

**Can a Performance Raise Awareness About Aging and Autonomy?**

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**A Research Paper**

**In**

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## **Abstract**

### **Can a Performance Raise Awareness About Aging and Autonomy?**

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**The problem of lack of autonomy for older persons can lead to depression and seriously compromise mental health. Equitable services for older persons in supportive living institutions, including preventative mental health therapies, could improve quality of life, yet health care funding is limited and many continue to suffer. This research inquiry reports on a therapist's process as she worked directly with older persons in the field recording lived experience past and present in the context of the resident environment. These experiences were reconstructed to create a solo performance to raise awareness about aging, autonomy and mental health. Research was also conducted at The Rene Cassin Institute of Social Gerontology, Montreal, with clinicians and social workers to determine if the performance raised awareness about client autonomy related to mental health. The results of the inquiry are discussed in this report as well as applications for others in the creative arts therapies.**

## Acknowledgements

The content of this report offers a new approach for research and consciousness raising through the creative arts therapies and performance. Drama therapy methods used with older persons were actively embodied and shared with the health community. Gathering feedback responses “in the moment” offered new insight into the direct effects of a performance using drama therapy methods. For my audience, this was the first time they had experienced a performance in their health care setting.

I would like to acknowledge some of the people who contributed to this research inquiry. My Faculty Advisor Yehudit Silverman, was my inspiration. She encouraged me to take the first steps to begin this journey and guided my efforts throughout, offering invaluable critique on monologues, at rehearsals and editing advice on my research report. This was the second time I had an opportunity to work with Dr. Muriel Gold who inspired me to write and perform with her patient professionalism, offering expert critique as I worked my way through the creative process. Her good advice in rehearsals to “let the characters tell the story” guided me as I worked to construct the monologues. Muriel also helped in ensuring participants had their questionnaires and that they returned them and she assisted at our post performance discussion. Vivian Bacman was my Internship Supervisor at The Rene Cassin Institute in Montreal. She enthusiastically assisted with this research project helping with promotion within the institute, writing articles for the newsletter and gathering staff to help set up before and after the performance and discussion period. I would also like to acknowledge the clinicians who attended the performance and participated in the research as members of the audience.

I am grateful to the many gifted teachers who shared their expertise with me over my two years in Montreal. The women students in our programme enriched my experience by sharing their artistic talents and their friendship with me over the last two years. Without my family I could not have started out on this journey. I would like to acknowledge my husband Don, for supporting me in my decision to pursue my studies in Montreal. I thank my daughter Ashley and son Bryan and my mother and sister for their encouragement while I was away from home completing my M.A. I am deeply indebted to the clients I met over the past two years. I cannot thank them enough for telling their stories and sharing their lives so generously in order to help others.

*I have dedicated this work to three special women Doris, Connie and to my artist friend, Marion.*

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## Can a Performance Raise Awareness About Aging and Autonomy?

### **Synopsis**

This paper will discuss the process involved in researching and creating a performance to raise awareness about the issue of aging and autonomy. I will begin with a review of the literature that informed my inquiry, including writings on aging and autonomy, creative arts therapies approaches fostering autonomy and drama therapy work in therapeutic communities. In addition, I will discuss relevant literature on performance ethnography and participatory action research. A section on methodology and artistic inquiry will include a discussion based on the artistic research process. The methodology of the qualitative research component will include research results and will lead to a reflection on the original goals and possible limitations. The paper will conclude with a commentary on my own learning and a discussion of the usefulness of this inquiry for the creative arts therapies.

### **Introduction**

I had worked in foster homes and supportive living residences with economically disadvantaged older persons for two years as an intern drama therapist. I had experienced, first hand, that lack of autonomy contributed to stress and depression for many older clients. When informally surveyed, these men and women indicated lack of autonomy (compromised independence) was the issue that concerned them most about resident life.

Lack of autonomy here refers to the inability to make decisions about one's life, restrictions concerning personal freedoms (what to eat, when to eat, access to personal money, ineffective transportation services, issues around relocation). I also found that, on the whole, there were few resources available for older persons for preventative therapies which could help address their mental health issues.

Health Canada defines mental health as the following:

The capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality. The Canada Health Act sets as a primary objective of Canadian health care policy: "...to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers." (Health Canada, 2003).

