THE UNIVERSITY OF CALGARY

Drama and Disability: A Phenomenological Study

of an Integrated Theatre Project

by

Ruth Mathieson

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF MASTER OF SCIENCE

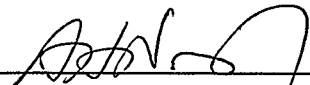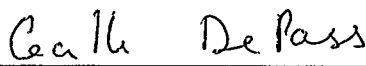DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
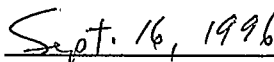

CALGARY, ALBERTA

SEPTEMBER, 1996

THE UNIVERSITY OF CALGARY

FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Drama and Disability: A Phenomenological Study of an Integrated Theatre Project" submitted by Ruth Mathieson in partial fulfillment of the requirements for the degree of Master of Science.

_____

Supervisor, Dr. Aldred H. Neufeldt

Department of Educational Psychology

_____

Dr. Cecille M. DePass

Graduate Division of Educational Research

_____

Dr. M. Kim Zapf

Faculty of Social Work

_____

Sept. 16, 1996

Date

ii

ABSTRACT

This study examined the meanings that participants in an integrated theatre project (ITP) ascribed to their experiences. ITP was in its fourth year when this study was conducted, and aims to provide an integrated theatre experience for people normally excluded from mainstream creative arts. It uses drama process and culminates annually in a performance.

Fourteen adults participated in the study, of whom seven had cognitive impairments (three of whom also had physical disabilities), two were physically disabled, and four were non-disabled.

Data was drawn from group discussions and vignettes developed by participants over three consecutive sessions. Transcripts were analysed thematically and the described experiences constituted six categories: Dramatic process, group process, drama/life interaction, role of performance, learning through drama, and perceptions of drama.

Participants highly valued their experiences in ITP, particularly emphasising creative expression, social support, and the final performance. Findings indicated that ITP enhanced participants' lives outside the project.

ACKNOWLEDGMENTS

This thesis could not have been completed without the invaluable support of many people.

I wish to first thank my mother Sheila Margaret Mathieson for her continued encouragement, love, and support, and an early introduction to the theatre.

I would also like to thank LM, who has been an invaluable friend and support for me, both in the creation of this thesis and in my involvement with ITP. I am deeply appreciative for all that the past and present members of ITP have taught me about the healing capacity of the arts and their potential for growth, and I would also like to thank those members of ITP who participated in this research.

I am extremely grateful to my partner Ken Feist for his continued caring, encouragement, and support, and the countless hours he spent proof-reading this thesis. I would also like to thank my family in England, in particular, my brothers David and William, and my sister Christina for their unconditional love and their support of my time in Canada. My friend, Rachel Bromnick, has been an on-going source of strength and support through-out my Masters degree, for which I am very grateful.

Finally, I would like to thank my supervisor Dr. Aldred Neufeldt for his comments and suggestions. I would also like to thank the other members of my examination committee, Dr. M. Kim Zaph and Dr. Cecille DePass for their suggestions, recommendations, and an invigorating examination experience.

This thesis is dedicated to:

Sheila Margaret Mathieson

LM

and

Kenneth Anthony Feist

TABLE OF CONTENTS

LIST OF TABLES

x

Chapter 1

INTRODUCTION

Creative expression is intrinsic to all persons. Each person has a need to make their "unique creative thumbprint" and it is through making this mark that the self is re-affirmed (Warren, 1993b, p. 4). Drama and theatre are two mediums for creative expression and both have been used as therapeutic agents throughout recorded history (Jennings, 1994a; Warren, 1988). Regardless of the potential each person has for creative expression, modern western society has typically valued creativity in terms of "aesthetic quality". As a result, creativity has been regarded as the domain of highly skilled individuals (Warren, 1993b). Valuing creative expression in subjective terms of "good" or "bad" has largely discouraged the majority of people from expressing themselves creatively, and especially those who are excluded from society because of perceived physical or mental limitations, prejudicial societal attitudes, or both. By focusing on aesthetic quality, people fail to realize that "it is only through making a mark that no-one else could make, that we express the individual spark of our creativity" (Warren, 1993b, p. 4).

Exclusion from participation in society is a familiar experience for many disabled people (Swain, Finkelstein, French, & Oliver, 1993). However, recently there has been an increased recognition of the arts as therapeutic modalities for excluded groups, including disabled people, people with mental illnesses, and minority groups. One direction this recognition has taken is the development of dramatherapy and

theatre projects specifically for disadvantaged groups. Warren (1993b) eloquently stated:

> In using the creative arts in health care, rehabilitation, and special education settings, and seeing the resulting growth in self-image, self-esteem, and healthy social interactions, society as a whole is being handed a mirror concerning what is possible for all its members if only they are given the opportunity" (p. 5).

This study focused on an integrated theatre project (ITP) for people with and without impairments (e.g., sensory, mobility, and cognitive) and explored the meaning of the creative experience from the perspective of its participants, with particular emphasis on disabled participants. The rationale behind this research was based on the researcher's own experience with ITP. During her three years of involvement with ITP she observed the pleasure other members (many who have been members since the project began) derived from the project and the commitment with which they attended weekly sessions. The researcher shared these sentiments, and was curious as to how participants would describe their experiences within ITP, and which aspects of their experiences they perceived to be of greatest (or least) value. In addition, the researcher wondered how participants would describe their understanding of drama and theatre based on their experiences in ITP. The quest to answer these questions led to the creation of this study.

Definitions of Terminology

Over the years there has been strong debate over language and terminology applied to disability. Swain, Finkelstein, French & Oliver

. (1993) argued that disability is "not a condition of the individual. The experiences of disabled people are of social restrictions in the world around them, not of being a person with a 'disabling condition'" (p. 2). Consequently, Oliver (cited in French, 1993) defined impairment as "individual limitation" and disability as "socially imposed restriction" (p. 17). These definitions emphasize the role society plays in creating barriers that exclude disabled people from full participation in society, thereby fostering their dependency. Gadacz (1994) concluded that disability may be viewed as the relationship between a person with a physical or mental impairment and the social or physical environment surrounding him or her. Inherent in this view is a strong belief in each person's potential for personal growth, and a recognition that the onus is on each member of society to recognize the role his or her attitude plays in inhibiting others' development. Therefore, terminology within this study will address disabled people or refer specifically to a person with a particular impairment.

Social Performance and Integration of Disabled Persons

"Life itself is a dramatically enacted thing" (Goffman, 1971, p. 78). We all adopt roles in social situations, which essentially mediate between who we are and how others perceive us. For many disabled people, matching their "role" to the social stage upon which they are to "perform" can be a major struggle (Warren, 1993b). Drama and theatre provide unique opportunities for individuals to explore different ways of being in the context of a safe environment (Way, 1967). In referring to a "safe place," Way reminds us that many people feel a "fear of freedom" when initially faced with a creative task. Consequently the

facilitator's role is to counter these fears and encourage the growth of an individual's confidence (p. 26.)

Many disabled people also have the additional struggle of being perceived as "different" because of how they speak, move, or appear. Negative perceptions of difference are central in prejudice, and many writers have examined the prejudicial attitudes through which disabled people are regarded (Bogdan & Taylor, 1989; Cattanach, 1992; Warren, 1983; Wolfensberger, 1972). In an examination of discrimination against disabled people, Neufeldt & Mathieson (1995) concluded, "societal barriers severely limit the personal opportunities and societal participation of disabled people" (p. 185). Warren (1988) noted that people with functional impairments are only as disabled as the society in which they live makes them. Therefore, a fundamental goal of integration is to challenge and overcome societal barriers to ensure the full, active, and equal participation of disabled persons. Theatre and drama have the potential to play important roles in both challenging prejudice and promoting the inclusion of disabled persons in society (Landy, 1991; Way, 1969).

Despite the negative historical portrayal of disabled people within mainstream theatre (Blacher & Dixon, 1982), opportunities for participation by disabled people themselves have been minimal. Mainstream theatres tend to be larger theatre groups which present prevailing ideas and themes (Allen, 1990), and consequently have great potential to either reinforce (as they have largely done to date) negative stereotypes of disability, or challenge such stereotypes with positive and realistic depictions.

Since 1950, there has been an increase in theatre groups comprising largely of disabled people. However, much work remains to be done because a number of these groups serve as a means of fund-raising and obtaining support through appealing to audiences' sense of pity and charity (Landy, 1980). Many writers have opposed this further segregation of disabled people, which has been described by Landy (1980) as "an abuse of the individuals and an abuse of the drama experience" (p. 28). Tomlinson (1982) viewed such theatrical segregation as "didn't they do well, considering" theatre (p. 9).

Excellent theatre groups involving disabled people have been described in the literature (e.g. Graeae, Famous Peoples Players, Theatre Unlimited, Beyond Analysis). However, these descriptions of integrated groups have been limited, as minimal attention was given to describing the dramatic experience from the perspective of participants with cognitive impairments. Indeed, to date no written research of this nature appears to have been reported.

Drama and Theatre

The word theatre derives from the Greek "theatron" which literally means a "place for seeing" (Wilshire, 1982, p. 11). In theatre, people see action, and the action is the drama. Drama arose from the Greek "dran", which taken literally, means "a thing done" (Landy, 1986, p. 5). Landy (1980) regarded the goal of drama as "to draw upon and enrich the imagination and experience of all human beings in any space" (p. 21).

While drama and theatre share many similar characteristics, they do have some fundamental differences. Langley (1995) described drama

as being essentially concerned with the internal experience, which is not necessarily shared with others; whereas she described theatre as the communication of that (internal) experience to others (the audience) through metaphor. Warren (1993a) maintained that an act of theatre must engage and transform the audience, actor, and space into believing that "somewhere" (e.g., stage or street on which one is performing) has been transformed into "somewhere special" (e.g., Mount Everest, a back street in Hong Kong, or Rochester Castle).

An act of transformation is fundamental to both theatre and therapy, because it is through transformation that potential and possibility for change becomes a reality (Emunah, 1994). It is the potential to transcend and depict roles external to the self that makes drama and theatre so therapeutically powerful, according to authors such as Jennings (1994a), Mitchell (1990), and Warren (1993a).

Brook (1987) noted that every individual has a hierarchy of values according to what he or she approves of or condemns. Theatre portrays life in a very concentrated form, making it possible for people to see beyond the surface of their convictions and realities (Brook, 1987). This concentrated focus potentially enables people to explore whether their convictions have been externally imposed or are truly their own. Therefore, theatrical portrayal can illuminate and explore prejudice. Given their experiences with discrimination, theatre gives disabled actors an exciting forum to challenge societal prejudices and stereotypes (Landy, 1980).

Dramatherapy and Related Disciplines

During the past forty years, drama and theatre have been combined together with the fields of anthropology, psychology, psychotherapy, and theatre to create the discipline of dramatherapy. The term "dramatherapy" encompasses a variety of therapeutic approaches, including: Dramatic play, role play, theatre, psychodrama, and ritual. Detailed descriptions of these approaches will be provided in Chapter 2. Dramatherapy has been applied in a broad range of sub-fields (e.g., developmental drama, socio-drama, developmental theatre), and it is beyond the scope of this study to examine them all. Different applications have resulted, not surprisingly, in significant debate within the dramatherapy discipline. The debate also reflects dramatherapy's relatively recent inception and has focused on what exactly constitutes dramatherapy. In the last ten years, there has been a move toward broadening definitions of dramatherapy in order to encompass the variety of ways in which dramatherapy has been applied. Two reasons for a broader definition include: (a) To encompass the variety of applications invited by the multifaceted nature of dramatherapy, and (b) to avoid creating further "ghettos" by developing new terms for work with disadvantaged groups (Warren B., personal communication, April 21, 1996).

A number of definitions for dramatherapy remain in use. The one utilized in this study is the following:

Dramatherapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to

facilitate creativity, imagination, learning, insight, and growth. (British Association for Dramatherapists, 1992)

The Current Study

The aim of this research was to examine the meanings that people, particularly disabled people, ascribe to their experiences in an integrated theatre project (ITP).

ITP began in September 1992, and is currently comprised of fourteen members (the number has varied across the years). Approximately two-thirds of ITP's members have impairments, the majority of which are cognitive, but also include sensory and mobility impairments. Five current members joined ITP at its inception and others have joined annually. Two individuals facilitated ITP (one of whom was the researcher), and participants (both continuing and new members) have assembled annually in September for eight months of drama culminating in a theatrical presentation each May. Weekly sessions of ITP focus on dramatic games, role-play, and improvised vignettes, and to date, meetings have taken place within a church gymnasium. Members usually chose a theme for the final presentation, which consists of vignettes developed and perfected by members. The presentation is open to family and friends of members, and people from the community.

Despite the considerable amount of literature pertaining to dramatherapy with disabled participants, the majority of studies have been written from the dramatherapists' perspective. No studies were found which explored the meaning of the dramatic experience using the voice, perspective, and experience of the participants themselves. The

current study aimed to address this gap in the literature by exploring the meanings that participants, particularly those with disabilities, place on their experiences in ITP.

Chapter 2

LITERATURE REVIEW

The body of literature that encompasses the fields of disability, drama, and theatre is considerable. This review will outline issues of integration for disabled people, historical perspectives which link theatre and disability, current models of dramatherapy and related disciplines, potential benefits of drama for disabled people, and the applicability of phenomenological research to issues in these areas. The research question addressed by this study will be presented at the end of the chapter.

Issues of Integration for Disabled People

It is a goal of most modern societies to enhance the quality of life for its members and in so doing strengthen the fabric of that society (Richard, 1992). However, research consistently shows that disabled people are discriminated against by society and excluded from mainstream activities (Finkelstein, 1993; Goffman, 1963; Morris, 1993). In a recent paper, Hendriks (1995) reported that many disabled people live in a "vicious cycle of dependence, segregation, human rights violations, lack of opportunities, and poverty" (p. 153). Considerable levels of discrimination and violence against disabled people have also been consistently reported, with disabled people twice as likely as the average person to experience crimes committed against them, one and a half times as likely to suffer property crimes (Wilson, Seaman, & Nettelbeck, 1996), and to experience an unemployment rate which is two to three times that of the general population (Doyle, 1995).

Finkelstein and French (1993) noted that many disabled people, both before and after becoming disabled, absorb the negative images of disability held by society, and may consequently think of themselves in the same negative fashion. As a result, disabled people may behave as others expect, a phenomenon described by Finkelstein and French as a "self-fulfilling prophecy" (p. 32). Kent (1988), who is disabled, agreed: "Terms such as 'victim', 'dependent', and 'person of no account' comply with the most widely held stereotypes of the disabled woman, stereotypes she is generally taught to accept as definitions of herself" (p. 91-92).

A current dilemma for the disability rights movement is that, while focusing on the collective discrimination of disabled persons as a whole can lead to stronger social action, a collective voice may perpetuate the societal myth of disabled people as a "unified, dependent population" (Finkelstein, 1993, p. 14). A collective perspective may also detract from the fact that each person is unique, and has a need to express his or her individuality, irrespective of abilities or limitations. Few mediums allow people the opportunity to express their uniqueness as freely and fully as the creative arts (Warren, 1993b).

An inevitable consequence of prevailing social policies in modern industrial societies is fostering dependency amongst disabled people. This dependency is difficult to break because of societal barriers (Oliver, 1993). Swain et al. (1993) pointed out that these barriers function at all levels of society and include "attitudes, institutions, language and culture, organization and delivery of support services, and the power relations and structures of which society is constituted"

(p. 2), findings which have been supported by other writers (Neufeldt & Mathieson, 1995; Rioux & Bach, 1994). One aim of the disability rights movement is to create "enabling environments" (Swink et al, 1995, p. 2) where disabled people have full community participation and control over their own lives and decision making.

An important caution presented by French (1993) recognizes the social model of disability as the future direction for the disability movement, but noted that some of the most profound problems experienced by disabled people cannot be solved purely by "societal manipulation" (p. 17). For example, French suggested, "even if it were possible to transform the world to eliminate the disabilities of a small minority of people, would there not be a danger of disabling the rest of the population, including many of those with similar impairments?" (p. 21). French concluded with the recognition that while attempts to change societal attitudes towards disabled people have largely failed, this does not suggest that attitudes, including those of disabled people themselves, cannot be modified by an understanding of the complex experiences of people with impairments.

French's conclusion (noted above) is perhaps more important now than at any time in recent Western history, given the increasing move of many disabled people (particularly those with cognitive impairments) into community settings. If societal attitudes play a major role in creating the isolation and prejudice experienced by many disabled people, then those attitudes must be changed to foster the inclusion and acceptance of disabled people within their own communities. In addition, given that societal attitudes produce and reinforce much of

the depression, poor self-image, and dependence experienced by disabled people, changes in societal attitudes may result in impairment itself being of minimal consequence to disabled people's experiences.

Research indicates that the physical presence of disabled persons in the community is insufficient to promote the goals of inclusion (Ferguson, Meyer, Jeanchild, Juniper & Zingo, 1992). Ferguson et al. argued that meaningful inclusion requires that disabled people are full and active members of their communities. Their goals for inclusion include: social connectedness, participation, exchange, and shared responsibilities. Many studies also clearly indicate that, although an impairment increases an individual's vulnerability to prejudice and isolation, the impairment itself and the skills of the individual are factors that strongly mediate the extent and degree of discrimination experienced (Wilson, Seaman, & Nettelbeck, 1996; Yuker, 1994). Yuker noted that attitudes towards disabled people whose impairments were considered to have an external cause (e.g., asthma, heart disease) were generally more positive than attitudes towards people with visible and more severe impairments (e.g., cerebral palsy, cognitive impairment, and mental illness). In general, Yuker found that characteristics of the non-disabled person (particularly information about and personal contact with a disabled person); preconceptions of a disabled person's characteristics and behaviour (including type and severity of disability, and characteristics such as social skills and intelligence); and variables such as context and group norms are important in understanding and mediating attitudes toward disabled people. In particular, the social competence of the disabled person has

a considerable influence on attitudes held by non-disabled people (Mellard & Hazel, 1992). Mueller and Wilgosh (1991) found that poor social competence was a primary cause of job loss for people with mental disabilities. In addition, in a study of criminal exploitation of persons with cognitive impairments, Wilson et al. (1996) concluded that vulnerability to criminal exploitation was associated with poor interpersonal competence.

Social Performance

Using a dramaturgical perspective to draw parallels between the theatre and everyday social interactions, Goffman (1959) emphasized the importance for social actors (i.e., any person in a social situation) to "expressively sustain a definition of the situation" (p. 255). By this statement, Goffman meant that the social actor must accurately assess and interact with the demands of each social situation.

Warren (1989) acknowledged the struggles many disabled people have in social situations and argued that all social encounters are "social performances" (p. 87). He added that social performance requires the social actor to perform in an "arena" created as soon as two or more people come together:

> The stage is constructed the moment they acknowledge one another's presence. Each is the other's audience. Each determines a certain performance from the other based on social conventions of his culture and his expectations of the requirements of that particular stage. (p. 88)

Warren described social skills in terms of performance skills that, once acquired, enable the social actor to analyze, understand, and adapt to the changing demands of each social "scene" (p. 88).

Although each of us struggles at times with the demands of learning and adhering to appropriate social rules for different social performances, disabled people may experience additional obstacles. According to Warren (1989, p. 91), these obstacles include: (a) Physical or cognitive impairment which limit or prevent the successful attainment of a "perfect" social performance, (e.g., the inability to detect subtle social cues), (b) restricted social experience or limited role models due to social isolation experienced as a result of the disability, which hinders the learning of appropriate social skills, and (c) the individual may possess sanctioned social behaviour to fulfill a role, but consistently appears socially inappropriate. This social inappropriateness is typically regarded as challenging accepted social conventions, attempting to gain attention (or help), or both.

Disability, Theatre, and Drama

Notions of social performance and social actors are closely linked to the arena of theatre and drama. The dramatic arena can be a very powerful setting within which people can learn about roles; and verbal, physical, and emotional communication (Warren, 1993a). Inherent to theatre is the presence of an audience, which provides a forum for actors to express their uniqueness and their experiences. This expression can challenge stereotypes and teach both disabled and non-disabled people alike that every person possesses unique strengths, limitations, humour, vulnerabilities, experiences, and emotions. An

emphasis on appreciating the unique nature of each individual and perceiving similarities between others and ourselves, is supported by the findings of Bogdan and Taylor (1989). These authors indicated that seeing individuality in and defining social place for the other – seeing he or she as "one of us" (p. 146) – were central to the acceptance of severely disabled individuals.

In performing, disabled actors have opportunities to share their unique experiences, vulnerabilities, and gifts which can help to overcome negative self-fulfilling prophecies adopted by other disabled people. However, the potential of theatre is a relatively recent phenomenon for disabled people, despite disability having been depicted on stage throughout history.

Disability and the Stage: An Historical Perspective

A discussion of theatre and disability, requires that two interrelated elements are addressed: (a) The portrayal of disability in the theatre, and (b) the role of disabled people on the stage. It is important to consider the depiction of disability on stage because it can be regarded as an illustration of society's current social values (Brook, 1968). It is of note that only recently have disabled people had any role on the stage, a fact which highlights the devaluing attitudes with which society views disability (Tomlinson, 1982).

Disability has been used as a dramatic feature to enhance a play's plot, mood, character, theme, or dialogue (Blatcher & Dixon, 1982). Landy (1991) developed a taxonomy of theatrical roles from a review of over five hundred plays written throughout history and in many different cultures. Landy described this role taxonomy as similar to

Jung's notion of archetype in terms of it illustrating universal aspects of thought, feeling and behaviour, perceived as constant across history and many cultures. The taxonomy included six domains (social, cognitive, spiritual, affective, somatic, and aesthetic) comprised of role types (e.g., within the spiritual domain was the role type hero or heroine, of which a sub-type may be searcher, or pilgrim). Each role type had a particular function (e.g., searcher role might be to "take on a risky spiritual/psychological journey towards understanding," p. 9).

Developmental disability was not depicted within Landy's taxonomy, but mental illness and physical illness were included and classified under domains of appearance and health. Both have been used theatrically to communicate characters' health or manner of appearance to the audience. For example, roles within the appearance domain (e.g., "the beast", "the ugly one", and "the physically deformed") and the health domain (e.g., "the mentally ill", "the madman or madwoman" and "the physically disabled or deformed") represent and have represented acute examples of how disabled people are perceived within society. They reinforce societally perceived flaws when depicting characters by relying on stereotypes to convey the deeper meaning of play-writers' intent.

