the most out of any of the organizations. Furthermore, each of the above organizations does require a letter of recommendation from a doctor to verify the medically vulnerable status and will not serve a child if they have already received a wish from them or another similar organization in the past. I do believe though that this limiting of wishes is understandable given that these organizations are self-funded and provide very expensive and big wishes.

A Moment of Magic originally started as an organization only catering to medically vulnerable children, but in their time, they have since expanded their audience to include all “underserved and vulnerable children.” This definition embraces those who may be medically vulnerable due to health-related illnesses and disorders and their siblings, socially vulnerable due

to physical or mental disabilities, sensory processing disorders, and/or unfortunate family situations or difficult living situations (including foster children), and financially vulnerable due to monetary struggles. Due to A Moment of Magic's overall mission of addressing the "mental health and wellness needs of the community," they acknowledge that there are a wide variety of traumatic instances that can cause lifelong damages in a child's life that deserve to be addressed with a wish. Further, A Moment of Magic does not require any letters of recommendation to verify an underserved status, instead relying on an honor system when requesting a visit, nor do they place a cap on their wishes. A child can repeatedly have visits if they wish (given the chapter is continually available), even if they've had a visit before or have gotten a wish from another organization. The reality of them serving a broader audience and being so willing to go on repeat visits can possibly be explained by the lower overall cost of the "wishes". Despite the costumes being pricy for the volunteers and chapters who fundraise for them, the only other direct expenses include travel (which is only up to four hours of driving per chapter) and supplies for any activities they will do with the children.

Another major variance in A Moment of Magic from these other wish-granting organizations is how they acted during the pandemic in 2020 and the lasting impact of COVID on their operations today. Due to the isolation mandates, travel restrictions, and ensuring the protection of immunocompromised children, all the traditional organizations halted most of their wishes because a majority of their wishes are quite large and physical in nature and include traveling or being in public spaces. For example, Hamilton describes in his article that in the first month of the pandemic, Make-A-Wish "already [had] 5,000 suspended wishes" and today, three years out of the isolation mandates, there are still several thousands of children waiting for their wishes (Hamilton). In my opinion, this is not at all their fault that the wish lists got backlogged,

it is simply a result of the nature of the wishes they offer coinciding with the pandemic shutdown. However, due to their steadfastness in not denying the wishes of a child and allowing them to just continue to wait, they will continue to have a long and backed-up waitlist that will inevitably cause some children to never have a chance to receive their wishes.

Conversely, A Moment of Magic has been offering various forms of virtual visits for immunocompromised children since their conception in 2015, including Virtual Hotline Calls, Virtual Group Livestream Calls, Individual Video Requests, and AMOM Unlimited content. So, although the pandemic did temporarily put an end to all of A Moment of Magic's in-person programming, it did not stop all their operations as they had already been doing many of these virtual visits for years ("A Moment of Magic"). In fact, amid the pandemic in 2021, A Moment of Magic impacted a record-breaking 28,749 children virtually. For comparison, they reached 26,935 in 2022 and slightly over 10,000 in 2023 ("A Moment of Magic"). During the COVID lockdown, with fewer options available for parents and caregivers to turn to for wishes or social wellness activities for their children, A Moment of Magic received hundreds of virtual visit requests and was able to continue to visit children in increasingly difficult times.

A Moment of Magic and these other wish-granting organizations go about granting the popular request of meeting a fictional character in varying ways. As mentioned previously, none of the other organizations report bringing characters to a private location for a one-on-one interaction; but they do all fund trips to Disney World or other theme parks as described by their "theme park vacations" on their websites.⁹ I will discuss this further down in this chapter in more detail, but Disney is incredibly strict about their copyright infringement, which includes outside companies profiting off and utilizing their characters for their own uses. For this reason, it is

⁹ Also as recognized from my own personal experience because my five-person family got a fully funded trip to Disney World.

easier and safer for these traditional organizations to just bring the child to Disney to meet their characters. However, this does alienate the children who are not in a condition to be traveling (whether because they are too immunocompromised, don't do well with long bouts of physical activity, or cannot physically or mentally handle a full day at a busy and crowded park). This is where A Moment of Magic fills that gap by bringing the character to the child. Not only are they accessing more children this way, but they are also providing a longer, more intimate, and mentally beneficial experience than the one that they would experience in a park with a long line of children anxiously waiting behind them. These personalized one-on-one playful interactions with a character allow the child time to open up, express their feelings, engage in a distraction, and "feel like a kid again." I believe this is a more comfortable and healthier encounter than simply going to a park, having a few minutes at most to chat with a character who knows nothing of your situation, and take a quick picture.¹⁰

Why Disney?

Before fully diving into the analysis of why and how A Moment of Magic draws from the Walt Disney Company, it is important to note that on any and all A Moment of Magic documentation (including the website, legal documents, training, and even social media posts from the nonprofit and its volunteers), the word "Disney" is never referenced, nor the names of any characters, stories, or parks. Avoidance of the brand name is explicitly taught to all volunteers at the start of their training. This is because Disney has incredibly strict copyright and trademark registrations to protect the company's creative and intellectual property. According to

¹⁰ My sister and I waited in an hour-long line to see Goofy for a few minutes and snap a quick picture. We did get to do the Princess Character Breakfast at Cinderella's Castle, but we got no more special treatment than the healthy children in the park.

their legal documents, “in order to use the characters legally, you must request permission from Disney Enterprises,” be utilizing the character in fair use (or critique, news reporting, education, or research, or have transformed the original work greatly thus creating a new character or idea (“Disney Trademark Infringement: Everything You Need to Know”). If these laws are failed to be abided by, the offender is met with a lawsuit. According to the copyright lawyers, these Disney Infringement lawyers have been known to be “ruthless, seeking out and bullying small family businesses” who happened to toe the line too close, such as the Chaveco family’s party company in 2008 when they attempted to sell a homemade Tigger and Eeyore costume (“Disney Trademark Infringement: Everything You Need to Know”). For that reason, A Moment of Magic steers clear of any written and public proof that they are enacting Disney characters, instead sticking to very generic phrases such as “magical friends” or “favorite characters,” and utilizing plenty of pictures to tell the story instead.¹¹

However, there do seem to be a few caveats to these infringement laws. Seeing that they only risk being broken in public-facing documents that clearly state that the volunteers are dressing up as these characters, if the document is internal to the organization or is not putting the Disney character in relation to a specific volunteer, it is fine. On the visit request form that is sent out to potential partners, the partners themselves are given a space to write in their child’s preferred characters. Because this form is never publicly released outside of the organization, it is not in violation of the laws. It serves as a method of communicating clearly with the partners to best serve the children’s preferences, thus benefitting both the organization and the partner.

In addition to private documents, volunteer-facing documents may also have the characters’ names and movies written on them, such as the casting sheet and character-specific

¹¹ I, when writing this thesis, have received permission from Kylee McGrane to discuss this topic since this paper is merely for academic means.

training documents. Since these are only referenced internally and simply provide the necessary information to best play the character, they don't seem to be in violation either. It seems that A Moment of Magic is operating in a matter where they feel safe from these laws so long as the information being released by the organization publicly is not in violation.

Perhaps Disney also looks the other way regarding nonprofits that transgress their rules. This is not to say that A Moment of Magic breaks the copyright rules, as discussed above, but they do seem to walk the fine line that you don't see many other nonprofits or companies daring to do at all by so clearly dressing up as the characters. The copyright laws exist to ensure that no one is profiting off Disney's intellectual property, so to take legal action against a nonprofit would only bring harm to Disney's public image. The only individuals profiting in A Moment of Magic's case are directly, the disadvantaged children as they get to enjoy a fun, memorable, and mentally beneficial experience, and indirectly, pediatric cancer patients because the excess funding received goes to pediatric cancer research. It would not look good to the Disney brand to be publicly shutting down and suing nonprofit organizations that only operate to help vulnerable children.¹²

Now that the legal proceedings are specified, let's talk about how A Moment of Magic does utilize Disney. The biggest way that A Moment of Magic draws from Disney is that the only characters offered, with the exception of the AMOM Original, are from Disney-owned films. This includes characters from classic Disney, Pixar, Star Wars, Marvel, and Disney Channel (including Disney Junior). Each of these characters is embodied in a manner that is true and exact to its film, series, or story, and most of the character training is to study and memorize the source material. Volunteers are asked to understand and consider both the canonical and non-

¹² I want to note that this theory is not proven, there is absolutely no documentation anywhere that Disney is more forgiving to nonprofits, it's simply an observation I have conjured.

canonical material of their character so they can have an in-depth enough understanding of that character and their universe to fully immerse themselves, and subsequently the child, in that universe. The child believing that the volunteer is that Disney character is the most crucial aspect of the magic.

But why Disney characters? Why, out of all children's programming networks, did A Moment of Magic choose Disney, and not Nickelodeon, Cartoon Network, DreamWorks, or Warner Bros? Although I believe that the biggest reason is related to the size, legacy, and clutch the company has on modern-day's children's entertainment, there is also room to discuss how A Moment of Magic specifically tailors to Disney's shortcomings as well.

From its creation in 1923, Walt Disney Studios' animation alone skyrocketed the company to be the most popular entertainment provider in the world by 1950 ("Disney History"). Their early animated films made history by being the first to both introduce synchronized sound with on-screen action and sound effects and to use a Technicolor process (James). Later, in the 1990s, they again were among the forerunners to introduce computer-generated animation, thus "[elevating] animation to an art form" time and time again (James). Recently in 2023, the production company hit 100 years in business, is now worth over \$238.9 billion, and has produced over 494 films, making it the largest children's media producer in the world by a landslide (Beattie). The inventive nature of their films, as well as the wide variety of types of characters and stories portrayed, has cemented them as the world's premier children's entertainment company, making them a trustworthy, popular, and fashionable choice for A Moment of Magic's characters.

However, as if the groundbreaking animation alone wasn't enough to solidify it as an entertainment powerhouse, the Walt Disney Company furthered its international popularity by

opening its first “theme park,” Disneyland, in 1955, followed by several more in the following years around the globe (Neuman). In fact, the term “theme park” wasn’t even coined until Disneyland’s creation because no one had created any experiential physical spaces of this nature before (Neuman). The impact of these theme parks was incredibly broad as “the notion of creating environments through architecture, décor, costuming, music, and food” revolutionized the idea of “experiential nature” and “become so pervasive” that some art historians of the time claimed that “we live in a themed world now” (Neuman). Today, there are twelve international Disney theme parks, and the largest, Disney World in Orlando, Florida, has an “average annual attendance of over 58 million visitors” (“Disney World Statistics”). It is the “most visited vacation resort in the world,” covers over 43 square miles, and has over 77,000 “cast members” (or working staff) making it the largest single-site employer in the United States, so I believe it is safe to say that Disney is the most well-known theme park in the world (“Disney World Statistics”).

The fact that Disney has created such a unique, experiential space, a “utopia” one could say, is pivotal in explaining why A Moment of Magic chose to employ their characters. The reason is in a similar vein to why some of these other wish-granting organizations send the children to Disney World. Disney World is the farthest place a child can get from a hospital room. It has become known as the “happiest place on earth” due to its magical, blissful, and carefree atmosphere. However, for the children who cannot physically go to Disney World as an escape, A Moment of Magic is bringing it to them. They are attempting to bring this utopia into the hospital room, transforming it from a sterile and cold environment to a mythical and cheery paradise.

Similarly, the Walt Disney Company was one of the first entertainment companies to introduce widespread merchandising, contributing to this “Disney-themed world” that society had come to embrace (James). In the 1930s, a New York agent offered Walt \$300 to license Mickey Mouse’s image on a pencil tablet, and soon the business took off (James). Mickey could be seen everywhere from dolls, and dishes, to toothbrushes, watches, and even radios, “millions of dollars were made from merchandising with Mickey Mouse” (Neuman). Nowadays, 23% of Disney’s income is derived from merchandising of its characters and movies (“Disney History”). Disney is said to have pioneered this abundant practice of synergy, or turning characters and films into “the commercial sale of toys, videos, and experiences” (James). For example, the movies and their characters are being turned into park attractions, staged productions, doll houses, and more, and then those products are being marketed through the television, effectively publicizing both the movie and character as well as the product at hand. Other media companies in history have attempted to replicate this implementation of cross-platform promotions but have had limited success compared to Disney (James). Even if a child has not physically seen the Disney films or TV shows or been to the theme parks, they are sure to have seen the merchandising in stores across the world.

Looking at just the sheer magnitude, breadth, and accomplishments of the Disney company in truly dominating the children’s entertainment field, A Moment of Magic’s choice to employ their characters and essence is justified. Given the extensive amount of characters and films, the incredible popularity and utopianism of the parks, the carefully calculated merchandising on every corner, and the ingenious use of synergy to further spread the company name, I can confidently say that almost every single child A Moment of Magic serves will recognize and be excited to meet a Disney character (and perhaps they are not familiar with all

Disney characters, which is why the freedom of the child to choose who they would like to meet is so important). No other children's entertainment service has the monumental grasp that Disney has on programming, nor are they known for transporting their fans into an idealist, fantastical, and magical world upon entering their parks.

A Moment of Magic's visits also intend to lighten a parent's or caregiver's day as well. Given Disney's lengthy and strong history, the brand "strikes a deeper chord in the American consciousness than any of the other studios" (Neuman). As mentioned in Chapter 1, Disney's strong nationalistic and identity-based approach to its parks and movies was a clever method of attracting respect and fame and generating a sense of social unity and collective memory (Bemis). The materialization of these nationalistic themes, especially in the early days of the company during World War II, situated the brand as a place where collective memory lives, grows, and thrives, thus heightening its popularity and securing it as an incredibly important facet to American culture and identity (Bemis). Given the value of shared cultural identity and unification that Disney perpetuates, the Disney name has been passed down for generations, thus generating deep nostalgia and allowing older generations to "experience [the] films as a child, and then [watch their] own children see them" (Neuman). The brand is truly "family entertainment," thus making it the perfect choice for A Moment of Magic to perform for a family confronted with hardships. Not only is it directly appealing to the child or children in the room, but the adults in the room are also undergoing a spark of joy from experiencing their own inner children watching the current child or children meet a character so influential, profound, and wonderful.

Another appeal for A Moment of Magic to use only Disney characters is the constructive behavioral phenomena present in their media that doctors and psychologists have coined "The

Disney Way” (Osatinski). Disney’s media includes a multidimensionality of prosocial behavior, or healthy verbal actions “including complemental, encouraging” and physical actions “including helping and sharing” (Padilla-Walker 395). Disney films average 3x more prosocial behaviors than other children’s programming, making these characters a smart choice for A Moment of Magic’s volunteers to replicate based on Social Cognitive Theory. According to Social Cognitive Theory, if children learn by observing models, then the perfect characters to present to a child undergoing a hardship or obstacle are ones who exhibit healthy, safe, and positive behaviors (“Behavioral Change Models”). That type of behavioral influence provides the motivation, joy, and hope that A Moment of Magic strives to instill in the children they serve. However, not only are they circumstantially the ideal characters to be present, but the fact that A Moment of Magic only pulls characters from Disney media can be seen as intentional to garner parental support. Disney is widely discussed as a favorite amongst parents, educators, and doctors due to this “The Disney Way,” so a parent may be more inclined to sign their children up for an A Moment of Magic visit knowing they offer Disney characters because those will serve the most beneficial interaction.

Another way in which A Moment of Magic employs Disney characters crosses over with an idea discussed earlier in this chapter relating to the other wish-granting organizations, and that is the notion that Disney characters, up until A Moment of Magic, only really exist in the parks and on screen. One of the most magical parts of the parks is to see all the character actors interacting with the children. They are either roaming the park interacting on a whim or situated at a fixed spot with a long line of children (and adults) eagerly awaiting their few minutes to chat. It provides the same magic that A Moment of Magic strives to supply: a break from everyday life to be immersed in one of a favorite character. However, except for some paid party

entertainment companies that will offer the unbranded names of “Ice Princess and her sister” or “Frog Princess” for a hefty price, true real-life Disney characters have only been accessible in the parks.¹³ This is why the other wish-granting organizations will send disadvantaged children to the parks to get their wishes fulfilled of meeting their favorite character. However, by being one of the only organizations that is bringing the Disney characters to the child themselves, A Moment of Magic is filling the gap for children who may not be able to physically go to Disney or pay for a knockoff with a party entertainment company by bringing that same immersive experience that Disney provides to the child. In fact, one of the training suggestions for A Moment of Magic volunteers is to watch YouTube videos of the park actors to be able to perfectly match their energy and provide a performance that is on par with theirs.

There is also room to be said that A Moment of Magic is purposefully tailoring its operations to fill in the gaps that Disney’s documented ableist tendencies create. The fact that A Moment of Magic is bringing the characters to the child, not vice versa as the theme parks require, can relate to the argument discussed in Chapter 1 that the Disney parks are ableist. Under their standard of “simple equality” where all theme park patrons are treated the exact same regardless of ability, many children undergoing the hardships and challenges that A Moment of Magic caters to would be unable to have an adequate experience at the parks (Mintz 1366). Whether it be because they are not in good enough health at the moment to withstand a day at the parks or to be in a public setting, or possess a physical or mental disability that prohibits them from waiting in the long character lines or walking around the large parks, or are not wealthy enough to be able to afford the travel expenses, A Moment of Magic’s use of Disney characters to serve these disadvantaged demographics of children is filling the gap that Disney,

¹³ I’ve been the manager of a children’s entertainment company for five years now, and these unbranded names are straight off our website and are shared amongst other commercialized character companies.

unfortunately, fails to consider under their simple equality standard (which I would like to acknowledge is still a step in the correct direction given Disney's controversial history, but continually exclude many). Out of all wish-granting organizations, A Moment of Magic is truly considering equal access to advantage for all families undergoing medical, social, and financial hardships.

Another spot where A Moment of Magic intentionally differs from the Disney standard is in the physical expectations and appearances of their characters. Disney is incredibly strict in their height and weight standards for characters. For example, according to a previous Disney Princess Park actor, "Disney Princess [performers] must fall within the determined 5'4' to 5'7' standard... and must not exceed a size 10 dress size" which is very restrictive ("Disney Character Height Requirements"). They seem to be attempting to conform to the nearly impossible body expectations that the animation sets forth, instead of catering to the actual reality of how most human bodies look. Moreover, if a previous Cinderella was 5'5', then the new actor must be within an inch of the same height to not look too different ("Disney Character Height Requirements"). According to the author, these strict height and weight requirements have caused some complaints from auditionees, previous cast members, and parkgoers in the past as they are an unachievable standard for many actors and don't allow a wide variety of parkgoers to see characters representing their body types. A Moment of Magic has much broader and sometimes optional height ranges, and includes no mention of weight whatsoever, making it much more accessible to all who wish to be a character for the organization and allowing more diversity in body types to be recognized and celebrated.¹⁴

¹⁴ For example, I am 5'8". At Disney, I would never be considered for a princess role due to being 1 inch too tall, but in A Moment of Magic was cast as Megara and was substituted as Elsa.

Disney also has a history of not being the most racially inclusive or progressive. Their earlier attempts at some more inclusive characters were done in harmful ways and caused some controversy due to “implicit ideologies... of bestial or less industrialized” natures that perpetuated negative stereotypes in characters of color (Kokai 9). However, in the last ten years, Disney has done a pretty good job of creating more appropriate and diverse characters but looking at a full roster of all available Disney characters, only a small fraction are racially diverse. This is where A Moment of Magic’s Original Characters fill in those gaps and provide more volunteers of color opportunities to be involved in the organization. Original Characters offer various ethnicities, gender identities, personalities, and disabilities to cater to all ranges of performers, as well as allow all demographics of children to feel seen.

All in all, although A Moment of Magic is using Disney’s worldwide acclaim to their benefit by only offering recognizable, popular, and educational Disney characters, they also seem to have specifically designed some of their operations to be more progressive than Disney can currently offer.

Anecdote: Me and Megara

I have been in A Moment of Magic for four years now. I joined immediately during my freshman year in 2020 and zoomed through all my audition requirements. Within a few weeks, I had fundraised the required \$500, completed the 40 shadow hours (and virtually too, due to the pandemic), attended the weekly training consistently, and submitted all the audition materials. Then, it was just a waiting game for casting decisions to be released.

I was anxious, but excited, to be cast. The nerves were drawn from the fact that whatever character I received was *it*. Just one character. For four years. We would have to become “besties” as the other volunteers would assure me. I feared that should I get a character that was either unknown, unpopular, or too unlike me, it would inhibit me from bringing magic to the children. That is all I wanted to do. I wanted to act as someone they could be excited about and find comfort in. At that point, I’d been working as a character actor for a commercialized company out of the D.C. area for a few years, so I’d had plenty of experience embodying popular characters (36 different characters to be exact) for an audience of children, so I knew that some characters just didn’t mesh well with many children. Especially given the stakes of A Moment of Magic’s visits, this casting decision was paramount in determining my effectiveness in the organization and it freaked me out (or so I thought at that time).

Finally, at the end of my first semester, I was officially coronated as Megara from *Hercules*. I remember how ecstatic I was at first to be Meg. Growing up, I was a huge Greek mythology nerd, so *Hercules* had been one of my favorite movies. *I Won’t Say I’m In Love* had been my go-to karaoke song for as long as I could remember, purple was my favorite color, and I was obsessed with how witty, sassy, and audacious Meg was. Additionally, given that we share

vocal tonalities, energy levels, dispositions, and similar body structures; the casting decision was justified and clear. However, she was one of the only Disney characters I'd never (and still haven't) booked through my entertainment company, so there was a slight underlying worry of "why haven't we booked her?" But that fear was mostly overshadowed by joy and excitement.

In early spring 2021, around March, my costume finally arrived, and I was deemed "visit ready." However, being that we were still amid a global nationwide pandemic, we were not doing any in-person visits, only virtual. I watched as my peers got requested for Hotline calls left and right, and I waited quietly for my turn. I acknowledged that my movie was of an older generation, but still retained hope that *someone* would request Megara.

Finally, in July, I got a request for a Megara FaceTime call. I was over the moon. I spent over an hour putting on all the makeup perfectly, ensured my costume was steamed and ironed, brushed my wig, and had my *Hercules* storybook ready to read. I hop on the call only to be met by a woman and her daughter who look confused. The woman goes, "Oh! I thought we requested Elsa?" They had accidentally clicked Meg's name in the drop-down on the Hotline Call Request Form instead of Elsa's. Additionally, this little girl had never even seen *Hercules* because her mother deemed it too scary (it has cartoon violence amongst mythical creatures and at one point Meg does die, but Hercules resuscitates her and it ends happily...I mean, it is rated G...). Trying to make the most of it, I stayed in character and told them that Elsa had gotten carried away with her duties as Queen of Arendelle, and instead, she had sent me to fill in because "I'm never doing anything important over in Ancient Greece, that's what my husband Herc's for!" I then offered to read my storybook so we could get to know each other but was shot down by the mother because again, she said it was too scary for her child. Feeling kind of hopeless, I decided to ask the little girl what she'd like to spend the next thirty minutes doing, and she said, "the question game."