Lack of autonomy, as it related environmentally to many older persons in low income supportive living residences, was a serious mental health issue that needed more consideration.

### **Research Goal**

A key question focused my research inquiry. Can a performance raise awareness about the issue of aging and autonomy? As a drama therapist I believed the best way for me to research this issue was to construct a performance reflecting my clients' stories. I had hoped to stage it on site at a health care organization and consult my audience concerning its effects.



I envisioned a performance that would take place for clinicians and social workers at The Rene Cassin Institute of Social Gerontology in Montreal. A questionnaire would be designed to gather research and feedback and to determine whether or not the performance had raised awareness about the issue of aging and autonomy. A secondary aim would be to learn whether or not the audience found a standard lecture or a performance more effective in conveying this message. A discussion would take place with the audience to reflect on the issues presented.

### **Literature Review**

Many sources informed this inquiry including literature on aging and autonomy, the creative arts therapies and gerontology, therapeutic theatre with special populations, performance ethnography and writings on the participatory action method in health research.

There are practitioners in the field who have worked with elders and have written about creative arts therapies and their effects on older persons related to client autonomy. Jules Weiss (1977) in the book, "Expressive Therapy with Elders and the Disabled", addresses elder autonomy arguing the need to be autonomous is fundamental for the older person particularly for the patient living in an institution, however, he proposes fear of failure or rejection may lead to a devastating feeling of powerlessness. Weis believes expressive therapy can counter shame by opening up previously unexplored channels of communication.

Expressive therapy is a flexible modality of therapy which can be used with a wide range of populations: the frail elderly (older persons) the bedridden patient, the disabled individual, and the senior citizen (elder). It is an excellent modality for those who have difficulty verbalizing or

expressing feelings, or who are unable to speak. This approach helps enable individuals to discover and understand themselves through their creative expressions. Expressive therapy is an active therapeutic approach oriented to meet the individuals changing and developing needs. This form of activity encourages self expression and understanding through the individual's relationship and communication with himself and others..... (p. xix)

“Waiting at the Gate, Creativity and Hope in the Nursing Home”, by Sandel and Johnson (1987) is one of the most comprehensive books written on creative arts therapies and work with older persons in nursing homes, and discusses at length movement and drama therapy methods including sections on therapeutic process. The book also outlines the role the creative arts therapies can have in helping to empower older clients in five important areas: “increasing orientation and activation, facilitating reminiscence, increasing self understanding and acceptance, developing meaningful interpersonal relationships and building communal spirit.” (pg. 9)

Sandel and Johnson (1987) view the creative arts therapies as life affirming for elders as each client, through art, is actively shaping his or her world in a participatory process.

Participation in creative arts therapies is an antidote to the dependency, passivity and death that waiting expresses. The creative arts therapies envision the client as an artist, a creator of his own self and life. The artwork, whether it be a painting, song, or dance, directly symbolizes the self-in-the-world and represents autonomy, activity and life. In creating the sound or movement or shape, the person has the opportunity to recapture elements of the self in the past and to create new images of the self in the present. (pg. 9)

Johnson's (1985) research with groups in nursing homes demonstrates how the creative arts therapies can foster some improved sense of autonomy by providing a safe

place for elders to freely express deep issues. In his therapeutic sessions residents participated in dramatic explorations including journeys into the unknown, burying and unburying and death motifs which inevitably led to direct discussions about the issues.

This approach is also supported in the postmodernist therapeutic view concerning healing and autonomy which advocates adults of any age can become their own personal “meaning makers” individually and collectively thereby restoring some sense of individual freedom. Ruben Schindler (1999) supports this notion in his article “Empowering the Aged A Postmodern Approach” and elaborates concerning the connection between postmodernism and creative therapeutic interventions.

While modernism compromised an aesthetic of purity, clarity, order and analytical abstraction, post-modernism tends toward elaboration, eclecticism, ornamentation and the notion of inclusiveness. Empowerment suggests a sense of mastery that enables the vulnerable to have a say over their lives. For the elderly, this is not often the case...the importance of individual narratives, stories and rituals (in therapy) is given greater emphasis thus placing a greater significance within the eye of the beholder who is the client...narratives enable us to come to terms with a difficult and often traumatic past. (p. 172)

The act of creation itself, affirms the older person as a purposeful being and in this way can foster a greater sense of mastery and enhanced autonomy. Although fictional clients were portrayed in my own performance as dealing with serious issues that affected their sense of autonomy, it was clear in audience feedback they were *not perceived as victims*. The fictional “clients” communicated their stories actively in dramatic revelations. They embodied their truths and were seen as vitally alive individuals witnessed in the act of creation. In this way the performance itself demonstrated for the audience how drama therapy in process can actively foster growth

and increased personal autonomy inspiring clients to *choose* to participate in creative action and tell their stories.