The way in which disabled people are characterised within theatre illustrate how society views disabled people as needy and lacking in self-determination (Ruffner, 1982). Shakespeare often used blindness to suggest a character's unawareness (e.g., Gloucester in King Lear). Theatrical roles depicting disabled people typically fall into one of two

stereotypes - the wounded super-hero or the victim - both of whom need society's compassion and help (Kent, 1988; Tomlinson, 1982; Yuker, 1987). An example of the victim role is found in Sophocles' tragedy Philocetes, when the wounded Philocetes says, "Stow me where thou wilt ... wherever I shall least offend my mates ... at thy knees I fall, albeit a cripple maimed and helpless" (lines 482 - 487). Neither the wounded super-hero nor the victim stereotype are accurate portrayals of disability, but they do illustrate how society perceives impairment and ascribes negative, demeaning attributes to the individual (Asch & Fine, 1988; Warren, 1988; Wolfensberger, 1972; Yuker, 1987).

Disabled Actors

The negative stereotypes of disabled people held by society potentially create many problems for the disabled actor. Until recently, very few opportunities have existed for disabled actors to be on stage (Tomlinson, 1982), and those opportunities that did arise were typically the role of a disabled person in the script (Kent, 1988). Therefore, not only are disabled people discriminated against by society, negative stereotypes of disability are reinforced through the negative portrayal of disability in theatre, and the few theatrical roles performed by disabled people have been typically those of people with impairments.

There has been a recent increase in autobiographical theatre, in which actors play themselves or incorporate elements of their experiences into the performance. Within this realm, there has been a marked increase in "special interest" groups, which include performance groups for disabled people, people with mental illnesses, prisoners (Emunah, 1994), First Nations people (Courtney, 1988), and other

minority groups. Some of the more well-known groups for disabled

people are: Graeae, Famous People's Players, Theatre Unlimited, and

Beyond Analysis. A detailed search of the literature identified only one

paper on a theatre project which incorporated some of the experiences

of participants with cognitive impairments. This was Hilary Cohen's

(1985) paper on "Theatre Unlimited". However the literature (including

Cohen's) is primarily written from the perspective of the dramatherapist

or group facilitator. Although writers have addressed the

dramatherapist's or facilitator's perceptions of participants' experiences,

minimal work has been done to explore the perceptions of participants

themselves.

<div align="center">Theatre and Drama in Therapy</div>

<div align="center">Conceptual Basis to Dramatherapy</div>

"Dramatherapy is the intentional and systematic use of

drama/theatre processes to achieve psychological growth and change"

(Emunah, 1994, p. 3). The heritage of dramatherapy is unique and

multidisiplinary, a basis which provides depth and richness and creates

a broad range of applicability. Continuing dispute regarding exactly

what constitutes dramatherapy also stems from this heritage.

Emunah (1994) identified five conceptual sources of dramatherapy

– dramatic play, theatre (scenework), role-play, psychodrama, and

ritual – which also represent five phases of dramatherapy. These

phases are incorporated into both the contents of a dramatherapy

session and the levels attained within dramatherapy. For example,

Emunah suggested that both a dramatherapy session, or series of

sessions, may begin with Phase 1 (dramatic play), incorporate Phases 2

through 4 (scenework, role-play, and psychodrama), and culminate in Phase 5 (dramatic ritual). Emunah (1994) also noted that the extent to which dramatherapy develops through the phases depends on the abilities of the group.

Although interesting, Emunah's (1994) view of the dramatherapy process can be questioned on three accounts. First, the order of her phases is debatable. Emunah proposed that ritual is the culmination of the session. Allen (1990) noted that ritual refers to "a prescribed order of performing rites" (p. 1040). Ritual is intrinsic to dramatherapy from the outset, for example, Mitchell (1996) described the importance of ritual in the forming of a circle at the start of each dramatherapy session, from where one enters the creative space.

The second criticism of Emunah's (1994) framework is its inherent implication that people progress through different phases in dramatherapy and the further one goes (e.g., achieving Phase 3 as compared to Phase 1) the greater the therapeutic experience. Emunah (1994) indicated that, "it is toward the end of Phase Three that clients often begin to clearly experience a sense of hope for change in their lives" (p. 41). Role-play appears to be regarded as a higher phase than scenework because the former requires enactment of real life occurrences and hence, a certain level of analytical ability and verbal skill. (The enactment of real life occurrences would also occur in dramatic play and scenework.) Focusing on verbal skills devalues the creative abilities of people with cognitive impairments, many of whom experience restricted verbal abilities. Therefore, the onus should be

placed on the therapeutic approach itself to ensure it is accessible to all persons.

A third and perhaps the most important criticism of Emunah's (1994) hierarchy of phases is that it places priority on verbal and analytical skills. This detracts from one of the greatest assets of this therapeutic approach – that the drama experience is as valid as the individual person perceives it, regardless of verbal or other skills, or phases the individual can attain – because the focus in drama is on creative expression.

Warren (1988) questioned the validity of "pigeon-holing the therapeutic nature of drama" (p. 117), noting that the arts are the ultimate expression of an individual's unique personality. In a 1985 paper, Grainger cited Smail's (1978) view of healing, "it is often helpful to encourage patients to trust their non-reflective, unselfconscious activity, since the ultimate aim of psychotherapy can only be to enable the person to set off down paths he (or she) does not already know" (p. 36). This suggests that the therapist does not know the "path" either. Grainger concluded that what is important is that therapeutic experiences are valid for the individuals themselves, at the time they take place.

These perspectives appear more applicable to the creativity of dramatherapy and its potential to empower people to explore themselves at whatever level they chose or are able to do. Warren (1988) reinforced this notion by expressing concern regarding the move towards clinical justification for the use of the arts, perceiving there to be a loss of awareness of the benefits of simply engaging in artistic

endeavor. All phases of dramatherapy can potentially be therapeutic and affect dramatic change, whether through personal growth or by affecting social change through theatre (Warren, 1988). Therefore, Emunah's (1994) hierarchical use of phases which imply the application of an external structure to the therapeutic benefit of the experience can be questioned. However, her analysis of dramatherapy's conceptual sources is eloquent and detailed, and therefore forms the structure for the following discussion.

Dramatic Play

The creative ability that all people possess is most evident in children's play (Winnicott, 1974). Courtney (1989) defined play as an "activity pursued because we enjoy it" (p.14). Most children are preoccupied with play through which they enact, learn about, and understand their environment (Cohen, 1987; Courtney, 1981). Dramatic play is "play based on imagining" (Courtney, 1989, p. 14), and it is through this medium that "children are able to transform experience through the symbolic form of the fictions they create" (Cattanach, 1994b, p. 138). Children use dramatic play as a method of:

> Symbolically expressing and resolving internal conflict; assimilating reality; achieving a sense of mastery and control; releasing pent-up emotions; learning to control potentiality destructive impulses through fantasy; expressing unacceptable parts of the self; exploring problems and discovering solutions; practising for real life events; expressing hopes and wishes; experimenting with new roles and situations; and developing a sense of identity. (Courtney, 1968, cited in Emunah, 1994, p. 3)

In dramatic play, dramatherapy uses techniques of puppetry, story-telling, improvisation, and role-play with the aim of exploring real life through the fictional mode of drama (Emunah, 1994). As Landy (1986) noted, "everyday reality is transformed into drama through an act of imagination" (p. 6). A person imagines "what if", and through the creation of a mental image can conceive himself or herself as other; he or she can then explore not only how the other behaves, but how they feel, think, and judge. "The mental image is projected outwards, and becomes the dramatised role of the other played out by the individual in a number of ways" (Landy, 1986, p. 6). Jennings (1994a) noted that people learn how to act through involvement in dramatic play; through exploration, people are able to develop and practice a range of appropriate roles and behaviour.

Dramatherapists have noted the way in which children become completely absorbed in their play, described by Emunah (1994) as "the dual level of consciousness" (p. 5) and by Warren (1993a) as "the creative moment" (p. 7). Warren suggested that one goal of dramatherapy is to become "lost" in the creative moment, as it is in this moment that the physical, emotional, spiritual, and intellectual aspects of the self are brought together. The potential for revelation, significant personal meaning, or both, exist in this act of transformation (Warren, 1993a).

Emunah (1994) illustrated an important point when she observed the degree of pleasure and delight with which children engage in dramatic play. These feelings can also be derived from dramatic play in dramatherapy, which creates a form of therapy that is both beneficial

and often pleasurable. Through drama, Warren (1993b) found, individuals not only use their imaginations but are encouraged to enjoy using them. Warren placed strong emphasis on humour as a vehicle to gain a group's trust and confidence through laughter and enjoyment. He added that trust and confidence within the group are essential for success in dramatherapy and identified humour, fun, and spontaneous play as excellent ways of also engaging the group's interest, without which it would be difficult to gain their confidence.

<u>Theatre</u>

Theatre is the second and perhaps most obvious source of dramatherapy. Therapeutically, "the element of disguise inherent in theatre is considered by dramatherapists to be an invaluable source of psychotherapy. Having something to hide behind is a vehicle, rather than an obstacle, to self-exposure" (Emunah, 1994, p. 7). When theatre is utilized, the therapeutic impact extends to encompass the larger community, through engaging the audience in an examination of their social values and personal ideas (Pendzik, 1988).

Many writers have addressed the healing elements of theatre. Theatre and drama are both creative arts and as such have great potential to be analogous with healing (Emunah, 1994). Emunah also suggested that theatre promotes self-awareness and can provide a profound journey inward to both actors and audience. In addition, the clarity and insight provided by some theatrical experiences are inherently healing, a perspective shared by other writers (Jennings, 1994b; Pendzik, 1988).

Process and Product

In the drama literature process refers to drama groups that do not include a performance component, but focus entirely on various drama techniques. Product refers to a group which incorporates both process and performance elements into the experience (Warren, 1983). While process can occur on its own, product always incorporates process. While neither is a "better" approach than the other, everyone can participate in and contribute to a process group, whereas performance is not necessarily for everyone (Landy, 1980). Landy noted that the pressure to develop a performance often occurs at the cost of other potentially beneficial drama processes. Therefore, the decision of whether or not to incorporate a performance element should take into account all potential costs as well as benefits.

Emunah & Johnson (1983) pointed out that in performance (product) oriented groups, the outside world (audience) is part of the group from the outset. They suggested that interacting with an audience can enhance members' development and self-image. In addition, the formation of a bond between actors and audience may foster greater integration into the larger community.

Warren (1983) discussed the reality of prejudicial stereotypes of disabled people and the potential of successful performances to challenge such view-points. It is important to emphasize the word "successful" because therein lies one of the key issues for the facilitator or dramatherapist to address. In the past, many performances by people with cognitive impairments have served, usually unwittingly, to reinforce the patronising stereotypes of disability held by many in

society (Landy, 1980). A key responsibility of the dramatherapist is to balance the quality of the performance, thereby ensuring the skills, abilities, and unique nature of each individual are illuminated for the audience, with respect for and the incorporation of creativity and spontaneity on the part of the disabled actors. By challenging deficit stereotypes of disabled people, theatre has the potential to effect societal change, and enhance actors' self-esteem and personal growth (Cohen, 1985).

Emunah & Johnson (1983) noted that public approval achieved though a successful theatrical experience powerfully affected individuals' self-esteem. Indeed, a study by Marcus, Cross and Wurf (1990) found that a sense of accomplishment following a performance generated a positive self-evaluation of personal competence. In addition, successful performances by disabled actors can provide excellent role models for disabled members of the audience (Kent, 1988).

Rees, Spreen & Harnadek (1991) found that attitudes towards people with cognitive impairments shifted in a positive direction as a result of increased knowledge and contact with this population. Theatre can very effectively address this provision of knowledge. For example, Emunah and Johnson (1983) found that the most effective bridging between disability and the world occurred when a play directly represented members' struggle in the world. Autobiographical theatre can be an ideal medium for such a portrayal. Therefore, the role of theatre, albeit mostly on a small scale, has recently moved towards recognizing its potential as a medium for integration.

<u>Role-play</u>

Role-play is the third source which has contributed towards the discipline of dramatherapy. <u>Role</u> is a social term which characterises the behaviour that social actors (people playing roles in real life) engage in when they take on a position in relation to others (Chesner, 1994). Role-play focuses on the multidimensionality of human experience within which people play a multiplicity of roles (e.g., familial, occupational, and social) (Meldrum, 1994). Each person has many different roles: a woman may be a daughter, mother, and sister (her biological roles), a dramatherapist in a hospital (her occupational role), a wife (her social role), and have additional roles such as friend, cyclist, walker, and gardener. The role she plays at any given time depends on the context of the situation, the people present, and expectations placed on her. Many social actors are unaware of the roles they are playing and the influence their social role has on the people with whom they are interacting (Emunah, 1994).

As a dramatic concept, role is closely linked to character and identity (Chesner, 1995), with people's multifaceted nature reflected in the range of roles they create and explore. Through experimentation with roles in a dramatic setting, an individual can experience a wider variety of roles than would be available in real life. In addition, moving between different roles can help individuals increase their role flexibility (Chesner, 1995; Emunah, 1994; Grainger, 1985; Pendzik, 1988). Role flexibility is fundamental to dramatherapy because the adoption of different roles, which may be foreign to those in her or his habitual life, can result in the individual learning "something

transformative about the possibilities of change" (Chesner, 1995, p. 6).
Chesner suggested that through the process of exploring roles, people
can learn both alternative modes of expression, and understand that
what is perceived to be a permanent feature of his or her identity may
be no more than a habitual expression, thought pattern, or posture.

At the core of dramatherapy and psychodrama lie role-play and
role-reversal. Role-reversal is a dramatic process during which an
individual takes on the role of another person to increase her or his
understanding of that person's thoughts, feelings, and experiences.
Emunah (1994) described the importance of these processes as being
concerned with:

> Putting ourselves in the shoes of others, increasing an
> understanding and empathy, and not only seeing but experiencing
> the world from a perspective outside our own. More profoundly,
> these processes are about acknowledging our differences and
> locating our commonality, our connectedness as human beings.
> Here we find ourselves not only at the bond between the
> psychological and the social but between the psychological and
> spiritual. (p. 20)

Emunah (1994) observed that dramatic play and theatrical scenes
are both incorporated into the early stages of dramatherapy. In
addition, during initial stages, adopted roles are fictional but develop
with the dramatherapy to drawing directly from real life experiences.
However, one could argue that the distinction between what is fictional
and what is reality is difficult to ascertain and, within drama, the two
are usually combined. As Emunah reflected, "whether fictional or

actual, the playing out of a multitude of roles serves to expand one's role repertoire, foster an examination of the many aspects of one's being, and increase one's sense of connectedness with others" (p. 12).

Anderson (1992) demonstrated how educators can use a dramatic setting to help individuals understand the roles they play in social situations, and the ways in which social actions can influence the success of an interaction. Anderson used various theatre rehearsal techniques with adolescents who had been identified as behaviorally disordered. With this approach she illustrated that adolescents can learn to see themselves as "co-creators" of their interactional situations by paying attention to (a) how they approach each interaction, and (b) how their personal choices influence the process and consequences of the interaction. Therefore, by understanding how the role one presents influences one's control as a social actor, individuals can learn to present themselves differently and consequently change the outcome of a situation.

Psychodrama

Psychodrama was founded by Jacob Moreno (1889-1974), and is considered the most widely known utilization of theatre for curative purposes since early civilization (Emunah, 1994). Kedem-Tahar and Felix-Kellerman (1996) noted that the word "psyche" derived from the Greek word "soul", while "drama" means "in action", thereby psychodrama means literally, "the soul in action".

Psychodrama developed from experimental theatre into a more clinical form of group psychotherapy during which a person enacts personal issues rather than simply talking about them (Kedem-Tahar

and Felix-Kellerman, 1996). The "director" (therapist) guides the "protagonist" (subject of the enactment) while the other people in the group serve as either the audience or as "auxiliary egos" (i.e., they portray the other people in the protagonist's life, or the protagonist's "alter ego", referred to as "the double") (Emunah, 1994). Emunah concluded that, through enactment, the protagonist externalizes, depicts, and explores his or her life dramas. The therapeutic potential of psychodrama derives from "agreeing to exchange identity with another person [which] is one of the most psychologically invigorating actions of which human beings are capable" (Grainger, 1985, p. 35).

Through the enactment of life dramas the protagonist and audience experience emotional catharsis (Emunah, 1994), where catharsis is considered to be "an emotional release in drama or art" (Allen, 1990, p. 177). However, one should emphasize that catharsis can occur at many different phases in dramatherapy, not solely through psychodrama.

Psychodrama and dramatherapy cannot be fully separated from each other and people are often confused as to the distinction between the two. Psychodrama generally focuses on one protagonist at a time, while dramatherapy is more group oriented (Emunah, 1994; Kedem-Tahar & Felix-Kellerman, 1996); a background in theatre is required to become a registered dramatherapist, whereas there is no such requirement for certification in psychodrama (Emunah, 1994); and, psychodrama generally emphasizes personal emotional involvement, whereas dramatherapy emphasizes dramatic distancing (Landy, 1983). Dramatic distancing is a term used in the drama literature to refer to the

distance that is created between ourselves in our everyday roles and the dramatic role or process we are playing (Jennings, 1991). Jennings noted that, paradoxically, distancing enables us to come closer to ourselves and experience at a greater depth.

Some writers consider psychodrama as one of the most advanced uses of drama because of its focus on psychotherapy, insight, and projection (Emunah, 1994; Langley, 1995). For this reason, Emunah (1994) presented it as the Fourth Phase of dramatherapy, and Langley (1995) suggested it is appropriate only for those "who have the intelligence and verbal ability to cope with it" (p. 42). Such attitudes reflect the traditional view that people with cognitive impairments cannot benefit from psychotherapy; negating the responsibility of the dramatherapist to adapt the therapeutic process to the needs and levels of the participants (Chesner, 1995). As discussed earlier, people with cognitive impairments have insight into their own and others' behaviour and understanding on many different levels. The perspectives of Emunah and Langley regarding psychodrama reinforce the view that people with cognitive impairments cannot understand, project, and express themselves simply because verbally-oriented therapies may fail to elicit these skills.

Dramatic Ritual

Although the development of dramatherapy as a profession is relatively recent (both the American "National Association for Drama Therapists" [NADT] and the "British Association for Dramatherapists" [BADth] were founded in 1979), drama and healing in the form of ritual was regarded as inseparable by early societies (Emunah, 1994).

The wearing of masks and costumes, the enactment of stories, and the impersonation of human figures, animals, and dieties have existed throughout recorded time (Courtney, 1989). Courtney noted that through dramatisation people think and act "as if" (p. 32) and through acting "as if" the actual and fictional co-exist. For example, hunters acted "as if" they were buffalo, wolves and other spirits to bring success to the up-coming hunt (Courtney, 1989). Being "as if" has always been regarded as vital to learning (Courtney, 1989) and is central to drama.

Rituals are also evident in dramatherapy sessions through the prescribed order of proceeding through each session. Usually there is a ritual greeting during which members come together in a circle, followed by the elements of drama (beginning with dramatic play, to theatre elements, role-play, and perhaps psychodrama), and concluded by a ritual ending where the members once again come together in a circle. Therefore, the sources of dramatherapy are evident at both different levels between groups and integrated into the procedure within a group session.

Jennings (1992) described the integration of ritual into dramatherapy sessions with the term "ritual-risk paradigm" to indicate the role of ritual in alleviating risk. According to Jennings, the repetition in ritual provides safety in what is known and the potential for growth through refining and perfecting the experience. Chesner (1995) outlined the ritual-risk paradigm which consists of five stages of movement through a session: (a) arrival, (b) warm-up, (c) development, (d) closure, and (e) departure. Safety and structure are

inherent in the first two stages; moving towards spontaneity, imagination, and risk at the heart of the structure in stage (c); and back out towards the present, with structured and ritualised activity for ending and departure in stages (d) and (e).

Emunah (1994) noted that each session is a circular process carefully bound up in ritual processes and, like the circle, returns to the original source of dramatic play. Dramatic play is integrally linked with ritual, role-play, and psychodrama. The boundaries between each source are flexible and vary according to the skills and focus of each group. The circle is made complete when psychodrama and dramatic play are linked, the former of which actually grew out of Moreno's observations of children's dramatic play (Emunah, 1994). In conclusion, dramatherapists use many approaches organized within an integrative framework in order to address the multifaceted nature of people. However, they must ensure the approaches are applicable and accessible to all participants.

<div align="center">Definitions of Dramatherapy</div>

Although dramatherapists draw on each element of the conceptual framework discussed earlier, dispute exists as to what exactly constitutes dramatherapy. This may arise in part from the hybrid nature of dramatherapy's heritage.

Jennings (1981) outlined the development of dramatherapy as a specific therapeutic discipline beginning in the late 1950s with Peter Slade's work on child drama as an integral part of the school curriculum. Further development arose from the human growth movement in psychotherapy (e.g., gestalt therapy, encounter groups), and in the

late 1960s the Religious Drama Society and the Remedial Drama Centre were established in the United States. These events formed the basis of dramatherapy as a specific discipline.

Part of the dispute regarding a definition of dramatherapy has related to the setting within which dramatherapy should be held. Courtney (1981) described two possible settings: the first regarded dramatherapy as "a therapeutic method in clinical situations with a psychotherapist trained in drama techniques", and the second, regarded dramatherapy as a "generalised therapy in a non-clinical situation" (p. 8).

Historically, the British approach to dramatherapy has been more closely linked with the second approach, noted above, whereas the American approach has taken the first, more clinical, approach. For example, in 1982, David Johnson (past president of NADT) defined the dramatherapy process as "those activities in which there is an established, therapeutic understanding between the client and therapist and where the therapist's goals are primary, and not incidental to the ongoing activity" (p. 83). The emphasis on "therapist's goals" produced a more clinical approach in comparison to contemporary definitions of dramatherapy. Recently, however, British and American approaches have become more closely aligned, as is evident in their most recent definitions of dramatherapy. Bieber-Schut (1986) noted that Canadian perspectives on dramatherapy have traditionally aligned more closely with British approaches.