We would just go back and forth asking each other questions like “What’s your favorite food” or “What’s your happiest memory,” testing my character integrity to the max on my first ever visit (I’m so grateful I had years of experience character performance) and allowing her to ramble on about her own life and laugh with this new unknown dark purple-haired princess friend.

All in all, despite being a jarring and rocky start to my time in *A Moment of Magic*, it taught me the biggest lesson possible. While, yes, it may be helpful if you are a child’s favorite character ever, that isn’t the only thing that matters. I have learned that there are ways to make “magic” without being a child’s favorite character. I would say 50% of the time, Meg is recognized by the child (and like 80% of the time by the parents... which is actually so awesome because then they’re like “Look *child’s name,* this is *my* good friend Megara, she was so special to me growing up”... it’s a beautiful demonstration of generational sharing), but 100% of the time, I leave feeling like I have made a difference. Meg may not be the most requested character, but that doesn’t mean that I can’t make a child smile and bring them some magic. If a child recognizes me, great! We have a preestablished commonality and relationship on which we can play and grow. I am already a friend who they trust and can feel comfortable relaxing and playing with. If they don’t recognize me, that’s fine as well. It presents an opportunity to make a new friend and foster a special relationship (and a very fancy princess friend at that, with a huge wig and floor-length gown). I have now even gotten a chance to substitute on a visit as Elsa, a much more renowned character, and I left that visit feeling the exact same as I do leave one as Megara: fulfilled, gratified, and lucky to have had the opportunity to bring smiles to children’s faces.

Fast forward four years, and I am now in my final semester of college, preparing to step away from Megara. Once I graduate, I will be continuing my volunteer position on the National

Team but will no longer be allowed to be a Character. It's a privilege reserved only for students still a part of the collegiate chapters. In my time here, I've gone on over thirty visits as Megara and one as Elsa, totaling about 230 hours. I've been to hospitals, nonprofit walks, home visits, school story times, community events, and even a dance academy for children with mental and physical disabilities. And on every single visit, I witnessed children smiling, growing, and laughing.

I do know that not all my peers who got cast as unpopular or unknown characters share this experience with me of feeling like they were able to make magic regardless of whether they were recognized or not. I believe that it required a unique mix of personal drive and luck with your character's appearance. Even if I'm not recognized, I am still in a bright purple floor-length gown with a comically large red ponytail and dark sparkly makeup. I still draw kids' attention and curiosity. Some unknown characters don't have that luxury of turning heads and standing out in a crowd, leaving it fully up to the volunteer to be incredibly persistent, patient, and calculated, which takes a large amount of personal motivation that many volunteers might not possess or choose put energy into (especially for characters such as villains who have to really work to gain a child's trust). I go into this casting strife more in the following chapters, but, I am very grateful that I was able to make something good out of what a lot of people say is a "bad casting."

Chapter 3: Volunteer Interviews

After analyzing the research that I had assembled, although progress had been made in deciphering and breaking down A Moment of Magic's methods, there were still gaps in the findings that required personal, individualized, and intimate data to fill. In this chapter, I discuss the methodology behind the volunteers' interviews, outline the interview process, and then explain the findings. This chapter is catered to the volunteer interviews, and the following chapter will be dedicated to the partner interviews.

Volunteer Interview Methodology

I chose to do interviews to gather additional data because the spots where the findings needed more support felt like they were lacking personal reinforcement. The deductions I came to in the previous chapter were supported by the data that I had found on A Moment of Magic's website, training, and published texts, but I felt like I needed individualized experiences and viewpoints to corroborate the information. For example, the National Team may send all the chapters the outlined training regime that I was referencing in my research, but how exactly are the chapters interpreting that training? Do the chapters teach all the information exactly as Nationals expect? Do they add their own touches or eliminate anything? I needed to hear differing perspectives to fully analyze the training.

Interviews offer qualitative data, which was exactly what I needed. I was specifically looking for personal accounts, descriptive interpretations, and honest observations to validate and further the conjectures crafted in the previous chapter. Through qualitative research that

reveals how the volunteers and partners perceive A Moment of Magic, I would be able to further develop my understanding of A Moment of Magic's operations.

When creating the interview questions, I had to craft two different sets of questions: one set for volunteers within the organization to gather more information on the nature and perceptions of the operations within the organization, and another set for partners, which helped me to better understand A Moment of Magic's impact and reputation.¹⁵ In this chapter, I focus on just the volunteers' interviews, and in the next, I dive into the partners'. It was important for me to try to cover a wide range of people among the volunteers to gather the best data to represent the whole organization. I was looking to interview all levels of experience, involvement, and commitment including general body volunteers, executive members, National Staff, and alumni from different areas of the country. Below are the lists of the questions for the volunteers, as well as my rationale for posing them in the way I did.

Interview questions for volunteers within A Moment of Magic:

1. In your own words, what do you do?

The goal of this question is to hear from the members of the organization about their perspectives on what exactly they do in A Moment of Magic. This will validate the information provided by the website regarding the mission and services, and shed light on any occurrences in the operations that might not have been mentioned in the A Moment of Magic documentation.

2. Why did you join the organization?

¹⁵ I would like to note that all children were kept out of the interview process so as to not ruin the façade and to not resurface any trauma. Only adults who were present for visits were interviewed.

The goal of this question is to explore volunteers' "whys." A Moment of Magic is very closely related to Theatre for Children in the Hospital, and Persephone Sextou states that "those artists who engage in TCH, as many applied theatre practitioners do, are often motivated by the desire to make a difference to the lives of children through theatre" and they "oftentimes come from outside the healthcare system to help and support children, give them normality and hope, bring a smile to their faces, and change the way they experience illness (Sextou 23). Through this question, I can determine just how true this definition is for the volunteers of A Moment of Magic, or study if and how they are motivated by a different reason (all of which can be valid, and several can be true at once).

3. How did you learn to do this? How were you trained?

By asking the volunteers how exactly they were trained, I could corroborate the content of the training documents and perhaps determine their effectiveness. As mentioned earlier in this chapter, although Nationals may send the chapters their training outlines, how does each chapter choose to interpret them? Is there a consistent or standard way? Does it vary from chapter to chapter? I was interested in learning just how the volunteers absorbed the information.

4. Did you have any prior training in theatre before joining A Moment of Magic?

This question is to explore A Moment of Magic's perceived relationship to theatre. Since A Moment of Magic's documentation seems to neglect to acknowledge theatre vernacular despite so clearly being a theatrical form of performance, this question is aimed at discovering the volunteers' experience with theatre. Moreover, similar to the previous question, the volunteers' previous connections to and knowledge of theatre also played a part in helping me develop my

other deliverable by allowing me insight into what exactly needed to be covered in the new training.

5. Can you describe your interactions with the child during a visit? From your vantage point, what was the impact on them before, during, and after the visit?

In general terms, this question asks the volunteers to explain the range of interactions they can experience on a visit, thus providing more personalized information on the specific procedures of a visit. I've also analyzed that A Moment of Magic has similarities in its outcome to TCH, Drama Therapy, and Distraction Therapy. The responses to the second half of this question relating to the perceived impact on the children's behavior and mood can further corroborate those findings should the volunteers' observations align with the prior research.

6. Are there any moments that have felt truly magical for you during a visit? A memorable instance?

Building off the previous question, this question asks about the specifics of what goes on during a visit to better analyze A Moment of Magic's strategies on a more detailed level. This question asks for one (or a few) individual moments where the volunteer felt they truly made a difference in the child's life. Although the documentation analyzed in the previous chapter did explain the basics of what occurs on a visit, individualized or detailed accounts were lacking, so this question will be pivotal in gathering that personal data. I believe this question is the most important for a few different reasons. First, by hearing firsthand accounts from the people who are out there creating the magic, I can get a unique and personalized insight into the strategies that I cannot access anywhere else. This data will allow me to deepen that comparison to existing

TCH by providing more concrete examples of what happens on visits to contrast. Hearing from a volunteer's perspective about what felt magical for them is important for analyzing the different perspectives on what exactly that "magic" is for each person.

7. Is there anything you wish the organization could do differently on visits or in training?

To better understand the operations of A Moment of Magic, it is important to acknowledge their areas of growth and shortcomings. By asking the volunteers if there was anything different that they believe they could be doing on the visits themselves to better suit the children, I could gather further comprehension into the "magic" they strive to create and explore if there's anything they could be doing to better reach their goal. This question was primarily aimed at getting the volunteers to discuss their personal opinions on the methods and effectiveness of training to help me shape my new performance training module to be explained in Chapter 5. By knowing the opinions of the trainings, I could specifically tailor the deliverable to address those challenges.

Volunteer Interview Process

To get the most accurate, widespread, and diverse data possible, I attained a sample population consisting of a range of different perspectives. For the volunteer interviews, I gathered participants from various states and chapters, years of experience, positions, gender identities, and ethnicities.

To gather willing participants, I first utilized our organization's communication database, Slack, and put out a call in my James Madison University chapter's channel, the National organization-wide channel, and the specific National Staff channel. This message consisted of an

introduction, a summary of my project, the interview questions, the structure of the interview, and my contact information to reach out to if they were interested (see Appendix A). From there, once they emailed me stating that they were interested, I then sent them a follow-up consisting of my schedule to arrange a time, information about where and how the information will be shared to attain written consent, the list of questions again to ensure they were comfortable and prepared, and a sincere expression of gratitude for their willingness to provide data for my academic venture. Upon my initial request, I had dozens of volunteers interested in being interviewed. However, after sending my follow-up, only about half reached back out to schedule a time to be interviewed. This was especially prevalent with members of other chapters. I even had two volunteers who scheduled interviews with me and then never showed up nor reached out to cancel, which I credited to the hectic nature of a college student's life.

Over four weeks, I conducted a total of twenty-five interviews. Eleven were with current volunteers (across six chapters), three were with National Team staff, two were with alumni, and nine were with partners. All of the interviews took place on Zoom and they ranged from about twelve minutes to thirty-two minutes.

I began every interview by reintroducing myself and my project. I was sure to emphasize my sincere gratitude for being so willing to take the time to aid in my academic research to every single interviewee. Then, I would ask for verbal consent to begin a transcript recording. I reiterated that their answers would only ever be utilized in my thesis and shared in an academic setting and let them know that at any time they could rescind their consent. Once consent was received, I would begin the recording and launch into asking the prepared questions. I did my best to stick to the structured questions because many participants had prepared in advance by writing notes but should a specific response have inspired an additional follow-up question, I

would ask. After my list of questions, I would end each interview by asking “Is there anything else you’d like to add?” in case they felt inspired to share anything else based on our discussion, and I’ll discuss these final responses in further detail later in this chapter. Lastly, I would again thank my interviewee for dedicating time to my research, end the recording, let them know that should anything else they wish to share on the record pop up to schedule an additional meeting with me, and bid them farewell.

Once I transcribed all the interviews, I began my data analysis process. My specific procedure consisted of reading through all the transcripts looking for commonalities and noting all trends I noticed. Also, in any place where data diverged greatly from the research or one another, I recorded the observation. Below are the findings from my data analysis of the volunteers’ interviews.

Results

I believe the best way to present the findings from the interviews is to go question by question, explaining the responses I received and analyzing their importance to my understanding of A Moment of Magic, and then providing some synthesis at the end of the chapter. However, before going question-by-question, two interviews stood out from the rest and deserve to be acknowledged independently: founder and Executive Director Kylee McGrane and National Training Coordinator Maddi Stanton-Johnson. I still asked them the routine volunteer questions, but their positions as founding officers, their years of experience running and growing the organization, and their professional backgrounds provided pivotal information on the history and operations of the organization that cannot be accessed anywhere else. This information that they provided served as a good base for comprehending the rest of the volunteer interviews.

In her own words, Kylee McGrane defined the work that A Moment of Magic does as “provide emotional support and joyful experiences that boost the mental health and quality of life of vulnerable children by empowering student volunteers,” which essentially mirrors the mission statement while underscoring the idea that there are mutually beneficial effects that the organization seemingly has on the volunteers (McGrane). Not only is she saying that A Moment of Magic brings joy to the children, but the volunteers also garner a sense of fulfillment and empowerment from the work they’re engaging in. When asked why she created the organization, she divulged that there are, in fact, two reasons, “the personal side and then the gap that I saw” (McGrane). She disclosed that freshman year her grandparents grew sick, and every time she visited them, she noticed how cold, sterile, and impersonal the hospitals were, and she would go to lengths to try to cheer them up. Unfortunately, they both passed within two weeks of each other, leaving her with a hole in her heart of grief and a yearning to honor their legacy. In response, she “came up with the idea to go into the hospitals and kind of keep that spirit... [for] the most vulnerable population, which were children that were hospitalized” (McGrane). She explained how she had to get creative to get into hospitals because all her volunteer applications never got a returned call, leading her to come up with the idea of dressing like a princess. She recalled that “there are organizations that will take kids out of the hospitals, but we’re the ones that bring it in... it’s all part of the continuum of care,” which calls back to those other wish-granting organizations such as Make-A-Wish that will fund vacations for children, but not bring the wishes to the exam rooms (McGrane).

This personal input on the founding of the organization provides more depth into the motivations behind A Moment of Magic, explaining how and why the unique services of A Moment of Magic were born. Her specific note that she brought characters into the hospital

because she noticed that all the other organizations were conversely bringing the children out to the characters by providing trips to the theme parks particularly parallels the examination made in the previous chapter that A Moment of Magic provides a distinctive experience that cannot be granted by the other wish-granting organizations. McGrane noticed a gap in the therapeutic attention to a child's mental health while in inpatient care and created the organization to specifically cater to their wellness needs. She explained how all the focus and attention of the doctors are on a child's physical health and treatments, and despite some attempts by child life specialists to brighten their days, their mental health oftentimes remains overlooked or gets pushed to the side. A Moment of Magic comes in as the external force that doesn't focus on the physical health whatsoever, only the mental health, thus bridging that gap.

When asked about how she prepared herself to be a character and run a nonprofit, she replied "I never started this for it to be a business, like it all happened very organically, and I'm probably the least qualified person in every aspect possible. I have never been in a play. I have never done any acting work... but I'm also like, not inherently, a big Disney person... so I had a big learning curve" (McGrane). She reveals that what "qualified her" was her love for learning and willingness to ask for help. She surrounded herself with people who could advise her in running a nonprofit, provide feedback on character work, and teach her about Disney. She noted that she learned as she went along by making mistakes and just seeing what worked. Overall, she learned that although every visit will be different, "when volunteers are getting down on their eye level, they're talking to them like a person... not asking... how are you feeling today? Or does this hurt? They're there to focus on them as a person... and in real time you see a friendship made" (McGrane). It's intriguing to hear that the founder of A Moment of Magic lacked actual theatrical training and interest in Disney in the organization's conception. McGrane was simply

being propelled by a personal desire to provide magic to children to distract them from their struggles. The specificity of theatre and Disney came later with other volunteers who joined.

Helping to bring in that theatrical knowledge was Maddi Stanton-Johnson. She was a member of one of the founding chapters in 2017 at Coastal Carolina. Having over a decade of theatre experience, she noticed that A Moment of Magic seemed to be struggling a bit on the characterization side of things, which led her to reach out to McGrane and provide some constructive feedback. This snowballed into an executive position that had never been there before and McGrane brought her on nationally where she's been for eight years now as the National Training Coordinator. Her current job is to oversee all the Chapter Presidents, write and update the training documents, and co-create (with the children) the Original Characters.

When asked about how she crafts the training, she explained that full-time, she is a marine mammal trainer, so she uses her training philosophy from that position. She believes that “all training ultimately comes down to operant conditioning and following behavior... we'll provide educational resources, then follow our member's behaviors to make sure they are actually retaining everything we want them to do” (Stanton-Johnson). She's watching to understand if the volunteers are responding to the training appropriately, retaining the information in a useful way, and applying the training correctly on visits, and if she observes that they're not, she adjusts the training to better fit the needs of the volunteers. In terms of using her theatrical background in the training, she explained that she looks at A Moment of Magic as a character acting opportunity, “not just costumes, but personas,” so she says that she holds character integrity to an incredibly high standard (Stanton-Johnson). She pushes volunteers to look at not just what a character does, but to understand why a character does those things, emphasizing that characters are “people, not images” (Stanton-Johnson). Having this insight into

Stanton-Johnson's training philosophy and background in the organization and with theatre plays a big role in breaking down the trainings and its effectiveness. It's perplexing to have heard that character integrity is valued so highly by the national board, especially after analyzing the training in my research and understanding that the current methods to go about proper characterization lack proper theatre vernacular and procedures. I will go more into depth about this a little later on though when discussing the overall theatre experience of the organization's members.

When asking both McGrane and Stanton-Johnson if there were any current areas of growth they'd like to address, their answers were similar. They both indicated that there is a difference in the cultures of those joining the organization now versus the founding chapters. McGrane summarized it as they are losing the moments where volunteers become passionate advocates, leading to volunteers not being as actively engaged as they've been in the past. During the pandemic, new volunteers weren't seeing the impact of their service as clearly or firsthand over the hotline calls, leading to a decrease in drive and passion (McGrane). Stanton-Johnson referred to it as a "disconnect in perspective priority and life experience" due to the increased trauma that the younger generations have endured (Stanton-Johnson). Both of them agree that they are in a position where it's not a matter of getting new volunteers to "care more," because the issue isn't that they care less, they just need to find the disconnect and get all volunteers, young and old, back on the same page. The fact that two of the main executive officers and founding members of A Moment of Magic share the same concern for the current state of the organization is incredibly fascinating because it highlights an obstacle that up until this time hadn't been illuminated at all. Despite A Moment of Magic being one of the only organizations that continued to thrive during the pandemic and provided magic to a record-

breaking number of children, McGrane and Stanton-Johnson's interviews revealed that the COVID-19's shutdown of in-person programming still took a toll on the consistency of the enthusiasm and passion present amongst A Moment of Magic's members, leading to this perplexing disconnect.

Now that I've gone over some important information regarding the upbringing of A Moment of Magic, the creation of its training, and the ongoing state of its operations as provided by two National Staff members, I share the results from the volunteers' interviews to gather more personalized information from the students within the organization. I will be going question by question, highlighting the most beneficial, pertinent, and interesting responses. Although I will be providing some analysis below each question when discussing the responses, at the conclusion of this chapter, I include the overarching synthesis drawn from the interview process.

1. In your own words, what do you do?

The answers to this question were all relatively along the same lines as the organization's mission statement, with several volunteers just quoting the official mission statement. I received responses such as:

- "We go and visit kids and brighten their days by interacting with them and allowing them to just be kids again" (Coppage).
- "Improve the lives of vulnerable and underserved children through play" (Whelan).
- "Go on visits for underserved or troubled kids" (Klein).
- "Provide emotional support and joyful experiences that boost the lives of underprivileged children" (McGrane).
- "Make a scary day seem not so scary" (Klain).

- “Create joy and smiles with children who otherwise wouldn’t have gotten it” (Prakash).
- “Being an emotional resource at a time they need it most” (Gaffney).

Although perhaps being worded slightly differently, all of those essentially mirror the official published mission statement of “providing social wellness activities to underserved and vulnerable children to improve their quality of life,” demonstrating that the volunteers interviewed do understand the core of the organization (“A Moment of Magic”).

A recent James Madison University A Moment of Magic alumni Aly Coppage (previous Chapter President, Wendy from *Peter Pan*, and current National Team Intern) summarized the definition quite succinctly as “We bring a little magic to kids who really need it” (Coppage). When asked about some specifics of what it means to be a character, she explained that “kids tend to be shy around people that they don’t know. And when they see a character, they automatically know [them]... and they trust [the character] more which allows [the character] to play with them and really get on a level footing for them to be able to just be a kid for a little bit” (Coppage). She promotes the idea that since they are popular characters that the kids assumingly recognize and admire, the kids automatically feel comfortable playing with them and can temporarily let go of the unfortunate aspects of their reality. This pairs with the ideas from the previous chapter about why exactly A Moment of Magic chooses to utilize Disney. This does bring into question whether children meeting the Original Characters experience the same comfort as when they meet recognizable characters, or if those interactions tend to operate

differently. Unfortunately, I did not have the opportunity to interview any Original Characters, so that question will remain unanswered.¹⁶

Also touching on the characterization side of things is the University of North Carolina's Vice President and Princess Jasmine, Manuela Uppalapati. She described the goal of being a character as to "show up in character and try to embody that character to the best of [her] ability and to recreate that character's essence to a kid or group of people" (Uppalapati). She explained that she does more than just dress like the character, but instead attempts to recreate her character's world, such as theming crafts after *Aladdin* or randomly bringing up "the magic carpet" that brought her to that visit (Uppalapati).¹⁷ I appreciate her use of the word essence to describe the characterization because I believe that that justifies the careful attention to character integrity that Stanton-Johnson mentioned in her interview. I go more into detail about volunteers' perception of characterization in the findings of questions three and four, but I do think it is compelling that Uppalapati was the only interviewee to bring it up in the overall explanation of the organization. This demonstrates that some volunteers do think that this organization's impact is rooted in its performative nature, as opposed to simply the blanket statement of "visiting children" that many other volunteers mentioned.

2. Why did you join A Moment of Magic?

The responses to this question varied widely, but the most common answer was that they joined A Moment of Magic because they wanted to make a difference in the lives of children.

¹⁶ JMU had an original character for two years. I can add from personal observation that children were slightly confused which led to a lack of initial excitement, but the big dress, tiara, and wig drew them in out of curiosity.

¹⁷ From my experience, these worldly specifics are a super common thing for characters to throw in: for example, Princesses may say "when I arrived on my carriage..." or "in *my* kingdom..." (or in my case as Megara, "when Pegasus flew me thousands of years into the future from Ancient Greece using Mt. Olympus' magic).

Most of the interviewees made some sort of reference to this in their answer in some way or another (oftentimes combined with one of the other reasons listed). Brynne Gaffney shared that she committed to attending Temple University specifically because they had a chapter. She went on later to become the Chapter President and was cast as Sofia from *Sofia the First*. In the summer before her freshman year, she was deciding between schools by looking at clubs they offered, and she saw Temple's A Moment of Magic on Instagram and was "so inspired that [she] committed to Temple the next day" (Gaffney). Similarly, Cassidy Frank, James Madison University's Mal from *Descendants*, stated that she joined because "you never know what a child is going through" and she wanted to bring happiness to all children, regardless of their circumstances (Frank). Finally, Hannah McAllister, James Madison University's Aurora from *Sleeping Beauty*, specified that she wanted to be involved during COVID and from just the virtual interest meeting she "felt the impact [A Moment of Magic] made" and wanted to join to do the same (McAllister). Many of these responses suggest that the drive to make a difference in the children's lives was a motivating factor to join, as well as a need to fulfill a personal moral expectation of helping those less fortunate.

