The Power of Story

Male Speaker: Good morning, everyone. Welcome to day three of the Public Health Workshop. You all know from the credits in many of the favorite TV shows [out] there, and you saw how beautifully crafted are those stories in terms of conveying health promotion messages in a variety of fields. And they show many of the examples in our own field here. And we're going to have this interactive session now with them on more detail. Sandra's going to explain to you in a minute how the session is going to evolve.

Sandra, next to me here -- she's the director of Hollywood Health and Society, a program of the University of Southern California Annenberg Norman Lear Center. She's known for her award-winning work on entertainment health and social change in the US and also internationally. Sandra provides resources to leading scriptwriters and producers with the goal of improving the accuracy of health and climate change-related storylines on top television programs and films. This has resulted in more than 565 aired storylines over the span of three years.

She was named one of the 100 most influential Hispanics in America by Poder Magazine and has received numerous other honors, including the USAID MAQ Outstanding Achievement Award. Her Vasectomy Campaign in Brazil -- mind you, she's half Brazilian -- won seven international advertising awards including a Bronze Lion at Cannes -- the Cannes Festival, mind you -- and the Gold Medal at the London International Advertising Awards.

She's a former associate faculty member of Johns Hopkins University, the School of Public Health, in fact. And recently, she led Hollywood writers and producers on trips to South Africa and India and launched the Story Bus Tour Series and Climate Change [Storylining] Initiative.

Sandra, we're all yours.

Sandra de Castro Buffington: Good morning, everybody. Thanks so much for getting up early to join us. I'm going to ask those of you in the back to please move forward. And even those of you in the back of this front section, would you please come up? Because we're actually going to get off the stage and join you. And eventually, we'll break into small groups. So it would be nice to have everybody here up front. And even if you're only staying for a little while, it would be wonderful if you'd move.

And while people are moving, I'd like to ask -- how many of you joined us last night for the dinner? Just raise your hands. Okay. And how many of you are meeting us for the first time this morning? Okay. Well, this is good to know.

So I would say that all of us here are concerned about uplifting and transforming society through improved health and wellbeing. And there are many ways to achieve that.

And what we're going to talk about today is the power of storytelling. In fact, in this workshop, you are going to become the storytellers yourselves. We're going to be having a very hands-on interactive session. And you'll go through a series of exercises with our amazing writer/producer friends from Hollywood, who will share with you some of the most important techniques they use for creating compelling stories.

But why is this important? Why should public health experts care about storytelling techniques? Well, Gabriel Garcia Marquez gave us a clue when he said that fiction was invented the day Jonas arrived home and told his wife he was three days late because he had been swallowed by a whale. So we know there's a story there.
So I'm going to give you just three data points about why storytelling is important. Those of you who were with us last night heard me say this -- we know from our research that nearly two thirds of regular viewers of TV shows report learning something new about a disease or how to prevent it from television, and more than a third of those viewers report taking action on what they learned. So we know that storytelling captivates, holds attention, and can actually motivate behavior change. So that's one reason.

Another is that storytelling is more powerful and more effective in moving viewers to action than other forms of communication. So in this case, we had a storyline about HIV and AIDS on a daytime soap opera in the US. And the soap is the longest-running soap opera in the world, and it is aired in over 100 countries worldwide. Hundreds of millions of viewers watch this show every day.

And was a minor storyline about HIV and AIDS -- three episodes. In the first episode, Tony, this character, learns that he's HIV-positive. In the second episode, he tells the beautiful Kristen, his fiancée, that he's HIV-positive. And in the third episode, they get married.

We asked the network to allow us to air a public service announcement referring viewers to the CDC AIDS call-in hotline number. Now, this red peak here was August 13th, the day Tony told Kristen he was HIV-positive. And that PSA aired, and it resulted in the highest peak in callers all year to that hotline number -- 5,313 calls in a single day. We compared that to all references in the media over the course of a year, referring people to the same hotline number.

Look at the small peak -- "60 Minutes," the first blue ball. Very few, very credible news source, talking about HIV and AIDS, referring viewers to the hotline number -- look at the result. The second one, the Surgeon General of the United States -- his PSA campaign refers viewers to the same hotline number -- a small peak. The next one was a huge national Get Tested campaign, very highly financed. It happens once a year in the US. There was a significant peak, but not anything close to "The Bold and the Beautiful" for motivating viewers to take action.

What's happening here? We can finger-wag, we can provide the most compelling scientific data. We can tell people logically. And nothing moves them to action like appealing to the head and the heart. And so this is why public health professionals have a lot to learn from Hollywood writers and producers about how to appeal to the heart and the head at the same time.

The third reason we should care about storytelling is what we call in the scientific literature transportation. Transportation is a measure of engrossment in a story. Think about being in a movie theater and watching your favorite movie. What happens? I'll talk from my perspective. I lose track of time, I forget my surroundings. I come to see the characters as beloved family or friends; I care deeply what happens to them. And I don't want the story to end. In social science literature, that means I'm transported into the story; I'm engrossed deeply.

What happens is we have much higher knowledge gains and behavior changes when we're transported into a story. This is an argument for good storytelling. Because there are lots of kinds of storytelling. So compelling story is what grabs and holds our attention and transports us.

Now, the bottom half of this little slide addresses involvement with characters. Involvement is a factor in transportation. But the difference is it doesn't compel viewers to action in the way that transportation does. So you may have a story with characters you identify with. You know, it may be told in a way that's okay, that kept my attention. But it's something I may forget. And it won't move me to take action. So what we have to learn is not only how to use storytelling but how to create compelling stories that transport us and transport our patients and our viewers.
Creativity takes a lot of courage, takes a leap of faith in a way. And those of us who -- I have a public health background, as I'm sure many of you do, or science background -- we have creativity in our research. But it's a little bit different from sort of jumping off the cliff of creating a story from nothing. So we're going to get a lot of practice today.

And what I'd like to do next is introduce our speakers and the leaders of our storytelling workshop. And I'm going to do this in order of their speeches.

I'll start with Christopher Keyser. Chris is the President of the Writers Guild of America West. He's actually a graduate of Harvard College and Harvard Law School. And after graduating, he became a political speechwriter, working on Governor Bruce Babbit's presidential campaign in 1988. And his credits include "Benefit of the Doubt" for Miramax, and the independent film "Highland Park." He's currently preparing to direct his own script, "A Great Education."

In television, he writes with a partner, Amy Lippman. And they've worked on many series, from "LA Law" to "Equal Justice," and to the show "Sisters." And they created the very well-known drama series "Party of Five," which ran for six years on Fox and won the Golden Globe for Best Drama and the Humanitas Prize.

He's also a partner in a political media company, First Tuesday. He's also the co-chair of the Hollywood Health and Society Board. And that's the most important thing.

(Laughter)

So, welcome, Chris.

And then, we have Jennifer Cecil, the amazing Jennifer Cecil. And she is the executive producer of the show "Private Practice," a medical practice. And it's a very big hit on ABC. And she's been writing for this show since 2010. And prior to that, she was the co-executive producer on "90210," on "Brothers and Sisters;" and also wrote for "One Tree Hill," "Providence," "Raines," and "Hollywood Off-Ramp." In addition to her work in television, Jennifer wrote the screenplay for "Cadillac Ranch," starring Christopher Lloyd and Suzy Amis.

She was born and raised in Texas, and she currently resides in Santa Monica, California. And the other thing I'll tell you about Jennifer is that she traveled with me, with Hollywood Health and Society, to India last year and was immersed in learning about global health in a local context, and visited the second-largest slum in the world, a huge city dump. We met all kinds of innovative leaders and activists in public health. So she's got a lot to tell us.

And next, I'm going to introduce Sarah Watson. And Sarah is a writer and the co-executive producer of the critically acclaimed NBC drama, "Parenthood." And she just sold a major pilot to Fox. So we're all very happy for her. Congratulations again. Her other credits include "The Middle Man," "The Unusuals," "Lipstick Jungle," and "Standoff," among other series.

She's a Northern California native, and she studied English and American literature at UCLA before beginning her career in television. When she's not writing on "Parenthood," she can be found in Los Angeles coffee shops working on her first novel. So welcome, Sarah.

And finally, last but not least, I would like to welcome Dr. Zoanne Clack. Zoanne, as I said last night, is the only MD/MPH in Hollywood. And she is the co-executive producer of "Grey's Anatomy," a very well-known show, as you know. She's been on the show since it began and also acts as a medical advisor. She assists in production of all aspects related to medicine on the show.
She attended Northwestern University, UT, Southwestern Medical School, and Rollins School of Public Health at Emory University. She completed a residency in emergency medicine, a fellowship in injury prevention, and spent a year at the CDC in international emergency medicine.

She's a staunch advocate and an activist for using entertainment media to communicate public health messages. She's on many boards around the world advising people. And I just gave you her medical credentials. But the reason she's really here today is to talk to us about compelling writing.

So, let's just go over our workshop goal and objectives. We're here to increase the use of storytelling and narratives for effective communication with the public, with policymakers, and with public health professionals. And our objectives today are to understand the framework and the elements of effective storytelling for health communication, to identify the components of the narrative writing process, and to acquire and apply strategies to create and deliver effective narrative stories.

So just to go over the agenda in brief -- we have a Writer's Toolkit. We're going to do three exercises. And my colleagues here will lead us through. After these three exercises of speed writing, outlining and first draft -- and you will all be writing this morning -- we brought pens and paper, so don't worry if you didn't bring any; we wish we had tables to provide you, but we don't have any, so I hope you have something to write on -- we'll take a short break.

And right before we take this 15-minute coffee break, we're going to change the room around so that we have four groups. And then we'll come back, and we're going to do small group exercises to help you create stories as a group, the way one would do in a writer's room. And then we'll invite one representative from each group to come up here and present the story to the plenary. And we will workshop that story, give notes and pointers and give you ideas for either improving it, or we'll celebrate you for doing a fantastic job, or a combination. So that's what the day looks like.

I'm going to close with this quote from the author Barbara Kingsolver. She said -- fiction has enormous power. It's funny, people talk about political fiction or apolitical fiction. That's nonsense. I think all fiction has a point of view, and all fiction has the power to create empathy for the theoretical stranger. It has the power to bring the reader inside the mind of another person. Only fiction can do that. Journalism can't do that. Journalism describes from the outside. Photography describes from the outside. But in fiction, really, you put down your life. You enter the mind of another person, and you inherit her children and her financial problems, and all these things. You inhabit them for awhile. That's an audacious thing to do with another person. So I try to use that power as well as I can -- Barbara Kingsolver.

So now, before I turn this over to Chris Keyser, I'm going to show you a short clip from "Parenthood." And this is such a compelling piece of fiction. I don't know, Sarah, if you'd like to set it up at all. Here's that mic.

Sarah Watson: Oh, sure.

If you've seen the show "Parenthood," in this storyline, Adam Braverman, played by the incredible Peter Krause -- his wife has been recently diagnosed -- very recently, within a few weeks -- with breast cancer. And their daughter, Haddie, is 18 years old and just went to college at Cornell, 3,000 miles away, and could not be happier there. So they are in the very difficult position as parents -- how much do you tell your children about your health, when there's nothing they can do, and you're powerless anyway? And so, this is about Haddie trying to get more information from her father.

(Video begins)
Adam: Haddie, we just don't want you to worry. You got to focus on your schoolwork, okay? We're taking care of everything, you just don't worry.

Haddie: Yeah. I don't have any information, and I'm really far away.

Adam: Just, you know what --

Haddie: And I don't know what's going on.

Adam: -- everything's going to be all right, don't worry. And just focus on your books, okay? Give yourself a little bit of time in the morning --

Haddie: Stop, what?