The definition for dramatherapy NADT adopted in 1991 stated, "Dramatherapy is the intentional use of drama/theatre processes to

achieve the therapeutic goal of symptom relief, emotional and physical integration and personal growth". The following definition developed by BADth (1992) was adopted for this study:

> Dramatherapy has as its main focus the intentional use of healing
> aspects of drama and theatre as the therapeutic process. It is a
> method of working and playing that uses action methods to
> facilitate creativity, imagination, learning, insight, and growth.

These definitions, noted above, are now very similar regarding their emphasis on process and outcome.

<u>Dramatherapy for People with Cognitive Impairments</u>

A number of writers have noted the applicability of the creative arts for people with cognitive impairments (Chesner, 1995; Langley, 1995; Warren 1989; Warren, 1993b). In particular, dramatherapy is considered to be an ideal approach for people with cognitive impairments because it encompasses all forms of communication and self-expression (Langley, 1995).

Traditionally, the literature focusing on dramatherapy for specific groups (as opposed to the general population) addressed experiences of psychiatric populations (Blumberg, 1981). Recently, there has been an increased recognition of the benefits of dramatherapy for a diverse range of populations, including: (a) prison populations, (b) people with cognitive impairments, (c) people with sensory and mobility impairments, and (d) other minority groups. The difficulties facing individuals in each of these groups are similar to those experienced by many people with cognitive impairments, especially with regard to social

isolation and stigmatized existence. Dramatherapy can play an important role in counteracting some of these difficulties.

Thought Processes

Characteristics of cognitive impairment that have been identified include: rigid thought processes, short attention span, and difficulty with abstract concepts (Martin, 1981; Meirowitz Waite, 1993; Wilson, 1977). These are often congenital in origin but can be exacerbated by parental and societal attitudes such as overprotection, pity, and rejection (Blumberg, 1981). Blumberg argued that these attitudes can lead to individuals' reticence regarding expression of feelings, which may lead to a further sense of inferiority and withdrawal. In addition, parental and societal attitudes can result in minimal opportunities for individuals to explore different ways of expressing themselves.

As one of the fundamental elements of drama is the exploration of different roles, Emunah (1983) argued that drama offers a unique opportunity to experience, explore, and practice other ways of being. By moving between, and within, different roles, with the various reactions and ranges of emotion such exploration involves, people have the opportunity to experience the self as a complete multifaceted individual (Emunah 1983).

An additional characteristic of cognitive impairment is difficulty in coping with change (Meirovitz Waite, 1993). Problems with change can relate to both the impairment and limited social experiences that many individuals with such impairments encounter. Emunah (1983) noted that improvisation is a skill learnt through drama and is integral to an ability, in drama and life, to accept change and transition.

Johnson (1989) found that structure in drama helped "disturbed" individuals organise their responses in a clearer way. For example, Johnson observed that the structuring of emotions in a spatial and bodily framework (e.g. going to one part of a room which represents a particular emotion) helped an individual focus on one thought at a time.

Language

Many people with cognitive impairments have difficulty expressing themselves verbally (Cohen, 1985). Verbally oriented therapies often do not take this into account and fail to adapt accordingly. Drama works essentially with mime, sound, gesture, body language, and speech, and is often a more successful approach in helping this population (Johnson, 1982; Langley, 1989, cited in Jennings, 1994a). Blatner (1973) considered the focus on helping individuals enact their problems, instead of simply talking about them, to be one of the major strengths of dramatherapy. For example, Moreno's didactic was, "don't tell me, show me" (Sprague, 1991, p. 34). This attention to physical rather than verbal expression is beneficial to many people with cognitive impairments.

Social Skills

Of all the creative arts, drama is the most collective and collaborative as it necessitates involvement with others (Emunah, 1983). In his classic book, The Empty Space, Peter Brook (1968) described participating in drama with a group of people living in an institution:

In the immediate event there is an unmistakable result. Two hours after any session begins all the relations between the people present are slightly modified, because of the experience they

have all been plunged in together. As a result, something is more

animated, something flows more freely, some embryonic contacts

are being made between previously sealed-off souls .... Having

had this taste, they will wish to come back for more. The drama

session will seem an oasis in their lives. (p. 134)

Many people with cognitive impairments have problems

understanding the complex and subtle rules around social boundaries

(Griffiths, 1995). Spence and Marzillier (cited in Griffiths, 1995)

suggested that this was partly due to a lack of appropriate role models

within the segregated setting where many individuals with cognitive

impairments live. Jennings (1973) found that disabled children

experience fewer opportunities to play compared to non-disabled

children, thereby losing important opportunities to learn social and

interpersonal skills. Drama work draws attention to nonverbal cues

because of its focus on physical movement (Blatner, 1973). This

attention to nonverbal detail can help people with cognitive impairments

understand some of the subtleties of social communication.

Dramatherapy, especially within an integrated context, can teach many

of these skills.

Self-Esteem

The term self-esteem refers to an individual's sense of value and

worth, his or her sense of competence and adequacy, and his or her

sense of self-satisfaction (Tuttle, 1984). Tuttle noted that self-esteem is

based on how an individual feels about himself or herself, which

influences how he or she is able to socially perform, and in turn, his

or her social performance affects the way he or she feels about himself or herself and consequently the way others perceive him or her.

Many professionals involved with disabled people and much of society expect disabled people to be passive and submissive (Kent, 1988; Tomlinson, 1982). Although these expectations can be difficult to challenge, drama, and theatre in particular, are arenas within which disabled people can take charge and initiate action (Emunah, 1983; Tomlinson, 1982). Cohen (1985) noted that this development necessitates increased awareness on the part of non-disabled individuals in the group to ensure that space and patience is provided to allow disabled participants to develop.

Inherent in performance is a sense of responsibility – to the other actors, the audience, and the script – and intrinsic in this responsibility are risks. Such risks include the potential to experience failure and public exposure of the individual to others. The taking of responsibility and risk are both rare experiences for many disabled people (and especially those with cognitive impairments) as a result of their sheltered lives (Tomlinson, 1982). Tomlinson noted:

> It is rare for disabled people to be encouraged to take that responsibility in the full knowledge that if they do not succeed and that the audience walks out, or expresses condescension or pity, they have failed. So responsibility and risk walk hand in hand, and for the disabled person who takes the risk, takes the responsibility – and succeeds – it is especially gratifying. (p. 13)

Therefore, being seen to succeed gives an individual recognition and status in both their own eyes and in the eyes of society

(Tomlinson, 1982; Tuttle, 1984), both of which influence an individual's self-esteem and enhance their sense of self-worth.

Theatre and Phenomenology: A Natural Alliance?

Phenomenology aims to understand the "lived experience" through detailed descriptions of the people being studied (Creswell, 1994). Wilshire (1982) noted a close relationship exists between phenomenology and theatre. Phenomenology is described as "the systematic attempt to unmask the 'obvious'" (p. 11), and theatre means literally, a "place for seeing". Like theatre, the phenomenological approach can reveal the meaning of things and events - it is an exercise in seeing. "We need the exercise because often we look but we do not see" (Wilshire, 1982, p.12).

Wilshire (1982) argued that our prejudices are so habitual that we are no longer aware of them as prejudice. Therefore, a high degree of examination is important because we are ordinarily aware of things only in terms of the small fraction of their meaning which is relevant to our short-term interest or survival (Wilshire, 1982). Although phenomenologists recognize the subjective nature of experience, their intent is to uncover the shared "essence" of the many.

The phenomenological approach shares other links with the theatre, as indicated by Peter Brook. In describing his approach to directing, Brook (1987) noted that he would, at first, censor nothing and encourage excess from his actors. Gradually, he would sense a developing form from which some elements would fall away and others would develop. In a similar fashion, phenomenological analysis entails the initial inclusion and consideration of everything. Then gradually,

through immersion, themes are drawn out and the essence of experiences is explicated.

The dramatic experience cannot be assessed in abstract terms. What matters is that the therapeutic experiences are valid for the participants themselves at the time they take place (Grainger, 1985). However, it is important to have means of examining this process and evaluating it from the perspective of those people involved. As the phenomenological approach aims to understand the meanings people place on an experience, it was chosen as the research method for this study.

Conclusion

The literature reviewed for this study was drawn from the fields of disability, dramatherapy, theatre, phenomenology, psychotherapy, and anthropology.

Research in the disability field has consistently found that many disabled people are excluded from society and experience higher levels of prejudice and violence than non-disabled people. The disability rights movement has challenged societal attitudes, noting that many of the problems disabled people experience stem from and are exacerbated by prejudice. Such attitudes can also be adopted by disabled people themselves (resulting in a self-fulfilling prophecy) and consequently contribute to experiences of isolation and depression.

The therapeutic value of the arts has been well-documented. They can broaden an individual's social repertoire through the exploration of roles, help to develop social skills, and provide opportunities to experience another person's point of view. Theatre is an ideal medium

for experiencing others' perspectives and, in doing so, enhances personal growth and challenges societal stereotypes.

Throughout history, disability has been negatively portrayed in the theatre, albeit primarily for theatrical effect, thereby reinforcing negative stereotypes of disability. Furthermore, disabled persons have had very few opportunities to participate on the stage, an exclusion for disabled people that is a common experience in most arenas of life.

Despite considerable literature in the fields of dramatherapy and disability, little attention has been given to the experiences of people with cognitive impairments, and the potential of dramatherapy as an integration experience.

Research Question

Previous research in dramatherapy has been primarily based on the observations of professionals rather than the experiences of participants. This apparent lack of focus on the experience and voice of participants contradicts the underlying philosophy of dramatherapy – the value of individual creative expression. The current study attempted to address this shortfall by examining the experiences of participants (particularly disabled participants) in an integrated theatre project and their perceptions of what the dramatic experience has meant to them. In addition, the study aimed to provide a voice to the experience of participants in an integrated theatre project.

To achieve the aims, noted above, the research question addressed in this study was: how would participants in an integrated theatre project, particularly those with disabilities, describe the meaning of their experiences?

Chapter 3

METHODOLOGY

The current study took place within an on-going integrated theatre project (ITP), with data collection occurring during early 1996. Since its inception in the fall of 1992, ITP has been conducted on an annual basis, each year commencing in September and culminating in a public performance the following May. ITP is a community based drama and theatre project involving disabled adults, facilitators, practicum students, and community members. Since its inception, the project's weekly meetings and performance have been held in a church's gymnasium. Each weekly meeting runs for ninety minutes. When the present study was conducted, ITP consisted of nine disabled adults (with a range of cognitive, sensory, and mobility impairments), two facilitators (one of whom was the researcher), three practicum students from the local university, and an aide for one of the disabled adults. The project facilitators were both employed by a community agency which provided outreach services to disabled persons living in the community. The agency provided administrative support to ITP which also received funding from other sources, the last two years of which was a grant through "The Disabled Persons' Participation Programme", Human Resources Development Canada.

Throughout this thesis, project refers to ITP, member refers to a person who regularly attends ITP's weekly meetings (including facilitators, disabled members, practicum students, and individuals from the community), and participant refers to a member of ITP who was involved in this research. Session refers specifically to one of the three

data collection sessions held for this research, whereas <u>meeting</u> denotes a usual weekly meeting of ITP.

Research Approach

A qualitative research design was chosen for this study, because of the study's exploratory nature and the research intent of understanding a naturally existing event in its natural environment (Patton, 1990). One intent of this study was to utilize ITP's usual setting and customary group processes through-out the research. Denzin and Lincoln (1994) advocated that the ideal environment for qualitative research is one within which the researcher is familiar. Prior to conducting this study, the researcher had been a member of ITP for two and-a-half years, the first eight months as a practicum student and the remainder as a co-facilitator. Therefore, the research setting was one with which the researcher was familiar, known by participants, and integrally involved, which consequently placed her in a position to understand participants' experiences.

<u>Phenomenology</u>

The research tradition chosen for this study was phenomenology as its purpose, to understand research participants' "lived experience" (Creswell, 1994; Nieswiadomy, 1993), was appropriate to the objective of this study. The word "phenomenology" derives from the Greek words, "phainomenon" (an appearance) and "logos" (reason or word), hence a "reasoned enquiry" (Stewart & Mickunas, 1990). Stewart & Mickunas noted that the phenomenological approach can be used to examine "anything of which one is conscious" (p. 3). Edmund Husserl is considered by many to be the father of phenomenology as he focused

on explicating the ordinary, immediate experience of the lived world. Alfred Schultz, a sociologist, examined the ways in which people produce and experience the life world (i.e., the experiential world that each person takes for granted) and noted that to a large extent people typify and categorise their experiences, thereby rendering things recognizable within a certain type or realm (Holstein & Gubrium, 1994). As a result, people assume that others experience the world much as they do, thereby taking their subjectivity for granted.

Based on the subjective nature of experience and understanding, the phenomenological approach aims to "focus on everyday subjective meaning and experience, the goal of which [is] to explicate how objects and experiences are meaningfully constituted and communicated in the world of everyday life" (Holstein & Gubrium, 1994, p. 264). When studying subjective behaviour, phenomenologists assume there is a shared essence underlying and connecting individual experiences, and to attain this essence the phenomenologist searches for commonalities through bracketing, analyzing, and comparing different people's experiences (Patton, 1990). Participants' lived experiences in ITP constituted the focus of the current study.

<u>Researcher Bias</u>

The initial stage in phenomenological research is "epochè" (Creswell, 1994), which involves the researcher's identification of her or his preconceptions and biases prior to data collection (Patton, 1990). Identification of potential researcher bias contributes to establishing the researcher's credibility, and ultimately the trustworthiness of a study's findings. Denzin & Lincoln (1994) noted that complete researcher

objectivity is impossible. Therefore examination of the researcher's biases and preconceptions was a particularly important step, in this study, due to her prior involvement and personal interest in ITP.

One month prior to collecting data for the study, the following points were recorded:

1. The researcher's experiences with ITP had provided her with an understanding of individual group members' attitudes and a perception that members valued and enjoyed the dramatic experience.

2. In regard to research findings, it was expected that participants would identify performance as a central element of their experience, and that a number of participants (particularly those with cognitive impairments) would identify their desire to be mainstream actors as having motivated them to join ITP.

3. All relationships between the researcher and participants existed only in context of ITP, except for a friendship with LM. This friendship between the researcher and LM extended beyond ITP and could potentially influence discussions regarding confirmation of research categories.

4. Prior to and during the study, the researcher also worked for the community agency which provided administrative support to ITP.

5. The researcher's experience as a graduate student in a Rehabilitation Studies programme gave her familiarity with issues relating to inclusion and disability. Such issues included the prejudice directed at many disabled people, and the disadvantage at which many disabled people are placed in their relationships with non-disabled people.

Research Participants

Selection of research participants for this study was purposeful. The criterion was that participants were current members of ITP. This criterion was chosen as it fulfilled the research objective of exploring participants' experiences within ITP.

Informed Consent

In soliciting the consent of ITP members to participate in the research, care was taken to ensure that the researcher did not unduly influence members' decisions. Therefore, the main facilitator (LM) informed ITP members about the study at the end of a weekly ITP meeting in early February, 1996. During that discussion, LM informed members of the following points: (a) Participation in the research was optional, and a decision not to participate would in no way impact on either current ITP meetings, or members' current or future membership in ITP; (b) the research objectives and exactly what involvement in the study would entail from those who chose to participate; (c) when and where data collection was scheduled to occur; and (d) members had the right to withdraw from the research at any time. LM's familiarity with members enabled her to ensure that everyone understood the objective of the study, its parameters, and the potential consequences of their involvement.

RM was present when members were informed of the research, but she did not participate in the discussion unless asked a direct question by a member. Following members' decisions regarding whether to participate or not, RM distributed a letter of intent and two consent forms to each member expressing interest. The letter of intent (see

Appendix A) provided the same details that LM had verbally outlined. Outlined in the consent forms (see Appendix B) were ethical issues and implications of participating in the research. Participants were asked to sign each consent form and return one to the researcher, keeping the other along with the letter of intent for their records. In order to ensure that members felt able to make their own decision regarding research participation, members were encouraged to take the letter of intent and consent form away and make a decision over the following week. If any member desired further information, they were asked to call either RM or her supervisor whose telephone numbers were provided on the consent forms.

Five members had legal guardians from whom consent was also required before they could participate in the research. Each legal guardian was contacted by the researcher in the week prior to members being informed of the study. Guardians were provided with the same details given to ITP members. Each guardian was also given a letter of intent (see Appendix C) and two consent forms (see Appendix D), of which the consent forms were to be signed and one form returned to the researcher. Final decisions regarding research participation lay with individual ITP members, provided their guardians gave consent (which they all did).

All members, except one, agreed to participate in the study. The member who refused attributed participation in research with being disabled and wished to avoid anything she perceived as stigmatizing.

Establishing Anonymity of Participants

An essential component of most research is ensuring as high a degree of anonymity of respondents as possible.

Due to ITP's unique nature anonymity could not be guaranteed because: (a) The researcher was unaware of any other integrated theatre projects in the city within which this research was conducted, and (b) if someone identified ITP, participants could be identifiable through the public presentation. Consequently, the following safeguards were taken to ensure anonymity was maintained to as great a degree as possible:

1. Synonyms in the form of fictitious initials for both the group and participants were assigned to all transcripts. Initials were chosen, as opposed to names, so as to not reveal an individual's gender. The researcher's initials (RM) are not a synonym.

2. At no place in the research were all identifying demographics of participants linked (e.g., age, disability, gender).

Descriptive Characteristics of Participants

Descriptive characteristics of participants included the nature and extent of disability, participants' approximate age, and year in ITP. Type and extent of disability, and length of membership in ITP for each participant are listed in Table 1.

This study did not formally assess participants' ages, and the extent or type of disability, therefore descriptions are based on each member's initial application to ITP, and RM's and LM's observations during the course of ITP. The term cognitive impairment (CI) refers to significant global impairment, significant impairment in at least two

areas of adaptive functioning (e.g., social, educational, vocational), and onset prior to age 18. These criteria were drawn from <u>Diagnostic and Statistical Manual of Mental Disorders</u> (Fourth Edition), but as noted above, were not formally assessed either in this study or prior to membership of ITP. The term <u>physical disability</u> (PD) refers to both sensory and mobility impairments.

In total, there were thirteen research participants (including RM), consisting of five males and eight females. Seven participants had cognitive impairments (of which three were mildly, and four moderately

Table 1

<u>Demographic Characteristics of Research Participants</u>

Research Participant	Year in ITP	Type of Disability	Extent of Disability
AF	1st	PD	Severe
CN	2nd	CI, PD	Moderate (CI), Mild (PD)
CR	2nd	CI, PD	Moderate (CI), Severe (PD)
DE	4th	CI	Moderate
ER	2nd	CI	Mild
JP	1st	None	–
KS	1st	None	–
LM	4th	PD	Severe
NL	4th	CI	Moderate
PL	2nd	CI, PD	Mild (CI), Mild (PD)
RM	3rd	None	–
TM	4th	CI	Mild
TS	1st	None	–

<u>Note.</u> CI = Cognitive Impairment. PD = Physical Disability (includes hearing impairment, visual impairment and impaired mobility).

impaired) with three of these participants also having physical disabilities. Of the other six participants, two were physically disabled and four were non-disabled (i.e., they had neither physical disabilities nor cognitive impairments).

Three participants were practicum students (two of whom were undergraduates and one a Master's student) from the Rehabilitation Studies programme at a local university. Research participants ranged in age from 18 to 43, with three participants between 18 and 25, five participants between 26 and 34, and five participants between 35 and 43.

Data Collection

Data Collection Instruments and Techniques

Data for this study was collected utilizing a note book (for recording the researcher's field notes during research sessions and later observations), a Sony camcorder (for a visual record of each research session), a cassette audio-tape recorder with external microphone (Crown PZM-30 GPB) (for an audio record of each research session), and a machine for transcribing each audio-cassette.

The entirety of each research session was both audio and video-recorded. However, since the microphone could only record one group discussing the development of a vignette at a time, it recorded one group's discussion while developing their first vignette and then the other group's discussion while developing their second vignette. The camcorder was operated by a non-member of ITP who recorded all three sessions.

Techniques used to elicit the meaning of the dramatic experience for participants included group discussions, and the development of vignettes.

Questions for Discussion

Two research questions were developed for each of the three research sessions to prompt discussion, bearing in mind the overall research question to be addressed in the study. (Research questions are listed in Table 2).

Initial research questions were devised by RM and clarified with LM based on their experiences with ITP, and later questions were modified by issues raised in the first and second data collection sessions. In order to provide opportunities for detailed group discussion and to ensure that participants understood the meaning of each question, an open-ended format was chosen.

Table 2

Questions Addressed Across Data Collection Sessions

Research Session	Research Question
1	1. What is drama?
1	2. What does drama mean to you?
2	3. Has drama changed or affected your life?
2	4. Does the performance affect how you feel about drama?
3	5. Would you ask a friend to join drama? If yes, why?
3	6. Where do you see drama taking you?

Vignettes

The six research questions were also used as themes for vignettes. The aim of each vignette was to create and act out a skit which dramatically expressed the group's experience and ideas relating to a given research question.

The process of developing and acting out a vignette was a core dramatic procedure used weekly in ITP and it was a procedure with which participants were very accustomed. The process for developing a vignette involved the presentation of a theme to participants. In small groups, participants discussed ways in which they could act out a brief vignette to the main group. Each participant contributed their ideas for formation of a vignette, and acted in that vignette. Vignettes consisted of an introduction (to set the scene and introduce actors), middle (where the action occurred), and conclusion (where there was some form of resolution or ending).

Following the discussion of Research Question 6 (session 3), "where do you see drama taking you?", the researcher decided not to use that question to develop a vignette because she wanted participants to have more creative freedom in the final vignette. Instead, participants were given a theme of "drama" around which they were invited to develop a vignette.

Data Collection Procedures

Data collection sessions were held on the Friday of three consecutive weeks: 24th February, 1st March, and 8th March, 1996. On each data collection day, ITP held its usual Friday morning drama meeting which was followed by a data collection session held at the same

location after a one hour break for lunch. Each session ran for 90 minutes from 1:00 p.m. to 2:30 p.m. At the start of each session, participants were reminded of their rights to withdraw from the research at any time and to not answer any question.