Some volunteers joined because they specifically have personal experience with pediatric cancer. Similar to my story with my sister, Aly and Kayla Coppage had a cousin diagnosed with Leukemia and they saw the damage it did to him and his brother firsthand, inspiring them to join A Moment of Magic so they can help children just like their cousins. Aly went on to specifically mention that her family loved going to the Disney parks growing up, and she "wanted to bring magic to the children who cannot go" (Coppage). This statement reflects the analysis made in the previous chapter, as well as McGrane's hopes that she expressed in her interview, that A Moment of Magic serves those who cannot physically go to Disney World by bringing the magic and

wonder of the parks to the child. Similarly, James Madison University's Cinderella, Rosie Nelson, joined the organization because she had a close childhood friend pass away from pediatric cancer, thus motivating her to search for organizations that advocated for the cause. She stumbled into A Moment of Magic's table by accident at the club fair while she was looking for the Red Cross, and has been involved ever since.¹⁸ Moving on, Bridget Rogers, an Ohio State University alumni, Anna from *Frozen*, and current National Team ECH: TCCC Chair, is a brain tumor survivor and consequently, has become a huge advocate for pediatric cancer awareness. She was diagnosed while in high school in 2014 and was actually treated at the same hospital that Kylee McGrane would do the first A Moment of Magic visit just a few months later (however she was a bit older than the target audience). Although fortunately not a commonality for all volunteers, it is clear that many A Moment of Magic volunteers are driven by the struggles they've experienced or witnessed with pediatric illness.

Another common reason for joining A Moment of Magic was because the experiences in the organization would benefit their education and career trajectory. For example, Uppalapati is in school to become a pediatrician, so for her, joining A Moment of Magic was training on the psychological side of childhood medicine. Similarly, the University of North Carolina's Chapter President, Jada Sanchez, joined "by accident," she said (Sanchez). As a biomedical science major, she needed volunteer hours for medical school, and she stumbled into A Moment of Magic through a friend. Lastly, Marquette University's Princess Jasmine, Radhika Prakash, is a double major studying elementary education and psychology. She has a passion for working with children with special needs, and she boasted that joining A Moment of Magic was "more of a gift

¹⁸ I can testify from having worked the club fair that our table was situated in the "Health and Science" section by the Red Cross, the biology fraternity, and the American Cancer Society. This is curious because is not quite medical or scientific, but seems to draw as a service organization for those students in particular.

for me than them,” which highlights an important realization that the “magic” of the organization is intended for more than just the children, but this concept gets fleshed out further later on (Prakash). Going into the interview process, I was not expecting to discover that so many volunteers come from medical or STEM-related fields, but it does make sense that they were drawn as a method of gaining firsthand experience in hospital settings. Referring to Nelson’s accidental stumbling across it while searching for the Red Cross table at the club fair, she did mention that it was “right across from it” in the “health and science related section, (Nelson). So, A Moment of Magic is, at least at some schools, purposefully situating itself amongst these students, thus attracting them specifically.

Lastly, the least common reason that the sample population mentioned for joining was because of an interest in theatre and acting. Only three of the fourteen volunteers I interviewed credit theatre at all as part of their reason for joining. Natalie Whelan, James Madison University’s Captain Marvel, says that she joined because she “wanted to use her theatre training without the stressors of a traditional stage” (Whelan). This thought that these performances are less stressful was intriguing to hear given how high stakes A Moment of Magic’s visits are given the children’s circumstances, but they are on a smaller scale than a traditional staged performance. Ramapo College of New Jersey alumni and Captain Hook, Devon Wells, says he joined because he was a theatre major and wanted to use his knowledge of characterization and improvisation to make a difference. He also shared that he is a cosplayer, so he is even further accustomed to dressing and portraying a persona of popular media characters. Last, Bridget Rogers added that in high school, she worked for a company called “Twinkle Town Entertainment” where she worked as a party clown. That role, combined with her cancer

diagnosis, propelled her to join A Moment of Magic (Rogers).¹⁹ When reviewing how few volunteers credit theatre towards joining A Moment of Magic, it does make sense because as mentioned previously, the organization does not brand or present itself as a performance-based organization nor position itself amongst them, thus not attracting actors because they may not stumble into the organization.

3. How did you learn how to do this? How were you trained?

Every single person I interviewed mentioned that their primary form of training is held at their weekly meetings. When asked to go into detail, recent Ramapo College of New Jersey graduate, Rylie Klain, explained that the training consists of an icebreaker and the info sent from Nationals, referring to the outlines from the “Facilitators Guides” presented in the previous chapter. She detailed how in her three years in the organization “[she has] done so many different trainings... Magic Maker training, Character Training, Costume, Makeup, Trauma...” describing how there are dozens of trainings that are cycled through on a rotating pattern so that throughout a volunteer’s time in A Moment of Magic, they are always learning and growing (Klain).²⁰ Moreover, when asked about how the trainings were presented, all the volunteers mentioned some sort of slideshow application (PowerPoint, Google Slides, or Canva), meaning that the chapters similarly present the information to one another. However, one volunteer did express that she is not a fan of the PowerPoint style presentations as “they go right over [the volunteers’]

¹⁹ It is so fascinating after having compared A Moment of Magic to the art of Clowning to have received the information that a member had experience as a legitimate clown. It really solidifies A Moment of Magic’s similarities in the behaviors and goals of Clowning.

²⁰ It is interesting to note that this cyclical pattern has seemingly never been repeated for her. I, in my four years, have definitely done almost every training twice now. However, I guess that it caters to the volunteers who may not join in their freshman or sophomore years. She may only be speaking to 1-2 years of trainings, whereas I have been doing them for four years. I can add that many volunteers do join as sophomores or even juniors, which I’m assuming she did.

heads,” and instead prefers the next most mentioned, and slightly controversial, form of training: Mock Visits (Uppalapati). I was surprised to hear how few volunteers mentioned nor described these in-person trainings. Going into this question, I was specifically seeking information on these weekly trainings, so to have received such limited information on them is quite telling of their impact and effectiveness.²¹

As described by the interviewees, the Mock Visits are a training where all the volunteers would show up either as their Character or as a Magic Maker, and “be asked any sort of question that’s meant to throw you off... without the presence of children there” so they could rehearse how they would respond in a low stakes setting (Uppalapati). For Characters, Klain summarized how they would “get into hair, makeup, and everything, and have other members ask you questions that you may be asked on a visit like ‘Why is Jesse Big?’ ‘Where is Andy?’ or “even bring up their diagnoses... or ask for signatures” (Klain). Rogers added that when she led the Mock Visit as Chapter President, she would add in situations for the Magic Makers such as a wardrobe malfunction on a Character for them to address.

Most volunteers who mentioned Mock Visits believed that they’re helpful in theory, but there seems to be a level of seriousness required for the training to be effective that many volunteers don’t believe is attainable in a college setting. For example, Klain stated that “they have the potential to be helpful, but sometimes it’s hard when it’s your friend trying to be a kid... it can be goofy” (Klain).²² In the same vein, Nelson shared that “they’re not real... and I’m not a theatre person. I am in character when I’m with kids and, like, that’s it. I find it hard to stay in

²¹ I had to pry and incite volunteers to discuss these weekly trainings, which I only did because I knew they existed due to my own involvement. Had I been an outsider fully, there would be even less data on them.

²² I can note that from personal experience having led several Mock Visits, volunteers do not take it seriously. The “children” (or volunteers) will walk up and say something along the lines of “I’m sick” or “I’m dying” to incite the volunteers to practice their trauma training. However, for a large majority of volunteers, this just made them laugh because they seemed unable to “drop into” the fantasy of their friend being a child.

character around my peers, around ‘fake kids,’” thus blaming the ineffectiveness of these mock visits on a lack of theatrical background and a sense of weirdness around college-aged volunteers “faking children” (Nelson). This also alludes to a diminished respect for the craft of theatre which I’ll go into at the end of this chapter. It’s conflicting to me that character integrity can be held so highly, but exercises such as this fail because practicing the character before going around children is so pivotal to success, and lack thereof poses incredible risks.

A seemingly more popular and successful form of training is the shadow hours required to be a Character, or simply being on a visit as a Magic Maker and observing. Similar to Kylee’s sentiments that she learned the most while in the room with the children, Radhika mentioned that although all the in-classroom training is important, “it’s a matter of continuous learning... we’re never professionals... and every visit [we] figure out something different. We’re never perfect” (Prakash). McCallister also claimed that “the most effective thing is really just going on visits... most of the training has been on the spot” (McCallister). It’s thought-provoking to have heard that the most effective form of training is to go on visits because, ideally, that is what the Mock Visit is supposed to be mirroring: a visit with children but in a low-stakes environment. However, the feedback received essentially claimed that the Mock Visit was ineffective due to a lack of “realness,” leaving me to ponder whether it’s a systematic flaw with the concept, or simply a humility-driven reality amongst non-improvisation trained volunteers.

In terms of training on characterization, every single volunteer who was cast as a Character said they learned mostly through “knowing the character inside and out,” which they accomplished through watching Disney Park actor videos, watching the movie, and going through Character Sheets”(Klein). Uppalapati specifically stated that she learned through “copying,” which is an exciting choice of words given my previous notion that it seems that

much of A Moment of Magic's acting basics draw from imitation. Copying is not necessarily bad or ineffective, in fact, it can be incredibly useful for newcomers to acting. However, for it to be relied on solely is concerning in a space where truthfully embodying the character for a child is crucial to their mental health.

Furthermore, there was an additional training item that was only mentioned by James Madison University volunteers called "Character Homework." Natalie Whelan, James Madison University's current Training Coordinator, came up with the idea herself to assign her volunteers short and easy "homework" assignments to get them "thinking outside of the box" about their worlds, such as "creating a Spotify playlist that [their] Character would listen to" (Whelan). She believes that through these assignments, the character integrity of her volunteers will be strengthened, thus producing better visits.²³ This demonstrates how although this is a top-down organization, there is room for flexibility and growth at the chapter level to adjust to their specific needs.

Whelan is not the only volunteer who has taken the liberty to divert from National's regimen and create her own Character training strategies though. Devon Wells introduced his chapter, Ramapo College of New Jersey, to the basics of improvisation through games. Being the co-captain of his university's improv team, he believed that practicing improvisation would help them think on their feet and "respond to some things they may not be ready for" (Wells). He noted that when he joined, he could "tell that some of these people aren't actors" and he thought "a little bit of acting instruction would definitely go a long way," so he would teach them simple improvisation games at meetings (Wells). He made sure to specify that when he first provided

²³ Having done this assignment, I will say that it was helpful to think about what songs Meg would listen to. I remember choosing a bunch of strong female anthems, and then a week later one of them (a Beyonce song to be specific) came on at a nonprofit 5k and it justified Meg dancing along.

the instruction for these games, he wouldn't ask the volunteers to pretend to be any characters, thus allowing them to explore the act of improvisation in their own headspaces and become comfortable in their bodies before adding in the canonical knowledge and physicality of a character. Hearing Wells explain how he brought legitimate theatrical training into his chapter because he sensed the need for it was so intriguing to me. As a theatre scholar, it makes perfect sense and seems incredibly useful to be familiar with basic improvisation in these types of performances.

It seems that all chapters utilize Maddi Stanton-Johnson's training outlines every week at meetings. However, the consensus was that the regurgitation of the informational presentations was not the most beneficial when it came to retaining the training. From the sample population, it appears that the preferred form of training is to just go on visits and learn from experiences. Personally, learning on the fly seems a bit risky given the stakes of these children's circumstances. Should a volunteer be unfamiliar with the procedure and accidentally make a mistake on a visit, they risk breaking the illusion of truth and "magic" by saying something that could upset or trigger the child, thus putting their mental health on the line. Furthermore, two of the chapters revealed that they have added their own supplemental materials into the training where they felt it needed support, showing that some chapters do recognize that there may be room for more proper theatrical training and that there is freedom for customization.

4. Did you have any prior training in theatre?

Of the sixteen people interviewed, ten answered this question with a flat-out "no." A few of them did quickly follow it up with a "Wait, I mean I did a play when I was in fourth grade" or "But I did dance," but nonetheless, for the most part, most of them had zero acting experience or

training (Uppalapati and Prakash). Hannah even noted that “she didn’t think [her lack of experience] hindered [her] because [her] and Aurora are so similar” and share personality features such as being kind, compassionate, and soft-spoken (McCallister). However, she did add that she could see theatre knowledge coming in handy for any volunteer who got cast as a character that they were unfamiliar with, didn’t share personality traits with, or had an accent different from their own. Other than her though, no other volunteer commented on if their lack of acting training obstructed their training or character experience at all.

The six who had prior theatre training exclaimed that it was incredibly useful in developing their characters. For example, Whelan did eight years of theatre, and she credited it with helping her understand character motivations which allowed her to rationalize how her character would respond in certain situations. Similarly, Klein had a brief two years of experience in high school, but she stated that the basic training taught her that the foundation of building relationships with the audience and other scene partners is understanding the character inside and out. Klain has acted her entire life and boasted that it helped her be more comfortable as a character and “in developing it as a person that is also her,” which touches on some of the ideas of Stanislavsky’s techniques of influencing yourself into your characters, which will be defined in full detail in Chapter 5. Wells found that his training in improvisation was incredibly useful for engaging on his feet. Roger’s experience as both a stage actress and a clown allowed her to have prior knowledge of improvisation, characterization, and acting with the intent to engage and entertain a child. She even acknowledged that “sometimes that child won’t even respond, so you just keep going and have that one-sided interaction” to entice them to smile and join in, which is directly drawn from the roots of Clowning (Rogers). So, although the volunteers who did not have prior experience with theatre or acting felt that their lack of experience did not

inhibit them in any way, all the volunteers who did have prior experience with the art were incredibly vocal and expressive about how useful it was. This difference in perspective on the usefulness of theatre highlights how, for the most part, those who are untrained are just unaware of the depth that they should be achieving in their character work and improvisation skills.

5. Can you describe your interactions with a child? From your vantage point, what was the impact on them before, during, and after a visit?

Since this question was only referring to the general outline of a visit, not specific moments, the answers to this question were all understandably similar. To put it simply, Jada Sanchez said that to a child, a visit “is just like meeting Santa,” in that it is a child growing excited over seeing a familiar and magical face (Sanchez). Every single interviewee stated that the initial reaction of a child when they see the character is to get either excited or to retreat and be timid. This depends on the child’s overall disposition, perceived relationship to the character present, and the environment the interaction is taking place in. Manuela stated that this initial reaction from the child determines the course of the visit because she can gauge what she needs to present at that moment, whether that be letting the child come to her, approaching the child slowly, or getting down on their level and talking from afar. For shy children, Aly Coppage said that they usually look to their parents or doctors for support and assurance that they can and should engage. Hannah recounts that next, to break the social barrier, she’ll usually get on their level and introduce herself. Once she knows their name, she’ll begin to ask the child questions about themselves and relate them to her character, “I’ll comment on if they have something pink that matches my dress... usually it’s the little things that make kids smile,” thus allowing them to feel more comfortable (McCallister). Coppage mentioned a similar tactic of saying silly phrases

such as “I like your light up shoes, are they pixie dust?” to get the child to giggle and warm up (Coppage).

Once the child warms up, the visit becomes all about them. The volunteers expressed that they follow the child’s lead, “allowing them to be the main character” (Klain). Whether that means playing a game, reading a story, singing a song, discussing what the child’s going through, or answering a million random questions from the child, the mission is “to just play, provide enrichment” (Stanton-Johnson). Whelan began to touch on some of the research presented in the previous chapter as she explained that as an early elementary education major, she’s taught that “play is the best form of therapy... it has a huge impact on their mental health,” which is why it is central on every visit (Whelan). At the end of the day, as Sanchez put it, the goal is to do whatever it takes to produce “a smile and a friend,” thus allowing the child to get a break from their everyday reality (Sanchez).

As for the end of the visit, most of the volunteers expressed a sense of sadness from the child as they didn’t want the Character to leave. However, Brynne Gaffney added that although the child may be sad about the departure of their new friend, “they have been seen and heard and cared about by someone they idealize,” thus brightening their day (Gaffney). Similarly, Radhika Prakash expressed that their sadness is because the visit “gave them a break and relief from their usual lives,” but also made them feel “brave, strong, and fearless” (Prakash). Two volunteers also noted that no matter how sorrowful a child may appear after a visit, to “never make promises” such as “I’ll see you later” or “we’ll meet again” because it is not guaranteed that they will due to some of the situation these children are facing (Nelson). Obviously, the exact reason as to why the children express sadness at the end of a visit cannot be concluded without asking the children themselves, but there are a few reasons I can theorize. First is that due to their circumstances,

they are conscious and aware that they are not always happy. So when the characters leave, they are upset that their temporary relief is coming to an end. It can also be conjectured that this brief relaxation with the A Moment of Magic characters empowered them to realize that they can always be happy, despite the obstacles they face, so they may be upset with the realization that this joy has been within reach the whole time.

From these responses, the general structure of a visit was pretty routine. First, the child would grow either excited or timid at the appearance of the Character. Next, the Character would engage in an introduction and icebreaker to get the child warmed up. Then, following the child's lead, they would play, smile, and laugh. At the end of the visit, when it was time to go, the child would normally become sad, but it was only because they had such a good and inspiring time that drew them away from their present reality. At the end of the day, the child has experienced a break from their struggles and grown empowered to be brave, strong, and fearless.

6. Is there a moment that felt truly magical for you during a visit? A Memorable instance?

When asking the volunteers this question, several had to think about it for a few minutes or expressed that it was hard to choose just one. Every story I heard varied in content widely, but all were drawn from the same overall experience of witnessing a child's life and outlook be altered by A Moment of Magic's services. Below is a selection of the most fascinating ones I heard and that I believe are the most telling about the services and impact of A Moment of Magic.

Aly Coppage was quick to respond, "I literally always go back to this one" she exclaimed (Coppage). She reminisced on her first-ever hospital visit where she met a shy little boy who was dressed like a firefighter, but by asking him about his costume he slowly started to warm up. This

was an outpatient clinic, so the Characters were in the playroom and the children would periodically be taken back to the exam rooms for treatment. She recalled that “every time he went back and he’d come back, he’d be smiling after having whatever treatment done because he got to play with the princesses again... he stopped fighting [receiving the treatment] so hard because he knew he’d go back [to the clinic], get [the treatment] done, and come back and play with the princesses” in the playroom (Coppage). She also happily added that a few months later, she discovered on social media that he was cancer free, and she was grateful that she got to make a difference in a difficult period of his life.

Hannah McCallister told a similar story about a little boy at a hospital visit. During Halloween, John Hopkins Hospital requested a visit to bring some magic to the children who could not participate in traditional Halloween activities due to being inpatient. Being in the inpatient pediatric oncology ward of the hospital, the children obviously couldn’t trick or treat, but one boy was still dressed in his costume as a ninja. He started quiet and closed off to the princesses, but they remained there for him, so he warmed up and started showing off “his ninja moves” (McCallister).²⁴ At the end of the day, “he had a good Halloween, he was having a fun time, and he wasn’t just sitting in his bed being sad about how he couldn’t trick or treat” (McCallister). On Halloween, children look forward to going out in costumes, trick or treating, and playing games, and A Moment of Magic was able to make that reality come true in an untraditional way for this little boy so he could still enjoy the holiday and feel like a normal child.

²⁴ I was actually on this visit as Meg and can attest that this little boy went from hiding behind his Mom to sitting on Aurora’s lap and pulling her around showing her everything he could describe. In fact, his Mom claims he hadn’t even seen *Sleeping Beauty*, he was just comforted by the presence of the princess.

Likewise, Brynne Gaffney's "magical moment" also arose from a hospital visit at Shriner's Orthopedic Hospital in Philadelphia. She met a little girl who only spoke Spanish, so "she did the entire interaction in character in Spanish, and [she] translated for the other characters and even did a sing-along in Spanish" (Gaffney). She defines this as the brightest moment in her A Moment of Magic career because it demonstrates how "[they] can transcend barriers to help kids, no matter what their physical ability is... [they] can be the support for those kids and make sure they are feeling loved and supported" (Gaffney). She also credited the beauty, intimacy, and uniqueness of this interaction to her strong character and acting training received in her past acting training (outside of A Moment of Magic) and the supplemental trauma preparation to the weekly training. In this instance, A Moment of Magic was able to bring a unique kind of joy to this child by adapting to her language so that she could also participate in the fun and games.

Manuela Uppalapati's memorable moment differed a bit from the rest because it did not involve play and laughter. Instead, on a hospital visit, there was a child who received their meds earlier than they usually had to, leading to her being grumpy and upset. Consequently, when Uppalapati entered the room as Jasmine, there were immediate tears, this child did not want to see her at that moment, so she stayed near the perimeter of the room and told the child, "I don't need to come in if you don't want me to" (Uppalapati). Once the child began to calm down, she calmly reassured, "I can walk towards you, just say no when you want me to stop," but the child never said stop so she ended up sitting on the edge of the bed with the little girl while the nurse was doing her treatments (Uppalapati). The little girl never spoke a word to Princess Jasmine, she just held her hand and tugged at her hair. The Character's presence grounded this little girl while the nurses poked and prodded. In this story, the character provided a sense of comfort,

rather than fun and games, which was so different than any other story recounted. This is presumably experienced by lots of children and volunteers but is less talked about because the play and laughter seem to stick to the forefront of their minds.

Bridget Roger's memorable moment took place at a different kind of visit from the previous examples. She explained that she was at a summer camp for children with unstable housing situations. She and a few other characters were playing with children, doing crafts, and signing their coloring pages. After signing this one little girl's page, she turned to her and said, "I cannot wait to tell my Mom I met the real Anna, not just someone in a costume" (Rogers). She credited this to be her favorite memory because it validates that *A Moment of Magic's* joy and magic are so real to the children they serve, thus inspiring her to continue doing it. This also introduces the idea that McGrane mentioned about the visits simultaneously empowering the student volunteers, which urges them to continue working.

Devon Wells' most impactful moment was his last visit. He explained that as Captain Hook, he was never the children's favorite, usually being overshadowed by the more popular superheroes or princesses. However, on his final visit, they were at a special needs school, and for the first time, a bunch of children started chanting his name and wanted to play with him. He was the one bringing joy to these children for once. He explained that it felt good to have finally experienced the immediate and direct impact of bringing joy to children himself that so many other Characters get to experience often. Participants want to be seen as well as the kids so they can feel like they make a direct difference, so he got to experience that joy for himself at last. This does bring up the question of why they would cast him as a villain character. It seems counterintuitive in an organization that thrives on connection, play, and love to cast someone as a hateful and scary character, but I'll get more into this later in this chapter.