Reminiscence with elders and storymaking has been used effectively in performance in other projects, for example, Dr. Stephen Snow's (1986) theatrical outreach by the elderly (older persons) project which took place at the Wartburg Lutheran Home for the Aged. In this project, life stories were processed in small groups and eventually transformed into scenes which the older residents themselves performed and toured for schools, colleges, hospitals and rehabilitation centres. These performances also dealt with issues including jobs, marriage, the hardships of growing old and the human experience of war. In terms of client autonomy, aged actors found the experience itself empowering. Snow writes;

The essence of these performances is to allow the aging actor to reach out from his or her self to touch the hearts of the audience. Everything is directed towards making it possible for the performers to speak in their authentic voice and share true life experiences. When the play is taken on tour each performer is validated for his or her individual contribution and their unique perspective. In this way individuals are empowered in terms of their self esteem and identity.

(p. 6)

Moving out into the realm of performance and research for systemic change, in an article in "Current Approaches in Drama Therapy" (Lewis & Johnson, Eds. 2000) John Bergman (2000), of The Geese Theatre Company, has written extensively about building therapeutic communities within the prison culture. Geese Theatre was launched with a mission to use the arts to make changes in penitentiaries. In these interactive psychoeducational performances there is considerable emphasis on research

based study concerning the prison environment and the true nature of staff and inmate interactions.

Rather than using scripts and actors to raise awareness and change an audience of prison personnel, Bergman trains prison personnel by helping them to directly experience the truth of their environment involving them in active performance including role plays that reflect the realities of prison life. This approach could be compared to the *simultaneous dramaturgy* work done by Augusto Boal (1979) with the People's Theatre in Peru in which local residents from the barrio would propose scenes and help offer solutions to issues around poverty and illiteracy.

Unlike Snow, Bergman or Boal, in my own performance I did not use my community directly as actors, however, clients and clinicians participated directly in terms of my content and approach. Clients, for example, provided invaluable research material during actual sessions as they enacted reminiscences exploring relationships in family life which were used to inspire stories for my performance script.

In writings addressing new developments in cultural performance for social change, I am inspired by the work of Norman K. Denzin, recognized as one of the world's most distinguished authorities on qualitative research. He clearly establishes the connection between research inquiry, writing, narrative and performance ethnography in his recent book "Performance Ethnography Critical Pedagogy and the Politics of Culture" (2003). As a research and performance method, performance ethnography (ethnoperformance) seeks to raise cultural awareness, inspire dialogue and initiate political or systemic change. This method is considered a qualitative form of research aligned with

participatory action research. In keeping with my consciousness raising goals I would also describe my own performance as a qualitative approach comparable to ethnoperformance and aligned with participatory action research.

Denzin (2003) sees ethnoperformance as a method of cultural criticism and resistance reflected through the embodiment of social experience. He explains, “Performance is an act of intervention, a method of resistance, a form of criticism, a way of revealing agency. Performance becomes public pedagogy when it uses the aesthetic, the performative, to foreground the intersection of politics, institutional sites and embodied experience.” (p. 9)

In social culture performances of this type, the writer, researcher connects biographical experiences or epiphanies with social structure. The researcher wants to present existential moments so that the audience can experience the social dramas of everyday life.

A few of the characteristics of ethnoperformance, as proposed by Denzin (2003), will help frame this discussion;

No topic is taboo, including sexuality, sexual abuse, death or violence. These texts speak to ...persons who suffer from violence, rape and injustice. In these texts ethics, aesthetics, political praxis and epistemology are joined, every act of representation artistic or research is a political and ethical statement. Claims to truth and knowledge in these texts are assessed in terms of multiple criteria (they) give primacy to memory and its connections to concrete and lived experience, use dialogue and an ethics of personal responsibility that values beauty, spirituality and love of others, implement an emancipatory agenda committed to equality, freedom and social justice and participatory democratic practices, (they) emphasize community, collective action, solidarity and group empowerment. Ethnographers, performers, and social

researchers...are part of and spokespersons for local moral communities...with their own symbolism, mythology and storytelling traditions. (They) draw upon...popular culture forms...including music, songs, prayers, poems, plays, movies, photographs. These texts produced by artist researcher writers aim to speak to and represent the needs of particular communities. (pgs. 122-123)

In my own performance, “Remember Me for Birds”, stereotypes and taboos were challenged as Lillian, 76, shows she is a sensual being who believes masturbation is healthy at any age. She also breaks with tradition by playing a ditty on the mouth organ. “*The old grey mare she ain’t what she used to be!*” is a song many of us know by heart that has helped perpetrate a negative cultural ageist myth. Breaking the stereotype, she tells the audience the song is true. She is much *better* than she used to be!

The monologues I created for “Remember Me for Birds” were constructed to lend voice to older persons’ issues and included local stories in the context of the resident environment contrasted with events shaped by personal and cultural history. The traumatic experiences of the Holocaust, for example, shape “Dora’s” behaviour in the present context of resident life. She explains why she screams when the residential home “elevator” doors close telling her horrific story about being thrown into a cattle car and transported to the concentration camp. (McLean, 2003)

Dora:

“Why do you think I scream when the elevator doors close? Crazy?”

They threw us into cattle cars for *six* days without bread! They closed the doors...*(shows doors closing with hands)* We could not breathe!” (p. 7)

Each story told cries out for change. Questions arise. Why isn't there more psychotherapy for those suffering with depression? Why do residents have concerns about food? Why aren't there more programmes in place for those with developmental challenges? Why aren't transportation services more effective? Every revelation is a new call to action.

Participatory action research is also important in many performances for social change. In a study of participatory action research in health promotion by the B.C. Consortium for Health Promotion Research, (Green et. al., 1995) three common characteristics are cited as distinguishing this method. There is extensive collaboration between researcher and community. The method offers a reciprocal educational process between community and researcher, and there is emphasis on participation and taking action on the issue under study.

**How did I collaborate as a researcher and performer with my community to ensure I reflected their issues accurately?** I will define the immediate community first as the older clients in my therapy groups at the resident home. A second community included the professional community which supported my work, those professionals, social workers and clinicians with whom I associated as an intern drama therapist at the gerontology institute.

Early in the process I surveyed my clients informally to determine the issues most important to them. Autonomy was identified as the most important issue by the majority of my clients.



Mutual collaboration between researcher and communities is essential if the issues are to be reflected accurately. I also identified issues of particular importance to clinicians as I collected information while attending team meetings where case reviews were discussed.

**How did this performance act as a reciprocal educational process between community and researcher?** The older persons in the resident community provided information related to lack of autonomy. They told me their stories through participating in interviews and providing oral histories, by engaging in imaginative storymaking containing personal metaphor, by experiencing personal epiphanies and sharing deep insights with myself and others. My clients were aware they would be the inspiration for a performance and offered their stories willingly in order to help others. Through the research process, in session work, my older clients claimed they experienced some renewed sense of personal freedom as they expressed their feelings and “let the inside out”.

The larger community of seniors as a whole also benefits. I have continued this project with educational presentations and discussions with groups, bringing the issue of mental health and autonomy to the forefront with groups outside Quebec. Seniors continue to be active participants in the ongoing process offering feedback and participating in follow up discussions about the issues.

Results in audience feedback indicated the majority of clinicians in the health “community” studied experienced a change of attitude concerning older persons and

autonomy after witnessing the performance. It could be concluded that this performance was also enlightening and educational for clinicians with regard to the autonomy issue.

As the researcher and performer I too participated in a transformative process that has helped me embody the issues physically, mentally and spiritually increasing my own knowledge while deepening my empathy in the process.

**How does this performance project emphasize the need for participation and taking action on the issues presented?** In terms of participatory method, this research process began with a problem. The problem of lack of autonomy was defined by the community as critically important. I also sought to involve my community actively in creative and participatory experiences as stories were gathered which would be illuminated through performance.

Our arts based modality, drama therapy, is by nature a participatory process. Through a process of mutual trust and collaboration our groups become “communities”. Stories are built together in a participative circle. Most often the direction taken by our sessions is determined by the participants themselves as projection work transforms to become improvisation and improvisation leads to deeper inner explorations. In this method the decision to reveal personal issues is an autonomous action taken by the clients themselves and is never demanded or expected. My clients participated in the process by willingly sharing their stories, the stories that would become the adapted performance texts that would help place these social issues front and centre for audiences. In this way, the performance helped enliven the issues and dramatically illustrated the challenges affecting mental health and client autonomy for older persons. Results on the feedback

questionnaires following the performance demonstrated the majority of audience members experienced some change with regard to their attitudes about older persons and the issues around client autonomy. Video feedback of the discussion period after the performance confirmed audience members were moved by a renewed sense of awareness. This, is the *action* of personal self discovery.

Action can be personal action or the act of participating in a dialogue with colleagues about what can be done to improve conditions for older persons. For others, it may mean organizing a committee or joining a seniors' lobby group or demanding politicians clarify their positions on equitable mental health for all Canadians. I could feel a sense of unified purpose in the room as audience members discussed possible solutions such as joining lobby groups to help initiate change and others spoke about organizing to conduct fact finding research on aging, autonomy and mental health.

### **Methodology of Artistic Inquiry**

“Ethnoperformances are postmodern often building a type of narrative collage that critiques culture. Speakers can “leap forward and backward in time”, from present to past, presenting real news accounts against dramatic historic enactments of the past using poems, monologues, dialogues, voice-overs, and interior streams of consciousness.”  
Norman Denzin (2003, p. 87).

In my artistic inquiry I sought to create a solo performance which could give voice to the community and potentially raise awareness about aging and autonomy. As in performance ethnography, I too had hoped to critically perform culture breaking existing taboos and stereotypes. I wanted to reflect the culture in a provocative text grounded in real life happenings, to create a performance that might result in a *participative* dialogue and raise awareness about inequities compromising individual freedom and autonomy. My clients would actively participate in my process sharing stories which would be

reconstructed. I would create four characters to tell those stories. Myth, metaphor and oral histories would be juxtaposed with topical issues to create a performance that would educate by illuminating the individuals in a new light, the issues in a contemporary and meaningful context.

Like the ethnographer, I began my process as a researcher immersing myself within the context of my clients' environment participating fully in resident life. I conducted research interviews in one room apartments, met the technician who brought in the oxygen tanks, travelled down the elevators, got to know the superintendent and the food services staff, joined a table at a Chanukah party and sat in the lobby with clients talking about missed friends and family. In our therapy room I listened and watched intently as clients acted out their powerful stories of entrapment and survival.

The research information I gathered, much of it from working directly in the field, became the performance texts I used in my monologues which were reconstructed to reflect the real life issues affecting autonomy and mental health for older persons in supportive living institutions. These issues included lack of reliable transportation, food and food quality, diagnostic labeling, elder abuse and past trauma, lack of programming for older developmentally challenged residents, among others.

What follows is a brief description of my own *personal* artistic process using examples from the performance to illustrate. To explain aspects of my process, I will begin with a focus on collage and move to story content related to character development for two fictional client monologues, "Eddie" and "Dora".

The importance of the collage in my process affected both promotion and thematic development. The performance poster featured a collage and was originally used to attract audience members at the institute to the performance and was largely responsible for initially generating interest in my research inquiry. It was clearly postmodernist in style reflecting, at the outset, my position and creative approach. The representations suggested a fragmented (torn) system alienating the young from the old, the birds (a symbol commonly used in gerontology literature) were shown caged within the words “Aging Population”.

I created a floor collage which started as a few newspaper articles and photographs and was built over time to include client photos, line drawings of clients, client stories, case studies and transcripts, historical accounts, ditties and songs about growing old, significant objects such as spoons and bowls, resident dinner menus and statistical graphs.

The collage became the central ground, a creative multi-dimensional construction, where I distilled and assimilated materials identifying authentic autonomy issues of importance, among them, transportation, food, support in crisis, sexual freedom, diagnostic labeling, effects of past traumas, environmental triggering, elder abuse and relocations. I used the collage to develop themes which I placed in bold lettering across articles and photographs. I would at times contrast issue with issue, historic accounts with newspaper articles seeking patterns repeated in events past and present.

To explain how these issues were embodied I will discuss briefly some of my approaches following research and development for the character “Eddie” (not his real

name). The character “Eddie” was based on a real person who had been one of my clients, aged 78, who was suffering from chronic depression.

Eddie’s monologue was constructed based on research from an oral history I gathered at the residence over four one on one taped interview sessions in his apartment, each interview about two hours long. It was clear my client’s main frustrations centered on issues of autonomy such as concerns about food, transportation and particularly his regrets about being unable to drive.

I edited the transcript, focusing on actual experiences particularly those where feelings surfaced related to autonomy. (McLean, 2003)

Eddie:

“Yeah... I always had my cars. (symbol of freedom) I could take off when I wanted, I used to pick up, I used to do. I never said no. Without my car I feel like I’m stuck here sitting like an idiot! And I never thought this would be the end of the road.” (road, metaphor for freedom , slams his hand down on the walker a symbol of entrapment) (p.. 6)

I listened many times to my client’s tape recorded voice while writing and taking notes, paying close attention to his voice changes, particularly during times that moved him most deeply. I began to read the transcript to embody the emotional feelings behind his words and particular nuances such as pauses and figures of speech.

Although I did not use the entire transcript, in editing the essential “voice” remained. I heightened dramatic moments by introducing both metaphor and symbol (example, walker), objects that my client himself brought to the interview. In this way, the character remains authentic and enters the liminal realm of story and myth, his deepest

feelings embodied through performance. Heightening empathy while increasing audience awareness, “Eddie” projects his truth and his story is representative of real concerns existing in the residential culture, concerns drawn from *lived* experience. In the script segment he authentically portrays the challenges he experienced around an important social and systemic issue, that of unreliable transportation services and dramatically embodies effects on autonomy and how these restrictions contribute to compromised mental health.

As Denzin explains social change performances can be helpful in raising consciousness about issues concerning policy makers and health care recipients. “Grounded in local understanding and experiences, these texts provide the basis for the critical evaluation of existing programs. They return the ownership of programs to immediate stakeholders (and)...focus on crises and moments of epiphany in the culture.” (p. 83)

I also included a Holocaust survivor in the performance as this issue was of critical importance to my Jewish clients within the community and to the health workers who cared for them. Autonomy and survival were vital themes in this portrayal. Recent newspaper articles at the time were reporting aged survivors living in institutions continued to struggle with memories of the past.

There was no “real” client Dora. Dora was a “compilation” character based on several Holocaust survivors I had met over my two years as a therapist in Montreal. I also used actual published witness accounts to reflect on past history juxtaposing camp experiences with actual news stories about elder abuse in the city and unethical

marketing schemes. Dora explains to the audience why she is so fearful and why she will not let anyone answer her door. (This can be a particular problem for social workers who may want to legitimately enter an apartment to offer assistance to a client).

Dora:

“Stealing, thieves. They call me every day. They say I want to help you clean your carpets. I want to help you fix your windows. I read in the Suburban newspaper they say, they are janitors or they are cleaning your furniture, they poison your food, give you drugs, you pass out and they steal everything! I don’t answer the door to no one!” (p 7)

In this speech past suffering is critically juxtaposed on current events one situation mirroring the other. Behaviour sometimes labeled as “paranoid” is embodied in a revealing new context.

## **Methodology of Qualitative Research Component, Questionnaire & Findings**

### **a.) Questionnaire**

It was important to work collaboratively with the health care community in order to conduct this research inquiry. Social workers assisted in promoting the performance and notifying staff about the research in newsletters and on flyers. Space was reserved and ample time set aside so that staff could fully participate in the process. I created a poster which indicated participants would be involved in feedback and discussion to help prepare my audience to participate in the dialogue and feedback session.

In order to measure change, I selected a questionnaire as my method of data gathering as it could record results immediately and effectively. It was also convenient to administer before the show and after the show.



Before the performance began, audience members were asked to fill out a questionnaire which asked two questions. What are your current feelings about autonomy as it relates to older persons? What is your perception about the difference between attending a dramatic performance about a social issue or a lecture for example?

Immediately after the performance audience members were asked to fill out a second questionnaire which asked two more questions. After seeing this dramatic performance has your understanding of autonomy as it relates to the personal experiences of older persons changed in any way? Working in the health field, what is your personal response to being presented this issue as a dramatic performance rather than a lecture, for example?

The second question was a subsidiary question, only, and concerned the effectiveness of using performance to inform and communicate with this audience rather than the standard lecture typically used in health care and educational settings. I had been informed by social workers that my audience had never experienced a performance of this kind within the context of their health care setting. The standard method of presenting health information was frequently in a lecture format with transparencies. Although educational, the lecture relies primarily on verbal delivery. It is frequently theory based and intellectual, the delivery commonly *non-participative* and it tells rather than shows with the focus on delivering information rather than conveying emotion.

In keeping with my goal, I had hoped to raise awareness using a form of communication that would be participative and would educate clinicians in such a way that it would inform while having emotional impact. The performance involved many

elements; visual, emotional, physical and spiritual and could convey lived experience with greater *authenticity*. I believed a performance was a more collaborative form of communication with audience and performer involved in an active relationship.

### **b.) Findings**

On April 22, 2003 in the lecture hall, on the 6<sup>th</sup> floor on the Rene Cassin Institute of Social Gerontology, 30 social workers, clinicians and researchers attended “*Remember Me for Birds*” a Performance about Aging, Mental Health, Autonomy and Change.

Of the 30 people who attended the performance, 25 people responded to the research questionnaires. The majority who responded were social workers. All but 5 respondents indicated they had, in fact, experienced some change in terms of understanding client autonomy as a direct result of this performance. The five who indicated they did not experience change, on the whole, stated the performance did reflect accurately their own experience and what they know and they felt it validated their clients’ experience.

Questions on lecture vs. performance indicated all but 3 responded more favourably to a performance as compared to a lecture which substantiates the strategy to select performance as a useful form of communication for health care workers to educate and help raise awareness. The three in question indicated both forms of communication had merits.

### **How Original and Emergent Goals Were Met and Limitations**

To summarize, I wanted to discover if doing a solo performance for health care workers could raise awareness about aging and autonomy as it related to the mental

health of older persons. Results of the feedback questionnaire indicated the majority of audience members did experience change in terms of attitude as a direct result of the performance.

I have discovered that doing this performance has raised awareness about autonomy for older persons, and, further, that particular audience members found the performance had lasting impact and increased their learning. I present a sample of the feedback results below;

“Highlights the essence of a human being which remains throughout the years. These people are calling out for help and understanding. The performance zeros in on the deepest emotions and allows the viewer to gain a deep understanding of the person’s pain, joy. Through drama, barriers to understanding are broken down.” Social Worker

“The quality of autonomy was given “life”. Despite over 20 years working in the field of gerontology, this performance embraced the very basics of life that those younger take for granted. This was a “window to their souls”. Excellent! Should be presented for incoming social workers and could be used for orientation. A lasting impact!” Coordinator Mental Health 60+ Programme.

I discovered the majority of audience members found the performance format preferable to a lecture in that it could move an audience emotionally. Comments in feedback suggested this performance was more powerful, a better way of presenting the information than a lecture. Others found the performance highlighted, more vividly, the fact every one is an individual and that it moved them more than a lecture. In terms of education, one social worker described her experience as follows; “The vivid expression

(performance) helps one to empathize and to relate more humanely to the person as opposed to treating the issue as another body of knowledge.”

### **Limitations**

How does the researcher pay attention to validity in dramatizing social issues? Some would argue that using character compilations, for example, to reflect a person or persons within a culture, or drawing on historic events or topical news reports within a dramatized “client” narrative, might lack authenticity raising the debate around the issue of verisimilitude.

Validity in cultural performance *can* be checked as one works diligently to collect field notes and conduct interviews that accurately record individuals’ life stories. It is also important to “check in” with one’s community seeking feedback when possible, to confirm that the representations of people and issues are presented authentically. How often does a researcher as a performer have an opportunity “in the moment” as I did, to reflect with his or her audience about the issues which were portrayed, or to actually ask which forms of communication moved them with the most effectiveness?

This particular research inquiry offered me the unique opportunity to participate in a dialogue with clinicians and older persons. In feedback, their views have verified that the characters and the issues had been portrayed accurately reflecting “lived experience”. They have confirmed that this was a performance about people they knew, reflecting individuals much like their clients, friends and family members.

A preview performance held on April 22, 2003 in the creative arts therapies studio for students and faculty was also an important opportunity to gain audience responses.

Comments indicated “clients” were projected as “real people” rather than “perfect people”.