Adam: Huh?

Haddie: What did you say? Focus on school?

Adam: Just focus on school. Don't be looking --

Haddie: Dad, it's like hard. I'm really far away from home, I don't know what's going on. Like, you didn't tell me any information. Hello? Can you treat me like an adult?

Adam: Okay. Your mother's tumor is 1.6 centimeters. Okay? So they're going to be able to do a lumpectomy. They're going to be able to get the tumor out without having to do a mastectomy, so that's good. And while they're doing the lumpectomy, they're going to do a biopsy of two lymph nodes. Because that's how cancer usually spreads. So they're going to be able to tell whether your mother needs any further treatment -- chemotherapy or radiation, anything like that. Okay?

Haddie: So she might need chemo?

Adam: I'm not saying that. She's going to be all right. But that's the truth, that's as much as I know. That's where we're at. And I promise you I will keep you up to date. I don't want you in the dark.

Haddie: Okay. How are you?

Adam: You know, I'm all right. Hanging in there. Yup. It's scary, but I'm okay. Yup.

So, you got to know that your mother is so strong, and she's so positive. And she's doing everything she can to get healthy. And the best thing that you can do for your mom right now, Haddie, is just -- you just focus on school. And you do well, and you make her proud, okay? Can you do that for me?

Haddie: Yeah.

Adam: Okay, good. Listen, I got to get back to work here. But I love you, okay?

Haddie: Mm-hmm. Love you, too.

Adam: Bye.

(Video ends)
Sarah Watson: Pretty compelling story. Take a minute here.

Chris?

Christopher Keyser: I can't follow that.

So I want to treat this like we're really in a writer's room. And we're going to talk to each other about how to work.

I know you guys are going to do all kinds of exercises at first, before the break. But in the end, you really are going to behave as if you were in a writer's room that any one of us would be in in Hollywood, which is to say we're going to sit around in a room essentially, with 10 people or so, and figure out what a story is going to be for a show -- a theoretical show.

I want to talk to you in more general terms than these guys are going to talk to you about. Because they're going to take you through the four items in the Writer's Toolkit. I'm going to talk about those, I'm going to set that up a little bit.

So just as a background, so that we understand how we're talking -- I came to writing as a lawyer, which means that my point of view was always the best idea wins -- I marshal some evidence, I convince people of something, and that's it. That's, by the way, even more true for you guys in the sciences.

But it ends up that it doesn't really work that way, right, that you're not actually just making that kind of an argument. A story makes an emotional argument as well. It also makes an intellectual argument; it may make a moral argument. We want stories to make all of those arguments, right? We actually want that to be true. Because if it weren't true, we'd just lecture people, there'd be no reason to do stories. So we actually want people to respond to us on a lot of different levels, not just -- here are the facts, yes, I hear you.

By the way, in every interaction we have in life, I think -- certainly I've found this -- in your family or in schools, or wherever else that's true -- in politics -- we know that that's the case, that people interact with each other in complicated ways. So we make a decision, and we hope other people's decisions align with our point of view. But it's not always for the reasons we think they ought to align with our point of view; it's not just because of the facts, okay?

So why does this matter? Why does it matter that you need to think about this when you're sending a public health message? First of all, as I said, it's the truth about human beings. Human beings are -- they are not wholly rational. They are intellectual sometimes, but emotional people.

For example, I always have this argument with my writing partner. I write with a writing partner, and she says -- here's the thing -- you're a debater, you can out-argue me, but here's an argument you can't beat -- I don't feel that way. You just can't beat that. There's no answer to the "I don't feel that way" argument. But we have to, in some ways, answer the "I don't feel that way" argument. So that's thing number one.

Thing number two is there's an enormous amount of information. You want to get a piece of information out. All of us want to sell our stories to people, in the sense that we want them to tune in. We think our stories are truer and better than anything else. But you can't begin that way, because that starts with a conclusion as opposed to the assumption. And everyone's selling everyone a thousand things that they claim are true. And an audience has got to be able to figure out which ones of those things they care about -- what breaks through all the clutter of the million true things that are being told to them, and they pay attention to that one.
And the third thing is -- I talked about this a little bit last night -- people are, by and large, suspicious nowadays. They realize that every single moment of their life they're being sold something. Whether it's a way of thinking about something or product they should buy, or a story they want to invest in, they're always being sold something. And at this point, it's absolutely critical for anyone who wants to bring someone to his or her point of view to undermine that distrust, that immediate distrust that takes place between the storyteller and the listener, that says this is just spin you're putting on.

What we need to do is we need to subvert people's expectations and get to them when they don't expect it. So for example, that's a great clip to show how something like that works. If I just wanted to say to you -- here are the things you ought to talk to your kids about, or -- kids, here are the things you ought to understand about your parents, you might say -- okay, I hear you. But what happened there is you got completely lost in that performance that he gave and she gave. And all of a sudden, you're listening to that stuff, and you're believing it without thinking about it specifically. And that's exactly what we want stories to be able to do.

So those of us who end up wanting to change people's behavior have to do it through stories. And might I say -- Sandra mentioned this -- this is not new, it's old hat. The Bible told stories in parable as well. It's not a strange way of doing things. It is, by the way, different from the way government might work, potentially because government can compel. And we have to ask for a conversation. Even governments, by the way, have begun to understand that in order to have people not just follow them because it's the rule but follow them with their hearts, they need to be able to speak to people more complexly. But we absolutely demand interaction, right? We have to have people talk to us.

And so it turns out that that's not -- it's not an easy thing to do to tell a good story. But you have a number of tools in order to make that happen.

Now, by the way, there are a couple of things that make it particularly important for you with the stories that you want to tell. And you know these as well or better than we do. First of all, you're telling a very complex story. You're telling something that's scientifically complex, there are lots of facts. It's not easy to understand about your parents, you might say -- okay, I hear you. But what happened there is you got completely lost in that performance that he gave and she gave. And all of a sudden, you're listening to that stuff, and you're believing it without thinking about it specifically. And that's exactly what we want stories to be able to do.

And the second thing is you're telling stories that may be a little bit fraught, right? There are emotional impacts to these things. You're asking people to behave in ways that are not necessarily -- that may be contrary to certain long-held beliefs that they have, or that are morally complex for them. All of these things are barriers that people put up in order to adopt your point of view and the reasons why you have to be a really great storyteller.

So what are the four things -- we have the slide, right, of the first four elements -- in the Writer's Toolkit.

(Laughter)

It's going well, isn't it? Yes. You know, I know where they are; I want you to be able to see them. Thank you. Thank you for trusting already.

(Laughter)

Here they are. Writer's Toolkit. Clarity, focus, conciseness and vividness. What does that mean? What does that mean?

(Laughter)
The first thing is clarity. What that means is, before you tell a story, you need to know exactly what story you're trying to tell, right? You have to identify what your point of view is, so that other people can do that. By the way, all of these things, I promise you -- when you get into writing, they'll seem obvious; not so difficult. They are actually very, very difficult to do.

So you've got to understand exactly what argument you want to make. It can't be too broad or too complex, so the people can't make out the point.

I'll give you an example. I did a television series once where the producers of it -- I was a young writer -- they were obsessed with the idea that every episode had to have a theme. And we would get to the end, and we would try to figure out the theme. And sometimes those themes were -- I mean, it was so diffuse that we would suggest that the name of the episode was, like, "Life's Rich Pageant," or --

(Laughter)

-- "People and the Things They Do." That's a bad theme, right? Or if it's too specific, people won't be able to get it. You actually have to find that golden mean between those two things, so that everyone gets it. And by the way, if you are clear on what your theme is -- one of the first thing somebody taught me, the very first time I came to Los Angeles to write, was -- in a great piece of work, every scene is about the same thing. Didn't mean they're literally about the same thing. But every scene is some kind of argument for the same emotional idea. Right?

But that requires you knowing exactly what you're doing. And you'll get it when you do it. I mean, in some ways it's like pornography -- you know it when you see it. Right? So you'll understand what it means to be clear. And you know it when you watch a movie or something. You'll say -- I got that. And you know -- I mean, it's very clear what Charles Dickens meant in "A Christmas Carol," right? We get that. He knew what he was trying to say -- or what Cervantes was trying to say in "Don Quixote," or any of those things. Now, they're great pieces of work, and we may not get to that level here in this room -- things that will last forever.

But the goal is to get to the point where somebody looks at it and says -- oh, I knew exactly what he or she was thinking. Because the writer knew exactly what he or she was thinking. I know what point I'm trying to make. In that scene, it's very clear what the point is, which is how complicated it is for parents and children to share -- for kids to be able to participate in those health conversations that go on with their families at the same time as parents are trying to take care of them -- everyone trying to become responsible, but also take care of each other. We get that immediately. That's because the scene is very, very well tailored to do that.

So that's the first thing. The first thing is -- you need to be clear on what you're trying to say, [you] identify it. It needs to be simple and expressed in a way that other people can do it.

The second thing is focus. Focus means that you have an idea; now you have to stick to it, both the underlying message and in the plot. And that's a lot -- that is actually a lot harder than you think it is to do.

We'd often -- and you guys may be able to say the same things when you run shows -- you send a writer off to write a scene. And you had a conversation about what the scene is about. And when you get the scene back, you don't have any idea how that writer got off in some other direction; the scene has become about something else. Because it's fun to write scenes, it's great to write dialogue. And you come up with clever ideas, and you move in different directions. And suddenly, you are nowhere near where you thought you were going to be.
And this is true in scenes and in stories in general. Because for example -- a scene is difficult, but a story -- imagine if you were writing an episode of television like Sarah wrote for that, and you had 20 or 30 or 40 scenes. Every scene is like a decision tree. And if you go off in one direction, and you decide -- I'm going to do something else, instead of the thing I first intended to do -- by the time you get to scene 20, you are nowhere near where you thought you were supposed to be.

So it's very important to both know what you want to say and then to be able to stick to it. And one of the tools -- and we'll talk about this -- is outline. Outline is saying -- I am going to start -- before I write, I'm going to sit down and figure out exactly what the order of scenes is, so that I know I'm going to stick to my general plan.

Now, by the way, I should say that all these things are contradictory in some ways. We don't mean that writing is just a formula. So you may write a scene and say -- something's occurred to me, and I want to go with it, or -- I'm telling a story, and I've got this great idea. I can't leave this alone. It's not like once you produce an outline you can never change it.

But you've got to remember that if -- if you're driving, and you say -- that road looks really nice, I'm going to go off and see that scenic overlook, you're not going to get to the city you were going to, unless you make another detour and come back again. You've got to be aware of the fact that you're moving off of where you intended to go. So outlining is critical.

By the way, we who write television, or if you write movies -- we spend almost all of our time on the structure of things. If it takes us a month to get an episode ready of a given television show, weeks of that -- most of it will be spent trying to figure out exactly what the structure is, what the scenes are, what the argument is, the emotional argument of each scene; and much less time on the dialogue. Because the structure is the key to anything good. Or it looks like it's spontaneous and like a -- well, you probably know this, like that eureka moment in science? That's a great story to tell. Like, all of a sudden, something occurs to you. But of course, there were 20 years of work behind that eureka moment. And in these pieces of these stories that seem like they flow without effort, there was in fact an enormous amount of effort. That's thing two.

Thing two is focus. Is focus? Yes, focus. I forgot for a second what I was saying.

(Laughter)

Thing three is conciseness. I've already violated that rule, I'm going on too long. But the next thing is, you have to be able to do things in short order. This again is much more difficult than you think. If I had 20 minutes to make an argument, I could go on and on and on, and get all of it in. But a scene -- I mean, how long was that scene? Two pages?