Natalie Whelan's most memorable instance was drawn from a lesson she was able to teach to a child who was not the intended audience of A Moment of Magic's services. At Curefest USA, a national pediatric cancer awareness festival, a little boy approached her in the streets of D.C. and told her that "she couldn't be a superhero because she's a girl and didn't have a mask on" (Whelan). She used her background knowledge of how her character would respond to an insult like that and retorted that he was incorrect because there are "lots of superheroes without masks, like Captain America, Thor, Black Widow, and the Hulk" (Whelan). Then, she added "And you! You're a superhero and you don't have a mask on" (Whelan). She claimed that at that moment, she saw "everything click for him in his eyes," and she continued explaining that "anyone can be a superhero if they're kind to others and willing to help a friend," thus instigating him to jump into her arms for a hug (Whelan). She said that this is the most memorable because she was able to use her characterization to turn a negative situation into a positive, educational, and beneficial life lesson.

Looking at all these examples, there is a trend where volunteers claim to truly experience the "magic" upon directly seeing the impact they have on children. However, two volunteers did differ a bit in that their most special moments were actually due to the parents' reactions to their children's happiness. Jada Sanchez's dearest moment was with a family she's done several visits for that has three foster children. One of the children asked her if they could have a dance party, so she pulled out a speaker and began dancing. The truly magical part of this visit for her was when "the mom just started joining and dancing" because it "shows how [the characters] have an impact on the kids, but also, their family members, regardless of age" (Sanchez). Similarly, Riley Klain met a baby with an illness in the hospital and took plenty of pictures with them for the parents. This was special for her because "while the baby will not remember, the parents will"

demonstrating that A Moment of Magic’s services can bring happiness to all of the parties present, and for an extended and lasting time too (Klain).

7. Is there anything you wish the organization could do differently on visits or in training?

The most common answer I received is that the trainings need to be more engaging to better prepare the volunteers for their visits. Uppalapati complained that “shoving PowerPoints down someone’s face doesn’t really prepare them” to go on a visit like experiencing or witnessing it firsthand does and oftentimes the volunteers don’t retain the information (Uppalapati). Likewise, Aly Coppage noted that although she doesn’t believe the PowerPoints are ineffective per se, she thinks they could be a little more in-depth occasionally and that she “would love if [they] could get people feeling a little more confident before their first visit” (Coppage). Gaffney furthered this thought by stating that she wished the training could be catered towards the chapters so that the chapters could control the order of trainings to best fit their specific needs. She explained that all the chapter’s communities are unique to their area, and she wishes there was more autonomy in customizing trainings to best fit each community. For example, Temple University sees a lot of “really low-income areas... where most children are people of color” and she feels that her chapter needs more time on DEI and language training as opposed to other chapters (Gaffney). Similarly, Prakash wishes that her chapter could choose to do more disability and special needs training because her chapter visits more of that population than other chapters do.

Speaking of chapters’ relationship to nationals, I received a surprisingly high amount of feedback regarding a need for clearer communication and better relations between chapters and nationals. Klain is seated in the unique position of being a National Team member as well as a

chapter volunteer and she said that she would like to see more transparency and interaction from chapters and nationals (Klain). Similarly, McCallister wished that “[Nationals] would treat the volunteers with more trust” (McCallister). She acknowledged that “there are a lot of rules in place which are great because [they] need to uphold integrity and professionalism, but over time I feel like there’s been volunteers who I’ve seen dedicated a lot of time to the organization and not get a lot of trust in return” (McCallister). She explained an instance where she had been acting as James Madison University’s Social Media Coordinator for two years and she understood the posting regulations inside and out and had never broken them once, but nationals still required her to get everything she wanted to post approved which was a lengthy and repetitive process (and led to any missed posts due to Nationals not approving at an appropriate speed). This was frustrating to her because despite having proven herself a loyal, intelligent, and thoughtful Social Media Coordinator for two years, she still felt babied and untrusted by the national board.²⁵

There don’t just seem to be issues between chapters and nationals though. I had a few volunteers reveal that in some instances, in their chapters, there seems to be a high amount of drama between members. I had one volunteer report to me that there was a lot of “talking crap behind each other’s backs,” especially amongst the chapters’ executive board members. Another volunteer noted that when they first joined, “everything seemed perfect, but then [she] started to notice that some people didn’t like other people. And there’s random issues and weird stuff,” but she also made sure to emphasize that she believes that this is normal in college groups. A few other volunteers made notions towards referencing intra-chapter “beef,” as one volunteer called

²⁵ From the inside, I can provide insight that this “babying” that this volunteer felt is the quality control that Nationals puts in place to ensure all of the chapters are operating up to par. Despite some chapters being more experienced, every single chapter has the same checkpoints and guidelines for fairness and assurance.

it, but most brushed it off in a similar manner, blaming it on “normal college-kid problems.” Disagreements are not uncommon in university settings, especially in groups consisting of students of diverse ages, backgrounds, and studies. College can be a very transformative time and A Moment of Magic volunteers span all ages. There can be a wide maturity difference between a teenage high school graduate entering college versus a fourth-year or older who is getting ready to enter the workforce. The disparities only get larger when geographic locations, cultural backgrounds, religious affiliations, and areas of study are considered. Naturally, dissent can form amongst a group as assorted as A Moment of Magic, leading to “drama.” It draws attention to a need for more respect, understanding, empathy, and maturity amongst members though.

Circling back to feedback about the training, I experienced a troubling contradiction where one volunteer wished that training was taken more seriously, whereas another felt that everything in the organization was taken too seriously and needed to be relaxed. As a Training Coordinator, Whelan believes that the Characters are not taking being in character seriously enough because she says that she’s seen “so many people break character on visits or not acting enough like their characters” (Whelan). This is why she instituted the extra character homework to fix the problems she’s witnessed. She justifies the intense and professional expectations relating to character integrity with how high stakes the visits are and how vulnerable the children’s mental health is. However, on the other hand, Nelson believes that the “pressure to be perfect” is unreasonably high and needs to be relaxed because “it is too much” and there’s “unnecessary rules” (Nelson). She provided an example that their character integrity is held to such a high standard that “parents think it’s hilarious that [they] stay in character” the entire visit, but she believes it contributes to an excessive amount of stress (Nelson). It is fascinating that two

people, from the same chapter, who can both be committed to the same goal can have such varying opinions on the importance of character integrity.²⁶ It seems that being untrained in theatre, Nelson doesn't feel the need to engage in character integrity as rigorously as Whelan. Nelson deduces acting to simply playing pretend, thus limiting its importance, seriousness, and weight in *A Moment of Magic*. I go more into this discrepancy at the end of the chapter.

Whelan, on the other hand, believes that characterization training is of the utmost importance when going on a visit in character. She made the comparison that in stage acting, “you're in character when you're on stage and once you're offstage and you get out of costume, then you're no longer the character... that's what you have to think of [*A Moment of Magic*] as... you're on stage for like two hours and you're on stage when you're in front of kids” (Whelan). She is passionate that her theatre background has helped her in comprehending the act of “being a character,” and wishes that training was more focused on giving every volunteer that insight. She believes that once they understand the boundaries of “the stage” in immersive and atmospheric performance as anytime they are in costume around children, then they will take characterization and character integrity more seriously.

Wells also expressed that he wishes that there was “more of an actor's perspective” in the characterization training (Wells). He hopes that it can be more focused on actually embodying the character rather than just “putting on a mask” (Wells).²⁷ He was proud of the effects he saw in his volunteers when he brought improvisation training to his chapter, stating that “it has definitely helped our volunteers, at least a little bit, because kids say the darndest things, and you

²⁶ I do think it's important to call back that Natalie has 8+ years of theatre experience whereas Rosie has none. She was also the volunteer who believes that the Mock Visits are especially useless because she's not a theatre kid so “playing pretend” isn't beneficial to her.

²⁷ It is funny that he used the phrasing “putting on a mask” reductively, or as if to diminish authority and legitimacy, when in actuality, putting on a mask is a highly respected and important phrase in theatrical training.

got to respond in character” and has tried to push nationals to include more in the training (Wells). He believes that the current method of just watching the movies and “putting on the mask” of a character only works to an extent; however, when faced with a difficult situation, true improvisation training can come in handy because it will allow the performer to be comfortable thinking on their feet as the character, saying things that the character may not say in the movie, but would in the universe.

Another area of concern was surrounding casting and diversity. Wells disagrees with a lot of the casting decisions made by nationals, believing that the characters that they cast are too obscure and they do not cast enough of the popular ones. He explained that “they seemingly refuse to give anybody [in his chapter] Marvel characters... but we had six fairies... but no actual Tinkerbells, just her friends” (Wells). He was frustrated because there are many more female-presenting volunteers in the organization, so he believed that he would get a popular male character because there is a higher need, but he got Captain Hook who he believes is not a good choice for bringing magic to vulnerable children due to him being scary, mean, and unpopular. He believed that it made it hard to carry out the mission because he was cast as a character that doesn’t embody bravery, strength, or fearlessness, nor is he a very well-known character. Despite being incredibly passionate about the organization and about theatre, as explained earlier, he only truly felt “the magic” once when he stumbled into a group of children who all recognized him and thought it was funny to chant to him. This example calls back to a statement that McGrane made in her explanation of what A Moment of Magic does. She implied a mutually beneficial relationship for the child and the performer, that “the magic” is for both parties. It can be deduced that volunteer retainment is influenced by feeling “the magic” and the direct impact

their services have on the children firsthand. However, due to a poor casting decision, he was missing that sentiment and therefore was frustrated that he was less helpful in the cause.

Uppalapati shared casting concerns because she believes that there is not enough appropriate representation in the organization. As a person of color, she stated that it is “disheartening to see a lack of diversity and a lack of ways that [she] can show up in a child’s life” (Uppalapati). She explained that “my white counterparts can [substitute] as a million characters. But I can’t. And that’s okay. The reality is that it feels like a bit of a stab in the back to have our only characters played by people who don’t belong to that group because that’s all we have” (Uppalapati). She went on to reveal that she was cast as Jasmine but “[she] is not Jasmine. Jasmine is Middle Eastern and South Asian, [she is] only South Asian” but Jasmine was the only character that fit part of her cultural identity (Uppalapati). So, although she understands that there are not many characters that fit her cultural identity due to the reality of media and that slow progress is being made, she is upset as a BIPOC woman that her opportunities are so restricted. She feels like she is unable to show up as readily and appropriately for the children because she doesn’t match her character’s ethnicity. She ended this thought by noting that she doesn’t exactly know how *A Moment of Magic* can resolve this diversity issue, besides writing an Original Character, since the root of the problem is that the preexisting media that *A Moment of Magic* draws from isn’t very diverse. This issue that Uppalapati is experiencing is specific to a nontheater person. She is attempting to make Jasmine *her* by believing that she and her character’s identity must be identical to be represented appropriately. However, actors have the capability to act as characters who are slightly off from their true identities. If there were more proper theatre training and education, then perhaps volunteers would feel more appropriate and willing to engage in situations such as this.

8. Is there anything else you'd like to add?

At the end of the interview, I asked the very broad question "Is there anything else you'd like to add?" Only a few volunteers provided actual responses other than just a bid farewell.

Below are the responses from the volunteers who felt the need to end on their specific note:

- "I love AMOM. It was genuinely the best part of my college experience, like hands down, I am lost without it" (Coppage, Aly).
- "I think that considering what we work with, and everything that does happen. We manage pretty well" (Klein).
- "I just really love A Moment of Magic, it brings a smile to my face, and I think it brings a smile to a lot of kids' faces, too" (McCallister).
- "I love AMOM and I can tell you do too. It really makes an impact, which is why I want to be as involved as much as I can. This morning, I got accepted to the casting committee, I'm so excited" (Klain).
- "I think it's a great organization. I feel like it's a privilege to be part of it. And I say, the joy you spread is unmeasurable and just so unconditional" (Prakash).
- "Nothing but love for the entire organization. Obvious? Yeah, no, we love it. It's just growing. And there's growing pains that come along with it" (Uppalapati).
- "It's super cool" (Wells).

So, despite the critiques most had just expressed in the previous question, there was an overwhelming sense of love and passion for the organization and its mission. Volunteers expressed that in addition to the joy brought to the children, they felt personal validation and happiness from their service, which explains why volunteers stick around. It's a mutually

beneficial relationship where the volunteers continue to engage in these performances with the children because the children's smiles bring the volunteers a similar sense of achievement, mirth, and self-worth.

Synthesis

The volunteers' interviews illuminated the operations, activities, and perspectives of A Moment of Magic from within the organization. In addition to the analyses already provided above, there are a few overarching processes and perceptions that can be drawn from the interview process as a whole.

Looking across the organization and its operations, specifically the mission statement, it would appear at first glance that the "magic" is intended for the children. However, many volunteers expressed that their most esteemed and memorable moments came not from the children's mirth, but from their own, thus bringing up the idea of "who is the magic for?" There's no doubt that the goal of this organization is to bring happiness and positivity to children, but this input about the volunteer's experiences and perspectives does introduce the idea that it may be a two-way exchange, that the "magic" is intended for all parties involved. It can further be drawn from this realization that volunteer retention is attributed to a sense of accomplishment and joy felt by the volunteer from directly seeing the impact the service has on the child, which insinuates that "the magic" in A Moment of Magic is not only for the child, but also for the volunteers. The organization's operations are perpetuated by this symbiosis. The volunteers stay and engage in performances because the children's expressed happiness brings the volunteers satisfaction.

Upon hearing the volunteers' conflicting opinions on theatre, it can be deduced that there is a misunderstanding of the craft and its importance amongst those who are inexperienced, thus reflecting a possible reason that A Moment of Magic seems hesitant to include proper theatre terminology and training. A few of the volunteers, especially those who came from more science and technology-based backgrounds and had never engaged in theatre, discussed theatre in a more superficial or negative light, thus diminishing its seriousness in practice. Antitheatricality, or "any form of opposition or hostility to theatre," has been present in society since the dawn of theatre in ancient times (Connors 6). Bucknell University theatre scholar Logan Connors explains in his article "Theatre's Many Enemies" that antitheatrical discourse is generally based on religious, economic, ethical, political, and psychological disagreements. Following Plato's criticism of theatre, many critics "fold acting, spectating, and performance into a more general condemnation of mimesis," or mimicry of the real world, thus lessening the profoundness or legitimacy of the art in their eyes (Connors 8). Some of the commentary made by the volunteers fell perfectly in line with this critique, especially the mention that all A Moment of Magic does is "copying" or "pretending" and therefore the volunteers don't feel that it carries much weight or consequence nor need to be practiced. These volunteers view theatre through an immature, unseriousness, and foolish lens and see no reason to refine the art as a result. This present reality explains a possible reason why A Moment of Magic seems hesitant to use theatre vernacular and procedure in their training, as well as why they situate themselves in health-related organizations despite being a performance-based group. They are appealing to a larger group of potential volunteers by not restricting themselves as a theatre-based organization, thus leading to an increased level of engagement and participation from volunteers they may have otherwise not attracted.

Another reality of their volunteer base being from varying backgrounds and interests is that it leads to the controversial effectiveness of the current training. Although *A Moment of Magic* already does not include theatrical procedure and practice in their training, there were still volunteers who expressed that the training and requirements were too intensive, time consuming, and unimportant for the “pretending” that they do as characters on visits. They felt that the organization is too regimented and regulated for “what it is,” and that everything just needs to be “relaxed.” The volunteers who communicated these critiques were the same who diminished the craft of theatre to mimicry and pretending. This correlation does align as the volunteers fail to realize the gravity of the work they are doing with the children because they have reduced acting and theatre to such an infantile concept in their minds. On average, the volunteers who had theatrical backgrounds expressed satisfaction with the current state of the training and even a desire for them to be more intensive. This demonstrates that a stronger theatrical grounding would heighten the seriousness and effectiveness of the provided training by providing insight into why proper instruction and preparation is so important, especially with such vulnerable audiences.

Chapter 4: Partner Interviews

The other half of the interview process consisted of the partner interviews. I interviewed four nonprofit coordinators, three hospital child life specialists, and one parent. The findings of their interviews further highlight the operations within A Moment of Magic's services, as well as provide information on the impression and impact of the visits.

Partner Interview Methodology

To acquire truthful and personal data on A Moment of Magic's impact, I'd have to interview the children themselves. However, due to ethical concerns of not wanting to ruin "the magic" for them by highlighting its performative nature or reintroducing any traumas, I interviewed the next best source: the adults in the room during the visit. My interview questions for the partners varied slightly from the volunteers to receive more information on the impact of the organization on the children and the reception of the organization from an outside perspective. I was looking to answer the question: What outsiders think A Moment of Magic is and what they do. For partners, I sought to interview any guardian, caretaker, or overseer of the children we serve, including parents, child life specialists, and nonprofit coordinators. Below are the lists of the questions that the partners were asked, as well as my rationales.

Interview questions for partners of A Moment of Magic:

1. What is your name and title?

By asking the partner's title, I could go into the interview knowing their experience with and relationship to the children A Moment of Magic serves, thus enabling me to better analyze

their answers at a deeper level. For example, there will be a very different experience for a parent who was present the entire visit versus a nonprofit coordinator who was managing an entire event. It is important to keep the partner's role and involvement in mind when examining their responses.

2. How did you find out about A Moment of Magic?

This question was aimed at discovering how marketed this organization is to its target audience. As discussed previously, it is relatively new, only just founded in 2015, and offers a very niche line of services as compared to other wish-granting organizations, so I was curious to hear how partners came to know about this organization and request a visit. I lacked information on the organization's outreach strategies, so the answers to this question would better allow me to analyze their operations in the marketing field.

3. What was your first impression when you first heard about A Moment of Magic before the visit?

This question was primarily aimed at examining their outreach and marketing methods by investigating how A Moment of Magic may appear at first glance. I was specifically looking for responses to how the organization reaches the partners, how they sell themselves, and what their initial impression and image is. Since I studied how popular other wish-granting organizations are, I was eager to discover if those sentiments of excitement and eagerness were shared.

4. What services did they provide for you?

This question was meant to mirror the first question of the volunteer's interview from a partner's perspective to hear what A Moment of Magic volunteers specifically do on visits. By understanding both sides and perspectives of the visits, I can validate the initial information given from the website and better understand A Moment of Magic's operations. I have an understanding of what the volunteers think the organization does, but I needed to hear the partner's perception of what the A Moment of Magic does.

5. From your vantage point, can you describe your child's interaction with A Moment of Magic volunteers?

This question is aimed at getting detailed, specific, and personal qualitative data on the workings of a visit. Given that I had the information about what a volunteer was supposed to be doing on a visit, I was curious to hear from the partner exactly how the interaction was interpreted and if the visit was effective.

6. Can you share how your child reacted to that interaction? How did they act before, during, and after the visit? What was the impact?

This question mirrors question five on the volunteers' interview as it asks for a detailed description of the child's behavioral journey while engaging with the volunteers. I believe hearing the partner's perspective on the children's impression is the most pivotal because they're the ones who understand those children and their situations the best. They were present to witness the child before and after the visit more so than the volunteers. The responses to this question are crucial in evaluating A Moment of Magic's impact and analyzing if all the strategies they employ improve the lives of disadvantaged children. It is known that the assumed effect of

TCH, Drama Therapy, and Distraction therapy is to “engage the audience in creative distractions from their clinical condition, help them relax, and bring normality to their stay in the hospital” (Sextou and Karyipidoi 111). The answers to this question will also be important in furthering the connection of A Moment of Magic to these forms.

7. How long has it been since the visit? Do your kids still remember or mention A Moment of Magic?

This question is asking about the potential lasting impact of a visit. The intention is to gauge if A Moment of Magic’s beneficial influence is only momentary, or if it has lasting effects on the children they serve. Similarly, this knowledge is beneficial towards furthering the understanding of A Moment of Magic’s impact.

8. Is there anything you wish that the organization could do or could have done differently?

This is aimed at revealing the organization’s growth areas for improvement. I believe this question is equally as important to ask the partners as the volunteers because the partners don’t know any of the background, training, or preparation; they only know what was presented on the visit, so their opinions are based on what they see at the performances alone. This will be crucial in analyzing A Moment of Magic’s current methods of bringing magic to disadvantaged children, as well as aiding me in developing my additional deliverable.

Due to how many different demographics of children A Moment of Magic serves, I was seeking data from a wide array of partners serviced. I reached out to partners that work across the nation, have been serviced by various chapters, operate in different jobs or fields, and come from areas that range in income levels.

Gathering a diverse range of partners was a bit trickier than the volunteers due to the lack of a communal communication database. However, since I have been the Magic Experience Coordinator (or Visit Coordinator) for James Madison University for three years, I have grown close with several repeat partners of varying roles such as nonprofit coordinators, hospital child life specialists, and parents, so I first reached out to them. Given that they already are familiar with me, I simply emailed them thanking them for working with us, introduced my research project, summarized my project, and listed the interview questions to see if they would be comfortable answering them on record (See Appendix A).

However, as mentioned above, I needed to interview a variety of partners, not just ones who have worked with my chapter. I contacted nonlocal partners through two methods. First, I reached out to all the chapter's Magic Experience Coordinators across the nation on Slack and asked for the contact information of any partners they think would be willing to be interviewed, out of which I got a few contacts. Since I am on the National Team as the National Visit Coordinator, I have access to all the visit requests nationwide on our database. Using this database, I reached out to several of the partners that had recently had chapters visit. For these partners that did not have any prior contact with me, my email was a bit more comprehensive. I introduced myself in terms of A Moment of Magic and my academic studies, thanked them for working with A Moment of Magic, introduced my project and my goals with my research, provided the interview questions, and asked if they'd be willing to contribute their thoughts.

Once any of the partners responded stating that they were interested in being interviewed, I sent the same follow-up that I sent volunteers consisting of arranging a time, confirming consent, and expressing gratitude. I sensed a hesitancy in the partners who were unfamiliar with me, many of them either neither responding nor politely letting me know that they were uncomfortable or too busy. However, I do understand that a stranger reaching out to inquire about your children's experiences for the sake of a research paper may seem invasive (especially to the parents of those going through medical traumas) and I went into this process expecting many of the partners to be uncertain. In total, I'd say that about one in five of the partners that I reached out to scheduled and attended interviews.

Over the same four-week time span of the volunteer interviews, I conducted nine partner interviews over Zoom. Four were with nonprofit coordinators, three were with hospital child life specialists, and two were with parents. The partner interviews, except for one chatty child life specialist who is a friend of mine, tended to be a bit shorter than the volunteers', with the longest being eighteen minutes.

The interview structure was the exact same as the volunteers. It began with introducing myself and attaining consent. This step was especially important for the partner interviews because they, for the most part, did not know me. All of the volunteers were aware of my presence due to my position on nationals, but most of the partners had never heard my name before. It was pivotal that they understood my position, project, and intentions before beginning so they felt comfortable sharing.²⁸ Then, I'd begin the recording and ask the list of questions, which had also been sent to them prior to the interview. Lastly, I'd ask them if there was any

²⁸ I did have one of the parents revoke their consent at the start of the interview and log off as they no longer felt comfortable sharing details of their child's medical life.

additional information they'd like to share, thank them again for participating and lending their time to my research, and end my recording.