In this performance, an audience of clinicians had an opportunity to witness drama therapy approaches in action, as methods such as storytelling, movement and dance, embodiment, role play and ritual, were demonstrated. Demonstrating clinical drama therapy methods also increased the validity of the work itself contributing to awareness, understanding and education. One social worker commented, “This work gave me a completely new perspective. That therapy was even possible with (older persons) ...some think (older persons) have no insight, they are incapable of change but if we begin with this premise we have a real chance to enrich lives!”

Other feedback was important as I worked to reflect the “truth” through fictionalized characters. I had the privilege of working with a qualified team of professionals including Yehudit Silverman RDT, my Faculty Advisor, and Dr. Muriel Gold who directed the performance. Yehudit had been my practicum supervisor over my two years and we met regularly to discuss my casework and ongoing story development. She was a constant source of inspiration and encouragement during the process and offered valuable critique. Muriel Gold, formerly, Artistic Director of the Saidye Bronfman Centre Theatre in Montreal, directed the performance. A seasoned and respected director, with an expert’s eye for accuracy, she contributed greatly to the authenticity of the portrayals as “lived experience” from past to present was projected through multi-dimensional characters.

This has been an invigorating and hopeful inquiry which has clearly demonstrated that a performance *can* help raise awareness about the issue of autonomy for older persons. The energetic dialogue with the audience after the performance soon turned to the issue of social action. In retrospect, after conducting this inquiry and raising a new awareness about mental health, aging and autonomy, clinicians might have been guided to work toward change with concrete suggestions of advocacy or lobby groups to contact. Media, letter writing strategies etc. may have helped carry the momentum even further, out into the political sphere. Given a much longer timeline, staff and adequate funding, it is possible that action groups might have evolved, over time, fact finding about the issues presented in the performance, lobbying for improved transportation, etc.

### **Usefulness of Inquiry to Self and Creative Arts Therapies**

This performance based inquiry was a new contribution in terms of the M.A. drama therapy option at Concordia and I hope it will encourage others to set out on their own investigations into performance and change.

I believe I am a more sensitive therapist today as I have had an opportunity to listen to my clients' stories and embody their feelings through performance. I learned too that there was something of myself and my own past in every character I portrayed and each theme that surfaced. What I found interesting was how we connected at precisely the time that our stories needed to be told. I have in this ending begun my own personal narrative, the piece of the collage that will complete the *next* story.

## **Conclusion**

For the creative arts therapist, I believe performance offers unique opportunities for embodiment and role work that can help us understand our clients more deeply physically, mentally and spiritually.

Drama therapists interested in new forms of performance are in a unique position today to help their clients experience improved quality of life within the institution. As practitioners, we can work from the inside as creative arts therapists helping people experience a sense of mastery and empowerment through the methods we share in our circles. We can listen to the heartfelt stories of men and women, oppressed, and we can carry their stories out into new centres of influence and change lives in the process.

Outside our circle, we can study the institutions and the conditions that shape our clients' experience and share those other stories actively and passionately, as educators and performers for change. These are the stories people today need to hear. This is another kind of consciousness raising research that has a place and a cause in mental health work, violence prevention programmes, children and abuse work and labour relations.

I will be sharing our drama therapy work and this research with organizations in Canada and the U.S. I will be presenting this drama therapy research and performance at The Canadian Counselling Association national conference 2004 in Winnipeg, Manitoba. The abstract, "Can A Performance Raise Awareness About Aging and Autonomy?" and performance "Remember Me for Birds" was selected by The National Association of

Drama Therapy to be a featured presentation at the national conference to be held in August in Newport, Rhode Island.

In the last scene of “Remember Me for Birds” Mary opens up the window. “If I could do anything,” she says, “I would open up the window and let the light in!”

I may have opened a window in this inquiry by raising awareness about autonomy and mental health. I know I will continue to seek answers to questions and to work for change as a researcher, a therapist, and a novice performer of social culture. I will do it because I am a drama therapist. And I know one person’s story can make a difference. In closing, I would like to share a quote from a researcher on elder abuse who was a member of the audience and worked at the gerontology institute...a man who talked about change. He came to the performance that day because he was curious.

“There is a paternalism with regard to the elderly. This often results in their autonomy being assumed to be less than it is or taken away against their will. I learned I am inappropriately detached from people. I came. I attended because I was curious and I am glad I came. I learned about others but it (the performance) taught me about myself.”                      Researcher, Elder Abuse

END.



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