Two questions were presented during each data collection session, one at a time, with 45 minutes allowed for each. Each question was discussed by the group for approximately 20 minutes. The researcher facilitated these discussions and LM elaborated on a point where appropriate. The setting was very informal, but the researcher made a sustained effort to ensure that everyone had an opportunity to respond during each discussion period. Group discussion was stimulated for each question and participants were encouraged to talk as freely as possible while remaining focused on the particular question.

Following each discussion period, the main group divided into two smaller groups of approximately equal size and each group independently devised and presented a vignette relating to the research question. Although participants remained in the same small group during each data collection session; small group composition varied each week depending on who was present at the session. Four vignettes were developed and presented during each session – two vignettes per question (one by each group) – resulting in a total of 12 vignettes.

After presentations by each group relating to a given research question, the main group reconvened and 10 minutes were spent discussing the two vignettes. These discussions addressed participants' perceptions of the content and meaning of vignettes, and were conducted using an open-ended format. Thereafter, the group

addressed the second research question of the session, and dissolved once both research questions had been addressed.

At least nine of the thirteen participants (including the researcher) attended each session. Seven participants attended every session, three attended two sessions, and three others were present at one session only. The focus of the research was on the group experience rather than that of specific individuals; while ideally all participants would attend every research session, it was not considered critical if someone missed a session. Table 3 provides a summary of participants' attendance during the three data collection sessions.

Table 3

Participant Attendance During Data Collection Sessions

Research Participant	Research Session 1	2	3
AF	Yes	No	Yes
CN	Yes	Yes	Yes
CR	Yes	Yes	Yes
DE	Yes	Yes	Yes
ER	Yes	Yes	Yes
JP	Yes	No	No
KS	Yes	Yes	No
LM	Yes	Yes	Yes
NL	No	No	Yes
PL	No	Yes	No
RM	Yes	Yes	Yes
TM	Yes	Yes	No
TS	Yes	Yes	Yes

Note. Yes = Present, No = Absent.

The interpreter used by one of the participants in weekly ITP meetings was also present at each research session (this participant has a hearing impairment and communicates through American Sign Language). The interpreter's sole involvement in the research was to provide interpretation for this individual and she did not contribute to discussions or vignettes.

Data Analysis

Data collected during the three sessions was analyzed in accordance with steps outlined by Patton (1990). The method of analysis was inductive requiring that patterns, themes, and categories are derived from the data rather than from the imposition of an external framework (Patton, 1990). There were three sources of data: the transcribed audio-cassettes (the main analytical tool), the video-cassettes, and field notes.

Step 1. Simultaneous analysis and data collection is integral to qualitative research because it allows the researcher an opportunity to return to the field to elaborate, confirm or discard developing themes (Creswell, 1994; Miles & Huberman, 1994). In addition, given that qualitative research can generate an immense quantity of data, immediate analysis avoids the risk of confusion arising from reams of data (Patton, 1990). To address this, in the days immediately following a data collection session, the researcher made a literal transcript of the session's audio-tape (including the vignettes). A wide left margin was provided on session transcripts to allow room for the researcher to jot down themes. While preparing the transcripts, and throughout the data analysis process, thoughts, recollections, and a sense of themes were

recorded in the field notes. These were in addition to field-notes recorded during the data collection.

Each transcript, upon completion, was also read thoroughly with the aim of immersing the researcher into the study's contextual framework and initial impressions were jotted on the transcript's margin. Concurrent with this process was a recording of thoughts and impressions in the field notes. A contact summary sheet was designed (see Appendix E), the intent of which was to summarise the main points of a session by identifying main concepts, themes, and further questions (Miles & Huberman, 1994). Contact sheets were completed in conjunction with a second read of each transcript. This process of making a transcription, recording field notes, and filling out a contact summary sheet was repeated after each data collection.

Step 2. Phenomenological reduction (or bracketing) was the next stage in the analysis which reduced the data to themes that reflected the underlying meaning of statements and separated the data from the researcher's preconceptions (Patton, 1990). This reduction was achieved by a consistent rereading of the data (transcripts and field-notes) and watching the video-cassette of sessions. The researcher looked for as many descriptive terms as possible and attached them to the data in the form of codes. At this stage, no information was discarded and everything was treated on as equal a basis as possible in order to carry out the analysis with minimal bias.

Horizontalization and clustering were then conducted to identify patterns within the data. As descriptive terms were explored and stabilized with additional terms from each session, patterns began to

emerge in the form of common themes. Themes were then isolated by drawing out underlying, common elements of the descriptive terms. As the analysis proceeded, clusters based on these themes began to form, develop, and change.

Delimitation was then used to reject irrelevant, overlapping, or repetitive data. Only those data which best expressed or emphasized a particular theme were kept. At this stage, the researcher reread her initial transcripts and field-notes, looking for information that would confirm or disconfirm identified themes.

A significant volume of data was gathered during the data collection sessions necessitating the development of a computer data-base to assist in interpreting the results. In qualitative analysis, the development and refining of the coding process is an on-going process (Miles & Huberman 1994). Placing coded quotes together in data-base categories made it easier for the researcher to discern relationships within and between research categories and further refine the analysis.

Each entry in the data-base consisted of: (a) A quote taken from a session transcript, (b) the primary research category the quote was assigned to, (c) an alternate research category, if appropriate, (d) a code indicating the theme of the quote, (e) the fictitious initials of the participant (f) the session number, and (g) the location of the quote in a session transcript. Each quote in the data-base included enough information to preserve contextual relevance, thereby preserving its meaning.

There were 266 quotes in total, of which 75 were assigned to two research categories with the remainder assigned to one category only.

Information included with each quote in the data-base enabled the researcher to use quotes directly without necessitating constant referral to transcripts.

The verbal material from vignettes was transcribed along with discussion data. Dramatic activity in vignettes was incorporated into the analysis through a description of each story-line and the roles played by each participant. The process used by each small group to develop vignettes was examined, with attention paid to how each vignette was formed and how roles were developed and chosen. Examples were used from the vignettes to illustrate and elaborate on themes derived from the verbal transcriptions.

Step 3. Involving participants in the confirmation and discussion of an analysis is a strength of the qualitative approach (Creswell, 1994; Wolcott, 1994). It provides participants with the opportunity to challenge, extend, or confirm the research categories developed by the analysis.

The researcher met with four participants over a period of one to three months following data collection. The researcher met with LM approximately one month after the final data collection session. LM was provided with the research categories, their definitions, and approximately 20 random quotes from each category, and was asked (a) if she perceived the categories to be an appropriate analysis of the sessions, and (b) whether the quotes appeared to be accurately assigned to each category. LM questioned one of the initial categories suggesting that the codes within it related to two distinct processes rather than one. She confirmed the remaining categories, and suggested

approximately 12 quotes should be assigned to alternate, existing categories.

The analysis was then presented to TM and CN for their input and opinions of the analytical interpretation of their comments. TM and CN were chosen from amongst the participants for a number of reasons: (a) Both have cognitive impairments, therefore their contribution to the analysis was important, (b) their impairments were perceived mild enough to enable them to successfully assess the validity of the analysis, and (c) since the two were friends outside ITP, meeting both of them together would hopefully would give them the confidence to speak freely.

Using an outline of the six research categories and their meanings, TM's and CN's own comments from the data collection sessions were examined, one at a time. Each participant was asked to choose which category they felt each comment belonged to. If the context of a comment was unclear, more details were provided of the conversation from which the quote came. At first, TM and CN appeared to have problems remembering some of the vignettes and comments, but with cues they recalled the events. However, it appeared that the process of choosing a category was rather abstract, because neither TM nor CN could think of a category to put a comment in. The researcher then provided them with both their comments and the categories, and then asked them to (a) comment on the analysis, and (b) indicate if they felt a comment could mean something other than what was identified. The researcher also used this opportunity to reconfirm some of LM's and CN's comments during the initial analysis and asked questions for

clarification in order to try and ascertain the extent to which these participants felt their comments reflected their experiences. TM and CN agreed with the analysis but clearly there was a need for further confirmation of the analysis from another participant. The meeting with CN and TM had been audio-recorded but not transcribed.

To guard against the possibility that TM's and CN's responses were the result of compliance, TS was approached for final confirmation of the analysis. TS was chosen because (a) this was her first year with ITP so she had a fresh perspective, (b) she was an aide for DE which gave her additional insight into his experiences, (c) she expressed her opinions freely during meetings and would likely express her genuine impressions of the analysis, and (d) she had less personal involvement in the research than either the researcher or LM. At this stage in the analysis, the first draft of Chapter 4 was completed and provided to TS who was asked to read the chapter from as objective a perspective as possible regarding the interpretation, any unclear points, and whether she perceived the analysis to be an accurate portrayal of the data collection sessions. TS commented several times on the extent to which the chapter reminded her of the sessions, and felt that it was reflective of her experiences in, and impressions of, both ITP and the data collection sessions.

The final stage of the analysis included the researcher reimmersing herself in the data prior to elucidating the essence of participants' experiences through watching the video-taped data collection sessions. Results were then reread from a perspective of, "why is this important to participants?" and "what would this mean for

participants?" These questions were applied to each category and the themes they contained. While answering these questions, the researcher integrated literature from a number of areas with the findings, a process which provided an additional framework for the study and explored the extent to which these findings related to or were contradicted by other reports.

Trustworthiness of the Study

One of the most important tasks of the researcher is to safeguard the trustworthiness of both the data and the researcher's interpretations of the data. Trustworthiness is a term used by Lincoln and Guba (1985) to refer to issues of validity and reliability. Measures that can be taken within a study to address issues of trustworthiness include triangulation, credibility, identification of researcher bias, and confirmation of findings with related literature (Lincoln & Guba, 1985; Patton, 1990).

In this study, several measures were utilized to increase the trustworthiness of research findings.

1. Patton (1990) noted, "triangulation is a process by which the researcher can guard against the accusation that a study's findings are simply an artifact of a single method, a single source, or a single investigator's bias" (p. 470). Analytical triangulation, in which participants critiqued the findings, was used to increase this study's trustworthiness (Patton, 1990). There were also three sources of data utilized in this study: transcripts, video-tapes, and field-notes.

2. Credibility refers to the extent to which the researcher accurately represents the truth as presented to him or her (Lincoln &

Guba, 1985). This study used three specific measures to increase the result's credibility: reliance on transcripts of recorded material; using vignette material to support and confirm issues raised in discussions; and identifying information relating to the researcher, including bias, preconceptions, and past experience in ITP. All these points contributed to placing the evidence in a clear context.

3. Throughout data analysis, the researcher looked for disconfirming opposites. These were statements or indications made by participants that did not agree with a developing theme.

4. Dependability refers to the stability of observations over time. To test the stability of themes, the researcher raised issues from previous sessions across each of the data collection sessions. The researcher noted that, of the six research categories, only the last one developed from just one session.

5. Further confirmation of the data analysis came from relevant literature in the fields of dramatherapy, theatre, rehabilitation, and psychology. Themes and research categories derived in the analysis were compared with literature to examine ways in which this study's findings supported, or challenged, other research.

Chapter 4

RESULTS

Two types of data were derived from data collection sessions: transcribed data from the discussions and vignettes, and vignette data. The transcribed data formed the basis for this analysis, whereas vignette data was examined for processes that participants used to develop vignettes. These processes included how roles were chosen, the procedure by which a theme (based on a research question) evolved into a vignette (e.g., how did participants develop a vignette from the theme "What is drama?"), and the extent to which vignettes supported or disconfirmed the transcribed data.

Participant Involvement in Data Collection

Involvement in Discussions

Each participant present during data collection sessions contributed to the discussions although there appeared to be an increased sense of comfort and enthusiasm following the first session's vignette. ER, NL, and CR were the most enthusiastic participants in the discussions and spoke very freely, whereas other participants tended to wait to be asked questions directly. The researcher asked questions of each person in turn taking care that, although side comments raised by each person were followed, the discussion remained on topic as much as possible. DE was the only participant who did not contribute much to the discussions. As he was one of the most cognitively impaired participants, he may have found the discussions difficult to follow. When asked direct questions, DE frequently responded in fantasy, which was also a regular occurrence outside data

collection sessions. For example, when asked why he came to drama, DE responded, "Frightened by a thunderstorm and I was real old and I had bad dreams and just didn't like the storms ... bad storms ... it was raining and snowing and it was getting worse." The rest of the participants appeared able to follow the discussions and contributed fully, although more analytical answers tended to come from participants without cognitive impairments. Individuals responded openly and freely to questions relating to both the research questions and the vignettes. All participants appeared to contribute throughout each data collection session they attended.

Involvement in Vignettes

Participant involvement in vignettes appeared more enthusiastic than during discussions, with participants evidently enjoying developing and acting in the vignettes. Each person contributed to the development of the vignettes, but development appeared to follow one of two clear processes. In the first, participants with cognitive impairments decided which roles they wished to play and a structure was developed by the other participants to incorporate these roles. For example, in "Full Moon on Party Night" NL immediately said that he wanted to be a rock and roll star and DE said he wanted to be a werewolf (a werewolf had been mentioned in the discussion). TS and JP incorporated these roles into the idea of a rock and roll party at which DE would turn into a werewolf. In the second process, non-disabled participants suggested ideas for structure, and participants with cognitive impairments then chose roles and contributed ideas to the process. For example, in "ITP Hall of Fame", participants were unsure of what to do. As the theme

was "What does drama mean to you?", LM suggested that someone could be an autograph hunter wanting to meet people who have reached a dream. From that idea, other participants chose to act fantasy roles, and LM changed the notion of an autograph hunter into introducing stars at a hall of fame.

During data collection sessions, only one microphone was used to record group discussions held prior to vignettes. This limited the information available regarding how each vignette was formed. The six vignettes which were recorded appeared to follow either of the two processes outlined above.

Vignettes

This section outlines the vignettes developed during the course of the three data collection sessions. A total of twelve vignettes were developed, two for each of the six research questions. Vignettes were used in the analysis, where appropriate, to illustrate themes and research categories derived from the transcribed data.

Table 4 lists the six research questions and corresponding vignette titles developed by participants. Table 5 outlines the story-line of each vignette which highlights the diversity of creative expression reflected in the range of activities, roles, and ideas evident in each vignette. For each theme, participants were the strongest influence on the content of vignettes. Even though the same theme was given to each group, they developed remarkably different vignettes except for the theme, "Would you ask a friend to join drama? If so, why?", where both groups developed similar vignettes ("First Day" and "I'm Bored!"). These similarities may have been the result of limitations

Table 4

Vignettes Developed by Group Participants

Research Question	Vignette Title	
	Group 1	Group 2
1. What is drama?	Gargoyle & the Clock Tower	Liar's Tag
2. What does drama mean to you?	Team Work!	Friday Morning Drama
3. Has drama changed Your life?	ITP Hall of Fame	Help Police!
4. Does the performance affect how you feel about drama?	Laurel & Hardy	The Basketball Team
5. Would you invite a friend to drama? If yes, why?	First Day	I'm Bored!
6. Drama!	How Rude!	Full Moon On Party Night

imposed on participants by the research question leaving little room for participants' creative imaginations. In addition, the abstract nature of this question created some confusion for participants during the group discussion as they appeared to think it was a real request to invite a friend to drama. This apparent confusion illustrates the difficulty that some participants with cognitive impairments have with abstract concepts. No such confusion occurred with the other vignettes.

Identification and Development of Research Categories

The process of developing research categories followed three broad stages. These will be introduced below, with the exact quotes for

Table 5

Outline of Each Vignette

Vignette Title	Vignette Story-Line
Gargoyle & the Clock Tower	RM and DE are hooligans who throw fire-crackers at a clock tower to destroy it. ER (gargoyle) wakes from sleeping on the tower and helps the police (TS and CR) arrest the hooligans!
Liar's Tag	People arrive at drama. They create a "before drama" tableau (Note 1), feeling downtrodden and sad. Then play Liar's Tag (Note 2) and finish with an "after drama" tableau. Everyone feels excited and energised, the opposite to how they arrived.
Teamwork!	A film is being made. DE (actor) breaks part of the car, so the crew (CR and RM) work together and fix the problem. ER (stunt man) gets in the car and successfully completes the stunt.
Friday Morning Drama	Everyone arrives at drama. LM is very upset about an argument at work. A vignette is created on this issue and helps resolve the problem. LM is relieved and understands new ways of approaching the situation.
ITP Hall of Fame	A group of famous people gather at a hall of fame. They tell everyone what they like best about what they do.
Help, Police!	A film is being made in which CR has been attacked. He is describing his attacker to the police (DE). But the actors make mistakes and they have to shoot the scene again.
Laurel & Hardy	An audience is watching KS and PL. As KS tries to sit down PL pulls her chair away. The audience laugh loudly so PL continues to pull away the chair.
The Basketball Team	RM is playing with a ball. She looks sad and bored. LM joins her and they start to throw the ball to each other. As more people join they all have a great basketball game.

Table 5 (continued)

Outline of Each Vignette

Vignette Title	Vignette Story Line
First Day	NL invites AF to drama. She hasn't been before and is warmly welcomed. Participants tell her about the different things they do at drama and what people most enjoy about being there.
I'm Bored!	CN invites her friend LM to drama because LM (who doesn't go to drama) is bored. Separately, RM, CR and ER are bored and see a poster about drama. CR persuades them to go to drama by telling them about the different things that happen there.
How Rude!	The actors make different expressive body noises to the audience.
Full Moon on Party Night	TM, DE and TS go to Rockin' Roll NL's party. NL plays music for them. Suddenly, they notice there is a full moon outside, DE turns into a were-wolf and they all flee.

Note. (1) A tableau is a dramatic process where participants make a dramatic gesture and say a word that expresses their feelings regarding an issue. All participants form a frozen pose within which they all connect physically. (2) "Liar's Tag" is a drama game in which an action (e.g., swimming) is performed by an individual, the next person asks what he or she is doing whereupon the first individual lies by saying he or she is doing something other than what is actually being done (e.g., dancing). The second person then acts out whatever the first person has said, is asked by a third person as to what he or she is doing, and he or she must lie, and so it continues.

each theme included in the description of each category, presented in full after the initial themes.

Participants' quotes taken from transcripts of data collection sessions are identified by participant name, session number, and transcription page number. For example, (CR: 2,31) denotes a comment made by CR in session 2, taken from page 31 of the transcript.

In the case of a quoted conversation between participants, the location (session number, transcript page) is given first. Participants are then identified by synonym prior to their comment. Field notes were identified according to the date they were recorded. The data collection content in the transcripts developed into categories through the following analysis.

1. Initial themes were identified during the first reading of the transcribed audio-tape data. Initial impressions included: participants' perceptions of ITP as a "safe place" where they felt confident to act and be imaginative; references to feelings of trust and togetherness, support, and sharing; a sense of commitment to ITP; and including their external lives into their experiences at ITP. In addition, initial impressions noted that participants valued the learning of different skills, throughout the data collection sessions there were references to becoming mainstream actors, and there was a marked degree to which participants appeared to enjoy and value their dramatic experiences within ITP. It also appeared to be important to participants to take risks, both in initially joining drama, and in some of the activities and working toward successful outcomes. A final observation related to the diversity between vignettes despite developing from identical themes (research questions).

2. Transcriptions of data collection sessions 2 and 3 further identified and supported a number of initial themes. In addition, details of what participants considered drama to be were evoked, and there were further discussions relating to performance. Performance themes described by participants included a sense of sharing and enjoyment, interaction between actors and audience (which included family, friends, and the community), and a strong feeling of accomplishment. At this point, the researcher explored the notion of a community theme due to a number of comments about the importance of the group, feeling accepted, and references to community. However, as the analysis progressed it became evident that only one participant referred specifically to a sense of community, and these community-oriented comments could be incorporated into a broader category which became Group Process. Due to the number of references made by participants regarding how they felt at drama, the researcher examined the possibility of a category specifically for "emotion". However, it appeared important to focus on what created these emotions and how different emotions related to different research categories.

One strong theme that clearly emerged through the analysis was the learning that participants perceived they had developed through the drama. In regard to learning, participants made references to team work and cooperation, exploration of different perspectives, and the use of role models. Upon completion of the analysis, support for this theme resulted in the identification of the research category, Learning Through Drama. A second theme related to ambition and led to the formation of a Dramatic Process research category as participants

highlighted their ambitions to become movie stars, writers, and lawyers. The next theme dealt with emotions which were discussed in detail by participants and included acceptance, a sense of direction (both in terms of an ambition and ITP being an important part of the weekly routine), feeling creative, successful, and energised. A fourth strong theme emerging at this stage incorporated participants' descriptions of what they understood drama to be: (a) creative, (b) safe, and (c) a place where everyone was included and combined real life and fantasy.

3. After themes were developed into provisional research categories, the analysis was presented to LM for confirmation and she suggested that within the research category of Dramatic Process, there were two distinct research categories – Dramatic Process and Group Process – which distinguished between drama itself, and the group process within drama. The theme of ambition was originally included in the Dramatic Process research category, but LM noted that ambition was more applicable to the Drama/Life Interaction research category. The Drama/Life Interaction research category was based on participants' references to drama as a means of getting out of the house, and their perceptions of drama as additional support in coping with everyday stress. No additional revisions to themes and research categories resulted from the discussion between LM and RM. The analysis developed participants' reflections into six research categories.

Research Category Definitions

The operational definitions for each research category were as follows:

1. Dramatic Process highlighted issues inherent to the dramatic nature of drama.

2. Group Process related to specific characteristics of ITP.

3. Drama/Life Interaction illustrated the mutual interaction between participants' lives and ITP.

4. Learning Through Drama pertained to the learning participants considered they had experienced through attending ITP. In this context, the definition of learn was taken from the Concise Oxford Dictionary of Current English (Allen, 1990, p. 673): To "gain knowledge of or skill in by study, experience, or being taught.... [to] acquire or develop a particular ability."

5. Role of Performance referred simply to the role played by performance in participants' experience of drama.

6. Perceptions of Drama related to participants' understanding of what constitutes drama based on their experiences with ITP.

The six research categories with their corresponding themes and sub-themes are listed in Table 6. Using these six categories as a framework, participants' experiences in ITP will be described.