After the interview process, I transcribed the partner interviews with the volunteers ones. I used the same analytic process of drawing commonalities and noting trends. Below are the findings from the partner data analysis.

Results

Following the format of the previous chapter, I will be discussing the most illuminating responses to each interview question and providing a brief analysis of the data. At the conclusion of the chapter, I will be drawing some encompassing insights and realizations.

1. Please state your name and title.

I interviewed four executive members of nonprofit organizations. First was Whitney Minnick, the Senior Development Manager for the American Cancer Society and manager of many of the regional Relay for Life events on the East Coast. Next, was Victoria Colosimo, the Campaign Specialist for the Leukemia Lymphoma Society and overseer of the DC, Maryland, and Virginia Light the Night Walks. Following her was Megan Gordon, the Program Director of Page Alliance for Community Action based out of Luray, Virginia. Finally, I interviewed Allison Williamson, the Operations and Events Manager of the Down Syndrome Association and the Step Up for Down Syndrome Events across the East Coast.

I also spoke with three employees at various hospitals. Katie Barber is a child life specialist at Children's Hospital of Richmond at VCU, Isabella Colonico is a child life specialist at St. Joseph's Children's Hospital in Patterson, New Jersey, and Joy Young is the Marketing and

Communications Director at Shriners Orthopedic Hospital in Philadelphia, Pennsylvania. Lastly, I interviewed a parent of a patient who has received many A Moment of Magic visits; they wished to remain anonymous.

2. How did you find out about A Moment of Magic?

All the nonprofit coordinators and hospital employees reported having found out about A Moment of Magic through networking and outreach from the chapter's Magic Experience Coordinator. Overall, it generally seems that the MEC would reach out to local hospitals and partners, introduce the organization, and recommend their services. For example, Shriners Orthopedic Hospital is located on the same street as Temple University, so the MEC just walked over and suggested they would come and engage with the kids, and she said, "Well, let's see what happens" (Young). Similarly, in 2019, James Madison University's MEC (Aly Coppage at the time), reached out to the VCU Children's Hospital by email with a pitch and some links promoting the services. Sometimes prior personal connections aided in chapter and partner communication. For example, Victoria Colosimo mentioned that the MEC and their family had already been connected with LLS for many years, so that relationship with LLS and a member of the chapter had already been established.²⁹

There are also cases where the partner stumbles into A Moment of Magic, not vice versa. The parent mentioned that no MEC ever reached out to them first. They were scrolling through Facebook, and they saw something on a volunteer page since they were "always looking for resources for [their] kids" (Anonymous). They were interested and reached out to the

²⁹ This was my personal example. When I reached out to Victoria, my family was in our 15th year of working with LLS to support my sister and other blood cancer patients, so we knew most of the workers in that organization.

informational email and scheduled their first of many visits. So, although it seems that usually relationships are crafted by A Moment of Magic's visit coordinators doing their own outreach to potential partners directly, there are instances of the opposite due to online marketing and social media.

3. What was your first impression when you heard about A Moment of Magic before the visit?

Some partners expressed being incredibly enthusiastic before the first visit. Isabella Colonico at St. Josephs stated that she "looked on the website and was really excited... [she] thought it was very, very sweet and a great idea" (Colonico). She expressed that since it was right after the COVID lockdown, they hadn't had somebody visit the site in a while, especially as far as characters, to brighten up the kid's days, so she was grateful for the joy she was expecting the volunteers to provide the children. Similarly, Megan Gordon with PACA exclaimed "How did I not know about this sooner!" because her daughter had just graduated from James Madison University and she'd lived in the surrounding area for many years, but she was excited about the upcoming partnership (Gordon). The parent was ecstatic because they thought "They want to help, they want to bring joy to my kids. Why not?" (Anonymous).

However, some partners expressed a bit of hesitancy before the first visit. Katie Barber at VCU Children's Hospital stated that her philosophy with hospital volunteers is, "I'm willing to give everyone one shot, let's try it out" and she used the same methodology with A Moment of Magic (Barber). Likewise, Whitney Minnick with ACS had never heard of A Moment of Magic, but she "thought it sounded neat," but simultaneously, "wasn't sure how it would go" because she "thought it might be awkward... [she] was kind of envisioning people just dressed up in costumes wandering around" (Minnick). She wasn't considering the interactions at all, thinking

of them more as photo opportunities or just costume wearers. Joy Young actually used to work in Disney World, so she credits herself to being a bit biased and “a gatekeeper” of costumed characters (especially since she gets so many people wanting to come to the hospital in costume) (Young). However, after looking at photos of the costume quality, she thought it was up to par with Disney World and agreed to have them visit. Intriguingly, her judgment of what makes the company legit seems to solely have been based on the costume quality, not performance quality, especially given that she comes from a background in Disney World. This sentiment was also present in some of the volunteers who didn’t have theatrical experience answers when they’d express that they really felt like they embodied the character because they looked like the character, not due to any internal characterizations.

4. What services did they provide for you?

The services provided varied based on the type of event the partner was holding, but all stemmed from the general idea of bringing joy and excitement to the children present. Starting with the larger nonprofit fundraiser events, the standard seemed to be that the characters would serve as atmospheric performers and just roam the event, engaging with all the attendees. For example, Allison Williamson with the Down Syndrome Association recalled that the Characters “interacted with the children and the adults... and took pictures with them” at the Step Up for Down Syndrome Events (Williamson). Likewise, Minnick was pleased to say that at the Relay for Life events, “there was so much interaction with the attendees at the event... I couldn’t hear the specifics, but I could see lots of talking and engaging with the kids and providing a really memorable experience” (Minnick). Lastly, Gordon described that the characters come and interact with children for their community events “because [they] service children of a

population that is really underserved” in an impoverished area (Gordon). Due to the large and outdoor nature of most nonprofit events, the interactions seemed to be a bit shorter so they could visit every child (and adult) who wanted to talk to them.

The hospitals and home visits are much more intimate and personable, catering to either one or a small group of children at a time. Also, they usually involve some sort of themed activity and are a lengthier experience. Colónico reported that in her hospital, it’s always “one princess and two magic makers who will visit each child and they provide a craft” such as they “had Elsa last time and she did an Olaf craft” (Colónico). Barber recounted that “each time has been a little bit different,” ranging from activities such as coloring pages, games, crafts, and one-on-one conversations (Barber). Young also mentioned the virtual visits and included that in addition to standard room-to-room visits, her hospital has also held several Character videos and livestreams for the children who cannot meet face-to-face with a volunteer. She explained how on the virtual mediums, they’d usually do the same activities as in-person visits. The parent said for their home visits, the characters come and usually bring a craft, some games, and do lots of dancing, usually following the children’s lead.³⁰

5. From your vantage point, can you describe your child’s interaction with A Moment of Magic volunteers?

All the interviewee’s responses to this question were positive but varied slightly based on the age, condition, and environment of the interaction. For the large nonprofit events, the interactions were described as the characters were there solely for the children, not anyone else. For example, Minnick exclaimed that “it seemed like the kids almost were dragging them around

³⁰ There is no written instruction of dance in any of the trainings, meaning this came from the children and volunteers on their own.

where they wanted them to go... to experience the different things at the event with them” (Minnick). She also added that they were “super in character... they talked about coming in a carriage,” demonstrating that the Characters go to lengths to make the magic come alive for the children they serve (Minnick). Similarly, Gordon said that the children always get super excited when they know that the characters are coming and that the volunteers stay in character impressively well, “I’ve had lots of interactions with them, and they stay in character, which is funny to me, cause I’m trying to talk to them like college kids, and they’re talking to me as characters,” demonstrating the commitment to character integrity (Gordon). Just as Whelan mentioned in the previous chapter, “the stage” is whenever they are in costume around kids, so even when an adult talks to them in that environment, they remain in character. Williamson also noted that the initial reaction of the child seeing the characters at the Step Up for Down Syndrome Events is usually “pure excitement... they could spot them across the event fence, and you can just see a smile pop on their face, they radiate happiness and joy” (Williamson).

Although the hospital employees all agreed that the interactions could vary widely based on the momentary health of the child, they usually involved eventual excitement and laughter. Young reminisced on a time that “a little girl woke up from surgery to see a princess in her room and really thought the Princess was there,” thus allowing her to wake up from a negative experience and immediately be surprised with glee (Young). Colonico also touched on how she has seen positive interactions with children and teenagers that she thought wouldn’t gravitate towards characters at all because the visit was breaking the monotony of their everyday experiences and providing something fun and goofy. So even though the teenager didn’t believe that the character was real like the younger children did, the presence of a volunteer who was there to bring joy and fun to them in their hard times still created “magic” for the teenagers.

Barber recounted a specific time that they had princesses playing hide and seek with little girls in the waiting room and she exclaimed that “if anyone had walked by they would not have been like, oh my god, that’s the pediatric oncology clinic... because there was a lot of hooting and hollering” (Barber). She also mentioned that the volunteers’ commitment to bringing such unique joy to these children is “more than just dressing up, they’re really in the moment” (Barber). She is acknowledging the volunteers as true actors, rather than just costume wearers as some of the other partners had expressed. Barber told the story of the time a teenage patient who had recently undergone a leg amputation was messing with Jesse and Woody, asking if they’ve ever been sewn back up because “that happens in Toy Story” and when they responded yes, she proceeded to say “oh my God! They cut my leg off too! But they didn’t sew mine back on, they threw it away” (Barber). Despite the dark joke made by this teenager, the characters stayed in character and went with it, which impressed Barber and showed her how they can tailor their performances to all ages, brightening everyone’s day. Although they all also mentioned that of course some of the children would be shy or apprehensive at first, they seemed to agree that all the interactions between children, teenagers, and adults ended in smiles and hugs.

6. Can you share how your child reacted to that interaction? How did they act before, during, and after the visits? What was the impact?

The responses to this question were incredibly similar to the responses received from the volunteers. It was reported that at the start of visits, children could be hesitant or shy, but warmed up pretty fast. Gordon brings characters with her on PACA’s “Porch Visits” where they bring meals to families who cannot afford food, and she recalled that on one specific visit, “they were a little hesitant at first, especially the older kid, but they opened up, all of them” and had a great

time (Megan). However, she mentioned that at the larger community events, it is generally the same kids since they only serve financially vulnerable children in Page County, Virginia. She explained that “all the kids know when [the characters] are coming, so they get excited when they hear that ‘A Moment of Magic’ is coming because they know that that means characters,” and those children are usually less apprehensive since they’ve met them before (Gordon).

Similarly, the parent recalled that their children were shy at first, but once they realized that “there are people out there who want to have fun with [them] and see [them] happy” they opened up and let go of any fears (Anonymous).

Barber brought up how post-COVID, the patients weren’t used to any nonmedical guests, so when she’d ask if they’d like a special visitor, they were normally a bit weary, assuming it was another doctor to take vitals or labs. However, she says that once the Character is in the room and the child realizes they’re not there for any medical reasons, the child feels allowed to have fun, ask questions, and “go on tangents and just talk and talk and talk to someone new and cool” (Barber). She is happy that these breaks from medical personnel allow the children to “feel like a normal kid again, not a cancer patient” (Barber).

Colonic had similar inpatient stories of children who were fighting their treatments, but once they saw the Characters, they had the energy and spirit to keep going with their chemotherapy. She claimed that other attempts from the child life specialists at getting the children playing and moving had been unsuccessful due to low spirits, so the Characters being able to break those barriers and get the children to engage, play, sing, and dance is monumental for their treatment paths. She also mentioned that she bought an Instax camera to take Polaroid pictures for parents during visits to look back on. She stated, “I’ve had so much feedback from parents saying I have [the photo] on my fridge... and the kids will revisit the photo and afterward

they'll be like okay, I'm ready," and face their new day of treatment "like a champ" (Colonico). This demonstrates how A Moment of Magic's visits can have a lasting impact on a child and make them go from "I'm not in the mood, today is a hard day" to "Okay, I'm ready," thus making their treatment journeys a little bit easier and brighter (Colonico).

A few partners touched on something that almost all the volunteers referenced which was the sorrowful ending from the children not wanting the characters to leave. However, Barber optimistically stated "I think it's a good sign when kids cry that it's time to go... it means they got to escape for a little bit... and be a normal kid" (Barber). Williamson stated that the population of children that the Down Syndrome Association serves are so happy and excited to have felt loved and seen after a visit and "they always ask when the next time will be" (Williamson). So, albeit yes, it is sad that the children are upset that their new friends are leaving, the partners are grateful that the resources exist to temporarily provide relief, courage, and hope.

7. How long has it been since the visit? Do your kids still remember or mention A Moment of Magic?

All the partners said that the children continue to mention A Moment of Magic after the visits have concluded. The parent said that their children get very excited for the next visit, "even the oldest who's 12... they really love having them over and look forward to that time, even though it's simple stuff like making bracelets, coloring, or dancing" (Anonymous). The monthly visits give the children something to continually look forward to.

As for the nonprofit coordinators, Williamson, Gordon, and Minnick all also mentioned that since A Moment of Magic has started coming to their events, they've noticed the same families attending each time because "the children ask over and over again if the princesses are

coming back” (Minnick). Minnick also laughed about a time when a “7-year-old girl told their caregiver that at first, she thought they were fake but ‘no, they’re real’ and asked for them back at the next year’s Relay for Life event” (Minnick). They expressed gratitude because now that the children are begging the parents to go to the organization’s events to see the characters, the organizations, and their causes get more attention, traction, and fundraising.

The hospitals are in a slightly different situation where children may be coming and going, so they may not be seeing the characters consistently like the other cases. For example, up until a few months ago, VCU Children’s Hospital was outpatient only so Barber recalled that although the children would “laugh about it every once in a while” or “be like ‘oh my gosh! Remember last week when I met so and so’” when they saw her in the office, there wasn’t that similar excitement and yearning for the next time since they knew that their next appointment probably wouldn’t line up with the Characters (Barber). Similarly, since Shriners is an orthopedic hospital, “some kids are [there] for a couple of days, then there are others whose next appointment isn’t for six months so they may not see the Characters again,” but Young did state that “occasionally she’d hear from parents afterward” about how memorable the experience was for the child (Young). Isabella said that the Characters come to St. Joseph’s twice a month, so the Characters may see a few of the same children if they’re there inpatient long-term, but it’s usually the same deal as the other hospitals. However, she did note that she hears from parents a lot, and “they’ll send emails, or text messages, with pictures that they took” that show how happy they were to have had that experience(Calonico).³¹ From this data, it would appear that

³¹ There is the option for children who meet the characters in the hospital to request home visits later on, but none of the partners I interviewed mentioned any cases of this. As an MEC, I have coordinated several of these.

children do remember A Moment of Magic's characters and oftentimes look forward to the next time they'll get to see them.

8. Is there anything you wish that the organization could do, or could have done, differently?

Getting a response out of the partners for this question was much more difficult than with the volunteers and they all seemed to struggle to come up with anything quickly (which may be attributed to them not feeling comfortable opening up to a member of the organization about its own shortcomings). I had two interviewees not be able to think of anything at all that could be improved upon. Williamson stated that "the organization is communicative, transparent, and straightforward" and she "couldn't have asked for anything better" (Williamson). Similarly, Barber said that through her decades of experience as a child life coordinator, she believes that "the students, both Magic Makers and Characters, who come are very well trained on how to interact with kids who regardless of what they look like or are going through... [the volunteers] are very comfortable in this environment" (Barber). She is impressed with the professionalism and care provided by the volunteers. She noted that in the beginning, she used to hover during visits because she was worried that she'd have to step in or correct behavior from the volunteers, but now she trusts them enough to sit back, relax, and even join in on the play. Gordon's only critique is that she "wishes she knew about it sooner" because it's been such a helpful and healthy addition to their community events because the children served cannot afford to meet characters any other way, such as through a party company or trip to a theme park (Gordon).

Two partners provided feedback that the Magic Makers could interact a little bit more. Colonico stated that "sometimes [she] feels that the assistance, the Magic Makers, can be a little bit awkward" and that sometimes it's unclear if "their job is to interact or not to interact... they

kind of just stand and watch” which can be a slight inconvenience with so many people (doctors, nurses, Characters, and parents) in the exam room (Colonico). She wishes that they’d either choose to interact fully or step out of the room to open space. Likewise, the parent’s only critique was that “sometimes some of the volunteers are a little bit shy” and their child once asked them “Why is she standing over there not doing anything” about a Magic Maker standing to the side (Anonymous). She did mention that this is rare though. Most of the time they’re dancing, singing, and playing along, so she attributed it to perhaps the newer volunteers not being super comfortable in a home environment. This feedback can be connected back to how some of the volunteers felt that training could be stronger and more robust because perhaps if training was more retained, then the Magic Makers would feel inclined and comfortable engaging more.

A few partners wished that they could get volunteers out more frequently to connect with more children. Young commented that she is “grateful for the organization because it’s clear that they take their role as volunteers very seriously... they come down to their level and talk to the kids and have really worked on that connection piece” which “a lot of adult volunteers still don’t know how to do,” so her only critique is that she wants to connect more kids to A Moment of Magic volunteers (Young). Similarly, Colosimo explained that A Moment of Magic had to cancel two of her events because they were over three hours away on a weekend when the chapter had other visits, so they just couldn’t make it work. She hopes that one day there will be either more volunteers available or more chapters so that cancellations don’t have to happen (Colosimo). Both interviewees who commented on this did acknowledge that they understand that to achieve this goal, the organization must grow and expand its reach, which takes time.

Minnick commented on the casting, reflecting volunteer Devon Wells’ concerns. She was curious about why some of the Characters who come are so obscure and not well-known, asking

why they can't just come as a popular princess or superhero instead. I informed her of the casting process, and she remarked, "Only 1!? You can only be 1 character?... and they choose it for you?" (Minnick). She told the story of how at her last event, the only character available was a Star Wars character, and she obviously couldn't bring a prop lightsaber or weapon, so she "just looked like a girl showing up in a Star Wars outfit, a cosplayer... it was weird, all the parents kept asking why she was there" (Minnick). She explained that when princesses and superheroes attend events, they're more "spectacular" and "whimsical," thus being self-explanatory that they're there as entertainment, but when a lesser-known and more ordinary looking character comes, the purpose is blurred and it causes confusion (Minnick). This critique goes hand in hand with Wells' as they both complained about the casting being a bit too unknown, therefore inhibiting the mission from being fully understood and executed because the children aren't engaged with the characters to the same degree.

From the partner perspectives, the areas of growth in A Moment of Magic pertain to Magic Maker training, expanding reach, and casting more popular characters. The pain points relating to training and casting were also mentioned in the volunteers' data, reiterating those areas' need for further development. It's thought-provoking that a big point of contention in the volunteers' interviews was character integrity, but nothing but praise was given regarding the characterization from the partners.

Synthesis

The partner interviews revealed how people outside of A Moment of Magic view the goal, operations, and impacts of the organization. Overall, it seems that the partners, as well as the children, were very satisfied with the services provided by A Moment of Magic.

However, looking over their gratification, there is a fascinating point of contention in the partners' judgment and perception of A Moment of Magic's volunteers. Some partners exclaimed excitement with how "in character" the volunteers were with children, thus viewing them as actors, whereas others delighted in their costumes seeming legit and their physical appearance being enchanting for the children, thus demonstrating an alternative viewpoint of the volunteers as simply "costume-wearers." While both express positive experiences with the organization, the stance of viewing the volunteers as actors versus costume-wearers can be connected back to the synthesis made in the previous chapter pertaining to an insignificant perspective of theatre. Although I did not ask the partners about their experiences with theatre, it can be assumed that those who viewed the volunteers as character actors and admired their commitment to characterization had a respect for the craft. On the other hand, the partners who were solely impressed with the costumes and visage of the volunteers may not be outwardly opposed to theatre, but they unknowingly diminished the role of the volunteer from performer to costume-wearer. However, what matters the most for the partners' perceptions of A Moment of Magic is that the children were happy, which was unanimously agreed upon.

Anecdote: My Magical Moments

Given my active four years in A Moment of Magic and the hundreds of hours I've spent on visits, I have seen and felt so much. I've been to hospitals, nonprofit walks and fundraisers, community events, schools, home visits, and birthday parties. I've laughed, I've smiled, and I've cried (never in front of children though, we're trained not to because our characters "never would"). In this final anecdote, I'm going to share three of the moments that have been the most magical for me and allowed me to witness the incredible and beautiful impact humans can have on each other. These are the moments that have led me to where I am now.

Paisley



In 2022, I attended CureFest USA, the nation's largest pediatric cancer advocacy event in D.C. It's a three-day long event full of rallying the capitol, tabling for pediatric cancer-related causes, spreading awareness, building community, and remembering those we have lost. A Moment of Magic attends to bring magic to the fighters, survivors, and siblings who attend, as well as to promote our services and join in the fight to end pediatric cancer.

I met hundreds of amazing and strong heroes this weekend, including Paisley. When I met her in 2022, she was a two-year-old fighting a battle with AML, a rare type of blood cancer. However, she was the bravest soldier I've ever met. When I first saw her at the event, she was running around

giving attendees bracelets and stickers with her name on them. I approached her and she looked up at me in awe. Given that she was only two years old, she had absolutely no idea who I was. I got on her level and before I could introduce myself as Megara, she plopped herself down on my lap (which is the moment captured in that photograph) and did not want to move. She stroked my hair and played with the ribbon on my dress. Her parents told me she'd never seen anything like my costume, so she was fascinated. She proceeded to put copious amounts of her bracelets on my arms and started trying to stick stickers on me. She was an absolute beam of light and I'm sure that she brought me more joy than I did to her. She was always smiling, which given her current reality was incredibly inspiring. It allowed me to put a lot of my own life into perspective. Also, I could see a semblance of my sister in her in the way she didn't have a care in the world, she was just happy to be there and be playing with her friends and family (who was everyone there). I am super happy to announce that as of 2023, she was deemed cancer-free and now lives a healthy and joyful life in remission. I still hold on to her bracelets, they are a symbol of hope and happiness in dark times.

Glimmer of Hope

This visit was in partnership with the Glimmer of Hope Foundation. They inspire young children battling pediatric cancer and their siblings by providing them with bald American Girl Dolls and hosting "Princess or Prince Makeovers," where they get to choose a princess or prince, get their very own dress or suit, get their hair and/or makeup done, and have professional photos taken (all free of cost to the families). At these makeovers, they also have crafts such as make your own wand, sticker books, and coloring pages.

At this specific event, A Moment of Magic partnered with Glimmer of Hope to make the children's makeover day extra special and magical. They requested Elsa; however, being that the visit was two hours away from the nearest chapter on a Thursday, no one was available, except me. So, I substituted in as Elsa for this visit. As a princess in A Moment of Magic, I've always referred to all the children I've encountered as "Princess" or "Prince" (or "Wonder Boy if I'm Meg) to allow them to feel like the main character of their kingdom. However, Glimmer of



Hope's makeovers truly give them that "main character experience" with the spa and makeover treatment, the photoshoot, and the crowns. Adding in their favorite Characters from A Moment of Magic added additional layers of excitement as their friend or idol was there for their big day (their "coronation" we would say).