Sarah Watson: Two and a half.

Christopher Keyser: Two and a half pages. So they got all of that out in two and a half pages. And that's actually probably a long scene for television nowadays. Most stories that you write -- and somebody asked this question last night -- most people's attention spans are getting shorter. So you've got to write very concisely in order to get your point out. You've got to figure out how to do it very quickly. But that's not so simple. Because not only do you have to do it quickly, but you also have to make it feel like real life.

So for example, I remember the first playwriting class I took. Somebody got up and read a play. And there were two people sitting in a canoe. And one person turns to the other and says -- you killed mother,
didn't you? That was the first line of the play. That was going to be a bad play. Right? Because life does not begin that way.

So when I say you have to be concise, you have to be concise. And yet the rhythms, the movement between one idea and the next, have to feel like the way human beings actually talk. You can't start a scene by saying -- no one walks into a room and says -- okay, now let's talk about HPV. Right? That's just not a good scene. It might be a good scene; I'm not saying it can't be. But the chances are it's not going to be a good scene.

So the idea that you need to be very -- you need to be as efficient as possible, enormously efficient, at the same time as maintaining what seems like the illusion of the way human beings live their real life, which is not particularly efficient -- is part of the skill.

And the final thing is vividness, which probably goes without saying, which is it needs to be interesting, it needs to be good. John Houston always said the first obligation is to be interesting. And I know that I've always dealt with -- like, on television shows, we deal with an actor who will say -- but I played it completely real. And I'd say -- yes, that is completely real; I just couldn't care less. I mean, there's nothing going on there. We're not going to put it in the show. Because the first thing you've got to do is draw people in. There's got to be something going on that's exciting. And that's the same thing for you.

So you need to be vivid and interesting. What does that mean? It means specificity, right? It means telling very specific stories. It's not that I am a brother, but I am the third brother who was never supposed to have been born, but it was a mistake. And here I am in the family. It's about showing, not telling, so people don't give speeches about things. This is not -- Haddie doesn't say -- Dad, I need to talk to you about the way in which you need to be a parent. We actually have a scene in which the revelation about how one is a parent and how one is a child is demonstrated, as opposed to being told.

And sometimes subverting expectations, which is to say have a different person do it than would normally do it, have the person who is usually responsible be irresponsible, and the person who's irresponsible be responsible. Do things that take people off guard and [say] all of a sudden -- oh, I'd better pay attention to this, because it's not exactly what I thought was going to happen.

So those are the four things. We're going to go into those, and you're going to have exercises on all of them.

The big thing that I want to leave you with is that you need to operate on two levels. You need to tell something that would be a good story, even if you didn't have a message. And underneath, there needs to be a point that people understand when they hear or read. And then you enjoy it without reacting like -- oh, I'm being taught something. Right?

So if they can see the message coming, and they say -- here comes another public service announcement about something I've got to do, that's bad. Or if they see the story and they say -- I'm sorry, what were they trying to tell me? That's bad, too. What we need to do is find a way to make sure that neither one of those things happen but that you end up -- audience ends up doing the same thing I imagine you did when you watched that, which is to say -- I'm going to remember that, and that point got under my skin in some ways, which is what good writing does.

So that's me. That's all I have to say. Now, who's up? Jennifer.

Female Speaker: The amazing.

Christopher Keyser: Oh, the amazing.
Sandra de Castro Buffington: The amazing Jennifer.

(Laughter)

Sandra de Castro Buffington: Thank you, Chris.

Christopher Keyser: Thanks.

(Applause)

Jennifer Cecil: Good morning. Can you hear me? Is this on? Oh, it's on now.

Thank you all for coming, so much. We really appreciate it. We know that you had the option to hang out by the pool and work on a little basal cell carcinoma, so we appreciate that you came in here to hang out with us instead.

I was talking about this workshop a couple weeks ago in the writer's room at "Private Practice," on the show runner of "Private Practice." And one of the younger writers looked at me and said -- all right, you're going to an HPV conference. What in the world can TV writers say to a bunch of scientists and researchers and medical people who aren't going to create scripts? So I've since had that writer fired, naturally. But it's a valid question and, I think, probably one that a lot of you may have asked yourself. And the answer, of course, is it is medical professionals who are going to need to communicate about HPV to any number of groups -- to professional groups, to kids, to parents of kids. And always the best way to get the story across is, in fact, to tell a story, whether it's in an exam room or a conference room.

It's an interesting idea that I've found that a lot of people in workshops I've done -- they get a little nervous, particularly today, because we are going to have you all write. And they think -- well, I'm not a writer. But everyone is a storyteller. At the end of your day, you go home to your husband or your wife or your kids or your friends, and they say -- how was your day? And you create a story for them, and you're not even aware that you're doing it. But you're generating what it is that happened during the day, and you're trying to tell it to the greatest effect and get across your points. And what you're doing, actually, is dealing with these toolkit items that Chris said -- clarity, focus, conciseness and vividness.

And I could sit and talk with you about dramatic structure and Aristotle's principles, and everyone would fall asleep, and we wouldn't have any fun at all. What we're going to do instead is just jump right in. We're just going to jump right in, and we're going to start with the vividness concept.

Now, I'm going to let you in on a little secret. There is no writer in the world who looks at a blank page and says -- oh, goody, I get to put everything down that's already in my head. Nobody ever knows what they're writing when they look at a blank page. And anybody who says different is either lying or they just need to be killed. There's really no other option.

(Laughter)

Getting started is hard, because we all want to be perfect. We all want to have a first draft come out that's as beautiful as this "Parenthood" clip, which I guarantee you took hours and hours and hours and weeks to really perfect and craft. And when you're sitting there by yourself, that voice in your head starts to get very loud. And you're thinking -- oh, my God, I can't start with that sentence, that's terrible. And she's a much better writer than I am, and I like the pants that she's wearing, and, Jesus, my closet is really full, and I should probably clean it out. And oh, if I only had hot cup of tea, I just made a hot cup of tea, and
then I'd be okay. And it gets loud, and nothing happens, and you're running around in circles. Nobody needs that.

But I'm telling you, you need to get comfortable with bad writing. Everybody up here has written horrible, horrible things. Some of my horrible things have even made it onto the air, God help me, and are there forever.

(Laughter)

Good writing comes from getting through bad writing. You have to trust that everyone in this room is an intelligent person, and your intellect and your subconscious are going to work together. I want to talk to you about subconscious. More importantly, I actually want to work with you on the subconscious.

So what we're going to do is -- I'm going to make everybody stand up. I want everybody to stand up. I know it's annoying. I want you to sit down. We're going to be doing some writing, so I want -- that's right, get up, people. I want everybody to stretch. Because we're about to do some super fun, scary writing, and we all want to be ready for this. Oh, you all look so good, and you can say that it's a yoga workshop as well.

(Laughter)

I want to put up the speedwriting. Okay. Stretch and work.

So what we're going to do now -- you're getting the other one first. Sorry. I'm changing on-the-fly.

Sandra de Castro Buffington: Okay, which one?

Jennifer Cecil: The next one, the exercise.

Sandra de Castro Buffington: Okay.

Jennifer Cecil: What we're going to do is an exercise called speedwriting. And you can all sit down now, now that you feel fully stretched and ready to go. The goal of this is to teach you how to get out of your way when writing. And ultimately, you're going to see that the toolkit we're going to learn -- toolkit item is vividness.

The exercise I want you to do is I want you to all think of a memorable healthcare experience. It can be absolutely anything you want. It can be a trip to the doctor's office, it can be something that happened in med school, it can be some poison you gave your younger sister, and they didn't in fact die, and you're very upset about that -- whatever it is. Some medical experience that happened to you. We're going to do an exercise that I've done in graduate school and lots of writing workshops. We're going to write at white-hot speed.

Now, what does that mean? That means I'm going to time you for five minutes. Don't worry, no one is going to see your paper. You're never going to have to tell anybody about what you did. Once the timer starts, you write. And by that, I mean you do not let that pen leave the paper. If part of what you're saying is -- oh, my God, I hate this woman, I wish she would've gone away; why didn't I eat more breakfast this morning --

(Laughter)
-- that's fine. Content is not important -- just write. What happens is you just keep writing, keep writing, keep writing, and things will start to come up.

Now, what it'll look like -- if we could go back to the other quickie -- this was the one that I did. And you'll see that it starts off with things like -- okay, here we go, five minutes of speedwriting. Because you're just sort of clearing your throat. And in the middle, I'm saying things like -- uh, uh, and maybe it was this, maybe it was that. None of that matters. All I want you to think about is putting your head down and writing. Writing, writing, writing, writing, writing. Focusing on this memorable health experience. No judgment, no editing. Nobody cares, this is just for you. Okay?

So if someone could hand me my phone, so I can time people -- are we all clear on what the exercise is going to be? Fabulous white-hot writing.

(Laughter)

Any questions before we get started? No judgment. Everybody has pen and paper? Start writing.

Okay. Stop writing.

Well, that was a glorious thing to see, all of your heads down, everybody doing exactly what I said. I'm mad with power now.

(Laughter)

What you've just done is what a lot of writers I know and some other "Private Practice" writers refer to as the vomit pass, which is where you're just throwing stuff out there, and it doesn't really matter what it is.

Now that we've seen sort of what my general things look like -- you could see that I'm vamping, you could see there's ellipses going on, you could see that there are places where I'm just sort of stopping and starting. But I just wanted to keep my pen moving. But what happens with this, and what'll happen with yours, is that out of all the blather, your subconscious is actually kicking up things that are important and vivid, and things that we need to take a look at.

So if we pull up this second slide -- I've now gone and highlighted the sort of key phrases of this. And what you'll find is that this actually tells the juiciest part of this story.

And what the story is that I decided to write about was going to an eye doctor at the University of Houston Medical Center, where I grew up. My older sister, Sarah, had this beautiful pair of light blue cat's-eye glasses that I just thought were the coolest things in the world. So I decided to lie to get myself a pair of them. The doctor's name was Hill, he was very cute. I was six or seven years old. And I decided I would just make it seem like I didn't really know how to see. So I was lying about what I could read or not. So he kept changing the lenses. It was getting very disturbing to him. Finally, he decided to give me a quarter and said -- if I give you a quarter, can you read this last slide? So of course, I read it perfectly. Because a quarter -- that's a lot of money, you can buy a lot of candy with a quarter.

He then left the office. My mother, who was a single parent -- who had taken an entire day off from work to get me there -- read me the riot act when the doctor went to her and said -- I think your daughter is lying about this. So I had to write an apology letter, which I wrote in pencil. I had to give back the quarter, which was very, very difficult. And since I was a Catholic school girl, I had to make amends for this and promise that I would never do something like this again.
So the salient points of all of this blah are those highlighted items, just words that pop up -- things like, you know, light blue cat's-eye glasses, he gave me a quarter, changing the lenses. It's the things that come out that are important for you to be using as we go forward.

And something that I forgot to mention at the top was that this exercise that you've started here we're going to keep building on with my other fabulous compatriots, Laura -- sorry, Sarah -- Laura, the invisible Sarah --

(Laughter)

-- and Zoanne. So what I would like for you to do, now that you've seen generally what it is that I'm talking about, is look back at your paper. Take a look at phrases that jump out at you, things that seem important, and circle them. Just loosely take a look and see what seems to be the most interesting pieces of information that would be compelling for some presentation. Because we'll be moving on for that. Anything, interesting observations, any turns of phrase -- if you put your age in there, if there's a geographic location -- anything that seems interesting and something that you would definitely want to get across to some kind of audience -- that's what I'd like you to be circling.

And while you're doing that, and the fabulous Sarah Watson is setting up for the next exercise, are there any questions about what we've done, what we're doing, what you had for breakfast? Yes?