<center>Dramatic Process</center>

The Dramatic Process research category was based on themes expressed by participants which elucidated specific characteristics of the drama. The category consists of three themes including: (a) creative expression (with sub-themes role-play, dramatic communication, spontaneity, and exploration), (b) enjoyment, and (c) energy.

Creative Expression

Creative expression in this context means the opportunity used by participants to choose and explore themselves and alternative "ways of being". Ways of being refers to Roger's (1980) person-centred

Table 6

Research Categories, Themes, and Sub-Themes

Category	Themes (Sub-Themes)
Dramatic Process	Creative Expression (Role-Play) (Dramatic Communication) (Spontaneity) (Exploration)
	Enjoyment
	Energy
Group Process	Group Ambiance (Facilitation) (Enjoyment)
	Confidence-Building (Risk-Taking)
Drama/Life Interaction	Motivation
	Creative Forum
	Interpersonal Involvement
Learning Through Drama	Social Skills (Group Skills)
	Responsibility
	Commitment
	Dramatic Skills
Role of Performance	Actor/Audience Interaction
	Challenge in Performance
	Energy in Performance
Perceptions of Drama	

approach which explored different ways of striving towards fulfillment and enrichment. The creative potential of dramatic expression was reflected within each vignette and most clearly in "ITP Hall of Fame". During this vignette, participants entered the Hall of Fame as whomever or whatever they chose. During the discussion following this vignette one participant noted, "What I got out of it is that you can do anything and be anyone when you're acting ... that you can choose whoever or whatever you want to do and you just pick a role and go with it" (TS: 2,30). This comment clearly indicated appreciation for the flexibility and freedom within creative expression. LM summarized her experience:

> I was pleasantly surprised at how well people respond to the
> drama and they seemed to share my enthusiasm ... because I
> didn't know if it was just me or if in fact it was something that
> other people would enjoy as easily and so that was very
> refreshing to see that anybody can do drama and it is about
> people expressing themselves in their own particular way. (2,12)

Role-Play

Role-play is "the experimentation of roles" (Emunah, 1994, p. 12) and was expressed through a number of forms. For example, TS, AF, RM, LM, and KS all described role-play in terms of freedom of expression, an opportunity to be whomever one wanted. Participants identified specific characters that they would like to be: "I love lawyer too" (NL: 3,8), and "I like being Tom Hanks ... I'm happy with my part as Tom I really like that story" (CR: 2,3). NL's comment about lawyers referred to his current dream to be a lawyer and he was able

to fulfill this scenario in some of the vignettes. Other characters identified by participants included a writer (TM), Ace Ventura (ER), Boris Yeltsin (DE), and a judge (PL). Some of these roles are identified in the following conversation (3,30):

LM: It [drama] gives some chances to try on different roles.

TS: be people they wouldn't normally be.

LM: Yes it gives NL a chance to really be a lawyer ... and CN really a chance to be a dancer and ... a judge.

CR: To be an actor.

An observation from the more dramatic vignettes ("Gargoyle & the Clock Tower", "Teamwork!", "Help, Police!", and "Full Moon on Party Night") was that roles chosen by participants with cognitive impairments tended to be the hero oriented or exciting roles (e.g., the gargoyle, the criminal, the police officer, the stunt man, mechanic who fixes the car, the rock star, and the werewolf).

Dramatic Communication

Both verbal and non-verbal communication were apparent in all vignettes, with non-verbal communication (e.g., hand gestures, facial expressions, dramatic actions) being an essential medium not only between actors, but also between actors and the audience. Through observation, the audience understood the context, emotional content, and atmosphere of vignettes. This was particularly evident during the two vignettes developed in response to the theme "Performance", which were both performed in silence. In "The Basketball Team", the tempo moved from a sluggish and sad individual to a group's enthusiasm and energy, and in "Laurel and Hardy", PL tried to pull a chair from under

KS as she attempted to sit down. During this vignette, the audience howled with laughter, which encouraged PL to continue to pull back the chair. There was no need for words to elaborate or explain the process, it was explicit and spontaneous.

Spontaneity

Spontaneity was the third sub-theme in creative expression and refers to the flexible and adaptable manner in which participants dramatically addressed research questions.

Participants exhibited spontaneity in a number of ways, including what they chose to incorporate in the drama and how their current moods were expressed in the drama. For example, DE had recently heard about a diplomatic visit by Boris Yeltsin to Washington as evident in the vignette "First Day", where DE chose to portray Yeltsin drinking tea in the White House. Although PL often appeared to be distressed by events external to drama and regularly arrived feeling angry, he was in a happy mood during the second data collection session and suggested that a vignette be developed in which he could play the joker. PL successfully entertained the group with his portrayal of Hardy in "Laurel and Hardy".

The importance of dramatic spontaneity, and the influence of what participants bring was summed up by RM, "I really see that even though we do it every year [pause] new ideas coming in different things coming out of drama it is always different we can do the same thing ... always great depth and freshness" (3,30).

<u>Exploration</u>

In the context of this study, exploration referred to insights developed by participants within themselves and others as a result of the dramatic experience. Many participants expressed how important exploration was to them and one participant illustrated the cathartic nature of the process:

> Take some of the things that we struggle with day to day and then put them into a vignette [pause] just have the freedom to express that [pause] make fun or make it something you can look at sort of outside and laugh at more [pause] that's really important. (KS: 1,28)

Insights were also developed through the use of drama in exploring personal issues. DE made reference to how he had used the dramatic process to work out sadness unresolved from childhood. LM responded, "You can come to drama and talk about what that was like when you had stress when you were little and you can act it out with other people who care about you" (1,4) – a statement with which DE strongly agreed.

CR had recently undergone an unpleasant experience with a previous worker. Some of this experience was evident in "Help, Police!" in which he played a' victim reporting a crime to the police. During previous months he had shared a number of related experiences with the group. The impact of these life experiences and the importance that both justice and success appeared to have for CR became evident in several of the vignettes. During a discussion he fantasized about being a police officer charging a criminal, "I would put them in jail and

swallow the key" (3,10), and in "Teamwork!" he played the part of a car mechanic who saved a film shoot. In each vignette he appeared to relish the opportunity to express his experiences and achieve a successful outcome.

<div align="center">Enjoyment</div>

Enjoyment is the second theme in the category of Dramatic Process. During data collection sessions, participants spoke of how much they enjoyed and appreciated the drama. For example, NL repeatedly told us, "I really enjoy drama class I really enjoy all year I practice very hard" (3,1). When asked what drama meant to him, DE said, "I like acting" (2,5). CR spoke often of how much he enjoyed the dramatic process, "Wonderful I think it's wonderful I like that I love [pause] I really like that I love it [pause] I love drama" (1,24), and TM said "I like acting because it makes me act funny or do things funny" (2,29). These sentiments were shared by all participants.

Participants' appreciation appeared the result of both the dramatic process and ITP (described in Group Process). In terms of the dramatic process, participants talked about appreciating the skills they were learning, "I enjoy the different skills" (CR: 1,7); the opportunity for emotional expression, "That's what DE had explained [pause] that sometimes he can act sad or sometimes he can act mad" (TS: 2,27); and the chance to be involved in something of personal value, "For you [ER] it meant to be a part of it which is different than going and watching drama or theatre isn't it [pause] it is an opportunity to be a part of it" (LM: 2,9). This last comment alluded to the active nature of the dramatic experience. The enjoyment was in the act of doing, rather

than simple observation or discussion, a point emphasized by TS, "It's lots of fun and it is really interesting and you get to express yourself in lots of different ways that you wouldn't do if you weren't in drama" (3,6).

The active nature of drama also appeared to provide participants with a sense of respite from sadness and stress in their lives. CN expressed the value this relief had for her. She was very upset during the first data collection session following the death of a friend, "I'm happy this afternoon I'm not thinking about that" (1,3).

Energy

It became apparent through participants' comments that the dramatic process affected energy levels. This was alluded to in a variety of ways. The vignettes "The Basketball Team" and "Liar's Tag" demonstrated the rise in energy that occurred through the dramatic process (see vignette story-lines in Table 5). "Liar's Tag" involved a dramatic tableau in which participants first described their "before drama" feelings, followed by a drama game (Liar's Tag), with the vignette culminating in an "after drama" tableau. Participants chose to use words in the second tableau which were the opposite to those in the first tableau, with the second words reflecting the positive energy that had developed through the dramatic process. For example, in the before and after drama tableaus, CN used the words "sad" and "happy," JP used "down-trodden" and "release," and TM said "angry and "goofy."

In addition, during discussion which followed "The Basketball Team" KS noted her impression of the vignette: "when you were alone you looked kind of down just bouncing the ball [pause] then somebody

came and started into a bit of a game and the more people who came the more exciting and the more fun you had" (2,44). It would appear that part of the energy change related to the sense of respite that CN described in the theme of "enjoyment" (above).

Group Process

The Group Process research category described the experience of participating in drama specifically within the context of ITP, and consisted of two themes: group ambiance (with sub-themes facilitation and enjoyment), and personal growth (with the sub-theme risk-taking). Participants' comments were differentiated in terms of comments relating specifically to processes that would likely occur within most drama groups (Dramatic Process) as opposed to those which appeared to relate specifically to ITP (Group Process).

Group Ambiance

Group ambiance was the most prominent theme in this category and referred to the atmosphere within ITP. During each data collection session, participants spoke of feeling safe and being valued by the other members of ITP. Participants' responses to Research Question 2, "What does drama mean to you?", reflected the ambiance of the group. For example, when asked what drama meant to him, CR replied, "Doing it with you folks" (1,24). CR referred a number of times to the importance of other members in his appreciation of drama, and CN said that being part of the group "Keeps me out of trouble" (1,25). The regard that participants had for each other was evident in "Liar's Tag" when people enquired where NL was and expressed concern for his well-being. (He was sick that day and had not attended either the

regular morning ITP meeting or the afternoon data collection session). During the following data collection session, PL was also absent and missed by participants.

Participants repeatedly identified that they had experienced a sense of safety and acceptance in ITP. It was AF's first year in the group when this study was conducted, and she summed up her impressions:

> The acceptance and not judging people [pause] like you can come here and you say what you really feel or you have a chance to act out if you can't say it and nobody's going to say well that's the wrong thing to say or do they just accept it for what it is. (1,27)

Facilitation

A major role in creating ITP's ambiance appeared to be played by the group facilitators. Laughter was evident throughout the data collection sessions – "I was laughing because they were laughing" (CN: 2,42) – and was encouraged by the facilitators. For example, LM said, "When I come here and do drama we always end up laughing" (1,4). There were several indices of humour being used as a tool for direction. For example, it is important to keep momentum going during drama exercises, and during "Liar's Tag" when TM hesitated at her turn to ask JP what she was doing (lifting weights) LM joked "Better give her a break, TM" (1,15).

For the facilitators group work was not without its challenges, but the emphasis was placed on fun and support as a means of overcoming these challenges. "Drama inherently is about groups [pause]

there's that element of working together in a group and so I'm often challenged by that as well and I really enjoy being challenged in that way in a fun way" (LM: 2,7)

TM described the role that facilitation had played in developing her appreciation of the dramatic process:

> He [facilitator] got me going on certain things that took me
> [pause] because I used to be [pause] I was always coming in
> grumpy and then he would come over and go "hello" and then he
> would crack me up [pause] he was the first one that I got to like
> drama and start doing things for everyone you know. (2,11)

Enjoyment

The previous comment by TM alluded to fun, which was mentioned by most participants during their descriptions of the group ambiance. CN summed up her initial impressions of ITP, "The first day I started I really liked it" (2,9). KS was asked to describe ways in which drama affected her life and she responded, "Drama is a lot of fun and that having fun just changes the way you leave" (2,7). This comment alluded to the impact that having fun had on participants' moods, and also related to the themes of "energy" (in Dramatic Process) and "personal growth" (below). The extent to which enjoyment could influence participants' moods was also illustrated by LM:

> When I come here and do drama we always end up laughing
> [pause] I enjoy that a lot [pause] lots of times when people come
> in they might be tired or feeling sad or a bit lazy and they seem
> to always leave really energised and with nice expressions on
> their faces. (1,4)

Personal Growth

The second theme in the Group Process research category addressed participants' personal growth. Participants considered each other as important influences in developing self-confidence. ER described the role other members played in reinforcing his confidence on stage: "When I work with you guys I never be afraid at all on the stage" (3,32). The following conversation describes TM and CN's sense of increased confidence (1,26):

CN: The first day I started I was scared

RM: You were scared when you started?

CN: Yes

LM: So it's about taking risks?

CN: Yes I took a big one

LM: And it is about commitment

CN: I like it

TM: What I like about myself is because I've opened up because I used to be shy [pause] but now I'm beginning to get myself out of the habit of being shy and starting to talk more and doing things with people and that's what makes me happy

LM's reference to commitment (above) suggested that participants' self-confidence was influenced by commitment to ITP. In addition, TM's closing statement illustrated awareness of her personal growth which she perceived had a positive influence on her life in general.

During data collection sessions, participants frequently expressed the fun and enjoyment they experienced at ITP. Participants perceived these experiences as a form of personal change (e.g., TM: 2,11; KS:

2,7; LM: 1,4). Participants expressed a strong sense of having personally developed and changed as a result of participation in ITP.

Risk Taking

The preceding discussion alluded to risk taking which, in the context of this research, was defined as exposing oneself to something (or someone) that is perceived as a potential threat to the self. Most participants indicated they had taken a risk in drama at some point during their membership. For example, CN felt she took a risk when she joined ITP, whereas for ER and many others, risk was perceived as inherent to performing. This was aptly described by ER, "when you are afraid on the stage by yourself with everybody up there in the stands you have to face your fears" (3,32).

Most participants perceived taking the risk as being a positive experience, although at times participants did express discomfort. For example, "I was kind of embarrassed doing the dance scene" (CN: 2,27). However, it was CN's choice to continue to play that role and she appeared to enjoy herself while doing so.

Drama/Life Interaction

The research category of Drama/Life Interaction highlighted the relationship between the influence of drama in participants' lives external to ITP and the way in which participants' lives influenced ITP. As was the case with other research categories, statements constituting this category were found throughout the three data collection sessions and resulted in the themes of motivation, creative forum, and interpersonal involvement.

Motivation

Motivation was defined, in the context of this study, as representing those factors that brought participants into a drama group as opposed to different activities. The major reason identified by NL, CR, TM, ER, and DE for joining ITP was their shared dream of becoming mainstream actors (in particular, Hollywood movie stars). Of note, during transcription of data collection sessions it became evident that ER and CR only spoke directly to each other when the topic of conversation was their shared interest of Hollywood (Field notes, 24/2/96).

Motivating factors appeared to remain a prominent aspect of participants' interests regardless of, and possibly because of, time in ITP, and were apparent in many of the vignettes (see Table 5). Although CR had a hearing impairment and normally communicated through sign language and an interpreter, when movies and film stars were being discussed, he talked aloud in his excitement. NL fantasized about being Elton John and said, "I want to be a rock and roll star in a theatre I want to be a rock and roll star I want to travel around the world in a theatre" (3,29). When asked why he wanted to be Elton John, NL explained "[Elton John] plays the piano has nice clothes" (3,8). This fit with NL's personality as he prided himself on his attire and his knowledge of Elton John. In addition, a recent highlight for NL occurred in the 1996 ITP performance, when he was spontaneously applauded for his Elton John impersonation.

Participants were asked what it was about being Hollywood movie stars that appealed to them. Their responses suggested that a number

of factors appealed to them and these included: life-style, "famous people always drive they usually use a biplane to go to New York and they drive like a limousine to drive them to the theatre project about movies (ER: 3.26); money, "when famous people they work so hard in drama they usually make lots of money [pause] make millions" (ER: 2,4); being a mainstream actor; and travel, "yes I want to be Elton John [pause] lawyer [pause] I like to travel around the world" (NL: 3,26).

Creative Forum

Creative forum explored the role of drama in fulfilling participants' lives, both within and outside ITP. For example, when asked whether drama affected her attitudes pertaining to other things in her life CN replied, "It [drama] helps it gets me out of the house so I won't be sitting there doing anything at home it's kind of boring at home" (2,2). TM and PL both expressed this sentiment. The vignettes "The Basketball Team" and "I'm Bored" suggested that boredom was a familiar experience for participants when they were away from ITP.

Participants also made reference to drama being an important part of their weekly routine. TM explained:

Every time Thursday comes round I go thank God I have 3 days of the weekend [pause] I enjoy my Fridays off and I enjoy coming here [pause] it makes me feel good [pause] when I wake in the morning I go here we go again but then I get better after a while. (1,25)

Participants discussed the influence drama had on aspects of their lives outside of ITP. For example, KS reflected, "It [drama] stays with

you for quite a while and it's something that you can remember when things in your week are not fun" (2,7).

Many examples of the drama influencing participants' lives were evident in the vignettes and especially those in which participants used the creative forum to explore events that happened to them. For example, CR's encounter with crime in "Help, Police!" reflected elements of his personal experience, as did "Friday Morning Drama". LM talked about how the drama provided her with the opportunity to be creative in her professional work, "For me personally, it allows me a wonderful opportunity in my work to be creative and I think that's really special because I don't think people often have an opportunity to be creative in their work" (1,24).

There were a number of ways in which participants shared their artistic creations from other places with ITP. ER often brought ceramic models he had made and cartoons he had drawn for members to see during ITP meetings, whereas PL regularly presented his poetry to other members. TM, who aspired to be a writer, referred to this sharing process, "I'm now doing things for it [drama] you know doing plays for you guys" (3,2).

Interpersonal Involvement

Participants frequently referred to the value they perceived in being a member of ITP. Although, CR was the most isolated member of ITP in the community and had considerable difficulties in communicating, he described his experience of drama in terms of the value of the other members "doing it with you folks" (1,24). Overall, despite his problems with communication, ITP appeared to be very

important to CR as a means of countering his isolation. At one point CN joked, "It keeps me out of trouble [being part of the group]" (1,25).

Family was also described as very important to many of the participants. CN, in particular, referred to how her mother liked her to act and was proud of her achievements (2,28). ER spoke of the response of his family and friends to the performance "when I ask them to come here they are very excited to come here" (3,4).

Research Question 5 asked "Would you ask a friend to join drama? If yes, why?" Participants indicated that they would like to share the experience of ITP with other people. NL talked about asking a friend because she wanted to be an actor as well.

Learning Through Drama

The Learning Through Drama research category related to participants' learning experiences in ITP and consisted of four themes: social skills (with the sub-theme group skills), responsibility, commitment, and dramatic skills.

Participants identified learning as an important element of the dramatic experience and described this learning in a variety of ways. Participants also discussed social skills they felt had been developed through drama, "it's helping my communication a lot more better," (PL: 2,12); as well as specific theatrical skills they had acquired, "they are teaching me how to act" (CR: 3,31).

Participants appeared to have a clear understanding of the ways in which drama helped them to grow personally. One of these pertained to "self-confidence" (within the theme of "personal growth") and identified transferability of self-confidence as a skill acquired through

ITP. AF, a practicum student, noted "It [drama] teaches you things like self confidence and being able to improvise which I think is really important especially in the field that I'm going to be going into" (3,31). Other participants also referred to skills developed within the dramatic setting:

> We can do the drama and have a good imagination but the timing and the spontaneity are also really important and something we don't always draw on in our regular day-to-day life and so this gives us a chance to practice. (LM: 3,31)

Overall, participants indicated that they developed abilities (or skills) such as flexibility and social skills from the drama that transferred to other situations and environments.

Social Skills

An important aspect of the dramatic experience was learning to work within a group context. The sharing of ideas and experiences, and working together as a team helped participants learn a great deal about understanding other people's perspectives. There appeared to be two aspects to this understanding. The first was developing a greater understanding of one's own perspective, and the second was learning through understanding other's points of view. For example, PL described how his ability to respond to different situations had improved, "it makes me think a lot more better makes me think twice about how to react one way and react in another way" (2,12). A number of participants described the learning that had occurred through sharing and listening to each other's experiences. For example, in the vignette "Friday Morning Drama", LM had the opportunity

through drama and the support of other participants, to explore different ways of understanding a problem, "it would be really nice to do it in a way that it worked out that people understood and I got clarification" (1,36). Participants' perspectives and experiences were an integral part of vignettes as illustrated by the following:

> I like it that we use ideas from our own lives from everybody's life in the group to act out that makes it really special [pause] it is not just about ideas that are out there somewhere it is really about the people in this group. (LM: 1,4)

Most of the vignettes developed through a process of sharing ideas so as to create vignettes to which an audience could relate and appreciate. For example, TM liked to write some of the vignettes for ITP and her ideas were incorporated with those of others in developing a creative vignette for the performance – a process requiring cooperation.

Group Skills

Group work inherently creates a need to learn to work together. The sense of team work alluded to throughout the data collection sessions was identified by participants as a learning process.

If an individual chose not to work with the others, it could potentially impact on the dramatic process and affect mutual trust within the group. This point was emphasized by LM, "That's for all of this people working together and how important that cooperation is because if [pause] if one person decided to not cooperate it really can throw the whole thing off" (2,46). An example of cooperation occurred in the vignette "Help, Police!" when DE appeared unsure of his role. The

other actors immediately worked together to cue and support DE, creatively incorporating any mistakes into a movie plot under the pretext of re-shooting a scene. Any mistakes were perceived by the audience as an entertaining part of the plot. A sense of comradeship was also evident in the vignette "The Basketball Team", following which TS observed, "Working together as a team to play the game as well like the whole team had to work together to keep it going" (2,45).

Some participants had singular reasons for joining ITP (e.g., becoming a mainstream actor), as was evident in the number of vignettes which had movie stars as a focus (see Table 5). However, participants had to learn to compromise in order to incorporate each participant's ideas into vignettes and to work together to combine these experiences into successful dramatic expressions. The vignette "Team Work!" focused on the issue of working together as a team to achieve a successful result.

A crucial element in any group situation is that participants feel comfortable enough to say what they believe and feel. CN demonstrated the freedom she felt during a discussion in which ER and NL described how much they would like to be famous and travel the world. CN responded, "I want to stay here it is kind of just great the way it is [pause] if I changed I would probably get screwed up" (3,30).