I met dozens of inspiring little princesses and princes that day. All of them were shy at the beginning. Whether it be because they didn't feel well because of chemotherapy, they were anxious to be getting all dressed up, or they were nervous to be around a bunch of strangers (and Elsa) in a small, crowded room, almost all of them were hesitant and reserved when they first arrived. However, once they realized that this whole experience was just for them, that they were the stars, they all opened so fast. The little girl in the above photo was nearly silent when she arrived, she was terrified. She didn't even want to choose a dress. I got on her level and asked if she'd like to be Anna so she could be my sister for the day (in *Frozen*, Anna is Elsa's sister), and

she nodded yes. It wasn't until she put the Anna dress on that her confidence blossomed. She ran up to me and started going "Sister! Sister!" and she dragged me across the room while she got her hair and makeup done. Afterward, she was also super friendly, social, and outgoing with the other children in the room. I got to see the princess treatment transform her from a shy little girl into a confident, playful, and happy kid. I remember her parents happily crying because the whole thing "was so normal... she was a normal kid" for the day.

There was another group of three little girls who all chose to be Elsa because I was there as Elsa. They came into the event as strangers to one another, but once they all had their makeup, hair, and dresses on; we all sang *Let it Go* together and only referred to one another as "Elsa." They all claimed to have become "best Elsa friends" by the conclusion of that day. It was a hilarious demonstration of how playful and imaginative kids can be, and the happiness and friendship that ensues. I am so grateful that I was able to go on this visit because the partnership between A Moment of Magic and Glimmer of Hope was perfectly matched to be a special, memorable, and beautiful day for these patients and their families.

Esther

My final story is that of a little girl named Esther, whom I also met at CureFest in 2022. Unfortunately, this story does not have a happy ending, but instead is a beautiful story filled with laughter, memories, and reminders that the work we do is so incredibly important, and time is so precious.



Esther was an incredibly strong and brave fighter of pediatric cancer. She had been fighting for an unfair amount of her young life, but always had a brave face and a smile, becoming a very known name in the pediatric cancer community. When I first met her, she was running around and waving to all her friends and fans at CureFest. We, the A Moment of Magic volunteers, had received a donation of Magic Yarn Wigs to hand out to fighters, so we approached her and offered up the idea of picking out her very own princess wig so she could be one of us. She was a bit weary at first being surrounded by five Characters, but with our support and cheering on, she looked through the bin and decided on the Princess Jasmine yarn wig. One of my happiest moments at this event was watching her bounce with excitement as her caregiver opened the wig and put it on her head. She squealed with joy and exclaimed how beautiful she felt. She proceeded to walk around with us and interacted with other children as a princess, just like us. We even saw her the proceeding days and she continued to wear the wig around and make a point to run up to us to chat,

play, and smile. On the final day, she and her family found all of us, gave us her support bracelets to remember her by (which to this day, I own and wear), and told us she'd see us all next year.

This year at CureFest 2023, we were doing our rounds in character and meeting all the children, when an older gentleman pulled me and our volunteer who plays Snow White to the side. He asked if we were A Moment of Magic, and then followed it up by asking if we were the same volunteers from the photo above (which he had on his phone). We explained that yes, we are the only volunteers from those photos who hadn't graduated yet. He then tells us that he is Esther's father (and that he wasn't in attendance last year because he and his wife took turns) and that unfortunately, Esther lost her fight to cancer in February 2023. He explained that he had to follow through with his commitment to come this year despite her passing because it was his turn and because he wanted to thank us for how happy and loved we had made Esther feel the previous year. He told us about how much she had continued to talk about the princesses and play with her yarn wig for months afterward, even when her health declined. He asked us to keep going, to continue to serve children because we created so much good in a very bad situation.

This was the hardest moment I've ever had to endure while in character. We are taught not to cry, but Megara would've cried. She would've cried and grieved with this man. So, that is what I did for a little bit. I did make sure to stay out of sight of children because I am supposed to be a bringer of joy, and being caught crying would've brought about negative emotions in the children. But I sat with her father, supported him by grieving with him, and expressed how utterly grateful I was that I got to meet and bring a smile to such a beautiful, strong, and innocent soul.

This is the dark side of the job, the part they don't prepare you for because I don't think anything really can. But it is a reality for many of the children we serve. Our work cannot cure,

but it can alleviate. It can bring smiles. It can bring laughter. It can distract. It can foster friendships. It can create memories, hope, and fondness to look back upon. We might not have been able to change Esther's fate, but we were able to bring her so much joy through play and love, and her family support, comfort, and happy memories to look back on. Now, I reflect often on Esther and her family. Although I have a heavy heart, I am motivated and inspired to continue to go on visits, to play, to laugh, and to advocate for pediatric cancer awareness.

Chapter 5: Augmented Character Training

In this chapter, I argue that the data compiled through the research analysis and the interviews illuminates that A Moment of Magic would benefit from basic theatrical training. The few volunteers who had preexisting theatrical training boasted about how beneficial it was towards engaging in character-based performances, but for the most part, many of the volunteers had no basic knowledge of theatre. In fact, many even expressed a bias against the craft. I believe that implementing basic theatre teachings will benefit the organization by producing better performances and thus more “magic” for the children. Theatrical training would also boost esteem and knowledge of the craft of acting for those who are untrained which would, in turn, increase the engagement and stakes of the training and lead to increased participation. A few chapters have even begun to take that leap themselves by introducing theatrical activities to get the volunteers in the minds of their characters or engaging in improvisation.

A Moment of Magic was found to be incredibly similar to existing Applied Theatre in Pediatrics in its execution and performance, but not in its preparation and training. Although they both have a similar goal of providing children in vulnerable situations with interactive theatre and play to improve their current mental health, the teaching of Applied Theatre in Pediatrics involves countless hours of traditional theatre training including script analysis, ensemble work, devising sessions, improvisational games, and scenario-based rehearsals. On the other hand, only two of A Moment of Magic’s trainings touch on characterization. While I do commend A Moment of Magic for training volunteers on characterization, these lessons are PowerPoint-based lectures that involved no use of actual theatrical strategies and vernacular, nor on-your-feet engagement and exploration. A Moment of Magic’s current lessons instruct volunteers to learn

characterization by simply imitating park characters and the source films. This is not to say that imitation or copying is futile in learning how to act, in fact, it's an important skill for an actor to have in their toolbox, but complex, rich, and established characterization requires more instruction.

As a result of these findings, I decided to use my knowledge as a Theatre Studies and Theatre Performance undergraduate student to craft new and revised performance training documents that will better prepare the volunteers to not just pretend to be their character but to fully embody them more deeply and believable. These trainings would replace the two original trainings that touched on characterization: "Basic Character Training" and "Advanced Character Training."

Acting is not easy, nor does it come inherently to everyone, especially those in unrelated fields and disciplines, so I believe that crafting a coherent, digestible, and straightforward guide to acting will augment the performances, thus creating more "magic." In this chapter, I first present the literature review of research completed towards crafting this new training on the basics of acting. Then, I created three lesson plans: Tools of the Crafts, Character Preparation, and Improvisation, which can be found in Appendix B. I conclude the chapter with the reasoning and justification behind the choices made in the lesson plans.

Outside of *A Moment of Magic*, these lesson plans could also be applicable to similar professions that use aspects of theatrical performance in settings where the craft is not generally studied or understood widescale. For any role where storytelling and embodiment for the benefit of children's mental health is the goal, understanding the very basics of theatre could allow them to operate at a deeper, more impactful, and more engaging level, such as drama therapists, social

workers, child life specialists, librarians, and even Disney employees since so many work with wish-granting organization's children.

Foundational Knowledge of Theatre

In this section, I propose that even a basic understanding of theatre, including a passing familiarity with two prominent theorists and three foundational texts, will improve A Moment of Magic's training and thus produce better performances. I considered the uniqueness of A Moment of Magic's performances and was intentional in which teachings and texts I drew from.

A Practical Handbook for the Actor by theatre practitioners Melissa Bruder, Lee Michael Cohn, Madeline Olneck, Nathaniel Pollack, Robert Previto, and Scott Zigler "offers some wonderful, simple advice and suggestions" on the basics of theatre and acting (Bruder, et al. xi). In the introduction, renowned playwright David Mamet cites this instructional guide to be "the best book on acting written in the last twenty years" (Mamet i). The authors define acting as "living truthfully under imaginary circumstances" (Bruder, et al. 8). They prescribe the traits of an actor simply as "requiring common sense, bravery, and a lot of will... the common sense to translate whatever you are given into simple actable terms, the bravery to throw yourself into the action of the play despite fear of failure, self-consciousness, and a thousand other obstacles; and the will to adhere to your ideals, even though it might not be the easiest thing to do" (Bruder, et al. 1). I believe that this text summarizes acting succinctly and is digestible for a new actor, which is the circumstance of most A Moment of Magic volunteers.

Before moving on to the techniques advised in this acting manual, as well as other modern academic theatre texts, it's important to understand what and who contemporary artistry originated from. For the specific techniques needed in this deliverable, I researched two of the

most influential theatre theorists who have shaped modern-day acting techniques: Konstantin Stanislavski and Sanford Meisner.

Konstantin Stanislavski is famous as the originator of “the system,” or a highly effective method of training actors (Whyman 1). Rose Whyman, theatre lecturer, scholar, and author of *Stanislavski: The Basics*, credits Stanislavski’s *system* as “the most important development in the history of acting in the West” (Whyman 1). Stanislavski defines art as “nature... life, or natural truth” and the purpose of theatre as “the creation of life on stage... the actor must invest something of him or herself into this to create ‘the life of the human spirit of the role’” (Stanislavski). In his practice, the actor is not simply putting on the costume of a character and playing pretend, but instead, they are fusing themselves with the role to “experience a role” as Stanislavski put it, thus producing a deeply human, authentic, and relatable performance (Stanislavski). I believe that this personal connection to the embodiment of a role is the missing element in *A Moment of Magic*’s characters and will elevate them to be more complex, committed, and authentically human.

The goal of the *system* is “to ensure the actor could always be spontaneous,” it differentiates mechanical acting, representation, and stock-in-trade (or reproducing clichés or tricks) from “experiencing” (Stanislavski). Stanislavski achieved this by finding material from his own observations or experiences that were appropriate or analogous to the role. He “drew from memories which had been retained in his subconscious as well as factual research in conceptualizing the character and found that if he thought what the character would think, the external form of the characterization appeared” and thus “the character and Stanislavski’s mind and body came together as one being” (Whyman 19).

When teaching his technique, there are three bases or foundations that must be learned in sequence. The three bases of Stanislavski's *system* are action, emotion, and the subconscious. The actor should be involved in the action internally, externally, and purposefully. To learn to be active, an actor can use the tool of "The Magic If," or ask themselves "What would I do if I were in these given circumstances," to produce truthful intentions (Whyman 187) Once the actor is truthfully engaged in purposeful action rather than pretense, the expression of truthful emotion will be possible. Finally, once both action and emotion are appropriately practiced, the "subconscious will produce material and engender *experiencing*," which is the final puzzle piece of these truthful performances (Stanislavski). In my opinion, Stanislavski's "The Magic If" is the easiest and quickest way to find the personal connection to a role, making it incredibly useful to me in crafting the new training for A Moment of Magic's volunteers.

Drawing from Stanislavski is another influential theatre practitioner, Sanford Meisner. Theatre scholar Philippa Strandberg-Long studies where and how Meisner drew from Stanislavski's methods in the journal article "Mapping Meisner- How Stanislavski's System Influenced Meisner's Process and Why it Matter to British Drama School Training Today." She explains how Meisner was a disciple of Stanislavski's techniques in the 1930s. Although he saw the benefits of the *system*, he "opposed the increasing emphasis on intellectual and 'inward-looking' exercises... which Meisner saw as introverting the already introverted" (Strandberg-Long 12). However, towards the latter end of his career, Stanislavski developed *the method of physical actions*, which "focuses on action and reaction, [and] using the fellow actors as a basis for the response," as opposed to just the internal motivations of affective memory (Strandberg-Long 14). Meisner was inspired by *the method of physical actions*. Meisner specifically picked

up and ran on Stanislavski's "'communion,' with his technique channeling actors' energy into detailed observation of each other with the quality of dynamic listening" (Strandberg-Long 14).

Inspired by this later aspect of Stanislavski's *system*, Meisner went on to develop his own renowned theory. He realized that "there was a fundamental problem even with what was considered good acting: actors were rarely listening or present" so he created a process that would "turn his actors into spontaneous, impulsive, instinctive, present, human, free, fearless, authentic, moment-to-moment machines," as he puts it in his own words ("Meisner Technique Studio"). At the core of his technique is putting all focus and attention on the other actor. Out of this, he created The Repetition Exercise, which involves actors repeating the same phrase over and over to one another but transforming it "into a moment-to-moment connection" through "complex listening" ("Meisner Technique Studio"). From there, the actor engages in activities to learn Meisner's other core principle: "Acting is not talking. Acting is doing. *Doing* something truthfully under imaginary circumstances... Work truthfully, moment-to-moment," such as scene work, fantasies, private moments, or one-action exercises ("Meisner Technique Studio"). Once the actor has mastered existing truthfully, not faking, forcing, or pushing, then, at last, the concept of character is introduced. Meisner provided two simple guidelines to mastering his technique: "Don't do anything unless something happens to make you do it" and "What you do doesn't depend on you, it depends on the other fellow" ("Meisner Technique Studio"). To today's theatre practitioners, educators, and scholars, Meisner's technique is one of the world's most influential and respected theories of acting that improves actors' instincts, makes them aware of their environment, and gives them confidence. Meisner's idea of living moment-to-moment and basing all actions off the scene partner is perfect for *A Moment of Magic* because the performances are to be entirely led and influenced by the child on the spot. Characters need to

have their full energy and attention focused on their scene partner, which are the children, and be motivated to act based on whatever the child is providing them in that moment.

In *Practical Handbook for the Actor*, much of the instruction is inspired by Stanislavski and Meisner, specifically the employment of The Magic If and careful attention to the scene partner. The book goes on to also define what they call, “The Tools of the Craft” which are the key strategies to hone when practicing to act. These include “a strong and clear voice and speech, a strong supple body, the ability to analyze a scene, semantics, the ability to work off the other person, memorization, the ability to act before you think (impulses), the ability to concentrate, bravery, will, and common sense” (Bruner, et al. 66). Furthermore, the authors explain the importance of externals, or “physical adjustments made by the actor that either aid in the telling of a story or illustrate the imaginary circumstances within the play” (Bruner, et al. 66). The three basic types of externals are bodily adjustments (which include posture, speech or vocal alterations, a physical handicap, etc.), ornaments (or costumes or makeup), and physical states (drunkenness, illness, exhaustion, etc.). The actor must practice these externals to become habitual, just as their lines, so they can be as engrained and truthful as possible.

David Ball’s *Backwards and Forwards: A Technical Manual for Reading Plays* is another prominent teaching manual for understanding theatre. The second half of this book is about script analysis, specifically of characters, which is of use to actors as they’re learning proper characterization. David Ball states that the character “consists of all the qualities, traits, and features that create the nature of a person and distinguish that person from one another” (Ball 60). From the script, an actor can find all the information provided about a character and discern their goals, obstacles, and “whys.” However, since characters are not actually real, an actor cannot find *everything* about them in the script. Ball explains that “the playwright must leave

much of the character blank to accommodate the nature of the actor,” he believes that “scripts contain bones, not people” (Ball 61). For the actor, these blanks are where they either need to use their imagination to create meaning and context or, the more intriguing choice, is to infuse elements of themselves to create a character with a lot of depth and truthfulness. From this text, volunteers need to understand that the film’s depiction of the character is “the bones,” and it is up to them to use their imagination and self to come up with the rest.

Viola Spolin’s *Improvisation for the Theater* is recognized as “the Bible of Improvisational Theater.” She is the originator of improvisation games which changed the course of modern-day theatre pedagogy. Her practice is rooted in the idea that “anyone can act” because “anyone can improvise,” meaning that anyone can be present in a scene that is unfolding and contribute their own ideas without a script (Spolin 3). This improvised and present nature is the core of *A Moment of Magic* visits. She believes that “[actors] learn through experience and experiencing, and no one teaches anyone anything” because “experiencing [through games] is penetration into the environment, total organic involvement on all levels,” which provides the actor with instruction on how to truthfully act (Spolin 3).

According to Spolin, the key to perceiving these creative experiences is the “Seven Acts of Spontaneity.” First are games because “the game is a natural group form providing the involvement and personal freedom necessary for experiencing” by engendering ingenuity, inventiveness, and problem-solving (Spolin 4-6). Next is letting go of the “approval/disapproval” mentality and playing towards personal freedom by dropping any authoritative presumptions because there are not truly right nor wrong answers in improvisation, only better-informed ones (Spolin 9). Then, the understanding of group expression as “a healthy relationship between a number of individuals working interdependently” is required by all artists (Spolin 10). Next is

acknowledging the role and needs of the audience, who are said to be “the most revered members of the theatre” but are oftentimes forgotten by previous traditional theatre techniques that focus entirely internally or on the other actors (Spolin 13). Next, she specifies that her idea of “Theatre Techniques,” which are simply “the techniques of communicating,” can alter from place to place and over time. (Spolin). This again reemphasizes that there is no one right or wrong way of working because it is flexible (Spolin 14). Moving on, the actor must carry the learning process into daily life by “always being aware of where he or she is, [to] perceive and be open to receive the phenomenal world in order to create reality on stage” (Spolin 15). Lastly, “physicalization”, or “the means by which material is presented to the student on a physical, non-verbal level as opposed to an intellectual or psychological approach,” provides the student with personal concrete experience on which further development depends (Spolin 16). Essentially physicalization is emphasizing the “don’t tell, just do” mindset that Spolin employs. Together, these Seven Acts of Spontaneity build up the foundation of Spolin’s theatre practice.

Spolin has developed hundreds of improvisational games to coach actors in developing spontaneity and truthfulness. She has exercises for honing sensory awareness, physical involvement, space substance, the reality and environment of “where,” total body involvement, non-directional blocking, listening and seeing, developing material, speech, emotion, character, and catering experiences to certain ages and demographics of audiences. The structure of her workshop is all games. Her games start with “providing a problem to solve problems” thus establishing “a collective point of focus” for her students to play and improvise through (Spolin 20-22). Once a team of artists has finished working on an acting problem, they are evaluated on their concentration, whether they solved the problem, how they communicated or interpreted, if they showed or told, how they acted and reacted, and if they let something happen (Spolin 26). In

all coaching and evaluating, there is no telling of “how” something is to be done, but instead flexible and active reminders such as “Play!” “Share your voice!” “You just walked through a table” and “Shut off your mind’ (Spolin 39). The whole point is to allow the actors to play, learn, and grow in these fictional worlds, thus experiencing the art for themselves, not being taught. I was highly influenced by Spolin’s philosophy on games and decided to base my training on games. Not only are they exploratory for the actor and allow them to learn for themselves as Spolin states, but they are fun and provide a needed break from the traditional classroom atmosphere that many college students spend all day in.

The Lesson Plan Rationales

I’ve been formally studying theatre for four years, so I understand that mastery of the craft takes copious amounts of time and practice. However, it was important to me that I attempt to retain the original timing and pacing of the trainings as much as possible, meaning the goal was to create two one-hour trainings. I hope that one day these could be implemented smoothly into the full training roster by just replacing the two weeks where “Basic Character Training” and “Advanced Character Training” take place. My mission was to just introduce the aspects of acting that are necessary to go on A Moment of Magic’s specific visits. If the proper basics could be introduced and familiarized in a controlled setting, then the performer could work and grow on their own time. Also, “Scenario Based Training” and “Mock Visit” are still in place after these to allow the performer to hone their skills in more visit-specific circumstances before going on a real visit. I do believe that the existing negative attitudes towards these two trainings will be solved with theatre training as well because the trainings will address the lack of seriousness

towards theatre by educating volunteers on its importance, which will increase the stakes, engagement, and participation.

Considering the nature of A Moment of Magic's performances as improvised character-based interactions with an audience of children, I brainstormed the necessary skills and began to sort them into two trainings. First, given that most of the volunteers come from zero background training in theatre, I felt it was necessary to begin with the basic skills of the craft, as well as the definition and introduction to the significance of theatre. Next, given the spontaneity and unpredictable nature of visits, the volunteers would benefit from some brief, but formal, improvisation training. However, it would be difficult for them to jump from basic vocal and physical presence straight into improvisation, so I felt the need to bridge the gap with characterization training, thus ultimately having to add a third one-hour training. Instead of simply copying examples of their characters (or even other actors being their characters) as the original characterization work called for, it would be more helpful to the improvised essence of the visits if the characters were more truthfully embodied and understood. Despite wanting to keep it to two one-hour trainings, this third one was necessary so they could spend some time skimming the surface of proper theatrical character work.³²

I wanted to structure these training documents in a legible and comprehensible way so that each chapter's Training Coordinator could interpret and execute them properly. Even if the Training Coordinator didn't have any theatrical training, I wanted the lesson plans to be as clear as possible so the volunteers could reap the most knowledge and benefit from them. However, I

³² And honestly, I am still hesitant about if three hours of proper training is enough. Ideally, each of these lessons would be doubled, but that would never fit into the training roster. This deliverable challenged me to fit as much valuable information as needed into a short given amount of time.

do believe that leadership roles should read the three texts that these trainings are based on in their entirety to have the full wealth of knowledge when guiding the group.

I decided to structure the training as traditional lesson plans because they are designed to be easily read, interpreted, and executed by the instructor, or in this case the Training Coordinator and Chapter Presidents. After doing some research into basic lesson plan structures, I learned that although the components are vastly flexible to fit the needs of a lesson, the basic components include learning objectives, teaching strategies and activities, and strategies to check understanding (Milkova). To contribute to the simplicity of the lesson plan for whoever is leading the training, I retained a straightforward structure of learning objectives and lesson preparation at the top of the sheet, followed by a table with three columns: time required, activities, and reflection questions. At the very bottom is an additional box for homework for the next training. These lesson plans can be found in Appendix B.

As for the activities themselves, I was inspired by Viola Spolin's philosophy that games are the key to learning how to act. They allow an opportunity for "skills to be developed at the very moment a person is having all the fun and excitement that the game has to offer- [which] is the exact time one is truly open to receive them" (Spolin 4). I aimed to incorporate games as often as possible to maximize both engagement and learning potential. Having been a student who's learned in both lecture-style classrooms and playful, explorative, and on-your-feet-environments, I can vouch that the latter is more engaging, which would address the concern several volunteers mentioned of the training being boring and difficult to retain. Also, college can be a stressful time, so if the training can provide a break from the traditional learning environment and allow the volunteers to be goofy, playful, and social, they'll be more likely to show up and learn. Most of the activities are then followed with reflection questions and discussions to allow the

volunteers to ponder, vocalize, and express their experience with the game and understand how and why they believe it is beneficial to performance.³³ Additionally, these reflection periods also allow for a deeper understanding of the craft itself and its significance towards the work they're doing, which can address the lack of seriousness towards and bias against approaching theatre. Below, I go into the reasoning behind the specifics of each of the three trainings in more depth.

a. Lesson #1: Tools of the Craft

This lesson's objective was inspired by *Practical Handbook for the Actor* because I appreciated how succinct and helpful their key strategies are. They define the tools of the craft as "a strong and clear voice and speech, a strong supple body, the ability to analyze a scene, semantics, the ability to work off the other person, memorization, the ability to act before you think (impulses), the ability to concentrate, bravery, will, and common sense" (Bruner, et al. 66). For the sake of this being a 60-minute-long training and because I believe some of these skills aren't foundational, I shortened this definition down to only "strong and clear speech, strong and nimble body, memorization, the ability to work off one another, concentration, bravery, will, and common sense" to better suit this first lesson as the bare minimum basics of the craft. Although character work with other actors will come in the third lesson, I retained "the ability to work off one another" in this early definition because it is so foundational to all the work of an actor and is applicable to any group activity, not just when "in character." A Moment of Magic volunteers need to be able to work well as an ensemble when they're in character in front of children, but also when they're behind the scenes preparing, training, or just hanging out. I believe that these

³³ I can note from personal experience that several times I have engaged in a theatre game and had fun, but not realized the educational factor until after during a reflection. For example, "Oh you're right that did require focus, eye contact, and attentive listening, that is useful on stage!"

skills are foundational to develop the effective speech, heightened physicality, and confidence needed by A Moment of Magic volunteers when in character on visits.

This lesson asks all volunteers to prepare by simply watching their character's film or television show and picking out one line of dialogue to be used in a later exercise (specifically a catchphrase or common line of dialogue so it can later be content for a visit). I retained this step from the original training because I do believe that familiarity with the source media is very important for beginning character work. However, where I differ from the current training is that I am not going to stop training after this step. I am simply using this strategy as a stepping stone towards thorough characterization. Although this training is simply about becoming more confident in vocal and physical abilities and doesn't touch on any actual character work at all, it will be helpful to have their characters in the back of their minds since the next training so quickly jumps into character work.

All the theatre research I completed states that warmups are necessary for theatrical training. I was inspired by several of Spolin's introductory warmup games but settled on using one that I've been engaging in for over ten years as an actor: Zip Zap Zop. Although it's got a sentimental place in my heart as one of the first theatre games I ever learned, it is also incredibly useful in unknowingly awakening and honing pivotal skills of the craft. To an untrained performer, on the outside, it may appear like a silly kid's game where they clap at one another and repeat goofy sounds. However, it is creating energy, honing specificity and clarity, sharpening eye contact and focus, and asking participants to listen and respond to one another. All these skills are pivotal in learning to act but may appear daunting outright to a newcomer. Warming up with something that simultaneously requires all the skills but also masks them is useful in a situation where there is a lot to practice in a short amount of time. I also included a

linked YouTube video to demonstrate how to play since the movement rules are so specific. It is helpful to have a visual guide, especially since there is a high chance that no one in the space has ever played before, including the instructor. The reflection of this warmup, which emphasizes that the volunteers just used the basic skills needed on stage and demonstrates that the ability to act is already within all of them, will set the tone of the lesson as optimistic, energetic, and hopeful.

The rest of the lesson is picking apart the tools and specifically working one or a few at a time. First is strong and clear speech, with memorization sprinkled in. I am applying an exercise that helped me grow exponentially in vocal confidence: tongue twisters.³⁴ They simultaneously work enunciation, pacing, and clarity, and strengthen the facial muscles, all while being fun and silly. These skills apply to A Moment of Magic visits because characters need to effectively communicate with children of all backgrounds and abilities while simultaneously fostering a playful environment. I list three of my top choices that call for different articulation sounds on the lesson plan, “Betty Botter bought some butter,” “Peter Piper picked a peck of pickled peppers,” and “She sells sea shells down by the sea shore.” However, they can be interchangeable should the group have other favorites. Next, now that their diction and vocal cords are awakened, I ask the volunteers to get out their line of dialogue, quickly memorize it, and practice sharing it out loud clearly and confidently. This exercise is flexible to all participants because if they are feeling bold and solid in their own voice and want to attempt their character’s voice, they have that option (which would be useful in the next lesson). However, should they need more support and practice with their own vocal confidence, they can

³⁴ I spent nine years in speech therapy for various speech impediments. Tongue twisters are how I essentially learned to talk. I even revisit them from time to time now if my speech impediments flare up.

keep working in their own voice and grow from there. By the end of this exercise, they also have a memorized and rehearsed catchphrase that they can use on future visits.

Next, I moved on to exercises to get volunteers to focus on their physicality. I started with another exercise that has proven useful for years: a shakedown (consisting of right hand for eight counts, left hand, right foot, then left foot, and counting down by one). Not only does this allow participants to get moving, warm up their bodies, and be silly (which is the overall energy required on most visits), but it also hones specificity and mind-body connection for the next exercise. After the shakedown, the next activity is a standard walk-around exercise that is commonplace in most acting classes. Each participant is asked to choose a body part to lead with (head, heart, stomach, arm, etc.), and the facilitator is to call out numbers ranging from one to ten, with one being to walk normally and ten being to fully exaggerate their chosen leading body part. Same as the dialogue activity, if they are comfortable in their own body and want to make a physical choice that their character would choose, that is available to them. The goal is that volunteers reach this phase because most characters are originally cartoons, which oftentimes present exaggerated physicality (such as straight and elegant movement for a princess or bold and strong choices for a superhero), so it'd be helpful for them to practice these heightened choices in a safe place surrounded by their peers. This exercise furthers the mind-body connection and clarifies physical choices. Many untrained actors may not acknowledge the countless physical choices at their disposal, so this will allow them to explore their potential together in a controlled environment.

The final activity in this lesson acts to strengthen concentration, bravery, and common sense, as well as be a cooldown. I chose to do Counting to 20, which is another exercise I've been doing over and over in acting classes for as long as I have been practicing. This exercise

asks volunteers to stand in a tight circle with their eyes closed. Then, after a communal deep breath, someone randomly begins to count to twenty. However, if someone talks over another, they must start again. Not only is it cathartic once they achieve twenty, but this activity requires acute focus, risk, and intuition, all of which are useful in acting. It also benefits from the group being at least slightly familiar with one another's energies which is why I believe it is helpful to end with this. I also linked a video to this lesson for clarity should no one be familiar with the game from previous experiences. A Moment of Magic volunteers need to act as a functional ensemble on visits together, so this exercise can strengthen their bonds as individuals.

By the end of this lesson, the hope is not that they've become an expert speaker, mover, or collaborator, but instead that they've familiarized themselves with the importance of vocal clarity, strong movement, focus, and courage. The goal is that they move forward into the next lesson with an attentiveness towards these qualities that they otherwise might not have noted. These skills are simply the foundation on top of which quality performances can be built.

b. Lesson #2: Character Preparation

Now that they possess and are practicing the fundamental skills of performance, the next step is to learn how to embody their characters or portray them more genuinely and believably which rooted in real human experience. As noted in *Backwards and Forwards: The Technical Manual for Reading Plays*, the script “consists of all the qualities, traits, and features that create the nature of a person and distinguish that person from one another,” the foundational “bones” of the character on top of which the actor can insert elements of themselves to bring it to life authentically (Ball 60). In my training and research, I've found that the most useful and popular way of learning how to authentically perform a role is to engage in Stanislavski's practices of

understanding the given circumstances and then using The Magic If to find that personal connection to the character. The first step to learning how to become a character is to understand that character's motivations, goals, obstacles, and given circumstances. However, due to the limited time of the trainings, there is no time to do script analysis and basic character research during the training itself. Consequently, the preparation for this training asks the volunteers to come prepared with a list of all major things that happen to their character throughout the film or television show, as well as a list of facts that are known to be true about the character (which during the training will be expanded and defined into their given circumstances).

The warmup for this training is to work in partners or small groups to discuss the work that they prepared, whether that be citing a cool new fact about the character, an aspect that is intriguing or confusing to them, or summarizing something major that happens to their character. For example, I, as Megara from *Hercules*, could come in with the fact that Megara sold her soul to Hades for her ex-boyfriend. The goal of this warmup discussion is just to get the characters and stories refreshed in their mind. Next, the concept of given circumstances is introduced as the specific details, conditions, and situations that surround a character in a given piece of media. Essentially, the "who, what, when, where, why, and how" of that character (Whyman 187). Then, reflecting on the preparation they'd done, the volunteers are asked to take about ten minutes to organize their thoughts into the who, what, when, where, why, and how of their characters. This first activity is pivotal in proceeding with the rest of the training because these given circumstances inform the actor of how to truthfully produce a performance. Additionally, understanding the given circumstances is especially crucial for A Moment of Magic performances because a child may already know the character well, so the performer needs to be prepared by knowing their character's personalities and stories inside and out.

The second half of the training is focused on introducing the concept of “The Magic If” to inform their acting choices. However, these are huge concepts that take months, if not years, to fully comprehend, so this training is just introducing them on a very surface level as a useful tool to practice. Stanislavsky’s success arose from his ability to produce truthful performances using techniques such as this, so familiarizing new actors with the practice would benefit them in embodying the characters a bit more. Although imitation can be a tool used in acting, A Moment of Magic’s goal of embodying the character fully and authentically for children (to create *real* “magic”) is better suited in a more truthful and deeply rooted practice, hence why I believe employing Stanislavski’s method and The Magic If will be useful.

This training begins with introducing an actor’s job as being believable in unbelievable circumstances. One way to do this is to use a technique called The Magic If where an actor puts themselves into the shoes of their character and asks themselves “What would I do if I found myself in these situations and circumstances?” This is an exercise I’ve done several times in acting classes I’ve taken during my time as a student. This activity asks volunteers to sit down with pen and paper. Considering all the given circumstances they’d arrived to earlier in the training, this activity asks performers to brainstorm “What would I do if I were meeting a new friend (a child),” “How would I feel,” “What is another time in my life I have felt this way,” and “What does this reveal about the character and/or me?” This specific question allows them to begin to pull from their senses and experiences to inform the choices they will make in character in a circumstance highly tailored to an A Moment of Magic visit. These choices will be deeply authentic given how rooted they are in human emotion and experience. It is important to reflect afterward as a group on any revelations learned about the character or themselves and to consider how and why this exercise can help get into character.

Overall, the goal of this training is to inform the volunteers of the strategies that they can employ to truthfully embody their characters. The hope is that they leave this lesson and continue to consider the given circumstances from the shoes of their character, empathizing and drawing connections from personal experiences. Again, I'm not expecting theatrical experts to come out of this training, nor am I assuming that they're going to fully throw out the skill of imitation (in fact, it'd be unwise to dispose of it as it serves a good foundation to newcomers). This is just to begin to deepen their characterization and produce more authentic and complex performances.

c. Lesson #3: Improvisation

The final piece of the puzzle is improvisation. At this point, the volunteers have been taught the basic vocal and physical expectations of a performer, as well as analyzed their character's given circumstances and begun to work on their truthful character embodiment. However, to succeed on a visit, the character needs to be ready to engage in any conversation, game, or situation that may arise on the visit, so the concluding acting lesson is on improvisation. The goal of this lesson is to allow volunteers to experience engaging in improvisation and to begin to apply the characterization they've worked on in an improvised setting.

Following Viola Spolin's *Improvisation for the Theatre*, I've crafted this lesson to be fully founded in games from her book that I felt would be the most fun and engaging for college-aged volunteers. She states that "ingenuity and inventiveness appear to meet any crises the game presents, for it is understood during playing that a player is free to reach the game's objective in any style chosen... as long as we abide by the rules of the game we may swing, stand on our heads, or fly through the air," thus allowing participants to explore the art of improvising in a fun, safe, and controlled setting (Spolin 9). After each game is a brief reflection period to allow

the participants to consider the game's purpose and importance towards their craft. Furthermore, in this lesson, I also wove in elements of Meisner's training relating to working with a partner and allowing all the actor's choices to be influenced by the person of their attention. This was important to input in the training because on visits, the child is the scene partner, and it is pivotal for all the character's attention to be on the child. Every action, response, and reaction should be inspired by those of the child.

As a warmup, I chose one of Spolin's warmups called "When I go to California" (Spolin 412). This game asks volunteers to sit in a circle and finish the phrase "When I Go to California, I'm going to bring..." Each volunteer must restate the previous player's answer before adding their own. This game requires attentive listening, focus, memory, and spontaneity in a non-competitive setting, thus recalling prior skills taught and warming up their brains to engage in more complex improvisation. Next, the term improvisation is defined simply as "performing spontaneously," it is "unscripted, unprepared, and created by reacting to external forces." The definition is reinforced by explaining how on visits, they're improvising as their characters because although their characterization is defined, they never know what the specific interactions will be due to the unstructured form of the visits, requiring them to improvise on the spot based on what they're given by the child.

Before diving into improvising as their character, I provide three games to engage in as themselves to get the feel for the craft. The first is "Building a Story" (Spolin 380). This requires players to sit in a circle. The instructor points to one person and they begin telling a made-up story until the instructor points to someone else, who picks up where the other person left off. This is a good introduction to improvisation because the premise is simple: tell a story that makes sense. It requires attentive listening and sensical narrative building, but overall, the stakes

are very low. It is a relaxed, conversational, full-group game that has no winners or losers, just a collective ensemble building a story vocally with one another. This game relates to an A Moment of Magic visit because characters are required to build off whatever a child happens to say or do, so this prepares them for those creative and spontaneous instances.

Now that they're comfortable engaging in very simple improvisations with a large group, the next game narrows the focus down to one-on-one interactions, which is inspired by Meisner's philosophy by asking them to be fully focused on their partner, reacting to what they're providing them, and working moment to moment. This next game is "Gibberish" (Spolin 384). This activity asks volunteers to get into pairs and speak Gibberish (or a made-up, nonsensical language) to each other, but as if it were English. It is asking the actors to be fully engaged in the physicality, mannerisms, eye contact, tone, and emotions of their scene partners from instance to instance to react appropriately. Then, the instructor yells "English" and the conversations must switch to English (not a new conversation, just switching languages), which prepares the actors to further react to changes on a whim. The languages will continue to switch back and forth and the goal is for them to flow and advance naturally, requiring creativity, focus, imagination, risk, and letting go of the fear of looking stupid (which is drawn from the art of Clowning). This game is specific to honing a performer's attention to body language and tone. On visits, oftentimes a child may not be able to communicate effectively due to physical, mental, emotional, or language barriers, so understanding and reacting to body language and vocal tone is pivotal.

The next game introduces improvised physicality and space in small groups or partners. It is called "Playground" (Spolin 390). This is my favorite Viola Spolin game because I believe it is inventive, original, and fun for new and old actors. The premise is that the whole room (which should be empty or just have a few chairs/boxes) is now a playground. The players must treat it

as such. They can break into groups and play games (basketball, dodgeball, marbles, etc.), they can use the playground equipment, or they can do anything else that people would do on a playground. The idea is simply that they are transforming this room into a cohesive, unified, and extensive playground by using the physicality of space-objects, awareness of each other, teamwork and ensemble-building, and their imaginations. I want to clarify that actors are to remain as humans, not physically take the shape of any equipment or objects. The actor must have an acute awareness of the room and performers around to engage in this imagined playground, which hones the skills of acting off one another, following impulses, focus, spontaneity, creativity, and ensemble work. This game is useful for new actors as it is an open, comfortable, and risk-free space to explore improvisation with a team, but also for experienced actors as it sharpens and reinforces bonds and techniques. Oftentimes on A Moment of Magic visits, children will ask to engage in imaginary play or “play pretend,” so this game is dedicated towards opening the volunteers’ adult minds to childlike creativity and play. Drawing from Clowning, A Moment of Magic volunteers must let go of any inhibitions or self-doubts and dive headfirst into “the silly” to bring joy out in these children.

Now that the volunteers have explored different methods and practices of improvisation, the final twenty minutes or so of the training is a full culmination of all three lessons. It is embodying the methods of Stanislavski, Meisner, and Spolin into one exercise. It merges the acting basics from lesson one and the characterization work from the previous training to allow them to explore improvising with one another in the mindsets and bodies of their characters. Starting, each volunteer will find a space in the room. Then they will begin to assume a pose or stature that their character would embody. I emphasize to the instructor that it is important to really let this exercise breathe to allow the participants time to explore and try out new things

without feeling rushed. Then, once they've all found a posture that they feel is the most accurate, they begin to move around the space. For the first few minutes, they shouldn't interact with anyone else to focus internally on their own physicality and movement (again, reemphasizing a need to let go of any fear of judgment). After a few moments, they can begin to silently engage with one another as their characters would, whether that means making or avoiding eye contact, nodding, waving, high-fiving, or any other interaction. Then, they can start vocalizing during these interactions with the other characters. The instructor is prompted to ask questions such as "How would your character talk to this specific other character, focus on the interaction and relationship building?" "How would they respond to what is said to them?" And "How would they say goodbye and move on?" to support the actors in their acting journeys since this is a new field for many of them. This side coaching is inspired by Spolin's instruction of not pausing and teaching but supporting from the side to allow them to experience the change and its impact naturally. This activity is all about character exploration and taking risks to see what does and doesn't work, so this final part should go on for about ten minutes. I also advise a lengthier amount of reflection for this activity because it is beneficial for the group to hear other experiences with full character improvisation so they can identify their own strengths and weaknesses to work on. On visits, it is crucial that A Moment of Magic volunteers can respond to all children, adults, and other characters *in character*, and this exercise is taking that final step towards fully embodying the character vocally and physically, as well as responding to external stimuli in character.

All in all, by the conclusion of these three trainings, the volunteers should have a solid acting foundation on which they can grow during the Mock Visit and Scenario Based Training to prepare for real visits. Instead of being thrown into the Mock Visit and Scenario Based Training

with only having ever talked about characterization through imitation, they're now going in with three full hours of practice with vocal and physical presence, character work rooted in authenticity and truth, and improvisation. They should also leave the training with a newfound understanding and appreciation for the craft of theatre as their eyes have now been opened to the vast preparation and care that can go into their work. They won't be acting experts with only three hours of guided lessons that merely skim the surface of substantial theatre pedagogy, but they should feel much more prepared and ready to tackle visits with this background in proper acting technique.

Chapter 6: Conclusion

Part 1: Answering the Question

The goal of this thesis was to answer the question: What are the strategies that a Moment of Magic employs to positively affect the lives of disadvantaged children? I believe that through my research, interviews, and analysis I have effectively dissected the organization's major operations towards achieving its goal of "providing social wellness activities to underserved and vulnerable children to improve their quality of life and remind them to 'just be a kid again'" (McGrane).

A Moment of Magic is a distinctly unique organization. It forged its own identity by adopting from preexisting structures and intelligently creating an operation that is all its own. Although it relates to other major wish-granting organizations in its structure of "granting wishes" and goal of improving the lives of children in unfortunate circumstances, it doesn't quite follow their methodology in who and when to grant wishes by including a wide range of children and not capping the number of wishes they can receive, nor their procedure regarding what type or scope of wish can be granted by only offering visits with a child's favorite character. Similarly, it can be viewed as a type of Applied Theatre for Pediatrics due to its performance-based nature and intended audience, but the structure of the performances and the training of its performers contradicts that of existing performances of the genre. The structure is much more improvised and follows the lead of the child more than traditional Applied Theatre for Pediatrics, which usually involves a prepared devised script and oftentimes puppetry. The training for traditional Applied Theatre for Pediatrics includes standard theatre training, devising work, and rehearsals, whereas A Moment of Magic includes limited acting training that doesn't advance

past imitation, and is presented lecture-style. A Moment of Magic pulls techniques and approaches from popular wish-granting organizations, Applied Theatre for Pediatrics, Drama Therapy, Distraction Therapy, creative play, clowning, and The Walt Disney Company and molds these influences into its own distinctive “magical” operation that beneficially affects the lives of children around the nation in a unique way.

To summarize, the key strategies that A Moment of Magic employs to positively affect the lives of disadvantaged children are as follows:

1. A Moment of Magic recruits college-aged volunteers of all backgrounds, interests, and identities to create and join collegiate chapters around the nation to expand the reach of the organization to serve as many children as possible. For the few areas that are unserved due to a lack of chapters, they are proficient in their virtual programming.
2. Through the structure of visits with a child’s favorite characters, A Moment of Magic provides creative and theatrical play-based experiences intend to provide a safe and comfortable place for children to work through and express hard emotions and be distracted from their everyday reality, thus allowing them to feel like a normal child again.
3. By emphasizing that the visits should entirely follow the lead of the children, A Moment of Magic aims to empower the children to take control at a time of their lives when control and autonomy may not be present.
4. For the most part, A Moment of Magic only uses Disney characters to engage in their immersive improvisation because they are popular and recognizable, and perpetuate positive behavior, thus providing a friendly, healthy, and exciting friend for a child to

- feel safe letting go and opening to. To better represent all children (in terms of race, physical ability, culture, gender identity, and neurodivergence), A Moment of Magic has also co-created its own Original Characters based on stories written by children they have served.
5. A Moment of Magic chapters are presented training at weekly one-hour meetings on a cyclical schedule provided by the National Team to effectively teach all volunteers amidst the constantly changing membership due to the nature of being a collegiate organization. These trainings are generally presented in lecture-style, except for “The Mock Visit” which is the only on-your-feet training meeting in the rotation. However, the interviews state that the most beneficial “training” was to just go on visits and experience what to do firsthand.
 6. Every volunteer (who wishes to be a character) is cast *as one character only* through an audition process where they are matched based on physical appearance, ethnic background, gender identity, and energy. Being cast as only one character allows the volunteer to put all their time into only mastering that one character. In the event of an emergency, substitutions are allowed (but this process is everchanging as I write this thesis). Characters are taught characterization through imitation of their character’s film or television show and of actors playing their character in the Disney theme parks.
 7. Volunteers are retained through a mutually beneficial relationship where the joy incited in the child validates the volunteer and provides them with a sense of accomplishment, thus compelling them to stay.

Part 2: Likely Futures and Challenges of A Moment of Magic

From the data compiled, there are a few likely challenges that I believe that A Moment of Magic is going to have to address. The overarching solution that could address all these observations is that A Moment of Magic would benefit from basic theatre training, which I hope the lesson plans I crafted accomplish. I believe that A Moment of Magic is an exceptional organization and I support its mission wholeheartedly, but I solemnly believe that my suggested adjustments would counter many of the issues A Moment of Magic is currently facing and will continue to battle, thus elevating the organization to a new level.