Female Speaker: So in this step, where you're trying to [fill out ways] (inaudible) make this make sense? Or (inaudible -- microphone inaccessible)? How do you know what's important?

Jennifer Cecil: That's a good question. It's less organizing thoughts in a this is the most important, which is sort of the next step that Sarah will be talking about in outlining. It's more things and words that jump out at you and are things that could be vital as you're -- if you were telling the story of your day, if you were at a dinner party and somebody said -- tell me the story of your most memorable health experience, which you've just written down -- you want to strip away all the stuff you've written that's sort of -- uh, I think it was maybe, or it could've been, or -- the things that are important are, did you go to a doctor? Was it a med school event? How old were you? Whatever the details are that make this specifically your story, as opposed to anybody else's story that could be told.

Anybody else? Fantastic.

Well, I'm going to turn you over to the fabulous Sarah Watson, and we're going to work some more with what you've just done.

Sarah Watson: Hello, everyone.

Well, if what you wrote wasn't immediately brilliant, you are about to get the chance to turn it into a brilliant little story. Because I'm going to talk to you about outlining. Can we put up the slide with the goals?

So outlining -- like Chris said, structure is where so much of great writing goes wrong. So now you've written a little story, or maybe it's not even a story. So were going to find the story within it. Because you're going to find that you have a lot of details in there that are great and that lend itself to a bigger story, and a lot of details that are totally unnecessary and completely irrelevant.

So, focusing on our Writer's Toolkit -- clarity, focus and conciseness -- we want to review what we've written and extract, organize the vivid key phrases into a loose outline. So what does that mean?
Well, we need to know where we're going. So we need to know what this story is about. Because if we don't know what we're building to on a bigger level -- the two biggest pitfalls as writers are becoming bogged down by tiny details and following little stupid things that don't even matter on a tangent. And the other one is heading off onto tangents that have nothing to do with the story. Chris talked a lot about making choices, and where you're going to turn.

So on "Parenthood," we have a writer's assistant who takes notes on everything we say in the writer's room. And so when we're -- we call it a breaking story when we're heading towards an outline -- when we're breaking story, by the time we get sent off to write a script, we generally have at least 30 single-spaced pages from our writer's assistant. And that's pretty concise. I've written on shows where I've been sent off to script and there are 100 pages of notes.

So how do you find what's good to use and what's not? Well, an outline is going to save you from wasting your time on the bigger details. So let's find our story.

The story I wrote, if you want to go back -- we don't need to read it. But my story was about -- when I was 15 years old, I had jaw surgery at Stanford Hospital, which is a teaching hospital. And I was terrified, but I was 15, so I was trying to act like an adult. And my dad was being a hover-parent. So I wanted to show that I was very adult, so I was being very calm and cool around the doctor, especially when the doctor came in and introduced himself as a resident. And I thought he looked very old and respectable, because I was 15 and he was cute, and I wanted to show him that I was brave. Whereas my dad took one look at this kid and was like -- are you qualified to do this? Well, I was mortified.

And it turned out the doctor had no idea what he was doing. He had never started an IV before. He ended up jabbing my hand seven or eight times. And then, on the last time, my dad reached out and grabbed the kid by the arm and said -- don't miss again, at which point the kid doctor, as my dad called him, said -- why don't I get someone more senior to go do the procedure? And I was mortified but also incredibly relieved that I was not going to get jabbed again.

So in my story -- what is the shape of my story? Well, very simply, I gave it a log line. Log lines is what we call sort of a general, what is the shape of your story. Mine was -- young girl gets her first IV. Very simple. But what is it emotionally about? For me, I was embarrassed and scared to be seen as a child but ultimately just wanted my daddy when the pain became great. So it was an emotional journey for me.

So if you can look at your pages and think -- does this story have an emotional through-line, that's going to really help you develop your outline. Maybe, let's put up my outline.

So where do we begin? Well, let's begin with the beginning. And that's selecting where the story starts. When I had written at white-hot speed, I wrote this whole thing about how before I had my surgery we had to go in and meet with the surgeon, and he told us all the things that could possibly go wrong. That's interesting stuff. But it has nothing to do with me getting the IV or my fear that day, so I chucked all that.

So there might be stuff in your -- you know, you went through and circled words? You might want to also go through and cross out things that you're not going to need, and pick a beginning. And it might be later than you think. In storytelling, in screenwriting in particular -- because we have such a limited amount of time, we try to start as late in the story as possible.

So I chose to start pre-surgery, waiting for the doctor and terrified. I thought about even starting later, when the young doctor came in and started the IV. But I felt like for my story, the emotional story of a young girl trying to behave like an adult, it was important to know that just sitting there waiting, I was already annoyed with my dad, who was being a hover-parent; and annoyed that the doctors were taking so long to get to me. So I wanted to know that emotionally I'm in that frame of mind.
And also, when I wrote at white-hot speed, I wrote nothing about my mom. And so, when I went back and did my outline, I remembered that my mom had been there trying to be calm for my benefit. And I thought that was an important detail, so I added that. So you're going to find that you're going to -- probably, because we did this so quickly -- unlike on "Parenthood," where we're subtracting more than we're adding -- you're probably going to be adding more than you're subtracting.

So then, starting the IV -- I went for the young doctor coming in. And I put some details that were emotionally important. To me, it was important that he was young and cute, because I wanted to impress him that I was so brave. I wanted to be mortified that I was in one of those hospital gowns and looked like a little girl, and that my dad was questioning his credentials.

Oh, and another detail I remembered was that my mom was sort of passively trying -- while I was like -- Dad, you're embarrassing me, my mom was trying to also, in a more adult way, say -- you know what? I'm sure he's qualified to start an IV; he's a doctor.

And so then I just went through and put all the details that I thought were irrelevant, and just made a list. Then, it all culminates to that point when my dad reached out and grabbed the kid's aren't and said -- don't miss again. And then we moved on to the resolution, when the new doctor came in. And so it all built to sort of me emotionally saying -- Daddy, I need you.

So I think it's helpful when writing an outline to pick your beginning and your ending. So you might want to go through and think -- okay, where does this story start, and where is it going to end? Because you might have gone past the ending in your white-hot speed, or you might've not even gotten to your ending. So pick a beginning and an ending.

A friend of mine, another writer -- he calls writing outlines like this having a promontory point, which I love. I don't know if you've ever heard of this. But this is the point where -- when the first railroad was connected in the United States, starting from the East and the West, the Union Pacific and the Central Pacific -- where they met in the middle was called the promontory point. And I just thought that was so cool for storytelling. Because as long as you have your beginning and your ending, you can kind of fill all those details in. And you can either work from the back or work from the front, but eventually you're going to meet in the middle. And I think that's a great way to think about it. Because as long as you know where you're going, you're going to get there.

So how do you decide what to keep and what to toss? Well, hopefully you've thought about what your emotional through-line is. And so you might have a fabulous detail that has nothing to do with that -- toss it. In the writer's room, we call this killing your babies. You're all doctors, so maybe you want to call it something different, because you took a Hippocratic oath.

(Laughter)

But it's all about getting rid of the stuff you don't need.

I love the movie "Wonder Boys." And there's a point where it's about an author. And a student sees her professor's novel that's now reached about 2,000 pages. And she says -- well, I thought that writing was about making choices, and it seems to me you haven't made any choices. There's probably great stuff in there, but unless it's getting you to that promontory point, chuck it.

So now I'm going to give you guys a few minutes to go through and create your own little outline. You know, just bullet-point where the story begins, bullet-point where it ends, and then all those events that
lead up to it. And feel free to add new details, feel free to take some away. You can even just take one tiny moment that's in your writing and build your outline around that.

Pencils down. No, I'm just kidding.

(Laughter)

I just wanted to make you feel like you were taking the MCAT again. So everyone's stressed out now.

How did everybody do? How'd it feel? Good. Does anyone have any questions for me before I turn it over to the lovely Zoanne? All right, great. Take it away.

Zoanne Clack: Hello. Good morning, everyone.

I actually am supposed to have 20 minutes for this, and I believe it's five minutes till break. So I think I'm going to invade your break, if that's all right with you. Fine people, thank you.

So my writing exercise is basically pulling this all together and developing your first draft. What I did was write about being a gymnast in my younger years. So what I felt needed to be done at the beginning of my -- when I was having my speedwriting thing, is that I needed to explain to people kind of how bizarre it was that I'm a gymnast. Because as you can see, I do not have a gymnast's body. So I thought it was kind of important to get into that, and to make that vivid -- using the vividness -- just by writing.

And how do you portray that?

So I talked about being a tall gymnast, and how I actually had some kind of natural ability. And you know, that was kind of the beginning point that I started with in my speedwriting, that I actually held over and developed a little bit more for my first draft. So I talked about how the uneven parallel bars were particularly daunting for me, and that I had to adjust them very, very wide because I was so tall. So we were always having to adjust the bars.

And my coach would always tell me to not put my hands on the actual bar; to put your hands on the framework. And I was like -- yeah, yeah. Whatever. I know what I'm doing. So I put my hands on the bar. The bar proceeded to slip, as it should do -- that's what it's supposed to do -- and sliced my finger open.

So then, of course, my pride was hurt. I didn't want to let her know that I had sliced my finger open. Actually, I didn't even know that I had sliced my finger open. So I put the bar back up with my hand, my finger out, for some reason -- my body just did that, protecting itself, I suppose. And my coach said -- what is that? And I looked at it -- immediately began wailing. Just could not contain myself. Because it was apparently the most painful thing I'd ever experienced in my entire life.

So then we had to wait for my mom to get there, because we had already been after hours, and whatnot. And we went to the emergency room. And it's all about, you know, getting the stitches and seeing the doctors do that, and the ultimate goal, the ending -- which actually did not come in my speedwriting; it came after I thought about it a little while and went into the outline process and all that. So why don't we show the outline?

So again, we started with -- what I realized was, in the speedwriting part, I did not introduce, like, why I was suddenly 10 years old and didn't know how to adjust the bar. Because usually gymnasts start when they're five, so they can stunt their growth. That's my own personal theory.

(Laughter)
Yes, I am a doctor. So the school did have a new gymnastics program that I had tried out for. And I thought about that as I was doing the outline. I was thinking maybe we should begin there, and that would be a good starting point.

So this all happened at the school gym. And again, I talked about my natural ability versus my physique. Then, adjusting the parallel bars, and the dichotomy between the coach's advice and what I actually did. And then, during the injury, in my speedwriting I actually said something like -- I immediately forgot all sense of embarrassment, all sense of propriety and all sense of pride when I saw my -- well, actually when I was readjusting the bar, when I was pulling it back up. And then I realized, basically, what that means is my ego was hurt.

So in the spirit of conciseness, I just made it -- my ego was hurt. So that just helped bring it all together without all the verbose, many words and lots of syllables, which we think makes us sound smart but just continues to bore the reader. So in the spirit of conciseness, I figured out that that's really what I was trying to say.

Began wailing. And then, in the ER, there was one point that was very salient to me. It doesn't really have anything to do with the story, but it was such a big memory for me that I kept it through the speedwriting, through the outline, and through the first draft, which may or may not be the right thing to do. And I've made some nice mistakes for you in the first draft, so we can see the mistakes and the way we should really do it.

But I remember the doctor asking me if it was throbbing. And I had no idea what he meant by that -- or, the nurse asked me that. And I described it as my heart feeling like it was in my finger, which actually is the definition of throbbing. And I thought I was very professional for knowing that. But I had no idea what she was talking about. But it was a very salient part of the memory for me.

And then, I watched the stitching process happen. And you know, that was part of -- that actually led me to my ending that I found as I wrote the first draft. The details that I did not put in the actual outline that were in the speedwriting exercise were that my coach was looking at her watch. I don't even know if that's true. I just wrote that during the thing. Because I suppose that that could be true, because it was after hours, and we were waiting for my mother. And whether or not that was true, it was irrelevant. So I just took it out.

I also talked about getting to know the ER very well during my gymnastics period -- also irrelevant. Unless I was going to go into the other things that happened during that time, there was no reason to mention it.

And then I said something about not crying, which didn't seem relevant to the actual telling of the story. It's an emotional drive, but it didn't seem relevant to the emotional drive of this particular story.

So I really like this exercise, because it gets you thinking about truth, which is what I feel storytelling really is. It's all ultimately about truth and authenticity. If you can find the emotional stakes in your story, other people will relate to that. And the more relatable your story, the better the experience for the audience. It's more likely they will be transported into the world that you have created.

I think of story -- well, I got this as a quote from somewhere -- but it's as the truth of the world wrapped around an emotional experience. I just love that quote. It has the ability and it should communicate simple truths and reflect the dimensions of the human soul. And that's where stories come from. And that's why creativity, with Sandra's slide, can be so scary. Because you're dredging up these things and
trying to tell the truth about your existence and the truth about humanity. And you're putting that in story form. And in order for someone else to feel emotional, it's also going to dredge up something in you.

So that's why it can be very scary sometimes to just tell the truth. And that's why some people, I think, will avoid that and try to make up things, and try to make it better when, in essence, it's not making it better; it's just adding on. And if you just find that truth underneath it, then that's going to be your story, and that's what's going to connect with people.

So the stories are coming from the truth and from the soul. So basically, I'm saying they're coming from everywhere -- your friends, your own experience, your parents' lives. I always tell people when I meet them to watch out when they're telling me stories, because whatever they tell me can end up on "Grey's Anatomy," so watch out.

So let's go to my first draft. What I'm going to do is not just read down my first draft, but kind of go through it and talk about storytelling or story structure as we go through it, and try to hit on some of these points that we talked about. So I'm just going to go through and read off bits of it, and we'll talk about how that deals with some of the four tools that we've learned today.

So growing up, I tumbled everywhere, completely unsupervised, in my yard, on the street, in the pool -- anywhere I could be upside-down, I was. So in the fifth grade, when my elementary school hired a new coach and wanted to start a gymnastics program, I jumped at the chance to try it.

So as you know, every story has a beginning, a middle and an end. I chose this beginning, like I said, to try to tell people why I was doing this gymnastics thing, and trying to set the tone for the piece. For clarity's sake -- one of the toolkits -- this piece will be about gymnastics. So we know that from the beginning.

As far as vividness -- I feel like you can almost picture this kid tumbling everywhere. So you kind of get a sense of who this character is. You're introducing this first character. She in this case is the protagonist, which is the lead character that the audience will be rooting for. So you want a character that your audience is going to want to accomplish their goal. You're going to establish their goal, and hopefully the audience will want them to figure that out.

One good question to ask at the beginning is -- why now? Why are you telling the story now? This question is going to fuel your story. The reason I'm starting at this point in my life is because it gave the motivation for my story. I already knew I was talking about a memorable health experience. So where do you start the story? Do I start the story when I started elementary school? No. That's too far back. Do I start the story of when I was born -- a poor kid in Stockton, California? No. Nobody cares about that for this particular story.

So that helps you with the keyword of focus. So you're going to try to focus your story -- again, start as late as possible, so that you're coming into some action.

So, going on -- as most people know, gymnasts are not the tallest of people. As a 10-year-old fifth-grader, I was the tallest of all fifth-graders. I had been the tallest person in all of my classes throughout my academic career. Not exactly the normal physique for a gymnast, but I had a natural ability; I easily made the team. Again, people are not going to be seeing me to see that I am not a natural gymnast physique. So I have to describe that, I have to try to make that vivid.

It's also developing the character. It's a relatable experience, because everyone feels awkward in these kind of preteen years. It's hard to fit into elementary school sometimes. And you might root for this
character because she's human, she's sharing a human, truthful experience, and she went on despite the odds against her. So that might be the rooting interest for this character.

Going on -- because of my height, most of the apparatus had to be adjusted more than usual to fit me. The uneven parallel bars was no exception. It was a particularly hard event for me, my least favorite, because I actually had to work at it, unlike beam, vault or floor.

Again, more character development, awkwardness. It introduces the goal -- that I was trying to master the daunting, uneven parallel bars. So now we have a goal. We have a character, and we have a goal.

We'll go on. So my coach offered to stay a little later one day to help me with my routine and do some basic moves. Now I've introduced the antagonist. Okay, she's not really antagonist, because she didn't mean to make me slice my finger; she actually had the best of intentions. But in this story, where the antagonist and protagonist are going to go head-to-head in a battle of win-or-lose -- which is kind of the definition of story -- this lady was trying to tell me something that I was going to fight. So she is my antagonist.

The antagonist's purpose is to keep the main character from easily getting from A to B. So you always want to have some conflict, even though in this case it was completely unintentional.

So, going on -- it was just that she and I were doing some last-minute tricks. We went to adjust the bars, me on one side, her on the other. She told me to be sure and hold the framework, not the bar itself, for safety reasons in case the bar slipped. Blah blah blah, I'm 10, I know what I'm doing, I thought to myself as I grabbed the bar.

So this introduces the problem or the message. For you guys, that would be like the message. That's me not listening to my coach. I feel like that was kind of a vivid description -- you could kind of picture us on either side of the bar -- and hopefully will help the audience picture what's going on, since it's better, as Chris said, to show and not tell.

It's important to try to integrate the message into the action as much as possible and avoid exposition. You want to try to dramatize the exposition. So in order to kind of say these were the rules that she set, I dramatized it by being a 10-year-old, and thinking like a 10-year-old, and hopefully trying to pull the audience in a little bit. So you want to try to not wag your fingers as much as possible at the audience.

I love this quote by Orson Welles -- judge not, lest ye bore the audience. You want to keep your audience engaged. And this also introduces conflict, which is very, very, very important in storytelling. This is what keeps characters from easily reaching their goal. If I had adjusted the bars and it had gone smoothly, there'd be no story. It's like If Bond killed the villain in the first 10 minutes, there's no movie. You need to know that Bond is going to have, you know, obstacles. He's going to have a plan that he gets through. You already know that he's going to. He never dies at the end of the movies, but we always go. Or, I do.

(Laughter)

And it's because you want to know how he's going to get through these goals, how is he going to resolve his conflicts. Without conflict, there is no story. And again, I love this quote -- conflict is to story what sound is to music. Without conflict, there isn't a story.

And even in Sarah's clip, you know, the conflict was an inner conflict. It was -- do I tell my daughter what's really going on, and the daughter challenging him. So even in the emotional basis, there's going to
be conflict. Is it too easy for your character to get to their goal? Then raise the stakes. That's what's going to keep the audience engaged.

Just going on -- about five seconds later, the bar slipped, exactly what my coach had been worried about. My hand went down with the bar, and my coach was immediately concerned. You all right? she asked. Of course I'm all right, I'm 10, I know what I'm doing. The only thing hurt was my pride. I began to lift the bar up, my left pinky sticking out for some reason. Then I saw -- there was an open, gaping wound -- I'd sliced my finger wide open.

Again, this goes with Chris's talk about the normal rhythm of life. You want to keep that rhythm. So there's ups and downs, there's ebbs and flows. It goes climax, excitement -- your stories kind of follow that lead, it's not all one emotional level.

As soon as I saw it, pride went out the window. I began wailing like a crazy person and holding my hand like I'd suddenly lost all use of it. Since it was after hours, the school nurse no longer was there. So we wrapped it in a towel and waited for my mother, who was actually on her way from her second job to her first and had to completely rethink her night because of unplanned events.

So these are obstacles to get to the goal. I almost took this part out, but I felt that it was kind of an obstacle. Because if I just went and got it done, then, you know, where is the goal there? Where's the obstacle there? So it's just about being a glitch.

And if I had this to do again -- and you would have it to do again, because writing is rewriting -- this is a first draft. And there's second drafts, there's third drafts, there's eighth drafts sometimes in writing. There's this little detail that I had about watching these little white pustules on my finger, which I decided were white blood cells.

(Laughter)

Apparently, I'd just studied that in school or something. And so I just decided that that was there. And if I rewrote it, I might move that to this point. And I can't remember exactly when that happened in the real story, and maybe that's not quite the truth. I'm not sure when I saw these things. I put them when I was in the hospital. I put that beat when I was in the hospital. But sometimes just twisting the truth just a teeny bit to make your story work can actually help the story, as long as it doesn't change your message or change the right way to do things. I don't know if you [watch] "Grey's Anatomy," but we do that a lot.

(Laughter)

The thing is, you can take truth or character and condense it, heighten it or accelerate it. Things can happen in less time than in real life. Things can happen out of order, if it doesn't mess up the message. Things can be bigger or grosser than it is in real life. And that just helps fuel your story and make it interesting. But, you know, always the truth can be stranger than fiction. And sometimes you can't even use the truth because it's too strange. So you have to make it actually relatable to your audience and make them not want to say -- that could never happen.

Hours later, we made it to the emergency room. It wasn't too crowded. But when I saw my finger, they immediately took me back and began asking questions. The question I most remember is -- is it throbbing? I had no idea what throbbing meant. For some reason, though, I answered with -- it feels like my heart is beating in my finger. That seemed to satisfy the nurse enough to let the doctor start to fix it.

Again, I think this is probably an unnecessary fact. And when I rewrite it, if there was some sort of press on time or press on length, or something like that, it might be one of those babies that I kill. I love this
detail, but it may not be necessary. And it does not necessarily forward the story. It's kind of a holdover. But it's fun because it's vivid, and it's an interesting fact. And it also helps kind of develop the character. You want your character to be as much as possible revealed through action.

So this is kind of -- like, this 10-year-old maybe has a little bit of knowledge, and she doesn't know. So you're kind of a little bit revealing this character through action. Again, in Bond, you know that he is -- other Bond characters never tell them -- you're so cool that you shoot bad guys and get out of horrible, dastardly plans. He just does. You just know that he will do that, because you're shown that through action. We see him do it. There's no need to actually put that in exposition.

Just finishing this out -- as they put my left arm out straight, I decided to examine the wound closely myself. Little white circles had formed in the edges. And I must've learned about white blood cells recently, because that's what I decided those were.

So that's where I put it in the actual first draft. Again, I might move that up in the second draft. And writing is rewriting, which is an old adage that we always say -- writing is rewriting. You keep going. Your first draft is not going to be -- it's better than your vomit draft, but it's not going to be your final draft. And this also helps to paint the picture with words, which helps with the vividness that we talked about.

And, lastly -- my hand was basically at eye level as the doctor worked on it. So I watched as they cleaned it out and put in the needle multiple times to numb it up. Then came time for the stitches. This seemed pretty gross to me, so I turned my head. The doctor told me I'd already been through the hardest part, so I might as well keep watching. It actually didn't take a lot of convincing before I turned my head back to watch as all 11 stitches were painlessly entered into my finger. It was pretty fascinating. It might even be one of the key reasons I'm a doctor today.

Now, this part of the end was the part that I found in the first draft. I realized that I needed an ending, and I didn't have one. And I realized as I was writing that this is one of the experiences that made me fascinated with medicine, and watching the stitches go in, and seeing the doctor cure me. So I felt like this was a really good place to end and a really good way to pull it all together.

In your ending, you want to say, like -- why did I tell the story? In this case, it was the one event in my life that set me on that path. And I never adjusted the bars that way again.