<u>Responsibility</u>

ER expressed the importance of learning to be responsible toward oneself and others by learning how "[to] be responsible with yourself and your friends and with others" (3,32). He explained that he had originally been taught such principles at school and he was reminded of

them through the drama (3,32). CN connected responsibility to oneself with independence as indicated in the following exchange (3,28):

RM: Do you think it [drama] is teaching you anything?

CN: I'm learning a lot.

RM: So what are you learning?

CN: How to do things.

RM: How to do things what sort of things?

CN: Being independent on my own and doing all the other stuff.

Responsibility was also described in terms of assertiveness. Both LM and ER talked about how they felt more assertive as a result of the drama, as reflected in the following comment by ER:

I am thinking here about drama when you working for something like [pause] working so hard in drama you have to be assertive personality and somebody else's too [pause] responsibility with that and to work so hard in drama and to put your heart into it when you work into that space. (3,31)

Commitment

In the preceding comment, ER's reference to hard work also implied commitment, an experience discussed by many participants. ER clearly understood that he had to be committed and work hard in order to achieve his ultimate goal of being a film star. Commitment to ITP was also perceived as very important, as suggested by PL, "I only missed about one month of October and then I've been here pretty well all the time since then" (2,12).

Within the context of ITP, working towards the performance taught participants how to be committed to a singular goal. There were

many skills involved in putting on a successful performance which are described in the next theme.

Dramatic Skills

The final theme in the research category Learning Through Drama was the development of specific dramatic skills. Most participants described how important learning how to act was for them. For example, CR indicated that "I enjoy the different skills" (1,7) and "they are teaching me how to act [pause] so I need to go to drama" (3,31). Both comments expressed CR's appreciation of skill development, and the role that drama played in directing him towards his ultimate goal, that of being an actor. The evolution of dramatic skills was described by LM:

> I've enjoyed watching people's drama skills evolve and it's really neat and for the people especially who have been here the earliest but everyone really [pause] like we've said many times they just know what to do now we don't spend any time on trying to encourage people to understand what's going on here everyone understands and that does come quite quickly but the theatre skill part takes a little longer for some people than others. (1,6)

The theatre skills referred to by LM included speaking clearly, listening for cues, maintaining concentration, and not speaking over another person. These also represent valuable social skills.

Role of Performance

The research category, Role of Performance, consisted of three themes – actor/audience interaction, challenge in performance, and energy in performance – and was identified by most of the participants as a very important part of the drama experience. In February, when

the data for this study was collected, ITP was intensively rehearsing for an upcoming performance in April. It was not surprising that a discussion of the drama experience included descriptions of performance as a high priority. However, the research indicated that performance is an inherently important factor in participants' experience of drama, especially given the high priority some participants placed on becoming mainstream actors. For example, when developing a vignette for the theme "Performance", one group used word association (for performance) to initiate ideas. Evoked words included: "energy", "acting", "together", "audience", and "having a good time" (2,45).

Preparing for and presenting a public performance added an additional dimension of challenge to the group. This challenge created a different type of energy (LM: 2,33), a great sense of accomplishment and success (ER: 3,4), a need to work together (LM: 2,33), and shared enjoyment (CN: 2,10). As TM said, "it just makes me feel good when I know I can do it" (2,31).

Actor/Audience Interaction

Participants appeared to value the interaction between themselves and the audience, which included the theatrical impact of the performance on the audience and the enjoyment participants experienced during the performance. TS described the impact of the vignettes on the audience, "to show exactly how much acting affects the audience what you do the exact [pause] you know what happens to the audience when people are acting and that's what the performance is about" (TS: 2,43); whereas other participants enjoyed the humour in performing, "I was laughing because they were laughing" (CN: 2,42), and "the action

was funny and the laughing was funny too from the audience" (LM: 2,42). The latter comment emphasized enjoyment of the interaction in both actors and the audience.

Communication was identified as an essential component in the interaction between actors and the audience and was inherent within both the content matter of the performance and the dynamics between actors and audience. It related to the role drama plays in communicating a message which an audience could relate to and understand. All vignettes reflected the role of communication between actors and the audience, but it was clearly highlighted by the audience's hilarity in the silent vignette, "Laurel & Hardy". Verbal cues by actors enhanced dramatic effect and helped communicate the scene and mood of each vignette to the audience. For example, in "Full Moon on Party Night", NL added creative effect by telling the audience, "I have white hair, leather shoes, leather pants [pause] for my friends" (3,38). This description was also indicative of the relationship between that which participants described as important to them, and what they chose to focus on and express in the vignettes. Earlier in the same data collection session, NL indicated that he admired Elton John's clothes (3,8), and in the vignette "Full Moon on Party Night", he drew attention to his outfit.

Challenge in Performance

Despite the value and enjoyment derived from performing, participants regarded it as a challenge. ER expressed the anxiety felt by many participants: "When you are afraid on the stage by yourself with everybody up there in the stands [pause] you have to face your

fears" (3,11). However, a subsequent comment indicated the extent to which ITP had succeeded in creating an atmosphere of safety and trust, "when I work with you guys I never be afraid at all on the stage" (ER: 3,11).

Energy in Performance

The presence of an audience appeared to strongly influence participants' energy levels as did the fact that the performance was ITP's annual finale. Excitement, apparent in participants' comments relating to the final performance, indicated the sense of finale and climax it created. While TS had not been in an ITP performance (this was her first year with the group), she also had a strong impression of the performance, "I think it would be the end of all the work that you've been doing so I think it certainly would be like the climax of the whole process [pause] you know the performance is what everybody has been gearing for" (2,33). LM has facilitated both process and performance oriented drama groups and explained:

> It's a different kind of energy [pause] I mean I have done
> process groups before that's what they are called when you just
> do drama for drama's sake rather than having a performance at
> the end and that's good too [pause] like process groups but the
> energy is different because of that climax. That's a good word
> the performance gives it a climax that people really have to work
> together towards [pause] and so it challenges the group in a way
> that process group doesn't. (2,33)

A number of participants had also been in performances prior to joining ITP. CN, TM, PL, KS, TS, LM and ER each talked about

previous performances, most of which had been during either primary or secondary school. PL described his previous experience:

A Christmas play [pause] I was a king and I think this was another reason why this was bringing me back memories when I was going to school and this is like acting [pause] school put it on that time and then I remember it a lot because I was the king. (2,12)

All participants who had been in a prior ITP performance received approval and recognition for their creative achievements from friends and family who had attended or watched it on video-tape. CN's pride was apparent when she told us "She [her mother] saw me on the video and said 'gee you're a great actor' [pause] she's proud of me now too" (2,28). All participants appeared to share this sense of pride and achievement.

<div align="center">Perceptions of Drama</div>

The final research category identified in the data collection sessions was Perceptions of Drama which arose from participants' responses to Research Question 1, "What is Drama?" Themes comprising this category were drawn from the first data collection session.

Common themes indicated by participants included an appreciation of the opportunity to act and express oneself. AF described drama as "expression" (1,3); DE and TM identified drama as "acting" and "being with people" (DE: 1,2; TM: 1,2); whereas RM felt drama was about the people she had come to know in ITP (1,5). CR responded, "[drama is] what we did this morning" (1,1). A number of participants described

drama in terms of the goals that brought them to ITP in the first place (CR: 1,1). For example, "[drama is] being in movie sets" (ER: 1,3).

Summary

Six research categories were identified which reflected the essence of the dramatic experience, as expressed by participants in ITP. The categories included: (1) Dramatic Process, (2) Group Process, (3) Drama/Life Interaction, (4) Learning Through Drama, (5) Role of Performance, and (6) Perceptions of Drama. With the exception of Perceptions of Drama, which arose specifically out of responses to Research Question 1, "What is Drama?", each category was drawn from all three data collection sessions.

The 12 vignettes (six per group) from the three data collection sessions were based on the six research questions and have been used throughout this chapter to illustrate participants' experiences of drama in their voice. The diversity across the vignettes highlighted the potential in drama for a wide range of dramatic expression.

Participants' reflected the value they placed on having a forum within which their dreams and goals could be identified and expressed. The environment of ITP also appeared to encourage creative expression because it presented a safe atmosphere. This safety fostered creativity in participants without censoring expression. Facilitation was also found to play a central role in developing such an atmosphere through the processes of modeling and encouragement.

Much of what participants shared within ITP evolved from, and devolved into, their lives external to the group. ITP is a unique group because it contains both process and performance elements, both of

which were highly regarded. The opportunity to perform was particularly valued by participants, especially with regard to receiving recognition and interacting with an audience. These experiences appeared to result in excellent learning opportunities for participants and the development of specific dramatic skills and personal skills. Dramatic skills described by participants included the development of drama and theatre skills. Personal skills included working within a group and other skills which were considered transferable to other situations (e.g., self confidence).

Overall, the dramatic experience appeared to be of great importance and value to the participants of ITP. It provided diverse and rich opportunities which, according to participants' reports, were recognized and highly valued.

Chapter 5

DISCUSSION

This chapter begins with an outline of the objectives of the study, followed by a discussion of the results with reference to the relevant literature. Limitations of the study are discussed, along with recommendations for further research, and final conclusions.

Study Objectives

The objectives of this study were to examine the meanings that participants (particularly disabled participants) in an integrated theatre project ascribed to their experiences. A second objective was to address a gap in the research literature by providing a voice to the experiences of people with cognitive impairments in an integrated theatre project.

Discussion of Study Findings

Research material for this study was obtained during three data collection sessions, each of which consisted of: (a) group discussions, and (b) vignettes developed by research participants. Analysis of this material led to the development of six research categories: Dramatic Process, Group Process, Drama/Life Interaction, Learning Through Drama, Role of Performance, and Perceptions of Drama.

Dramatic Process

The Dramatic Process research category pertained to issues inherent in the dramatic nature of drama, as described by ITP's participants. Participants highlighted the importance of creative expression displayed through drama in being able to create any role one chose. For example, TS noted, "What I got out of it is that you can do anything and be anyone when you're acting [pause] that you can

choose whoever or whatever you want to do and you just pick a role and go with it" (2,30). Participants themselves indicated why creative expression was meaningful to them. It allowed them to fulfill their dreams through the drama, regardless of how attainable such dreams are in reality, "I love lawyer too" [NL: 3,8]; "I like being Tom Hanks [pause] I'm happy with my part as Tom I really like that story" (CR: 2,3).

Within drama, participants have considerable control over both the role they perform and the way in which a situation is resolved. Such a degree of control over situations in real life is attainable for most people, but it is a rare experience for many disabled people (Oliver, 1993). In drama, each person plays a unique role in a vignette which contributes towards the overall plot. If one role is missing, the vignette loses meaning. Therefore, each person's contribution is highly valued and promotes a sense of responsibility for participants both to their role, and to their fellow actors.

Langer & Rodin (1975, cited in Bohart and Todd, 1988) noted that having responsibility is physically beneficial, although responsibility is something many disabled people are deprived of in their daily lives (Tomlinson, 1982; Tuttle, 1984). In addition, Oliver (1993) noted that societal attitudes reinforce the notion that people who have disabilities are helpless. Such attitudes may lead to a self-fulfilling prophecy if adopted by disabled individuals, who then regard themselves as helpless (Finkelstein, 1993). Given that society and disabled people themselves may regard disability as synonymous with being helpless, it follows that the fulfillment of responsible roles by

disabled people may result in an increase in self-esteem, self-respect, and the respect of society.

Participants described feelings of pride resulting from their work, success, and recognition in the drama and the performance. ER reflected:

> I am thinking here about drama when you working for something like [pause] working so hard in drama you have to be assertive personality and somebody else's too [pause] responsibility with that and to work so hard in drama and to put your heart into it when you work into that space. (3,31)

Bohart & Todd (1988) indicated that therapeutic approaches share the common goal of developing a sense of empowerment in clients. They viewed "empowerment" as an umbrella term for several related concepts, such as: "Over-coming a sense of helplessness, gaining a sense of self-efficacy, taking responsibility for oneself, becoming able to chose, becoming autonomous" (p. 333). Self-efficacy was defined as "the perception that one is able to enact certain behaviours ... [which] usually increases as one learns effective skills" (p. 333). Comments from participants would then suggest that they have been empowered through the drama experience.

Drama provides the freedom for participants to explore their imaginations within a setting where their creativity is appreciated by others. A number of participants described their feelings of confidence and liberation created by this social support:

> It gives you self-confidence and courage to express yourself and because you know everybody is going to accept no matter what

you do that it you know you have that behind you so you are able to get up and say or do what you feel you can." (TS: 3,32)

The support and recognition that participants received from each other (and from family and friends during the performance) appeared to contribute to their feelings of self-esteem. Tuttle (1984) defined self-esteem as a person's sense of value and worth, competency and adequacy, and sense of self-satisfaction. Self-esteem is also influenced by participants' feelings of self-efficacy and the attributes and skills enhanced and developed through drama. These included greater confidence and independence, improved communication, and increased spontaneity. Tuttle (1984) discussed the link between perceptions of disability and how the disabled person thinks about himself or herself. He concluded that negative perceptions of disability corresponded with the disabled person's self-esteem and low expectations of the self.

Society generally has few expectations of disabled people (Morrison & Finkelstein, 1993). However, within the drama, and possibly for the first time in their lives, participants are actively encouraged to expand and explore all avenues of possibility: "Drama liberates us from confinement, be it socially or psychologically induced. The dramatic moment is one of emancipation" (Emunah, 1994, p. xiii).

Additional support for the value of creative expression to participants occurred two months after ITP finished meeting for the summer. The researcher met with TS, DE's full-time support worker, to discuss the trustworthiness of these findings. During this meeting, TS mentioned that DE appeared to be considerably more stressed and anxious since weekly ITP meetings came to an end. TS concluded that

DE sometimes struggles with understanding the difference between reality and fantasy and, in most situations, he is told that he is wrong because he is fantasizing. During data collection sessions, DE would sometimes start acting, speaking loudly, or getting quite excited in the midst of group discussions. When asked whether he was acting or was being real he always knew that he was acting. Although it appeared that he could tell the difference between acting and reality, he seemed to prefer acting! It was important for DE to have an environment within which he could act freely, and be accepted and acknowledged regardless of his choice of expression. Without a creative outlet it appeared DE found life more stressful.

The value DE placed on acting supports Warren's (1993b) perspective which identified the importance of drama in allowing people to explore and enjoy using their imaginations. Other writers perceived the importance of drama in relation to an inherent human need for creative expression (Courtney, 1989; Emunah, 1994).

DE's appreciation for a setting within which one can be dramatic was also shared by other participants, and suggested that the permission and encouragement to be imaginative and creative within a social setting was meaningful to participants. This could be a result of group recognition and mutual respect for each other's creativity.

Enjoyment was the second key aspect of participants' experiences comprising the research category of Dramatic Process. Participants spoke at length about how much they enjoyed the drama, and the opportunities drama provided to creatively express themselves. KS commented, "CR was saying that he likes to act he likes the part of

just taking over the different parts" (2,28) Enjoyment appeared to relate to a number of factors including: (a) engaging in activities, and (b) being within a positive, fun atmosphere where tensions developed during the week could be released. This apparent sense of respite (or emotional release, catharsis) is a central component of dramatherapy and is partly due to the opportunity to explore one's dreams and inner emotions through physical enactment. Warren (1993b) noted that drama is the process whereby "imaginative thought becomes action" (p. 112). Physical activation has also been identified as an important technique for motivating less involved individuals and for the rapid mobilisation of energy (Emunah, 1994). While the motivation of participants in ITP was not an issue in this research, it has been noticed that participants may arrive feeling low and quiet but quickly become enthusiastic after initial activities:

> When I come here and do drama we always end up laughing I
> enjoy that alot [pause] lots of times when people come in tired or
> feeling sad or a bit lazy and they seem to always leave really
> energized with nice expressions on their faces." (LM: 1,24)

This sense of reenergizing was also identified in comments from the "Liar's Tag" vignette, and included, "happy", "goofy", "release", "expression", and "common unity".

Cathartic elements are likely incorporated into the dramatic process through: (a) opportunities to explore one's own and other participants' experiences from different perspectives within a safe and enjoyable atmosphere (as indicated in "Friday Morning Drama"), and (b) active expression of participants' creativity within a place where they

feel accepted. Emunah (1994) noted that dramatherapy's healing potential is realized when participants examine issues of concern through action, as supported by the vignette "Friday Morning Drama". Other therapeutic approaches also integrated action into therapy through the use of role-play (e.g., analogue observation, and gestalt therapy) (Bohart & Todd, 1988). The awareness described by some participants as to the cathartic nature of their experiences in ITP, suggested a link exists for them between drama and healing.

<u>Group Process</u>

The Group Process research category related themes pertaining specifically to ITP. The ambiance within ITP appeared to influence participants' descriptions of their experiences in the group, where they felt safe and enjoyed themselves. One key impression noted by participants was a sense of immediate acceptance by members of ITP, as explained by AF, "You don't have to feel that you are coming in and not going to be accepted and not welcome to come" (1,27).

Most of us want to be accepted for who we are, but this is a rare experience for many, and especially for those who society devalues because they are different. Many writers have explored the negative attitudes through which society perceives disabled people (Gething, 1994; Morris, 1993; Wolfensberger, 1972). Morris noted that many non-disabled people perceive disability as "not normal" and consequently fail to accept disabled people. Due to subsequent exclusion from society, it is an unusual experience for disabled people to be accepted in an integrated social situation and participate fully at whatever level they can, as is the case in ITP. This may have influenced disabled

participants' appreciation of ITP, although this appreciation of being accepted was not exclusive to disabled participants. Many of those who spoke about being valued and accepted were university students. This highlights the anxiety most people feel when encountering a new social situation; although the likelihood of a university student being accepted is generally much higher than a disabled person.

ITP as a whole was regarded as very accepting of new members, as evident in group discussions and the vignette "First Day". A social network has been recognized as important to individual psychic and physical well-being and health (Backenroth, 1992). Many disabled people live isolated lives within society (Warren, 1988), and Sinson (1993) noted that a considerable factor causing isolation of disabled persons in the community was an inability to find meaningful leisure activities.

Of all participants in ITP, CR appeared the most isolated as he lived alone and had neither family, friends, nor links to the deaf community. However, CR has reconnected with the deaf community and has a supportive room-mate through a referral made by LM to a community agency. This move was subsequent to, but not influenced by, data collection, hence CR's references to isolation at that time. CR's cognitive impairment was such that even with the presence of an interpreter, he frequently appeared confused during the drama. He obviously highly valued membership in ITP irrespective of any confusion: "I think it's wonderful I like that [pause] I love I really like that I love it I love drama" (CR: 1,24). Hollywood is CR's passion which partly explains his motivation for drama. However, although he

certainly enjoyed the drama itself, it is likely a sense of belonging and acceptance were fundamental to his appreciation of ITP, "and doing it with you folks" (CR: 1,24).

Robertson (1988, cited in Backenroth, 1992) identified four different support resources that comprise social support – esteem support, informational support, social companionship, and instrumental support – each of which were evident in ITP. Participants spoke of caring and showed concern for each other (esteem support); TM told the group that she did not know how to made her new computer work and the group responded with suggestions, one of which was successful in helping TM use her computer (informational support); a sense of belonging through membership of ITP was clearly felt by participants (social companionship); and finally, instrumental support was evident through provision of an interpreter for CR, T'shirts for the performance, a referral for CR to a community agency, and free group membership. Using Robertson's list of support resources, the descriptions provided by participants indicate that ITP was a source of social support for them.

A final observation related to the short-term nature of many disabled people's social networks. In our discussions, participants did not refer to the importance of returning each year to ITP, although during a meeting to confirm the findings, TM said she would like ITP to continue meeting all summer, and each year NL consistently says he will return to drama "next September". All the participants with cognitive impairments had attended ITP for at least one year prior to the research which suggests that commitment, appreciation, and continuance

over time were important to participants. Continuance, in the context of ITP, could be important given that research indicates that disabled people's social networks consist primarily of professionals employed to work with them, a transitory network at best (Sinson, 1993). The consistent nature of ITP was possibly importance to participants' experiences, and may have influenced the strength of social relationships within the group.

Participants' comments indicated the importance that facilitation played in creating the atmosphere at ITP. For example, TM told us:

> He [facilitator] got me going on certain things that took me [pause] because I used to be [pause] I was always coming in grumpy and then he would come over and go "hello" and then he would crack me up [pause] he was the first one that I got to like drama and start doing things for everyone you know. (2,11)

Emunah (1994) identified the importance of humour as a distancing device, which appeared to have been used successfully by facilitators in ITP. Laughter was evident throughout the data collection sessions, and TM commented on how a facilitator's humour had helped her laugh and take herself less seriously, an insight that is indicative of the learning that participants consistently identified.

Emunah (1994) also noted that participants' fears can be such that their commitment wavers and they may drop out, particularly in the initial stages of dramatherapy. In this study, CN acknowledged the commitment necessary for her to overcome her initial anxiety. Emunah emphasized the importance for the dramatherapist to develop trust within the group in order to lessen the risk of participants dropping

out. In addition, the dramatherapist must utilize techniques appropriate for participants to ensure the safety of the dramatic experience for all. This has been commented on by Way (1967) who emphasized the notion of a safe place as central to the success of the dramatic experience. Feelings of safety, trust, and acceptance with fellow actors combined with skilled facilitation are essential because of the inherent risks in creating drama in front of people: risks of failure and exposure, and the reliving of previous life experiences which can evoke painful memories.

Participants also acknowledged the risks they had taken and overcome through drama: "When you are afraid on the stage by yourself with everybody up there in the stands you have to face your fears" (ER: 3,32). Meeting the challenges presented appeared to relate to feelings of confidence and self-esteem described earlier:

> It gives you self-confidence and courage to express yourself and because you know everybody is going to accept [pause] no matter what you do that it you know you have that behind you so you are able to get up and say or do what you feel you can. (TS: 3,32)

This study supported Landy's (1986) observation that fear of the unknown is inherent to being spontaneous, but that risk is tempered by the gain in self-esteem. The atmosphere of ITP appeared to have a fundamental influence on the success of most participants' dramatic experience.

Drama/Life Interaction

Drama/Life Interaction as a research category illustrated the interactive nature of the relationship between drama and participants' lives outside ITP. Participants provided reasons for joining and remaining with ITP, which included wanting to become a mainstream actor, needing an outlet for creative expression, or out of personal interest.