The first challenge A Moment of Magic may face relates to the disconnect between the older executive founding members and the newer students that Kylee McGrane and Maddi Stanton-Johnson both referenced in their interviews. They mentioned that the newer generations of volunteers, especially those who joined post-pandemic, don't necessarily care less, but they are less engaged overall. McGrane stated that she believes that they're losing the instances where volunteers become passionate advocates. This was likely caused by the pandemic limiting in-person interactions lessening a volunteer's immediate visualization of their impact. I noticed this disconnect too in my interviews as the older students and alumni seemed much more passionate, committed, and involved in the organization, whereas many of the younger volunteers seemed a bit more distant and apathetic, and some even complained about the strict "rules" and "requirements" of the organization (which in an organization that deals with as high-stakes scenarios as A Moment of Magic does, was shocking to hear). I also can theorize that this "disconnect" between engagement and frustration with the rules and regulations is due to a diminished bias against the craft of theatre, leading unfamiliar volunteers to lack passion, understanding, and seriousness. I'm unsure as to how they are going to eventually address this

detachment, but it's only going to continue to increase as the pre-COVID classes who seemed to be more passionate have all graduated out of college. I do sense hope though since all chapters have returned to doing hospital visits. Hopefully, once the volunteers see the immediate and direct effect of their work, their intentions and drives will fall back into place. I also believe that the implementation of my lesson plans will resolve this issue in dedication and passion. The lesson plans allow the volunteers to understand the process, meaning, and impacts of the performances they're providing to children on a deeper level, all while having fun in physically and socially engaging exercises, which will boost the morale and participation of volunteers.

The next challenge that I anticipate A Moment of Magic is going to face is having to reformat the training to be more suitable and engaging. A common critique from the volunteers was that the lecture-style presentations were not effective in sharing information in a digestible and retainable manner. Most of them shared that they learned the most from being on the visits themselves, but I don't believe this manner of learning is sustainable long-term, especially as the organization grows. With more volunteers joining exponentially, volunteers going on visits essentially untrained (with the intention of learning on the visit itself) can lead to an increased number of mistakes, unpreparedness, and confusion in the high-stakes environments of the visits, potentially creating less beneficial visits for the children. Furthermore, I discussed my opinions on the characterization training (and created new suggestive lesson plans that will better prepare untrained actors with proper theatre techniques), but I believe that similar faults are at risk should the organization continue to grow with its current character training methods. Although I believe that casting everyone who wishes to be a character is inclusive and welcoming, thus promoting recruitment, the higher the number of inexperienced and untaught volunteers that go on visits as characters, the more likely one may be to slip up or fall out of character, unintentionally ruining

the magic or inflicting trauma upon a child. Although unlikely, it's a big risk that can be heavily reduced by just reformatting training to be more grounded and engaging and adopting basic theatrical practice. Again, I believe that my lesson plans will aid in resolving this issue because they are intentionally designed to be physically and socially active to allow the volunteers to have fun while learning about theatre, thus increasing the volunteers' participation in the training and their absorption of effective acting techniques, which will augment the effectiveness of the training.

Lastly, based on the data, there are current tensions and complications regarding casting and the constantly shifting rules around substituting as a character that is not one's own. I expect the organization to have to, at some point, alter some of their casting methodology to mitigate these tensions. I don't disagree with a volunteer's main casting being only one character because most of these volunteers are inexperienced actors and focusing on just a single role is helpful to honing their performance. However, after hearing many of the volunteers' opinions on the casting choices, especially those who were cast as characters that they either didn't resonate or identify with or who are unpopular with children, I do believe the organization would benefit from a bit more attentive and purposeful casting. I can speak from experience and corroborate that many volunteers are cast as small or unimportant characters that the kids aren't drawn to and that there seems to be a national shortage of the most popular characters. On that note, I do not foresee the organization maintaining the current "Swing" system (which has only been in place for a month at this moment) because it only provides characters who audition again with one to two more characters to play in the event of an emergency. I do understand that keeping the character count per volunteer low ensures that the volunteers can properly and carefully learn the characterization, but in a true emergency, I believe that any experienced character who looks the

part should be able to substitute in (which was the previous system). Considering the current data, I can predict that if this strict and restrictive casting continues, the organization risks losing volunteers because they are unhappy with their casting, or losing partners because they cannot get their children's favorite character to visit.

All things considered though, if A Moment of Magic can counter these impending challenges, I see the future of this organization thriving. In the past few years, the numbers have grown exponentially, so I anticipate that to either stabilize or continue, but not to fall. In fact, while I've written this thesis, two new chapters have been formed at colleges in areas currently not served (but one has dissolved due to internal tensions). The benefit of being a collegiate organization is that despite there always being students who will graduate from the organization, there's also a new class of fresh faces coming in. There is no need to worry about older volunteers getting bored, tired, or moving and having to rush to recruit new members to fill their places because that is intrinsically built into its structure. Although it's disappointing to be passionate and committed but forced to leave after four years (speaking from current personal experience), it's hopeful to know that someone new will come in behind to serve the children.

Pt. 3: Thoughts as an Insider and an Outsider

As I've made my way through the past year and a half of writing this thesis, I've been situated in a challenging position as a heavily involved member on both the chapter and national level attempting to research, write, and analyze from the mindset of an outsider. I chose to write this thesis because of my dedication to A Moment of Magic and my passion for bringing smiles to those children. I wanted to use my theatrical background to break down what exactly makes this organization that I loved so dearly (and still do adore) operate. With that being said, I would

be lying if I said my opinions as an insider were the same now as they were before due to some of the discoveries that I uncovered as an outsider.

Eighteen months is a long time. For an organization as young and fast-growing as A Moment of Magic, a year and a half contained several internal structural and operational shifts, as well as the inevitable challenges and disagreements that come along with change. I experienced these as an insider and simultaneously heard about them from varying statuses of volunteers as an outsider. I am grateful for having gotten to hear so many differing perspectives on situations because it opened my eyes to the intricacies and consequences of seemingly small changes in such a large and diverse organization. Additionally, as a member of the National Team, I have realized that I struggle to recognize and vocalize honest judgments and critiques of the organization's decisions that affect the chapters, so getting to hear all the evaluations from the chapter-level members was enlightening as both an insider and an outsider. From an outsider's perspective, it was an intriguing study of organizational and structural hierarchy. As an insider, it released the blinders that I've unintentionally put up to acknowledging faults at the chapter and national levels.

As both an insider and an outsider, I also experienced the inherent "drama" that can arise in collegiate settings amidst members and those of authority. College is an overwhelmingly transformative time for all, consisting of personal discoveries, explorations, stress, and maturing on one's own time, which can naturally lead to tensions, misunderstandings, and clashes between members. Additionally, due to the nature of this organization as recruiting students from various disciplines, backgrounds, and identities, disagreements are bound to occur. Although I understand that everyone is human, hearing the amount of seemingly petty drama between members as an outsider did allow me to open my eyes as an insider and begin to catch glimpses

of it in front of me. It's slightly disheartening that in an organization that is so founded on love, happiness, and hope that these pressures can arise. However, from the limited partner interviews, it doesn't seem to be marring the effects of the visits on the children whatsoever, which is the bottom line of the organization.

In a similar vein, it was slightly discouraging to have come to terms with how many people in this organization have a bias against theatre. There seemed to be many interviewees who expressed opinions revolving around the idea that "theatre is stupid." I chose to write this thesis because of the many performance-based parallels I saw in my theater studies and this organization. However, it was shocking to hear the amount of disregard and rudeness towards the craft from some of the volunteers (especially some that I've been close friends with for years). I credit it though to a misunderstanding of theatre, or antitheatricality, that has been around for centuries. I believe that the only way to solve the frivolous attitudes regarding acting is to properly inform the volunteer body of the importance of theatre, which is why I hope that my revised performance training is adopted. Upon the publication of this thesis, I hope to sit down with the current National Training Coordinator, Maddi Stanton-Johnson, and her team to propose my lesson plans. I hope that since she comes from a theatrical background, the team will understand and approve of the proposal. I do understand that change takes time and that A Moment of Magic operates on a cyclical training structure, so my goal is that these trainings can be rotated in the next year or two when the training cycle is going to start over.

Part 4: Magic

All in all though, from every single partner and volunteer interview, one thing was profusely consistent and optimistic, and that is the effect that this organization has on the

children they serve, the “magic.” Hearing all twenty-five interviewees express that the children had such positive experiences was astonishing in demonstrating that the performance strategies that A Moment of Magic employs do work, despite any internal critiques and tensions that may exist. Obviously, I’d need to sample a larger population to say with 100% certainty that A Moment of Magic’s visits are effective in improving the lives of disadvantaged children, but from the data I was able to compile, the odds are very positive. This data brings me indescribable amounts of hope and joy. I’ve only ever had positive experiences on visits, but to know that the magic I’ve felt with those children, along with the magic they’ve felt, is shared across the nation makes me so fortunate, proud, and happy to be a member.

The largest takeaway from this thesis is that *theatre can create magic*. Performance can be transformative for all participants involved -- the audience, the actors, and the witnesses -- and A Moment of Magic’s visits are just one example of how the art of theatre can be developmental, life-changing, and “magical” for all. For their audience of children and their families who are facing difficult life situations, A Moment of Magic’s volunteers embody characters that are trusted, loved, and idolized by these children. Through the persona of these characters, the volunteers imagine and create extraordinary and magical worlds for the children to play and immerse themselves in, thus allowing the child, and consequently the other figures present in the space (parents, doctors, siblings, etc.) to be distracted from their everyday circumstances and have fun. Theatre can improve the lives of those suffering by providing a constructive, engaging, and fun outlet of escape, as well as serve as a symbol of hope by instilling positive narratives.

The benefits of performance don’t stop at the children, the actors themselves reap developmental benefits as well. For the volunteers of A Moment of Magic, the practice of

learning theatre hones their skills of empathy and communication, thus enabling them to astutely observe the world, emotionally relate to others, and craft deep, rich, and fulfilling connections with both the children they serve when in character, and their peers in their personal lives. Additionally, these performances encourage the actors, who in this case are adults, to play again. Playing can be transformative for all ages but is a practice that is often left behind with childhood. However, engaging in play promotes self-confidence, comfortability in taking risks, social interaction, having fun, and letting go of stress, all of which contribute to an overall more stable sense of well-being.

Theatre is necessary in this world. Many may not acknowledge it, but the “magic” that it can create for all its participants is transformative. A Moment of Magic is just one example of how the art of theatre can be nourishing to the world, but the potential is endless. As I come to the end of this thesis and reflect on my research, studies, and personal ambitions, I am abundantly grateful that I am a member of A Moment of Magic, as well as a practitioner in the field of theatre as a whole, because the magic I get to experience, create, and witness is beautiful, special, and unique.

Appendix A: Interview Outreach Emails

Volunteer request sent out on slack:

Hey everyone! I'm Jordan Hundley and you may know me as a National Visit Team member and JMU's MEC, but I'm also a senior Theatre major at JMU. I am currently writing my thesis on "The Dramaturgy A Moment of Magic." Essentially, I'm answering the question of "what are the strategies that A Moment of Magic employs to positively affect the lives of disadvantaged children?" Basically, how we create magic!

In my research, I am looking to conduct interviews with about 15-20ish volunteers nationwide (ranging in areas of study, gender identity, backgrounds, experience, etc.). They will be over Zoom or FaceTime, and will take at most 20-30 min. I am hoping to record them to reflect back on when writing later on. Also, I want to clarify that this thesis is *solely* academic, only to be shared/published in scholarly, academic, institutional settings. Below are the questions you'd be answering:

1. In your own words, what do you do?
2. Why did you join the organization?
3. How did you learn to do this? How were you trained?
4. Did you have any prior training in theatre before joining AMOM
5. Can you describe your interactions with children during a visit? From your vantage point, what was the impact on them before, during, and after a visit?
6. Is there a moment that felt truly magical for you during a visit? A memorable instance?
7. Is there anything you wish the organization could do differently on visits or in training?

If you're interested in being interviewed and helping me with my research, please either comment your email in the thread, slack message me, or email me that you're interested to jordanhundley@verizon.net by the end of this week. Thank you!

Partner email sent via email:

Hi!

Firstly, I want to thank you so much for working with A Moment of Magic. It's been an honor for our organization to bring magic into your children's' lives.

My name is Jordan Hundley and you may recognize me as a member of A Moment of Magic's National Visit Team and JMU's Visit Coordinator, but I am also a senior Theatre major at James Madison University. I am currently writing my undergraduate thesis on "The Dramaturgy of A Moment of Magic." Essentially, I am answering the question of "what are the strategies that A Moment of Magic employs to positively affect the lives of disadvantaged children." In answering that question, I am looking to interview both AMOM volunteers and parents/organizations that we serve.

I am emailing to ask if you'd like to be interviewed about your experience with A Moment of Magic. Interviews will be no longer than 20ish minutes and will most likely be over Zoom or Facetime. I do want to specify that this thesis is *solely* academic, and while I may be recording the interviews for my own reference later on, your responses will not be going anywhere other than this scholarly academic piece of literature. Below are the questions you'd be answering:

- What is your name/title
- How did you find out about A Moment of Magic?
- What was your first impression when you first heard about A Moment of Magic before the visit?
- What services did they provide for you?
- From your vantage point, can you describe your child's interaction with A Moment of Magic volunteers?
- Can you share how your child reacted to that interaction? How did they act before, during, and after the visit? What was the impact?
- How long has it been since the visit? Do your kids still remember or mention A Moment of Magic?
- Is there anything you wish the organization could do/have done differently?

If you'd be willing to be interviewed, please let me know! Interviews will be taking place at a time that is best for you between late September and early November. Your responses will be super important in helping me collect data for my research on documenting how beneficial an organization such as ours can be in benefitting the welfare of children.

Thank you so much,
Jordan Hundley

Appendix B: Lesson Plans

Acting Lesson #1: Tools of the Craft

A Moment of Magic

Acting Lesson 1

Time: 60 Minutes

Tools of the Craft

Objectives: In this lesson, volunteers will strengthen the basic “tools of the craft,” including strong and clear speech, strong and nimble body, memorization, working off another person, concentration, bravery, will, and common sense.

Preparation: Participants should come having watched their character’s film or tv show and have picked out one line of dialogue (preferably a catch phrase).

Time	Activity	Reflection/Discussion
10 min.	<p>Warm Up: Zip Zap Zop: Players stand in a circle. One person starts by clapping and pointing at another player and clearly says “Zip!” That person who just received the point, then claps and points to someone else, saying “Zap!” Then, that third person claps and points to another player, saying “Zop!” The sequence continues around the circle in that order. Video example found by clicking here.</p>	<p>Emphasize the importance of energy, specificity, clarity, and eye contact.</p>
5 min.	<p>Define the Tools of the Craft as the basic skills needed to learn how to act: strong and clear speech, strong and nimble body, memorization, the ability to work off one another, concentration, bravery, will, and common sense</p>	<p>How did the warm up activate each of these?</p>
15 min.	<p>Strong and clear speech/memorization:</p> <ol style="list-style-type: none"> Practice tongue twisters as a group, really emphasizing enunciation and pace: “Betty Botter bought some butter,” “Peter Piper picked a peck of pickled peppers,” and “she sells sea shells down by the sea shore” (5 min) Ask volunteers to locate their line of dialogue, memorize it, and practice sharing it out loud clearly and confidently (no need for character voices yet unless they are feeling confident in their own voice enough to advance on) (5 min) 	<p>How and why do you see a strong and clear voice being beneficial on a visit?</p> <p>How about having a go to catch phrase memorized? Is that helpful?</p>
20 min.	<p>Strong and nimble body:</p> <ol style="list-style-type: none"> Shake down: all together, shake your right hand for eight counts, then your left hand, right foot, and then left foot. Repeat the whole sequence, but for one less count than before. Continue until you’ve counted down to one. Video here. (5 minutes) Walk around the space. After a few seconds, ask each volunteer to pick a part of their body to lead with (head, heart, hand, etc.). If they feel inclined and self-assured in their own body, this can relate to their character. 	<p>How do you see an energetic, nimble, and strong body helping on visits?</p> <p>Begin to consider how your Character may use their body?</p>

Cont.	(cont.) Establish that there is a scale of 1 to 10, with 10 being the most exaggerated manner of leading with that chosen body part, and 1 being to walk normally. Play around and explore these levels and bounds of physicality. Allow the freedom to try different body parts. (10 min)	How is their physicality different from your own?
10 min.	<p>Concentration, bravery, and common sense:</p> <p>1. Counting to 20: ask volunteers to stand in a tight circle with their eyes closed. Take a deep breath in together. When someone is ready, say 1. Then, randomly, count to 20. However, if someone talks over one another, then they must start over. Video example here. (5 minutes)</p>	<p>What did that exercise activate and require? Bravery? Will? Common sense?</p> <p>What do each of those mean to you in terms of acting?</p>

Homework: Ask volunteers to become even more familiar with their Character.

Come prepared with 2 things:

1. A major list of all the things that happen to their Character during the film or tv show (obstacles, relationships, achievements, etc.)
2. An exhaustive list of facts about the character that are known to be true from their movie or tv show (personality traits, likes and dislikes, familial background, aspirations, etc.)

Acting Lesson #2: Character Preparation

A Moment of Magic

Acting Lesson 2

Time: 60 Minutes

Character Preparation

Objectives: In this lesson, volunteers will learn techniques to prepare them to truthfully embody their characters for their performances, including given circumstances and the Magic If.

Preparation: Come with a list of all major things that happen to their Character in the film or tv show, and a list of facts that are known to be true about their Character.

Time	Activity	Reflection/Discussion
5 min.	<p>Warm Up: Ask the volunteers to turn to a partner and briefly discuss some of what they came up with with their homework. Maybe it's a favorite new fact about the character, something that intrigues them, something major that happens to them, etc. For example: "I learned that Megara from Hercules sold her soul to Hades."</p>	<p>What did you learn about your character?</p>
20 min.	<p>Given Circumstances</p> <ol style="list-style-type: none"> 1. Define given circumstances as the specific details, conditions, and situations the surround a Character in a piece of media. Essentially the who, what, where, why, and how of any character. These are important because these facts are the basis of informing an actor on how they should perform a character, and also audiences might know this (5 minutes) 2. Give volunteers a few minutes to jot down the "who, what, when, where, why and how" of their Characters (as to be informed by their homework) (10 minutes) 	<p>Would anyone like to share any discoveries they made about their characters?</p> <p>How could knowing this information inform your character choices?</p> <p>(5 minutes)</p>
35 min.	<p>The Magic If</p> <ol style="list-style-type: none"> 1. Define an actor's job as "to be believable in unbelievable circumstances." One way of crafting genuine responses is through using "The Magic If" where an actor puts themselves into the shoes of their Character and asks themselves "what would I do myself if I found myself in these situations and circumstances." This might be difficult to grapple, so one way to get yourself into this mindset is to use The Magic If. The Magic If allow an actor to empathize and connect with their character, thus producing a more authentic performance (5 minutes) 2. Magic If exercise: have students sit down with pen and paper. Considering all the given circumstances of their character, brainstorm "what would I do if I were meeting a new friend (a child)," "how would I feel," "what is another time in my life I have felt this way or similar?" and "what does this reveal about the character and/or me?" (20 minutes) 	<p>What did you learn about your Character and yourself?</p> <p>Any major revelations you'd like to share with the group?</p> <p>How is this helpful towards getting into character and informing your choices?</p> <p>(10 minutes)</p>

Homework: Practice practice practice! Consider other situations that may arise on visits and brainstorm how your character may act.

Acting Lesson #3: Improvisation

A Moment of Magic

Acting Lesson 3

Time: 60 Minutes

Improvisation

Objectives: In this lesson, volunteers will learn and explore the basics of improvisation, or thinking on your feet and acting without a script.

Preparation: None. Be ready to move.

Time	Activity	Reflection/Discussion
5 min.	<p>Warm Up: When I Go to California</p> <p>This warms up creativity, focus, memory, and energy. Ask players stand in circle. The first person says, "when I go to California, I'm going to bring..." and finishes the phrase with an item. The next person then repeats the whole phrase but adds in "...and..." and names another item. Then the third person repeats the previous items and adds a third item, and so on. The first person goes twice (starts and ends the game). This game is not competitive.</p>	<p>What skills did this exercise activate? Memory? Listening? Focus? Spontaneity?</p>
5 min.	<p>Define Improvisation as performing spontaneously. Improvisation is unscripted, unprepared, and created by reacting to external forces. On AMOM visits, actors are improvising as their Characters because they never know what interactions they will have, so they must be skilled in thinking on their feet.</p>	<p>How and when can you see improvisation being useful on a visit?</p>
10 min.	<p>Building a Story</p> <p>Players sit in a circle. The instructor points to one person and they begin telling a made up story, then points to another and they continue on the story without missing a beat. This goes until the story reaches a natural ending.</p>	<p>What did this exercise activate? Creativity? Spontaneity? Focus?</p>
10 min.	<p>Gibberish:</p> <p>Ask volunteer to get into partners. They should begin speaking gibberish to one another, but fully understanding what each other is saying (as if it was English). Instructor will yell "English" and they'll switch the conversation to English (not a new conversation, just a new language). When they yell "gibberish," they should go back to speaking gibberish. Conversation should flow and advance naturally following physical cues, tone, and eye contact.</p>	<p>What did this exercise activate? Imagination? Creativity? Risk? Letting go of the fear of "looknig stupid"</p>
10 min.	<p>Playground</p> <p>The room is now a playground. Go. They can break into teams and play games (tag, basketball, dodgeball, marbles, jacks, etc.) or use playground equipment, or do anything that may be done on a playground.</p>	<p>What did this exercise activate? Creativity? Focus? Working with a partner? Spontaneity?</p>

cont.	(cont.) All objects are space-objects (or not real, created in space through imagination). Remind actors to really focus on whatever activity they choose to play. Feel it. Have fun, be excited, and play hard.	From the above three exercises, how could the skills used be useful on a visit?
20 min.	<p style="text-align: center;">Putting the character into their bodies</p> <p>Give players a second to take a deep breath and remember their past lessons. Ask them to close their eyes and assume a pose or stature that they feel fits their character. Allow them the freedom to really explore for a minute or two, coaching from the side. Then, ask them to move around the space. For the first few minutes, ask them to not react to one another, instead focus internally on their own physicality and methods of movement. Then, allow them to silently engage with one another as they feel their character would (choosing if and how to make eye contact, nod, wave, etc.). Finally, after about 5 minutes of this silent exploration, ask them to begin vocalizing with other Characters as they see fit. How would this character talk to this other one (really focus on the interaction and relationship)? How would they respond to that prompt or question? How would they say goodbye and continue moving about? Let this go on for about ten more minutes so they can really explore and take risks. (15 minutes)</p>	<p style="text-align: center;">How was that experience?</p> <p>Did anyone experience anything new, surprising, interesting, or important?</p> <p>How was this helpful for preparing to go on a visit in Character?</p>

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