(Laughter)

(Appause)

So are we going to have them --

Sandra de Castro Buffington: Rather than have you do a rewrite now, what we're going to do is give you a chance to practice in a small group. And each small group we're going to break into four small groups. Don't worry, you're going to have a break now. You get to have a break. I think I'll show the clip when they come back.

Female Speaker: Yeah.

Sandra de Castro Buffington: So before you go on break, let's count off by fours. So if you start with one, two, three, four -- we're going to count off by fours, so that when we come back we'll be able to go into our small groups. Would you start? One --?
Okay. So all the ones will go with Chris, after break. All the twos will go with Zoanne. All the threes will go with Jennifer, and all the fours will go with Sarah. So when you come back from break, find your leader. And also, I'm going to be passing out -- okay. If you would, on your way out to break, pass by your leader. They're going to each hand you a piece of paper for you to read in preparation for our group work.

(Break)

Sandra de Castro Buffington: This is from the episode "Who We Are." It's from "Private Practice," Jennifer Cecil's show. And it's a storyline about drug addiction and an intervention. And as you watch this, it is -- I am so transported into this story every time I see it -- but you'll notice there is a lot of information conveyed in this very compelling drama. So I'm going to show you this as an example of what you'll be creating in the small groups, we hope.

So let's take a look. And if you wouldn't mind turning off the lights? Jennifer, do you want to set this up?

Jennifer Cecil: Yes. In this episode, the character, Amelia, who is the neurosurgeon on our show, has been having some drug addiction problems with OxyContin that she's taken from the office. And she's been trying to hide it, and she disappeared for about two weeks and showed back up at the office. And the people that she worked with have finally decided the only way to get through to her is basically to perform an intervention, with all of them there.

(Video begins)

Female Speaker: Can we talk to you for a minute?

Amelia: Who's we?

Hello.

Lennie: Hi, Amelia, I'm Lennie.

Amelia: Does she have a brain tumor? A giant carcinoma that she wants me to excise? That had better be what is going on here.

Lennie: Amelia, everybody here cares about you. And they'd like you to stay and listen to what they have to say. Will you do that?


Male Speaker: -- medical community. All right? The whole disease model comes from AA, where the first thing they try to do is get people to admit that they're powerless against their addiction.

Male Speaker: Because drugs function differently in their bodies. Addiction is a threefold disease.

Male Speaker: It's a disease that doesn't fire up unless you take the drugs. Amelia has control over that, right? I mean, she made a choice the first time she took those drugs, just like she has a choice today.

Male Speaker: Wow. You think people choose their misery? You think they choose that life? You think they want to be licking drugs off of bathroom floors, and neglecting their kids, and destroying their
husbands, and killing themselves? You think anyone who is not in the throes of a disease would consciously do that to themselves? Is that what you think?

Female Speaker: [Okay].

Amelia: It sounds nice, but I don't think I can do it.

Male Speaker: You can, you can. I know you can. We'll help you. I'll help you.

Male Speaker: Amelia, please. It's a great rehab facility, they have a bed waiting for you. It's right near the ocean.

Amelia: Will you come, too?

Male Speaker: I'll come see you every day. I will. I'll be there. I'll be there. I will.

Male Speaker: Do you want to get sober with me?

Amelia: Yeah. Let's get sober together.

Male Speaker: Should probably flush these.

Amelia: Yeah. Yeah. Or -- one last time?

Male Speaker: One last time.

Male Speaker: What now?

Female Speaker: Now you have to cut her off. When Amelia calls, and she will call -- unless she's ready for help, you don't give her a ride. You don't give her money or a place to stay or her job back. The only call you can respond to is Amelia calling you for help to get off drugs. That's it.


Male Speaker: Ma'am, do you know where you are? Can you give me your name?

Female Speaker: Ryan! Ryan! Ryan! Ryan!

Female Speaker: Four kids -- two boys, two girls. You can't die because (inaudible) family. Ryan, Ryan --

Female Speaker: Ryan! Ryan! Ryan!

Police Radio: (Inaudible) what's your status?

Male Speaker: Ma'am, is there anyone you want me to call?
Amelia: Call Dr. Addison Forbes Montgomery. Tell her I said I'm ready to go to rehab.

(Video Ends)

Sandra de Castro Buffington: Hmm. Anybody else? Gets me every time. I've seen this probably a hundred times, and it's so compelling. So that's good drama.

So now, we're going to break into small groups. And keep that emotion, because this is exactly what you're trying to evoke in creating your own stories. We're going to have group one meet in this section here. Group two will meet in this section, group three directly behind it, and group four in that section there, the back right.

And each of you should have a handout. If you don't, your group leader will give it to you. And we'll spend the next 30 minutes applying the techniques you learned in the first half of the workshop. And you'll be led by one of these amazing Hollywood writer/producers. Thank you.

(Audio cut)

Christopher Keyser: That's why I've simplified it somewhat.

Sandra de Castro Buffington: Yay.

(Applause)

Christopher Keyser: Would you talk through it for us? Will you tell our story?

Male Speaker: (Inaudible)

Christopher Keyser: Will you do it? Will you do it?

Female Speaker: I'll do it.

Christopher Keyser: Okay, great. Okay, good. I'll work with you. Okay?

Male Speaker: The age story's important. The cutoff at age 30, and below 30 (inaudible), above 30 (inaudible).

Christopher Keyser: I think we drove people crazy. Didn't we? But I tried to -- I wanted to take seriously the assignment.

Male Speaker: Well, you did. You certainly did.

Christopher Keyser: Okay. Thanks for being here. Thanks.

Sandra de Castro Buffington: So the storytellers from each group could sit right here in the front row, please. So you're from group one. Okay. Who's the storytellers from group two? Please raise your hand. And who's the storyteller from group three? And who's the storyteller from group four? Group four, it's Jess, come to the front, please. And have a seat right here in front.

And our group three over here, up here in front, please? You can sit right here in the front, right in front of the monitor. That's your seat, good.
So, welcome back. How was it? How did it go? Did you enjoy it?

Group: Yeah.

Sandra de Castro Buffington: I got to listen in. And I know there's some fabulous work going on. So I think we're going to have some career switching after this session.

I just wanted to -- I heard a comment in one of the groups by someone -- I can't lay my eyes on him right now -- who said that -- and I assume he was referring to 2012 and all of the predictions -- oh, here you are -- around December 21st, but the fact that we're actually moving into a new era, that humanity is going through an enormous shift, and we're moving into a time when people anticipate more harmony, greater peace, a lot more of a sense of connection among human beings around the world; and that the actual stories we tell each other may be different, they may be transformational stories. They may be stories of awakening. They may be slightly different stories. But while we're still on this side of December 21st, 2012, we can go back to the conflict and resolution of that conflict.

And so we'd like to invite you, one by one, to come up and share the story that your group created. And I think we'll start -- well, we'll take a volunteer from the four groups. Who would like to be number one? Number three.

(Applause)

Female Speaker: Four. Show your support for her. She's very brave.

(Laughter)

Female Speaker: So our research came from Dr. Fernandez. And it was about qualitative research on attitudes and knowledge about HPV among men and women in the US/Mexico border.

So our story starts out with Maria, who has just come from the doctor, and she learns that she's HPV-positive. So the first thing she does is she goes to see her friend, Carmen, to tell her, because she's very upset. And so Maria and Carmen decide that they're going to Google it, and they are going to figure out what's going on.

And so, when they're Googling it, they get very upset. Because they see that it's linked to cervical cancer. And so Maria is afraid that she has cancer and she's going to die. And then they see that HPV is sexually transmitted, and that's where the drama begins.

So Maria and Carmen then begin to wonder if Maria's husband, Pedro, has been faithful to her. So they decide that they're going to figure out their sexual histories to see how they could've been exposed. So the camera sees each of them making their lists. And Maria makes a very short list, but it has more than one person on it. And Carmen's list is a little bit longer.

(Laughter)

And she doesn't show Maria that Pedro is on that list.

(Laughter)
Yeah. So then, they keep Googling, because Carmen's starting to sweat. So then she tries to convince Maria that HPV is also transmitted without sexual intercourse, so maybe she got it not from having sex; maybe she got it a long time ago, from a different partner.

So then, Maria keeps Googling on her own, and she reads about the vinegar tests. So she decides she's going to try a vinegar test on Pedro.

Female Speaker: Explain that to the group. The vinegar test.

Female Speaker: Yeah. So for VIA, when you --

Female Speaker: I've never heard of it.

Female Speaker: -- when you apply vinegar to the cervix, the abnormal lesions, the abnormal cells, turn white. So Maria decides she's going to do this for Pedro. So she gets Pedro drunk. And then, when Pedro is drunk, she tries her own vinegar test on him, but it comes up positive.

And so, Maria then calls Carmen to tell her, and she's very upset. So then, Carmen calls Pedro, because now she is very upset. And she is convinced that she has HPV, and she's going to die, and she doesn't care about this secret affair anymore. So Carmen is now fighting with Pedro.

Well then, Maria is really mad and confronts Pedro, and they have a big fight. And Pedro gets mad and blames Maria and says that she was cheating, and that's how she got it.

So then, Maria goes for her follow-up appointment. Because when she initially went to the doctor, they gave her a referral to an OB/GYN for further consultation. So then, Maria goes to the doctor. And the doctor says that Maria needs to speak with Pedro, or that the doctor is happy to speak with Pedro as well, but he needs to know some information about it. And he tells Maria that she does not have cancer, that she needs to have continued screening and be followed up over time, that she's an HPV carrier, and that regular Paps can help monitor the changes that she'll have from HPV, and that males can pass the virus to women.

The doctor says that he cannot prove fidelity or infidelity with virus transmission, and that she could've gotten it from a previous relationship and had the virus for many years, and just now is having cervical changes. The doctor then reinforces the importance of screening.

And then I added this little part at the end, without the group -- as Maria leaves the appointment, she makes her follow-up appointment for her next Pap.

(Applause)

That's actually my worst fear, is that I go to the doctor for an ER visit, and it's a really attractive doctor that's like -- makes women anxious. It's actually a bad thing.

Sandra de Castro Buffington: Everybody's very attractive, of course.

Can you hear me? Okay. Everybody has a mic here. So now we're going to offer some constructive feedback on your story. Who would like to start?

Sarah Watson: I'm going to start by saying I have no notes; I thought it was brilliant.

(Laughter)
Sandra de Castro Buffington: That was Sarah's group, of course. Okay. What about the others?

Jennifer Cecil: It was terrific. Is it on now? Hello, okay. I'm not very technologically savvy.

I thought the level of detail was terrific, that you guys got such a huge arc of a story. I think the details, such as that she Googled something, that they found a vinegar test -- that's some nice juicy details, and I thought it was terrific.

Zoanne Clack: I thought it was great. I got a little lost in the middle, because there were so many details. But I'm sure when it was actually fully fleshed out as a story, it would be engaging and lovely.

Christopher Keyser: [Perhaps] the thing I liked most about it was -- although it's obviously a very serious story, that it's funny much of the way through. I mean, what you ended up doing was finding ways of lightening this up and feeling like we weren't learning a lesson, we were -- so I thought it was really good.

Female Speaker: (Inaudible)

Sandra de Castro Buffington: I liked that it was entertainment first. So it was much more about the story and these incredible characters, and the ins and outs, and the passions and fears. And the education was second. And yet, I'm sure it would be very powerfully conveyed. Because you'd have the audience invested in and rooting for, as Zoanne said -- rooting for these characters to succeed at their goals. So I think you did an amazing job.

Female Speaker: It was a group effort, based in the real story, so --

(Applause)

Sarah Watson: Yeah, and well-pitched, too. And I just want to point out -- because I was saying to my group that this story started out, like so many of the stories we tell -- is that a real doctor in our group told a story of a patient of his, and we were able to build from that. And so, that's a lot what we do as storytellers is rip off your lives.

(Laughter)

Female Speaker: Yes?

Maria Hernandez: I'm Maria Hernandez, this was my article. And, you know, one of the things -- and it may not have come out in what was written (inaudible) super-interesting was that the men reacted, like, immediately sort of in this stereotypical, chauvinistic attitude, like -- I can't believe my wife was cheating on me, and that's why she had this. But then they quickly sort of turned, when they got the information, onto -- oh, my gosh, it could've been me. Right? And so that's the only thing. And of course, I know way more background of this study than you all probably had. But that's the only thing that I probably would've added to the story. Because I think it's a really interesting little point there.

Sandra de Castro Buffington: Great.

One of the things to know about working with storytellers is that you can give them the information, really inspire them with the real stories and the results of research. But you never get to tell them what story to tell. And we actually have no control over the final outcome. It's just an interesting thing about working -- if you're working with Hollywood, or Bollywood, or Nollywood, or really, in any industry -- I know we're not doing that, but I just thought it would be a little interesting point. You can offer it up, and
you can be an expert consultant. But in the end, they get to decide. So they may leave out a detail like that.

Okay. So now we have three more. Who would like to go next? Yes? Woo-hoo, group two! Whoop! Whoop-whoop!

(Applause)

Female Speaker: Our article was actually about "Do No Harm," relating to the decreased screening interval. We decided to -- it was really hard, actually, to pick who we wanted the audience to be. But what we decided to do is make this a 35-year-old, relatively educated African-American woman who had just gotten into the medical health care system for the first time in a few years. She's really excited about her new doctor. She's gone in, and she had her last Pap a year ago.

And she gets her Pap smear, and she goes home. And she's hanging out with her Caucasian friend. And they get a phone call from the nurse who said, you know, everything was great. Your test was fine, you don't need to come back for five years. And she kind of hangs up the phone, wondering. And she looks at her friend and says, you know -- I guess this is good. I mean, I don't have to come back for five years. And her friend, who has a different triage -- HPV-positive, but she doesn't know that -- has to go back. She says -- oh, I always have to come back every year.

And so all of a sudden, there's kind of this distressed feeling that's going on -- well, why do you have to go back every year, and I don't have to go back for five years? It's like they don't really care about me. So she tries to make an appointment with her doctor and tries hard to see if she can get back in and discuss it, and she can't get an appointment.

In the meantime, she's doing the Googling thing, too. And she's recognizing and talking with her friend about how, you know, she has multiple risk factors, like she's a smoker. So we kind of get a little bit of education in there. She has a few partners. And this is a totally preventable disease, and what do they mean that I don't have to come back for five years?

So she's kind of worked herself up into a frenzy. And she finally says -- I'm just going to go in and try to make an appointment with the doctor in person. And there's a character of a nurse receptionist, who's somewhat funny, I guess, and stern, and says -- you can't go in. She does something funky to distract her. And I think we hadn't decided if it was going to be a fire drill, or she sneaks in, or something, and ends up storming into the room --

Zoanne Clack: They both go together. So the one's going to distract.

Female Speaker: Yeah, distract. And then she goes in, and she storms into the doctor's office, and she's very upset about -- what do you mean I don't have to come back yearly? My friend has to come back every year. Do you not care about me? She's very mistrustful. And the doctor sits down and, in some calm way, kind of acknowledges her fear saying, you know -- I don't remember if we decided this is the way it went or not, but -- my sister had cervical cancer. And yes, I understand how worried you are about it. But we have new technology. This is a disease that we have made leaps and bounds on. We have this new technology, we have a vaccine, we have this test that's so sensitive.

And the doctor explains this all to her and kind of goes through a little bit of instruction. And she feels better. She leaves. And as she leaves, she texts her friend saying -- it's okay, I don't have to go back for five years. So that's how we end it.
Zoanne Clack: And part of the thing about the ending is that the doctor makes the analogy like -- you know, what did you have five years ago? What kind of cell phone did you have five years ago? Did you have a Smartphone? It's like that kind of technology -- that's where we've come. And then, so --

Female Speaker: So we tied it together with the text at the end.

Zoanne Clack: -- tied it together, with a text to her friend, saying it's all right.

(Appause)

Sandra de Castro Buffington: Okay. Judges? Who would like to start?

Female Speaker: Excellent.

Female Speaker: Cool.

(Appause)

Sarah Watson: I thought it was fun. And I like that you were able to find conflict and outrageousness in a fairly straightforward story, that you had the shenanigans of the conflict of getting in to see the doctor, I thought was really fun. Because it's always fun to -- people are going to connect so much more when there's active things going on, and not just a patient talking to a doctor.

Sandra de Castro Buffington: Chris?

Christopher Keyser: Well, I'm hesitant to have any criticism. Because we're yet to go.

(Laughter)

Christopher Keyser: I do want to say -- I know less about this, but I want to make sure that -- one of the things that's complicated is to make sure that the things that you know as a professional reflect the fears of a lay audience. And I wasn't sure hearing it whether, for example, I understood why two friends -- one says -- I need to go every year, and the other one says -- really? I'm fine, they don't want to see me in five years -- why the person who's told she's fine goes nuts. Because my natural inclination would be -- phew, what's wrong with you? And the person who had to go every one year would say --

Female Speaker: No, that's a good point.

Christopher Keyser: -- oh, my God, what's going on?

So I understand what the argument needed to be from a medical, professional point of view. But from a lay person's point of view, I was a little confused. But just wait till we go.

(Laughter)

Female Speaker: I will say, to defend us -- I mean, this trust thing was supposedly the reason why she suddenly got -- you know, she had a kind of distrust of the medical system anyway.

Christopher Keyser: Okay.

Female Speaker: And so, her white friend didn't have to go. It's like, you know, when I had to go to the hotel.
Female Speaker: Right.

Sarah Watson: The [Poole].

Female Speaker: The Poole. I told this story about me going to the Poole Hotel and them asking for my card to get back there. And then, when I went with them, suddenly I wasn't asked.

(Laughter)

And I said -- is it because I'm black?

(Laughter)

Female Speaker: And then, there's a general mistrust in America.

Female Speaker: There is a general mistrust.

Female Speaker: Yeah. Because of [Huskigi], and all that kind of stuff.

Christopher Keyser: Right --

Female Speaker: Yes. Right.

Christopher Keyser: Turned out to be --

Female Speaker: That's where it comes from.

Christopher Keyser: -- both Jews and African Americans.

(Laughter)

Female Speaker: He had to get carded, too. We didn't know. So that's where that comes from.

Female Speaker: The other thing, too, to keep in mind is that, really, with immigrant populations, there's different recommendations in each country. So when I was working in an FQHC with largely Hispanic populations in Indiana, they would come in and say -- in Mexico, I have to get a Pap every six months, because that's the general recommendation. And then ACOG had changed theirs. It's like, oh, in three years. And this is again a population that has very low health education levels.

Female Speaker: We did decide this was only going to work in the US.

Female Speaker: But that's a good way.

Female Speaker: And I'm having problems as a gynecologist with patients not liking less screening. So that actually --

Female Speaker: Right.

Female Speaker: -- this whole scenario was very real -- oh, my God, they're not -- are they trying to save money? They're not trying to do this (inaudible).
Female Speaker: Right. And that's where I started from.

Female Speaker: So that's -- this is very realistic.

Female Speaker: Yeah. And we talked about the money aspect, too, which we didn't include.

Female Speaker: Right.

Female Speaker: But that would be part of the mistrust.

Sarah Watson: I love that. Because on a personal level, when we started telling this breast cancer story on "Parenthood" -- I'm 36 years old, and I was like -- oh, my God, I got to get a mammogram. And I called. And did you know, on our Writers Guild health insurance, they don't cover a mammogram --

Female Speaker: Mr. President?

Sarah Watson: -- until we're 40. And so, it was again, like -- why can't I have more screening if I demand it? Because now I'm paranoid, because I've been writing about breast cancer all day.

Sandra de Castro Buffington: There are many free cancer screening programs.

(Laughter)

That's not an excuse. So talk to me afterwards.

(Laughter)

Sandra de Castro Buffington: Jennifer, did you have any?

Jennifer Cecil: My group hasn't gone yet, so I'm saying we have a perfect 10 for these. No, I agree with my genius compatriots who are much more eloquent than I am.

Sandra de Castro Buffington: Terrific. Thank you so much.

Female Speaker: Thank you.

(Applause)

Sandra de Castro Buffington: Okay, we've got our next group.

Female Speaker: Hello. Oh wait, hold on, we have a question.

Sandra de Castro Buffington: Okay.

Male Speaker: I have some information that is very important -- because you are giving an education to people through your programs -- is that less screening does not mean less visits to the doctor. It's just less screening for cervical cytology. If people between 30 and 65 get co-testing -- co-testing means Pap smear and HPV DNA -- if both turn negative, then you can increase the screening period between three and five years, depending on special circumstances. But remember that the most common cancer in the women is breast cancer. And sometimes, with a clinical breast exam at the medical office, may save lives.
So the regular visit still is present. But people are getting confused, even in those cases, that -- my next appointment is in five years. Forget about that. Yeah. It's the Pap smears. Just screening for cervical screening.

Sarah Watson: See, people? Clarity.

(Laughter)

Male Speaker: Has to be very clear.

Sandra de Castro Buffington: No, that's very important. And I would like your contact information when we finish. Because we get inquiries from writers literally seven days a week on medical topics. And if we get any questions around this, I'd like to be able to call you, if you --

Male Speaker: Yeah. And remember that I speak Spanish, too.

(Laughter)

Sandra de Castro Buffington: That's even better.

Female Speaker: And I will say that more clarity often comes through drafts.

Female Speaker: Yeah.

Female Speaker: Like, this was a --

Jennifer Cecil: Which actually is what we're doing here -- that what's being read is the first draft. The conversation we're having here, if this were a writer's room -- this would be what would get incorporated into second draft, and the third draft and the fourth draft. So this is a very common process.

Female Speaker: Yes.

Sandra de Castro Buffington: Yes? One last question.

Female Speaker: I just want to raise awareness about not dealing with HPV-positive messaging and stuff the same way we like we have been dealing with HIV. Because it's not the same at all. So it's like -- people don't have to say -- oh, I'm positive! Ah!

So I think that the experts in communication, and where the evidence is about that -- you really need to tailor that. Because it's not at all the same epidemic, it's not at all the same. Nothing. So maybe that's something that really needs to be revisited. You don't have to (inaudible).

And then, there's also some evidence from the introduction of the vaccine, where -- and of course, this is in developing countries -- that they don't refer to it as HPV, because people get confused with HIV. So they usually talk about the cervical cancer, the virus that causes cervical cancer; and refer to cervical cancer however locally it is recognized.

But it's very important that, you know, this media learn how to deal with HPV -- HPV has nothing to do with HIV. So don't -- it's not that scary thing.

Sandra de Castro Buffington: Thank you.
Okay. Our next group.

Female Speaker: So in our group, we're dealing with challenges faced by cervical cancer prevention programs in developing countries -- in Argentina specifically. And it being politically different, and different provinces have -- how do they call it? Well, different provinces, maybe -- they have different regulations. And so it's very difficult to keep the testing in regulation, and the problems with that.

So we had a lot of concerns about sending the wrong messages and starting off with a negative message. But this is what we came up with.

A predatory younger doctor, who basically exploits [Argentina's] history (inaudible) dying of cervical cancer, to emotionally get people to get tested, and sort of inflict fear in people, and have everybody getting tested. And then we also have sort of our hero against this villain doctor, who is in the same practice. She's a midwife. And they actually work together. But she's been in contact with this community that were going to be in the scene, and the families.

And then we have this town where a lot of people are getting positive, and there's all these young women who have been tested, and all this. And there's this bizarre situation in a town where all the young women are sick or positive, and the havoc that is created by this over-testing. And then also, a generation of older women being afraid of being tested.

And we did not come up with a happy ending for this. We were actually -- we were advised to perhaps keep the story in a conflict, where the hero tries to get the idea across that over-testing is not the way to do it, but actually doesn't have the power to confront the opportunistic doctor. And the town is turned upside-down, and it's in the wrong. And we basically are left with this image of a town gone crazy with all the young women freaking out and the older women not wanting to be tested. But then we get to see that it's not the right way to do it. Perhaps on a next situation, next town or next episode, we can see the situation treated better. But in this town, we get to see the doctor who doesn't follow the guidelines.

So our basic theme is -- testing needs to be done properly; improperly done tests create more problems instead of helping.

(Applause)

Sandra de Castro Buffington: Hmm. Very interesting.

Would you like to comment on the material you had to work with?

Christopher Keyser: Yes. It was difficult. We resigned early in the process but then were convinced to go back to doing it.

There were three problems, I think, in this story that we faced. First was that the message was both a positive and a negative message. In other words, it was an attempt in some ways to say that over 35, there should be cervical cancer testing, but that there were risks to testing under that age, and that in fact those risks could undermine the entire program. That was problem number one, which was the fear of expressing a negative message, which is -- don't get tested.

The second thing was that the story was about the systemic problem, not necessarily the individual problem. So it was not -- even in the way it was described, it was talking about what would happen in the community or in a province in which all the wrong people were being tested, or too many people were being tested. And the system was being flooded, which made it very difficult to say we'll just take a single person and tell that story, because that single person wouldn't do that.
The third thing is that it required a kind of span of time. Because the proof that if you have a positive test at 21, that that might actually lead to complications -- a behavior, a set of behaviors that were not necessary, and you could've waited until you're 35 -- is very difficult to tell in a brief period. So we worked on this idea of talking about it in a kind of [Ipson] story, of a community gone mad -- a single hero who is undermined but tells the truth. And we're also telling the story about a single family with a lot of daughters, all of whom were tested too young; and an older generation, who's so freaked out by what was going on with the daughters, didn't get tested. And so the wrong thing was happening.

It was not an easy story -- that was very well-done, though. You did a really, really good job.

Female Speaker: Well, this is a first draft. We still have five or six more meetings before we get to the actual story.

(Laughter)

Jennifer Cecil: But this points to something that happens a lot in television rating -- that there are stories that you can tell over one episode, and there are stories that require a three-episode arc, a six-episode arc. Because you need not just time passage, but you need for more complicated issues to be fed out in smaller bits of information.

So because Chris is the president of the Writers Guild, we decided we would give him the most difficult topic. So that's why he got the one that didn't have the easiest story to lay out.

But it's instructive to look at, when you're looking at ways to tell stories -- not every story falls neatly into a one-minute or two-minute category. And that doesn't mean you've done a bad job with the story; it just means some stories need more time to be parsed out.

Sarah Watson: And I would say a note to think about for the next pass, the next draft, is motivation. Because you talk about the antagonist doctor. And you know, people are not generally evil just for the sake of being evil.

Christopher Keyser: Yeah. Why you pointing at me?

(Laughter)

Sarah Watson: Like yourself.

Christopher Keyser: We did talk about that. Then we had the conversation that there is a profit motivation, in fact, on this case --

Sarah Watson: Oh. [Done.]

Christopher Keyser: -- that he actually does very, very well when everyone gets tested.

Sarah Watson: Great.

Christopher Keyser: And so he's a very aggressive doctor who uses the myth -- not the myth, the truth of - - the national myth of Eva Perón to cause a kind of --

Female Speaker: And also, the idea that he's promoting something that's good for everybody, which is true. He's promoting something that's good, and the technology is positive.
Christopher Keyser: Right.

Female Speaker: But if you abuse it, it becomes counterproductive.

Female Speaker: I like the MD/nurse provider conflict, too.

Female Speaker: Yes.

Female Speaker: I liked the conflict between a physician and a nurse, too. That was sort of interesting.

Christopher Keyser: Yeah. One of the members of the group --

Female Speaker: Because they are becoming, you know --

Christopher Keyser: -- that was really -- a really good suggestion.

Female Speaker: -- the nurse midwives are sort of the advocates. But I don't know if we'd want to promote that completely. But I like that. It's interesting.

Zoanne Clack:: I think there's a lot of places to go with that character, which is very interesting to me. Like, the opportunistic doctor -- he's kind of the Dr. Jekyll and Mr. Hyde kind of thing. Like, he's one thing on the surface, and then he's in his laboratory.

Female Speaker: You know, I'm going to add -- the other day, I went to see Patch Adams -- he had a conference here. And he was talking to the younger doctors, to the people that are studying -- or the community that was there, and talking about the [usage now] of people just wanting to go into a specialty, just to make more money, or sort of a tendency in the medical field. And that's where I thought -- well, you know, that could happen. You have a young doctor who is, like, very gung-ho, professional. He wants to be like -- he starts with a good intension, perhaps. But it eats at his way of making decisions, and he ends up just getting a little too exploitative of the situation, perhaps.

Female Speaker: This could be a whole series.

Female Speaker: Yeah.

Female Speaker: It is. [We have a] series.

(Laughter)

Sandra de Castro Buffington: All right. We're going to have to --

Female Speaker: It will be on ABC next year.

Sarah Watson: I have to say, I'm also a big fan of a twist. So the other direction you could go is that the whole time you're thinking -- oh, it's this evil doctor, and over-testing for profit. And then the twist at the end is you sort of find out, no, he's got a really good reason. And maybe it's something personal, or maybe it's this Eva Perón story, something like that. Yeah, his wife died. A personal story is always great.

Sandra de Castro Buffington: Okay, this is fantastic. Thank you so much.
Jennifer Cecil: Whew, group three! Woo-hoo!

Sandra de Castro Buffington: Okay, next group.

Female Speaker: Okay. So our group had to deal with the story of -- to vaccinate, or not to vaccinate -- is vaccinating safe?

And the setting is a living room. And it's right after the funeral of a 14-year-old girl. And there have been eight deaths related to -- there have been eight deaths that have not been related -- there's just been eight deaths -- eight deaths of girls after being vaccinated. And this is in India.

So girl number one, Suri, who's in the scene, has not been vaccinated. And girl number two, Cala, was vaccinated. And Suri's parents are there -- Bob, for lack of a better name --

(Laughter)

We need a more culturally sensitive name, but chose Bob. So Bob is against vaccinating his daughter, Suri. And Joan, Dr. Joan, is for vaccinating their daughter. So Joan is a doctor, just in case.

And the plot point is Joan says -- Joan clarifies the deaths are unrelated to HPV vaccination, but cervical cancer killed Bob's sister, so you should let our daughter get vaccinated.

And this is the order, this is the sequence. Cala worries she may die, since she was vaccinated. And Cala's father is concerned -- did I do the right thing? Was I too quick to make the decision of having my daughter get vaccinated? And that's pretty much what is, you know, going on in his mind. And Dr. Joan is the one there clarifying -- you know, these girls did not die of consequences related to being vaccinated.

So Bob, the father of Suri, who [was] vaccinated, is kind of struggling and saying -- my daughter will not die from getting this vaccine. Our daughter is not sexually active, she's not promiscuous. Why would she need to get vaccinated?

And Suri, which is the daughter, says -- you know, Dad, your sister died of cervical cancer. I saw her live in struggle with this. I should be vaccinated. And Dr. Joan is they're saying -- well, it is true. If she had had the vaccine, perhaps she could have lived. We need to support the HPV vaccine; more women will live.

And in the end, Suri asks her dad to get vaccinated. And the closing scene is, you know, Dad taking Suri to get vaccinated. That's the end.

(Applause)

Female Speaker: Bravo! Bravo!

Female Speaker: That's a little bit strawberry, but, you know -- it's not as simple in the real world, but that's the message we wanted to convey.

Sarah Watson: That's great. But that's what TV is -- it's simplifying it. And everything we talked about -- clarity, conciseness, focus. And what I really liked was that everybody had personal stakes and that they were different, and that everybody was bringing their experiences into their decision-making. And that's
what character is. Character is all your back stories motivating you to do things. So I thought it was great. And I love the sweet ending. Very visual and beautiful.

Female Speaker: [Stars 14 number three].

(Laughter)

Jennifer Cecil: The interesting thing about working with this group was that it was a good instruction in clarity of focus. Because the bulk of the material we had was information about the World Health Organization's stake versus the stake that a pediatrician in a New Delhi hospital had taken. And it was a lot of -- it was important information, but it was very dry and ultimately not what we needed. And there were paragraphs about, you know -- would this study have collateral damage in other countries? And the group decided that while these were all important points, the way to hook people in was to make it personal, was to give the girls' point of view on this, of their fear of their classmate who had died, and -- oh, my God, is that going to happen to me -- and the parents' fear of both death of their kid -- am I doing the right thing for the child?

So we actually chucked a big portion of our information. Because it was just information, it wasn't story. And it sort of goes back to what we were talking about with the first exercises, where you have all sorts of things. We could've taken the story any number of ways. But once we decided to make it personal and make it more be grounded in what was happening to these 14-year-old girls, that gave us the focus, and that gave us the leeway to get rid of a lot of things that, if we were presenting this for an adult audience, we would've included.

Female Speaker: (Inaudible -- microphone inaccessible)

Jennifer Cecil: The only information we had was that the eight women did -- the eight girls did die after the vaccine. But it was proven that it was not related to the vaccine. They were eight girls out of 23,000. So there were other reasons for that.

(Multiple speakers)

Christopher Keyser: -- what I really liked about the story -- because we deal with this on all kinds of issues, and vaccination in the United States -- is to try to talk to people about the difference between correlation and causality without actually having that conversation. This seemed to me a good dramatization of that question.

Female Speaker: Well, actually, I was wondering if there is a way to actually dramatize that more, you know. Just the fact that when -- I think it was the mother who said that this wasn't caused by that, but to have her somehow dramatically show that -- you know, like, take out things and just --

Jennifer Cecil: We had a lot of discussion about that. Because they didn't give us any facts about what those eight girls had died of. But there was discussion about saying -- did this one die of, you know, alcohol poisoning -- of giving other points of view. Because you're right, you do wonder that. But we --

Female Speaker: Yeah, I thought that was really interesting.

Jennifer Cecil: The group fell in love with the emotional family component, and I --

Female Speaker: Which I really like, too.
Sandra de Castro Buffington: I think you all did an amazing job. I think we should give you a round of applause.

(Applause)

Jennifer Cecil: Fantastic!

Sandra de Castro Buffington: So our concluding slide is that creativity takes courage. And you were all incredibly courageous today. This was amazing.

We hope you will join us at 2 o'clock. We're giving another session. It's not a workshop; it's really -- we'll be showing different clips from their TV shows, they'll be discussing their work -- what happens behind the scenes, the inspiration for their work. And I'm going to be showing impact results. So we're going to show clips, and then the results of studies that actually measure the impact of these stories on viewers' knowledge, attitudes and behavior.

So we hope you'll be able to join us. The room number is 202. So we'll be in room 202 at 2 o'clock.

I understand there's lunch out here for you. So please have some lunch. And we hope to see you again at 2 o'clock. Thank you.

(Applause)