The same reason for remaining in ITP was noted by five of the seven participants with cognitive impairments. This reason was a desire to follow their dreams, "they are teaching me how to act so I need to go to drama" (CR: 3,31). The fantasy-oriented roles identified by participants (e.g. film star, judge, lawyer, and writer) illustrate the socially appropriate nature and status of participants' dreams, regardless of their attainability, and the degree to which disabled people share the dreams of the majority of society (e.g., to have a nice home, money, a dog, and to travel).

Although many people fail to look beyond disability to recognize that disabled people have dreams, worries, opinions, and the other concerns that go along with everyday life (Gething, 1992), the sharing of dreams has the potential to highlight the similarities between all people. However, as many disabled people are excluded from society and live lives of poverty and limited opportunity (Gadacz, 1994), drama may be the only setting within which their dreams might seem possible and be taken seriously.

In addition, the fact that it was only participants with cognitive impairments who expressed dreams of being Hollywood movie-stars,

suggests that the societal recognition, adoration, and respect that generally surrounds famous people could be a contributing factor to these dreams. Some disabled people may desire the ultimate in societal recognition and adoration as a counter-balance to their feelings of isolation and dependence.

Some participants made references to the isolation they experienced in their daily lives, identifying drama as an important part of their weekly routine, "at least I don't get so bored staying at home" (PL: 2,12). Several participants were not employed, and they may have benefitted from the structure that drama gave to their weekly routine. This structure could have become an important balance to the boredom of other days as well as providing a fun and creative outlet.

ITP served as recreation for participants. Landy (1986) noted the similarities between drama and recreation, suggesting that the latter "recreates reality" (p. 11). This indicates both a revitalization of energy and respite from days of work, with drama providing "a making over in play what one has experienced in everyday life" (Landy, p. 11). Participants in ITP indicated they valued both the energizing, "drama is alot of fun and having fun just changes the way you leave" (KS: 2,7); and exploratory, "it [drama] makes me think a lot more better [pause] makes me think twice about how to react one way and react in another way" (PL: 2,12) elements of the dramatic experience. This supports Landy's analysis and indicates the value drama has for participants' lives outside the group.

The findings indicated that participants placed value on sharing their lives with other members of ITP, whether by sharing events in

their lives; incorporating ideas, dreams, and experiences into the drama; or by bringing poems and creations to meetings. The artistic creations made outside the group indicate that ITP may have encouraged participants to be more creative in their daily lives. Such sharing of creations and experiences was likely to have influenced participants' sense of trust, participation, and belonging.

Emunah (1994) identified social interaction developed outside of the drama as a final goal of facilitation in dramatherapy. In particular, Emunah noted that dramatherapy is applicable to populations who are withdrawn or socially isolated and pointed out that "the close relationships and trust developed within the group become a microcosm for what is possible in the world, reducing the sense of isolation" (p. 33). Findings in this study did not specifically identify the development of social relationships outside ITP. However, as noted earlier, upon recognizing CR's isolation LM successfully reconnected him with the deaf community which led to his living in a supported housing situation. CR's attendance in ITP has thereby reduced his social isolation.

The Drama/Life Interaction research category highlighted the extent to which drama inherently draws from, and interacts with, participants' personal lives, provided that trust, safety, and acceptance are central components of the dramatic experience.

Learning Through Drama

The Learning Through Drama research category is comprised of learning processes that participants indicated they had developed as a result of attending ITP. They identified theatrical and social skills as being developed through the drama, and regarded these skills as

transferable across situations, as noted by ER, "I changed as a person [pause] like the attitude I feel like brand new" (2,1). Theatrical skills demanded that participants learn to compromise, improvise, respond in a spontaneous manner to unexpected events, work with other actors, concentrate, listen, and pay attention to situational cues. These skills are also important in successful social performances (Warren, 1988). Most participants believed the skills and attributes they learned in drama helped them in other areas of their lives, "[learn to] be responsible with yourself and your friends and with others" (ER: 3,32).

Research indicates that many disabled people lack social opportunities and consequently the opportunity to develop social skills. As Warren (1988) noted, spontaneity and imagination are often particular problems for people with cognitive impairments because limited life experiences provide minimal opportunities to develop the necessary range of social performances. There were a diverse range of skills and ability levels demonstrated by participants in ITP, and the extent to which participants were spontaneous and imaginative may reflect long-term development gained by those participants who have attended ITP since its inception.

Following the 1996 performance, many members of the audience (including participants' family members) commented on the improvement in participants' degree of skill in comparison to the first performance, four years previously. The need for time to develop skills is consistent with research into people with cognitive impairments (Gething, 1992). The on-going nature of ITP and giving previous members priority for

membership appears to be valuable in terms of participants' skill development.

Skills developed through dramatic experience may have a positive influence on other areas of life. While most of the participants were aware and appreciative of this, learning appeared to be a benefit of drama rather than a factor influencing participants' desire to join ITP in the first place.

Role of Performance

Participants appeared to particularly enjoy and value the performance (e.g., "I like the performance with the people," TM: 2,31). The performance created a sense of climax, and an accompanying excitement and nervousness participants felt at the prospect of performing in front of an audience: "I think it would be the end of all the work that you've been doing so I think it certainly would be like the climax [pause] you know the performance is what everybody has been gearing for" (TS: 2,33). The findings indicated that the presence of the audience was the main reason why participants enjoyed the performance so much, despite the anxiety evoked by performing.

One reason why participants valued performing in front of an audience may have been a need to tell their stories in a way to which others could relate (Emunah, 1994). Disabled people rarely have the opportunity to entertain others and share their experiences in a place where others observe and listen (Tomlinson, 1982). In self-revelatory (or autobiographical) performance, actors are applauded "not only for their creative achievement, but for the process they have been through

in creating it, for their courage to reveal themselves, and for who they are as people" (Emunah 1994, p. 289).

Participants indicated they valued the opportunity to integrate elements of their personal experiences and values into the vignettes (CR's experience with police was incorporated into "Help, Police!" albeit many details were creatively elaborated). Emphasis was also given to humour in performance, as evident in the vignette "Laurel and Hardy". Regarding this vignette LM noted, "[in performance] people will then enjoy watching" [2,7]. These findings suggested that the opportunity to share personal experiences and stories with an audience in an entertaining manner was highly valued, which provides support to Emunah's (1994) conclusions.

Participants indicated that the performance also gave them the greatest sense of achievement within ITP, possibly due to the public recognition, anxiety, and sense of climax involved. The creation of a successful performance demands that each person make a commitment to the group and the dramatic process. Commitment within a group to work together towards a shared goal is a valuable social experience, especially for people who have been socially alienated and isolated (Sinson, 1993). Of note, comments from disabled participants differed from non-disabled participants only in terms of the value the former placed on becoming main-stream actors.

An important finding was that participants did not specifically refer to issues of disability. The integrated nature of the group and the dramatic experience created a forum where everyone had strengths and weaknesses which were not identified with impairments. For

example, DE was one of two participants with moderate cognitive impairments and he was highly valued for his ability to spontaneously enact dramatic emotions, whereas ER's dramatic gestures brought him recognition. Initial feelings of anxiety were described by most participants. The focus of drama was on the uniqueness of each person and their creative potential, representing an asset, rather than a deficit, model (e.g., an asset model may focus on creative expression rather than a deficit model of anger management which focuses on a problem).

The social identity of being an actor was also found to be an important consideration. It was alluded to by some participants who spoke of the pride with which their families and friends had watched them act in ITP. A person receives social status when they say they are an actor or involved with theatre (Tomlinson, 1982), yet disabled people on the whole, and especially those with cognitive impairments, tend to be evaluated negatively (Yuker, 1994).

Yuker (1994) noted that the extent to which evaluation of a person is positive or negative depends on a number of factors, and in particular, the social context of the encounter. Given the importance of social context, it is likely that a successful theatre performance by disabled persons that challenges social myths and stereotypes, would influence attitudes towards disabled people. However, the quality of the performance must be good, which requires that the facilitator focus on shaping participants' ideas for the final performance. This was indicated in a comment by LM: "to see how we can take those perspectives and

put it on stage in a way that people will then enjoy watching it [pause] the audience" [2,7].

Emunah (1994) ran theatre projects similar to ITP (i.e., they included drama and theatre components) with people with psychiatric diagnoses. She indicated that the performance creates a powerful alteration in self-image within the actor as a result of being able to trigger strong feelings in an audience. "One is capable of eliciting laughter, tears and reflection" (Emunah, 1994, p. 296). Emunah added that this potential to influence the audience makes the role of the actor extremely potent, especially in those who are accustomed to being the recipients of care, rather than the givers. This relates to Finkelstein's and French's (1993) self-fulfilling prophecy and indicates theatre's potential to influence societal attitudes. Participants made references to the communication between themselves and the audience (the actor/audience interaction) which supported Emunah's finding that the ability and opportunity to influence an audience is valued by participants.

Finally, discussions and vignettes highlighted the importance that participants placed on humour and laughter in performance. Their comments indicated that they (a) derived enjoyment from performance, (b) felt a sense of pride and achievement through evoking laughter in others, and (c) felt therapeutic relief brought on by laughter. As mentioned above, during the years that ITP has been running, considerable attention has been paid by facilitators to humour, both within the drama process and the performance itself. This attention to humour has resulted in ITP becoming a place where people laugh. The

use of humour may represent one distinction between purely process groups and performance oriented groups. Humour is not necessarily a component of process groups, whereas in performance it is often central.

The literature indicates that humour can be a distancing device, creating safe distance between the individual and what is being enacted (Emunah, 1994). Quin (1991) suggested that laughter serves cathartically to release tension. In the context of performance, Emunah (1994) found that the use of humour facilitated audience acceptance and tolerance for intense self-revelation (Emunah, 1994). Such use of humour could also contribute to participants' sense of safety on stage. Therefore, providing attention has been given to creating the foundation for a successful performance, performing to an audience is a highly valued element of participants' experience. Particular issues raised by participants included the opportunity to express oneself and one's experiences to the audience, being able to make the audience laugh, and a sense of achievement derived from the performance.

Perceptions of Drama

One research question aimed to explore participants' perceptions of drama itself. Three themes were identified in participants' comments throughout this study which were also consistent with findings from the literature.

Participants indicated they valued the opportunity to act, which appeared to relate closely to their appreciation for emotional and creative expression. For example, JP noted, "[Drama is] sort of fantasy, like it's an arena where you are allowed to be imaginative"

(1,3). Drama is fundamentally concerned with the opportunity to actively express oneself (Jennings, 1994a) both on an individual basis and within a group setting where drama provides the ideal opportunity for people to safely interact and develop greater social skills (Way, 1967). The importance of sharing the dramatic experience with other participants was identified in the group discussions and vignettes. However, the extent to which participants' social skills developed, as a result of participants' experiences in ITP was not addressed in this study.

Finally, some participants indicated they were able to fulfill some of their personal goals by attending ITP (e.g., becoming actors and writers). While ITP does not suggest that its members will become movie-stars, it does provide the identity of an actor for those who dream of being movie-stars, opportunities to be on stage, and the chance to impersonate favourite movie-stars. All of these are opportunities which most disabled people would probably never have. Because of this, the dramatic experience fulfilled some participants' dreams and provided each participant with opportunities for creative expression.

<p style="text-align:center">Limitations of the Study</p>

The consideration of potential limitations of a study is an important process, through which readers can assess drawbacks to the study and ways in which limitations may influence interpretation of the study's findings, and anyone wishing to replicate the study can avoid repeating the same mistakes.

Although attempts were made to ensure the validity of findings, the following discussion addresses its potential limitations.

1. The researcher's prior and on-going involvement with ITP, although considered in the analysis of findings, may have influenced her ability to separate the research findings from her existing knowledge of, and experience with, participants and the dramatic process.

As recommended in qualitative research, and to compensate for this limitation, the researcher returned to four participants for confirmation of her analysis. Each of these participants confirmed that the researcher's analysis was an accurate reflection of their experiences.

It may have been useful for the camera operator to record his observations of the research. He was not a member of the group and thus his unfamiliarity may have identified nuances overlooked by the researcher's familiarity.

However, given that qualitative research advocates that the research setting be as naturalistic as possible (Guba & Lincoln, 1994), the researcher's prior and on-going involvement with ITP may also have been a strength of the study. Such involvement meant that the researcher was consistently part of the research setting and as such very familiar with the context and culture of ITP. This familiarity is compatible with the aim of qualitative research which is the study of organizations in the context of their own culture.

2. An additional potential limitation arising from the researcher's prior involvement with ITP, is that her familiarity with participants may

have led to them telling her what she wanted to hear. In particular, her position as a co-facilitator of ITP may have influenced participants' responses.

To address the potential risk of participants providing information that the researcher wished to hear, information for analysis was generated by all participants using two processes - discussions and vignettes. The amount of information obtained and the consistency of its content suggested that participants were expressing their genuine experiences. With regard to a power imbalance between the researcher and participants, issues of power are an on-going concern in all relationships between disabled and non-disabled people. Although, it was of concern in this study, the following actions were taken to mitigate its effect: (a) As participants clearly identified LM as the primary facilitator, with LM present participants would potentially feel less obliged to RM; and, (b) the format of the data collection sessions was very similar to that of weekly ITP meetings. During meetings, members have always been encouraged to recognize their right to participate, or not participate, in various activities and discussions. The similarities between the two environments (meetings and sessions) would likely have influenced the transfer of participants' rights from weekly meetings to sessions, thereby potentially mitigating any power through which RM may have influenced participants. In addition, prior to each session, participants were also reminded of their rights to not answer a question or withdraw from the research at any time.

3. A third limitation of the study was the choice of language in some of the research questions. In general, the research questions

tended to request responses requiring cognitive processing which appeared to cause confusion in at least one instance. For example, the research question "Would you invite a friend to drama? If so, why?" created confusion because participants thought the researcher was asking them to invite someone to join ITP in reality. However, the researcher attempted to address this limitation by using open-ended questions, which also provided opportunities for the researcher to identify participants' confusion and to ask additional questions to provide clarification. As data collection progressed, it became clear that similar themes were being found in participants' responses regardless of the question asked, suggesting that although this limitation appeared to exist, it appeared to be mitigated by the consistency of participants' responses. It should be noted, that additional questions eliciting affective responses (e.g. "How does drama make you feel?") may have added further information than that obtained and broadened the study's perspective.

4. A fourth potential limitation of this study pertained to the presence of audio and video-taping equipment (with an outside person to operate the videocamera) during each of the three data collection sessions. The presence of a non-member of ITP may have affected participants' concentration and comfort level. Evidenced by occasional "waves" by some participants on the video-tape, they were aware of the presence of the recording materials and the third party. However, there was no indication of discomfort on the part of participants in any of the three sessions.

In fact, in previous ITP meetings participants have always enjoyed being recorded, and have looked forward to watching themselves on video later. In May of each year, participants regularly request that the final performance is recorded and that they receive personal copies. It is possible that recording the data collection sessions may have increased participants' enjoyment of the experience. A copy of the video-taped research sessions was given to ITP for research participants to watch at a future date.

Implications for Further Research

The findings of this study suggest further research which could be undertaken in a number of directions.

1. Given the importance participants placed on the performance component of ITP, a comparison study with a process oriented drama group (i.e., one that does not have a performance component) examining which factors were perceived to be of value to participants would prove interesting. A comparison of participants' experiences between process and performance oriented groups, would add to the knowledge base in dramatherapy and highlight the relative merits of each.

2. As a number of participants aspired to become mainstream actors and have developed their theatre skills during their years in ITP, research addressing the development of these skills would help to ascertain the extent to which participants have the potential to become mainstream actors.

3. The possibility exists that participants valued their experiences in ITP in part because the group had become a familiar and

accustomed element in their weekly routine. Further research could examine participants' perceptions of ITP during the four month summer break. Such a study would aim to determine the extent to which participants' perceive ITP affects their lives and the influence, if any, that the summer recess has on participants.

4. One aim of dramatherapy is to effect possible change in participants' ways of communicating and functioning in their lives outside drama sessions. Except for participants' comments, the current study did not address how ITP influenced participants' lives external to the dramatic setting. Additional research could examine the perceptions of family members, friends, and co-workers as to changes and stresses the dramatic experience appeared to evoke in participants.

5. The extrapolation of findings in qualitative research considers the extent to which findings and interpretations from one study would be applicable to other research (Patton, 1990). Given the extent to which this study's findings are consistent with other reported research, certain findings (in particular, the therapeutic value of the creative experience and social support) could extrapolate to other, similar studies.

Conclusions

The objectives of this study were to provide a voice to the experiences of participants in an integrated theatre project (ITP), with particular attention to disabled participants' experiences, and to address a gap in the research literature by identifying the meaning of the dramatic experience from the perspective of participants involved.

Based on the findings of this research, the following conclusions may be drawn:

1. Participants greatly appreciated opportunities to express themselves creatively. The physical nature of creative expression appeared to create a sense of cathartic release which helped to dissolve some of the stresses of the week and reenergise participants. Within the drama participants were able to adopt any roles they wished and explore situations they had experienced in their lives. Many of the roles chosen indicated the similarities shared by all people for security, travel, money, and a nice home. The emphasis placed by participants with cognitive impairments on being Hollywood movie-stars indicated a desire for public admiration and respect, experiences the literature has found to be rare for disabled people.

In addition, creative expression through role-play also provided participants with opportunities to explore their own and others' perspectives. This fostered identity development in terms of a positive self-image, at least within the drama setting.

2. One of the most striking findings in this study was the extent to which ITP was a highly integrative experience. Participants made no references to disability and the only negative feelings described were ones shared by non-disabled and disabled participants alike - anxiety in a new place and at the prospect of performing, and wanting to be accepted and valued. This indicates the potential of an integrated theatre project to address issues of integration through the creative medium and create an equalizing experience where people are valued for

who they are and what they can do, not how they appear or perceived differences.

3. The social environment of ITP played a fundamental role in creating a safe atmosphere within which participants could be creative. The facilitators, in particular, played a key role in developing and promoting this atmosphere through, among other things, the use of humour as a dramatic tool. The research indicates that dramatherapists advocate the use of humour, which was supported by participants' appreciation of the atmosphere at ITP.

Participants described inherent components of their dramatic experience which included laughter, support, trust, and a sense of belonging and being appreciated by others. Social support within ITP was likely influenced by the on-going nature of the group. In addition, a sense of responsibility created by the performance appeared to be an important influence on social relationships between members. The social environment appeared to be particularly appreciated by the more socially isolated participants (e.g., CR). The drama literature emphasizes the role of social support in drama settings which was strongly supported by the findings of this study. Through establishment of a safe environment, and development of trust, participants felt able to take risks inherent in the dramatic process, with successful outcomes.

4. The opportunity to perform was central to participants' experience in ITP. The performance enabled participants to acquire the valued social identity of actors. Results indicated that participants particularly valued communicating their experiences to and entertaining

an audience, despite the anxiety which participants felt about performing. Participants' comments, and reactions from the audience at the 1996 performance, indicated that the performance impressed members of the audience and potentially challenged preconceptions of disability, although to what extent was not clear. As Tomlinson (1982) noted, theatre is a great social equalizer. In particular, the performance required that participants work together, and by doing so learn valuable social skills.

5. Through drama, participants reported developing skills which they regarded as transferable to other situations. These skills included communication skills, concentration, attending to social and situational cues, and improvisation. Personal gains described by participants included self-esteem, self-confidence, and personal growth. Attributes and skills were valued by participants, although they appeared to be a consequence of the drama rather than a reason for joining ITP.

The dramatic distance provided by drama enabled participants to explore experiences which had likely been painful for them (e.g., the experience for CR involving the police). This ability to explore one's own and others' experiences also indicated a degree of insight and self-awareness which is often overlooked in people with cognitive impairments, thereby indicating the support in these findings for approaches to therapy which do not focus entirely on verbal skills. These findings strongly support the literature which recognizes that people with cognitive impairments may take more time to learn skills, especially since many disabled people are deprived of appropriate role models and experiences. However, like everyone else, given time and a

supportive, creative environment, there are no limits to individuals' creative potential.

Above all, this study's findings strongly supported the notion that creative expression is an inherent mode of expression to which all people can relate, because it taps abilities which are inherent to being human, and validates the unique creative potential of each person.

REFERENCES

Allen, R. E. (Ed.). (1990). The Concise Oxford Dictionary of Current English (8th ed.). Oxford: Clarendon Press.

American Psychiatric Association. (1994). Diagnostic Statistical Manual of Mental Disorders (4th ed.). Washington, DC: Author.

Anderson, M. G. (1992). The use of selected theatre rehearsal technique activities with African-American adolescents labeled "behaviour disordered". Exceptional Children, 59, 132-140.

Asch. A., & Fine, M. (1988). Introduction: Beyond pedestals. In M. Fine, & A. Asch (Eds.), Women with disabilities: Essays in psychology, culture, and politics (pp. 1-37). Philadelphia: Temple.

Backenroth, G. (1992). Counselling persons with deafness and their social networks. In S. E. Robertson & R. I. Brown (Eds.), Rehabilitation counselling: Approaches in the field of disability (pp. 245-274). London: Chapman & Hall.

Bieber-Schut, R. (1986). A comparative study of/into the uses of the dramatic arts in rehabilitation in Canada and the US. Journal of Practical Approaches to Developmental Handicap, 10, 4.

Blacher, J., & Dixon, M. B. (1982). A history of the handicapped on stage. The Journal of Special Education, 16, 21-35.

Blatner, H. A. (1973). Acting in: Practical applications of psychodramatic methods. New York: Springer.

Blumberg, M. L. (1981). Drama: An outlet for mental and physical handicaps. In G. Schattner, & R. Courtney, (Eds.), Drama in therapy: Volume two: Adults. (pp. 101-110). New York: Drama Book Specialists.

Bogdan, R., & Taylor, S. J. (1989). Relationships with severely disabled people: The social construction of humaness. Social Problems, 36, 135-148.

Bohart, A. C., & Todd, J. (1988). Foundations of clinical and counselling psychology. New York: Harper Collins.

British Association for Dramatherapists. (1992). Membership list and code of practice, London: BADth.

Brook, P. (1968). The empty space. New York: Antheneum.

Brook, P. (1987). The shifting point, (1946 - 1987). New York: Harper & Row.

Cattanach, A. (1992). Drama for people with special needs. London: A & C Black Ltd.

Cattanach, A. (1994a). The developmental model of dramatherapy. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), The handbook of dramatherapy (pp. 133-144). London & New York: Routledge. (28-41).

Cattanach, A. (1994b). Dramatic play with children: The interface of dramatherapy and play therapy. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), The handbook of dramatherapy (pp. 133-144). London & New York: Routledge.

Chesner, A. (1994). An integrated model of dramatherapy and its application with adults with learning disabilities. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), The handbook of dramatherapy (pp. 58-75). London & New York: Routledge.

Chesner, A. (1995). Dramatherapy for people with learning disabilities: A world of difference. London, Pennsylvania: Jessica Kingsley.

Cohen, D. (1987). The development of play. London, Sydney: Croom Helm.

Cohen, H. (1985). Conflicting values in creating theatre with the developmentally disabled: A study of "Theatre Unlimited". The Arts in Psychotherapy, 12, 3-10.

Courtney, R. (1981). The universal theatre: Background to drama therapy. In G. Schattner, & R. Courtney (Eds.), Drama in therapy: Volume two: Adults. (pp. 1-13). New York: Drama Book Specialists.

Courtney, R. (1989). Play, drama and thought: The intellectual background to dramatic education (4th ed., Rev).

Creswell, J. W. (1994). Research design: Qualitative and quantitative approaches. Thousand Oaks, London, New Delhi: Sage Publications.

Denzin, N. K., & Lincoln, Y. S. (1994). Introduction: Entering the field of qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), Handbook of qualitative research. (pp. 1-18). Thousand Oaks, London, New Delhi: Sage Publications.

Doyle, B. (1995). Disability, discrimination and equal opportunities: A comparative study of the employment rights of disabled persons. London: Mansell.

Emunah, R. (1983). Drama therapy with adult psychiatric patients. The Arts in Psychotherapy, 10, 77-84.

Emunah, R., & Johnson, D. R. (1983). The impact of theatrical performance on the self-images of psychiatric patients. The Arts in Psychotherapy, 10, 233-239.

Emunah, R. (1994). Acting for real: Dramatherapy process, techniques, and performance. New York: Brunner, Mazel.

Ferguson, D. L., Meyer, G., Jeanchild, L., Zingo, J. (1992). Figuring out what to do with the grown-ups: How teachers make inclusion "work" for students with disabilities. The Journal for Persons with Severe Handicap, 17, 218-226.

Finkelstein, V. (1993). The commonality of disability. In J. Swain, V. Finkelstein, S. French, & M. Oliver (Eds.), Disabling barriers, enabling environments. (pp. 9-17). London: Sage.

Finkelstein, V., & French, S. (1993). Towards a psychology of disability. In J. Swain, V. Finkelstein, S. French, & M. Oliver (Eds.), Disabling barriers, enabling environments. (pp. 17-25). London: Sage.

French, S. (1993). Disability, impairment or something in between. In J. Swain, V. Finkelstein, S. French, & M. Oliver (Eds.), Disabling barriers, enabling environments. (pp. 17-25). London: Sage.

Gadacz, R. R. (1994). ReThinking disAbility. Edmonton, AB: University of Alberta Press.

Gething, L, (1992). Person to person: A guide for professionals working with people with disabilities. (2nd ed.). Sydney: MacLennan & Petty.

Gething, L. (1994). The interaction with disabled persons scale. Journal of Social Behaviour and Personality, 9, 23-42.

Goffman, E. (1959). The presentation of self in everyday life. New York: Double Day, Anchor.

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. Engelwood Cliffs, NJ: Prentice-Hall.

Goffman, E. (1972). Encounters. Harmondsworth: Penguin.

Grainger, R. (1985). Using drama creatively in therapy: What are the advantages of a creative approach to therapy over other methods? Dramatherapy: Journal of the British Association for Dramatherapists, 8, 33-46.

Griffiths, D. (1995). Teaching for generalisation of social skills with people who have developmental disabilities. Developmental Disabilities Bulletin, 23, 43-58.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research. (pp. 105-117). Thousand Oaks, London, New Delhi: Sage Publications.

Hendriks, A. (1995). Disabled persons and their right to equal treatment: Allowing differentiation while ending discrimination. Health and Human Rights, 1, (152-174).

Holstein, J. A., & Gubrium, J. F. (1994). Phenomenology, ethnomethodology, and interpretive practice. In N. K. Denzin, & Y. S. Lincoln (Eds.), Handbook of qualitative research. (pp. 262-272). Thousand Oaks, London, New Delhi: Sage Publications.

Jennings, S. (1973). Remedial drama. New York: Theatre Arts Books.

Jennings, S. (1981). Dramatherapy: Origins and the physically disabled. In G. Schattner, & R. Courtney (Eds.), Drama in therapy: Volume one: Children. (pp. 55-75). New York: Drama Book Specialists.

Jennings, S. (1991). Theatre art: The heart of dramatherapy. Dramatherapy: Journal of the British Association for Dramatherapists, 14, 4-7.

Jennings, S. (1992). Introduction. In Jennings, S. (Ed.). Dramatherapy: Theory and practice. (pp. 1-3). London & New York: Tavistock, Routledge.

Jennings, S. (1994a). Prologue. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), The handbook of dramatherapy (pp. 1-11). London & New York: Routledge.

Jennings, S. (1994b). The theatre of healing: Metaphor and metaphysics in the healing process. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), The handbook of dramatherapy (pp. 93-113). London & New York: Routledge.

Johnson, D. R. (1982). Principles and techniques of drama therapy. The Arts in Psychotherapy, 9, 83-90.

Kedem-Tahar, E., & Felix-Kellermann, P. (1996). Psychodrama and drama therapy: A comparison. The Arts in Psychotherapy, 23, 27-36.

Kent, D. (1988). In search of a heroine: Images of women with disabilities in fiction and drama. In M. Fine, & A. Asch (Eds.), Women with disabilities: Essays in psychology, culture, and politics. (pp. 90-113). Philadelphia: Temple University Press.

Landy, R. J. (1980). Educational drama: A comprehensive arts approach to learning. Secondary School Theatre Journal, 20, (1), 20-30.

Landy, R. J. (1983). The use of distancing in drama therapy. The Arts in Psychotherapy, 10, 175-185.

Landy, R. J. (1986). Drama therapy: Concepts and practices. Springfield, IL: Charles C. Thomas.

Landy, R. J. (1991). Role as the primary bridge between theatre and dramatherapy. Dramatherapy: Journal of the British Association for Dramatherapists, 13, 4-11.

Langley, D. M. (1995). The relationship between dramatherapy and psychotherapy. Dramatherapy: Journal of the British Association for Dramatherapists, 17, 40-43.

Leahy, R. L., Balla, D., & Ziglen, E. (1982). Role taking, self image and imitativeness of mentally retarded individuals. American Journal of Mental Deficiency, 86, 372-379.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.

Marcus, H., Cross, S., & Wurf, E. (1990). The role of the self in competence. In R. J. Sternberg, & J. Kellingham Jn. (Eds.), Competence considered. (pp. 205-226). New Haven: Yale University Press.

Marineau, R. F. (1994). The cradles of Moreno's contributions. In P. Holmes & M. Karp (Eds.), Psychodrama: Inspiration and technique. (pp. 81-95.) London & New York: Tavistock/ Routledge.

Martin, S. (1981). Developmental drama for brain damaged children. In G. Schattner, & R. Courtney (Eds.), <u>Drama in therapy, volume one: Children.</u> (pp. 151-163). New York: Drama Book Specialists.

Meldrum, B. (1994). Historical background and overview of dramatherapy. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), <u>The handbook of dramatherapy</u> (pp. 12-28). London & New York: Routledge.

Mellard, D. F., & Hazel, S. J. (1992). Social competencies as a pathway to successful life transitions. <u>Learning Disabilities Quarterly, 15,</u> 251-269.

Meirovitz Waite, L. (1993). Dramatherapy in small groups with the developmentally disabled. <u>Social Work with Groups, 16,</u> 95-108.

Miles, M. B., & Huberman, A. M. (1994). <u>Qualitative data analysis</u>. Newbury Park: Sage Publications.

Mitchell, S. (1990). The theatre of Peter Brook as a model for dramatherapy. <u>Dramatherapy: Journal of the British Association for Dramatherapists, 13</u>, 13-17.

Mitchell, S. (1996). The ritual of individual dramatherapy. In Mitchell, S. (Ed.), <u>Dramatherapy: Clinical studies.</u> (pp. 71-91). London & Bristol: Jessica Kingsley.

Moreno, J. L. (1972). <u>Psychodrama: (Volume 1).</u> New York: Beacon House.

Morgan. D. (1975). Combining Orff-Schulwerk with creative dramatics for the retarded. <u>Therapeutic Recreation Journal, 9</u>, 54-56.

Morris, J. (1993). Prejudice. In J. Swain, V. Finkelstein, S. French, & M. Oliver (Eds.), Disabling barriers, enabling environments. (pp. 101-106). London: Sage.

Morrison, E., & Finkelstein, V. (1993). Broken arts and cultural repair: The role of culture in the empowerment of disabled people. In J. Swain, V. Finkelstein, S. French, & M. Oliver (Eds.), Disabling barriers, enabling environments. (pp. 122-129). London: Sage.

Mueller, H. H., & Wilgosh, L. (1991). Employment survival skills: frequency and seriousness of skill deficit occurrences for job loss. Canadian Journal of Rehabilitation, 4, 213-228.

Neufeldt, A. H., & Mathieson, R. (1995). Empirical dimensions of discrimination against disabled people. Health and Human Rights, 1, 174-190.

Nieswiadomy, R. M. (1993). Foundations of nursing research. (2nd ed.). Norwalk, CT: Appleton & Lange.

Oliver, M. (1993). Disability and dependency: A creation of industrial societies? In J. Swain, V. Finkelstein, S. French, & M. Oliver (Eds.), Disabling barriers, enabling environments. (pp. 49-61). London: Sage.

Patton, M.Q. (1990). Qualitative evaluation and research methods. (2nd ed.). Newbury Park, London, New Delhi: Sage Publications.

Pendzik, S. (1988). Drama therapy as a form of modern shamanism. Journal of Transpersonal Psychology, 20, 81-92.

Quin, B. J. (1993). Healing the healers: Psychodrama with therapists. In P. Holmes & M. Karp (Eds.), Psychodrama: Inspiration

and technique. (pp. 227-245). London & New York: Tavistock/Routledge.

Rees, L. M., Spreen, O., & Harnadek, M. (1991). Do attitudes towards people with handicaps really shift over time? Comparison between 1975 and 1988. Mental Retardation, 29, 81-86.

Richard, R. J. (1992). A descriptive analysis of two approaches to the use of drama with persons with disabilities. Dissertation Abstracts International, (University Microfilm No. AAC MM73696).

Rioux, M. H., & Bach, M. (1994). Disability is not measles: New research paradigms in disability. Ontario: Roeher Institute.

Rogers, C. R. (1980). A way of being. Massachusetts: Houghton Mifflin.

Ruffner, R. (1982). Image and identity: Marketing disabled in the media. Disabled USA, 4, 5.

Scheer, J., & Groce, N. (1988). Impairment as a human constant: Cross-cultural and historical perspectives on variation. Journal of Social Issues, 44, 23-37.

Shakespeare, W. King Lear. London: Penguin.

Sinson, J. C. (1993). Group homes and community integration of developmentally disabled people. London & Philadelphia: Jessica Kingsley.

Sophocles. (trans. 1990). Philocetes. (R. G. Ussher, Trans.). Warminster, England: Aris & Phillips.

Sprague, K. (1991). Everybody's a somebody: Action methods for young people with severe learning difficulties. In P. Holmes & M. Karp

(Eds.), Psychodrama: inspiration and technique. (pp. 33-53). London & New York: Tavistock/ Routledge.

Stewart, D., & Mickunas, A. (1990). Exploring phenomenology: A guide to the field and its literature. (2nd ed.). Athens: Ohio University Press.

Swain, J., Finkelstein, V., French, S., & Oliver, M. (1993). Disabling barriers, enabling environments. London: Sage.

Swink, D. F. (1985). Psychodramatic treatment for deaf people. American Annuals of the Deaf, 130, 272-277.

Tomlinson, R. (1982). Disability, theatre and education. London: Souvenir Press.

Tuttle, D. (1984). Self-esteem and adjusting with blindness. Charles C. Thomas: Illinois.

Warren, B. (1983). I have a name: Dramatic experience as a vehicle for personal creative expression. Connect, June, 1-3.

Warren, B. (1986). Dramatic change: The power of drama and theatre to reshape people's lives. Journal of Practical Approaches to Developmental Handicap, 10, 23-27.

Warren, B. (1988). Disability and social performance: Using drama to achieve successful "acts of being". Cambridge MA: Brookline Books.

Warren B. (1989). The hidden stage: Using drama to help teach the unspoken rules of social interaction. In R. I. Brown & M. Chazan (Eds.), Learning difficulties and emotional problems. Calgary, AB: Detselig Enterprises.

Warren, B. (1993a). Where the invisible becomes visible: theatrical space in a therapeutic context. <u>Dramatherapy: Journal of the British Association for Dramatherapists, 1,</u> 7-9.

Warren, B. (1993b). <u>Using the Creative Arts in Therapy.</u> (2nd ed.). London: Routledge.

Way, B. (1967). <u>Development through Drama.</u> London: Longman.

Wilshire, B. (1982). <u>Role playing and identity: The limits of theatre as metaphor.</u> Bloomington: Indiana University Press.

Wilson, C., Seaman, L., & Nettelbeck, T. (1996). Vulnerability to criminal exploitation: Influence of interpersonal competence differences among people with mental retardation. <u>Journal of Intellectual Research, 40,</u> 8- 16.

Wilson, L. (1977). Theory and practice of art therapy with the mentally retarded. <u>American Journal of Art Therapy, 16,</u> 87-91.

Winnicott, D. W. (1974). <u>Playing and reality.</u> Harmondsworth: Penguin.

Wolcott, H. F. (1994). <u>Transforming qualitative data.</u> Thousand Oaks: Sage Publications.

Wolfensberger, W. (1972). <u>The principal of normalisation in human services.</u> Toronto: National Institute in Human Services.

Yuker, H. E. (1987). Labels can hurt people with disabilities. <u>Et Cetera, 44,</u> 16-22.

Yuker, H. E. (1994). Variables that influence attitudes toward people with disabilities: Conclusions from the data. <u>Journal of Social Behaviour and Personality, 9,</u> 3-22.

APPENDIX A

Letter of Intent to Participants

Dear:

My name is Ruth Mathieson. I am a graduate student in the Department of Educational Psychology at the University of Calgary, conducting a research project under the supervision of Dr. Aldred Neufeldt, as part of the requirements towards a M.Sc. degree. I am writing to provide information regarding my research project 'Drama and Disability: A Phenomenological Study of an Integrated Theatre Experience' so that you can make an informed decision regarding your participation.

The purpose of my study is to examine what the experience of participating in drama means to you, why you started doing drama, and how it affects your life. You will be asked to discuss and develop vignettes with other participants which examine the theme of drama. The vignettes and the discussions will be videotaped and I will also make notes of what is happening. The study will take one and a half hours a week, during three sessions of 'Inside-Out' at the usual time each week. The vignettes, discussions and notes will be the data collected for my research.

You should be aware that even if you give your permission you are free to withdraw at any time for any reason and without penalty. Your withdrawal will NOT, in any way, affect your position as a member of 'Inside-Out'.

Participation in this study will involve no greater risks than those ordinarily occurring in the normal weekly sessions of 'Inside-Out'.

Data will be gathered in such a way as to ensure confidentiality. Only Ruth Mathieson, Dr. Neufeldt, Ruth Bieber-Schut and Val Weibe (all of whom, except Dr. Neufeldt, will be present during the data collection) will see the videotapes. No-one except myself and Dr. Neufeldt will read my field notes (the notes made during the group discussions and vignettes). Once collected, the data (videotapes and notes) will be kept in strictest confidence, inside a locked filing cabinet in my home. Only group results will be recorded in any published studies. In writing up the results, all names and identifying features will be changed. Each participant will be presented with a copy of the videotaped vignettes. However, all other raw data will be kept in a locked filing cabinet (in my home) and destroyed within two years after completion of the study.

If you have any questions, please feel free to contact Ruth Mathieson at 270-8345, Dr. Aldred Neufeldt at 220-7347, the Office of the Chair, Faculty of Education Joint Ethics Committee at 220-5626, or the Office of the Vice-President (Research) at 220-3381. Two copies of the consent form are provided. Please return one signed copy to me and retain the other copy for your records.

Thank you for your cooperation.
Sincerely,

Ruth Mathieson.

APPENDIX B

Research Consent Form for Participants

I, the undersigned, hereby give my consent to participate in a research project entitled 'Drama and Disability: A Phenomenological Study into an Integrated Theatre Project.'

I understand that such consent means that I will take part in discussing and developing vignettes which examine what drama means to me. This will involve approximately three research oriented sessions of 'Inside-Out' at the normal time each week. Each session will last approximately one and a half hours. In the research there will occur group discussions and the development of vignettes. In these, I will be videotaped along with other group participants.

I understand that participation in this study can be stopped at any time by my request or at the request of Ruth Mathieson. Participation in this project and/or withdrawal from this project will not adversely affect me in any way.

I understand that this study will not involve any greater risks than those ordinarily occurring in the normal weekly sessions of 'Inside-Out'.

I understand that the responses will be obtained within the normal drama group setting and kept in strictest confidence. I also understand that I and the other participants will be given a copy of the videotaped vignettes.

I understand that only group data will be reported in any published reports. Further, that all names and identifying features will be changed to ensure anonymity of the participants.

I have been given a copy of this consent form for my records. I understand that if I have any questions I can contact the Ruth Mathieson at 270-8345, Dr. Neufeldt (supervisor) at 220-7345, the Office of the Chair, Faculty of Education Joint Ethics Committee at 220-5626, or the Office of the Vice-President (Research) at 220-3381.

_____   _____
Date   (Signature)

_____
Participant's Printed Name

APPENDIX C

Letter of Intent to Participants' Legal Guardians

Dear Guardian:

My name is Ruth Mathieson. I am a graduate student in the Department of Educational Psychology at the University of Calgary and also a co-facilitator of the 'Inside-Out Integrated Theatre Project'. I am conducing a research project under the supervision of Dr. Aldred Neufeldt as part of the requirements for a M.Sc. degree. I am writing to provide information regarding my research project entitled 'Drama and Disability: A Phenomenological Study of an Integrated Theatre Project' so that you can make an informed decision regarding the participation of (name of participant).

The purpose of this study is to examine what participating in drama means for participants in 'Inside-Out', why they joined the drama group, and how it affects their life. (Name of participant) will be asked to discuss and develop vignettes with other participants which examine the theme of drama. The discussions and vignettes will be videotaped and I will make notes of what is happening. The study will take one and a half hours a week, during three sessions of 'Inside-Out' at the usual time each week. The vignettes, discussion and notes will be the data collected for my research.

You should be aware that even if you give your permission, (name of participant) is free to withdraw at any time, for any reason without penalty. Withdrawal from the research will in no way influence his/her position as a member of 'Inside-Out'.

Participation in this study will involve no greater risks than those ordinarily experienced in the normal weekly sessions of 'Inside-Out'.

Data will be gathered in such a way to ensure confidentiality. Only myself, my supervisor, Ruth Bieber-Schut and Val Weibe will see the videotapes (all of whom, except Dr. Neufeldt, will be present during data collection). No-one except myself and Dr. Neufeldt will read my field notes, made during the group discussions and vignettes. Once collected, the data (videotapes and notes) will be kept in strictest confidence, inside a locked filing cabinet in my home. Only group results will be reported in any published studies. In writing up the results, all names and identifying features will be changed. Each participant will be presented with a copy of the videotaped vignettes. However, all other raw data will be destroyed within two years after completion of the study.

If you have any questions, please feel free to contact Ruth Mathieson at 270-8345, Dr.Aldred Neufeldt at 220-7347, the Office of the Chair, Faculty of Joint Education Ethics Committee at 220-5626, or the Office of the Vice-President (Research) at 220-3381. Two copies of the consent from are provided. Please return one signed copy to myself by _____, and retain the other copy for your records.

Thank you for your cooperation.
Sincerely,

Ruth Mathieson

APPENDIX D

Research Consent Form for Participants' Legal Guardians

I/We, the undersigned, hereby give my/our consent for (participant's name) to participate in a research project entitled 'Drama and Disability: A Phenomenological Study of an Integrated Theatre Project'.

I/We understand that such consent means that (participant's name) will be involved in approximately three research oriented drama sessions, each of an hour and a half in duration during the normal weekly drama session, in which will occur group discussions and the development of vignettes, all of which will be videotaped.

I/We understand that participation in this study may be terminated at any time by my/our request, or that of the investigators. Participation in this project and/or withdrawal from this project will not affect my/our request or receipt of other services from 'Inside-Out'.

I/We understand that this study will not involve any greater risks than those ordinarily occurring in the normal weekly sessions of 'Inside-Out'.

I/We understand that the responses will be obtained within the normal drama group setting and all information will remain strictly confidential within that setting.

I/We understand that only group data will be reported in any published reports.

I/We understand that all raw data will be kept in locked file cabinets and destroyed within two years after publication of study results. I/We also understand that videotapes of the vignettes will be given to the participants of the group involved in the data collection.

I/We have been given a copy of this consent form for my (our) records. I/We understand that if at any time I have questions, I can contact Ruth Mathieson at 270-8345, Dr Neufeldt at 220-7347, the Office of the Chair, Faculty of Education Joint Ethics Committee, at 220-5626, or the Office of the Vice-President at 220-3381.

_____   _____
Signature of Guardian   Signature of Guardian

_____   _____
Date   Date

APPENDIX E

Contact Summary Sheet

1) What people, events, or situations were involved?

2) What were the main themes or issues in the contact?

3) Which research questions and which variables in the initial framework did the contact bear on most centrally?

4) What new hypotheses, speculations, or hunches about the field situations were suggested by the contact?

5) Where should the field-worker place most energy during the next contact, and what kinds of information should be sought?: