

**The Utilization of Performative Inquiry as a Learning Tool within Drama Therapy**

**Angel Bilagot**

**A Research Paper**

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**of**

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**Abstract**  
**The Utilization of Performative Inquiry as a Learning Tool within Drama Therapy**  
**Angel Bilagot**

This study was instigated by a research class presentation - a performance displaying and explicating my therapeutic process with one particular client. My research has evolved beyond the concept of performance as explanation to performance as a site of learning. In this arts-based research, I intentionally utilize all aspects of a performance to engage in the potential for increased learning in order to heighten my understanding of one specific therapeutic process.

The process of learning in this study strictly follows the methodology of Performative Inquiry. This is defined as a “(re)search methodology that recognizes explores honors the absences, journey-landscapes, and space-moments of learning realized through performance” (Fels, 1999, p.30). Through the action and interaction of all aspects of a performance, the unknown is played into recognition and learning can occur.

This report details my subjective process of applying Performative Inquiry as a learning tool to the modality of Drama Therapy. Additionally, it intends to clearly define Performative Inquiry and it’s relevance to Drama Therapy. My aim for this research is to highlight the validity and generalizability of Performative Inquiry, specifically, in relation to Drama Therapy.

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**NOTE: A video recording of the performance is available in the Concordia University library for viewing.**

## Introduction

*A classroom in a Canadian elementary school. The room has been converted into a staff lunch room and temporarily converted into a therapy space. It is an irregular shaped room with a desk and a shelf haphazardly placed in what is deemed as the corner. One octagonal table sits in the middle of the room. A brown plaid suitcase sits open at the edge of the table. It is overflowing with small props, soft puppets, art materials, plastic musical instruments and various sheets of fabric.*

*It is the middle of the day. A young woman waits in the room tentatively, keeping a close eye on the clock.*

And so it began, my second year, my second practicum site. Only this time I was alone, there was no co-therapist, let alone any other Drama Therapist. I felt nervous and excited; unsure of my skill level yet extremely passionate about my work. I was working within a child psychiatric unit with children referred to the program due to emotional and behavioral difficulties. So far that day, I had led two group therapy sessions. I only needed to call for help once.

I went to meet my next client. Once in the converted space, my client began to devour the contents of my Drama Therapy suitcase. I watched with openness as he began to march gleefully around the table, testing each musical instrument I had. Loud and strong the plastic notes screamed into the air. Round and round the table he went and I followed him.

*It is only in these moments when I pause from life to write in hindsight, that I can realize what began in those first moments.*

I followed him throughout the entire therapy process. Together we played each scenario that he could imagine, some lasting longer than others. As we moved, slid, jumped and ran through the imaginary worlds, I slowly began to realize something. I was feeling. I was attuned to the play and feeling it right through my body. Waves of

exhaustion, heaps of overwhelming hopelessness, giggles of enjoyment, ravenous excitement of hunger--and the worlds continued, bringing forth more.

*Is it me? Is it him? Is it the process?*

Unsure of what it meant, I continued to log my feelings in my own process notes.

**AHA!**

My very own “aha” moment weaved through my brain with wonderment, joyously and provokingly.

In the beginning of this Practicum, I decided to try new methods in order to allow myself to find my own style and way of working. With this particular client, I choose to not read the client’s medical file prior to meeting him. I wanted to be open to any and all information that the client offered, void of previous notions. In reviewing my process notes, I found that my somatic reactions emphasized or instigated my thoughts and inferences in relation to the client. I wrote about how particular actions within the play seemed as though he couldn’t stop himself from doing it, as though he felt compelled to complete the action. In this particular scenario of the play, we would often switch roles. This would allow both me and my client to play the main character. However, when I was the main character he would direct the play. In the way the client directed my every move, creating the feeling of having to complete the action in a certain fashion; this also emphasized the feeling of compulsion. After several sessions of getting to know the client, I decided to open his file. I soon discovered that the very actions in the therapy

that felt like compulsions to me were in fact obsessive compulsive behaviors that my client had displayed and struggled with earlier in his real life.

**AHA!**

Was I learning about my client through my own feelings? Did my somatic reactions actually mean something?

I wanted to learn more.

I wanted to find out more about my feelings and reactions--what is it called, how did it happen, what did it mean? But not in words. I wanted to take the sum of all the feelings and reactions that I experienced within the therapy and create a performance based solely on this. This performance would be the site of learning. I wanted to put myself in the shoes of the client, of the therapist, of the process, somatically connect to them, and, climatically, gain insight about them.

I churned and sifted through terms and methodologies, hoping to find a method that allowed me to do this. Research proposal submission dates passed me by. Attempted research proposals were thrown by the way side. Yet it was not until months into the research that I happened to fall upon "Performative Inquiry." Immediately, this methodology resonated within me. It was exactly what I had been looking for--the utilization of a performance to explore, question and begin to construct meaning.

Performance as a learning tool. It was so clear! In so many ways! The use of the body to understand a bodily reaction. YES! Utilizing the tool (drama) for myself that I find so beneficial for my clients. YES!



As my final proposal was accepted with mixed reviews, I began to explore and identify all the reactions I experienced in the therapy. Like a dramatic detective, I began my search for meaning.

### **Literature Review**

Performative Inquiry is defined as a “(re)search methodology that recognizes explores honors the absences, journey-landscapes, and space-moments of learning realized through performance” (Fels, 1999, p.30). It is the exploration of the interaction between actor(s) and audience in a specific time, place and moment within in a performance that invites the “not yet known to be realized and recognized” (Fels, 1999, p.26). As each actor and audience member engages in this process intended for learning, they carry with them their own world of experiences. It is the meeting of these multiple individuals and multiple worlds within a performance (existing in reality and fantasy) that allows for “knowing doing being creating” of new knowledge. Performative Inquiry is “an interplay of inquiry and performance which realizes co-evolving worlds through an interpretive ecological co-emergence in which the spelling of possible new worlds may be realized” (Fels, 1999, pp.41-42).

Fels (1999) defines the researcher-participant as “an adventurer, a facilitator, an experimenter, a catalyst who invites encourages dares exploration through the laying down of possible new worlds” (Fels, p.37). The tools that the researcher-participant uses is “our bodies, our minds, our imaginations, our experiences, our feelings, our memories, our biases, our judgments and prejudgments, our hopes and our desires--simply, our very being, becoming” (Fels, 1999, p.33). The quest for knowledge is then understood as an active subjective process. The actions and interactions of the performance are explored as

well as the absences, the gaps, the silences between. Through the utilization of a performance, these moments are danced into being “and in the colliding moments of realization-recognition, our knowing being doing creating is shared and celebrated” (Fels, 1999, p.43).

The initial documentation of Fels’ research began in the year 1995. Fels did not strictly begin with Performative Inquiry but rather began with an article that challenged the position of art within the curriculum and what that meant in regards to learning. Fels began to critically assess the common belief of how learning occurred in the classroom. Feeling unsatisfied with current theorems, Fels began to research enactivism and drama in education, initiating a definition of learning and the process of learning in her own terms. Her personal theory evolved and this initial article was then followed by a second article that began to detail a definition of Performative Inquiry. This article (Fels, 1998) poetically explored the concept of learning through performance. As a professor, Fels was discovering the multitude of learning possibilities that occurred for herself and her students through the utilization of a performance. By the year 2002, Fels had integrated this methodology as a learning tool inside the classroom. Fels (2002) proposed that Performative Inquiry highlights the unique identities of each student, allows the students to engage in more realistic linguistic exchanges, and also allows for intercultural interaction, recognitions and possible negotiations to occur. Fels & McGivern (2002) also utilized the method of Performative Inquiry as a means to empower the students in their learning process. By opening and inviting the students into a space to co-create and explore, it increases the potential for group collaboration, allowing each individual’s unique ability to be realized.

Since its conception, Performative Inquiry has been utilized to aid the learning process through creative means, primarily within the Educational system. It has extended beyond the original use within the classroom and has been applied as a research methodology for various Master's theses. Giard (2000) utilized the theory of Performative Inquiry and applied it to the creative modality of dance. Just as Fels (1995) believes that drama should be an integral part of the educational curriculum as it enhances the construction of knowledge, Giard (2000) emphasized the same concept, however instead of drama, she specified dance. Through her alignment with Performative Inquiry, Giard (2000) endeavored to find recognition for arts-based processes, both in education and research. Beare (2002) utilized Performative Inquiry as his Masters Thesis methodology. Beare intended to explore and increase his understanding as to how co-creating plays with his students affects their development. Initially, he experienced and observed his own process of co-creating the plays with his students and, then, explored this phenomenon further through his own creative process. Braundy (2005), motivated by her own experience as a trades worker and a woman, began to explore the experience of men and women working side by side in the Trades and Technology field. Braundy used a performance to aid in her exploration of the male resistance to female trades workers and proposed that this method can facilitate new knowledge surrounding this social reality. As a Master's thesis in Education, Belliveau (2006) and his research team sought to examine the learning that occurred through co-creating a play regarding anti-bullying. In this instance, Performative Inquiry was used to further research the meaning of bullying as well as explore the experience of creating a play about bullying.

Whether it is utilized in the classroom or academic writings, Performative Inquiry recognizes the importance of learning through a lived experience within performance.

### **Discussion of Method and Implementation**

Fels (1998) outlines three major parts within the methodology of Performative Inquiry. The first being *the catalyst*. This is the phenomenon that instigates the research. This can range from a question to an event. It is simply something that sparks the researchers' interest to know more. Secondly, there is *the journey*. This is the performance through which data is gathered. The performance is based on the phenomenon of interest. Through this living experience, new information is gathered in relation to the phenomenon. All aspects of the performance, the conception, the rehearsals and the performance, are included in the data gathering. Finally, the third part of this methodology is termed *the map*. Following the performance, both actor and audience are invited to respond to the performance by any means available. This could range from drawings and discussions to role play and body sculptures. The data gathered throughout the process of the performance, plus the feedback, are compiled and set down into a clear cut format.

**Note: The Researcher, Therapist and Performer are one in the same.**

#### **The Catalyst**

My second year practicum was located at a local agency that offers a program specifically designed for children who require intensive treatment for emotional and behavioral difficulties both in the community and also in the home. The program consists of a psychological assessment, individual and family therapy, social skills training, educational services, art therapy, drama therapy and occupational therapy.

This particular research was instigated by one client seen in individual Drama Therapy within this program. The client was an eight year old Canadian male with a small physical frame consistently wearing two hearing aids. He is the only child of his now divorced parents and lives between his grandparents', mothers' and fathers' home. This eight year old male client was admitted to the program due to behavioral problems, aggression and difficulties relating to his deafness. Within the parental behavioral evaluation, both evaluations listed several examples of the client's behaviors of concern. At the time of this evaluation, it was stated that the client exhibits an insecurity which can be evidenced by his anxiousness, nervousness, complaints of a lack of love, repetitive claims of a love for the mother, tendency for jealousy and his need to be near adults or older children. Disruptive behaviors included stubbornness, destruction, impulsivity, sudden change of moods and cruelty. The client also exhibited low concentration ability as he was often unable to sit still, finish tasks and was stated to often "daydream". Curious behaviors that occurred were his obsession with toilets, picking of his own skin and nose, eating beyond the state of fullness, and the need to smell and taste objects.

The Achenbach Child Behaviour Checklist for ages 6-18 (2001) stated similar findings. The client tested within the clinical range for social problems, anxiety problems, aggressive behaviors, oppositional defiant problems, attention deficit problems, and conduct problems. When assessed by the agency team, it is believed that the client struggled with the following: Mixed Receptive-Expressive Language Disorder, ADHD combined type, Learning Disorder NOS, Delayed Developmental Coordination, Obsessive Compulsive Disorder, Tympanosclerosis and moderate stressors.

As outlined in the Drama Therapy Supervisory Policies and Procedures Handbook (Creative Art Therapies Department, 2003), I remained working within this agency for the duration of one school year. The eight year old male client was seen in Individual Drama Therapy from September 2005 to April 2006. From the initial stage of the therapy the process was entirely *embodied play*. Each session comprised of make believe scenarios in which myself and the client were the main characters/players. Due to the complete immersion of my body and mind in the sessions, I believe I was beginning to understand the client through my own body and mind reactions to the play. I felt that these reactions within the therapeutic sessions directly related to the material given by the client. Therefore, the connection between awareness of the body and mind reactions in relation to the client and the perceived increase of understanding of the client is the catalyst for this particular research.

### **The Journey**

Once the research proposal had been accepted, I immediately began meeting with a professional dance choreographer to work on the theatrical movement based performance. Initially, the meetings were completely verbal due to the fact each party wanted to ensure they were working towards the same goal. I also began to keep a journal detailing each step of the process. After several meetings, the rehearsals began. Ensuring confidentiality of the client, process notes from the therapeutic sessions were distilled and made into a physical time line. The physical time line was made up of various sheets of Bristol board spanning one wall. On it was one long line separated into twenty one units – the total number of Drama Therapy sessions that I had with my client. In each unit, important parts of that particular session were identified as well as feelings and thoughts

that surrounded the session. This was done for various reasons: to ensure there was a visual concept of what the performance was based on; to maintain the order of the sessions and client development; to highlight the themes that occurred within the therapy; to portray all of the feelings that coincided with the sessions both by the therapist and client and, finally, to provide a place to add thoughts, feelings and/or questions that occurred in the rehearsals in relation to particular moments of therapy.

While observing the physical time line, the choreographer interviewed me, hoping to articulate and decipher key moments of the therapy. Following this, the choreographer and I began to brainstorm movement for the performance. It is interesting to note, both I and the choreographer had several identical ideas as to how we wanted to portray certain themes and feelings. From the physical time line, the choreographer and I co-created a performance to represent the spectrum of feelings encountered and perceived within this particular therapy. Although an outline was created for each step of the performance, there was a conscious choice to leave room for improvisation in order to keep the performance new and open to all the possibilities of learning, learning which extends beyond the completed practicum experience.

The time line and the outline of the performance remained displayed on the wall, however after their initial uses, they were rarely referred to. The rehearsals had evolved into dramatic enactment and movement. The rehearsals ranged from complete dry runs of the performance to repetitions of single movements to ensure accuracy. The choreographer also digitally recorded a rehearsal of the performance to allow for increased learning and to add a different view of the performance. In the final week, the performance was rehearsed in front of the researcher's supervisor and fellow students.

The performance was approximately fifteen minutes in length and took place at a local dance studio. Friends and colleagues were invited to attend and be engaged. The stage was set with one large black box in the centre and the audience encircled three quarters of the way around. Originally, the performance was set to be completely surrounded by the audience in a circle. However, due to the size and configuration of the studio, the completely mirrored wall was used to simulate the missing piece (one quarter) of the circle. Simple strings hung from the ceiling which would slowly evolve into a plate installation piece. This was used to symbolize the materials and themes worked with in the therapeutic sessions. The performance mirrored the organic nature of the therapy, using mainly the body as characters and play objects. Words and sounds were minimal as the movement of the body was the main form of communication and learning tool.

*NOTE: A video recording of the performance is available for viewing in the Concordia University library.*

### **The Map**

Following the performance, audience members were invited to respond to the performance by any means they wished. The majority of the audience chose to draw or write in response to the performance. One audience member chose a movement piece as well as a visual art response. I chose to write a response in the journal I kept throughout the research process. Once all the drawings and writings were collected, common themes were organized into groups. I analyzed each theme, ensuring that no word, thought, feeling, or inference was missed. The detailed themes were then connected back to the therapeutic process of the male client.



## Findings

During the process of therapy, several themes for this particular client were observed and identified. From these themes, two main goals within Drama Therapy were then articulated. The client often played with polar opposites such as *life and death*, *destruction and salvation*, and *experiencing total control and a lack of control*. The goal in relation to this theme was to *increase a sense of balance between such opposites*. If the client sensed a balance in his inner emotional state, perhaps this could be translated into his real life and the way in which he interacts with the world. Secondly, the client consistently worked with the theme of defining what *appropriate play* is and how to *play with another*. Initially, the client played with the therapist as though the therapist was a “play object”, which evolved into a “playmate” and, finally, the therapist became the “one who watches the play and player”. The goal in relation to this theme was to follow the client and allow him move through the play exploring and developing his own understanding of play. I felt that bringing the scenarios and all that it encompassed into the spotlight and allowing it to be witnessed, acknowledged and accepted, enabled development. Ideally it would be development towards *age appropriate play* and *healthy social interactions*.

Upon completion of the three stages of the research methodology, a multitude of new themes were identified, specifically within the rehearsals, performance and response period. These findings are positive and noteworthy as the method of Performative Inquiry was used to illuminate one particular therapeutic process, not to answer questions but rather to search and ask more questions, intending to learn more. It is the process of being

open to all possibilities of meanings and “wide ranges of interpretations...in search of the most well-informed and sophisticated interpretation” (Beare, 2002, p.53).

I will explore the various findings in relation to the client, the therapist, and the therapeutic process. I do not offer a complete solution to the themes outlined but rather offer an exploration as to how the themes were recognized and acknowledge an opening up of possibilities of learning. Similar themes may extend to all three categories, the relevance of each finding remains open to further understanding.

### **Client Themes Emerging from the Research**

#### **A Search for Self Identity**

The client played with the idea of being special throughout the Drama Therapy process. For the client, the word special held various meanings within the play. It could indicate a compassionate savior or a ruthless destructive villain, an intellectually gifted person or an intellectually delayed person, or even, one who is gifted in gross motor skills beyond any human capability or one who lacks enough skill and coordination. My client would voice that he was special and why. Initially, it began that he was special because he attended a special school and this evolved into a young boy who was special because he had very strong special powers.

This theme was also mirrored in the performance, highlighting the various ways in which “special” could be interpreted and in turn, the various reactions that could occur. The audience responded to this moment in the performance by writing, questioning the definition of “special” and positively emphasizing the importance being and feeling special, regardless of life circumstances.

Additionally, the client began to search for a sense of identity by aligning himself with two fictional movie characters: Kevin from Home Alone and Harry from Harry Potter. Interestingly, both characters were young boys who were left by their original family and forced to fend for themselves. Each character possessed a unique trait that enabled them to succeed and overcome their hardships. Perhaps my client was beginning to acknowledge his own life circumstances and the way in which it paralleled his favorite movies. As he replayed the scenarios of the movies he was beginning to negotiate how he would overcome his own hardships in his life.

### **Connection versus Disconnection**

Within the embodied play, my client chose specific props to be used. He would ritualistically take the play phone out of the Drama Therapy suitcase, place it in a specific area and not use it. When he did decide to use the phone, it was in the form of attempting to contact outside resources for help. The client would direct me to call somebody and then, would consistently inform me that the phone was broken. It was a complete disconnection from the world. Consistently, in the play scenarios we needed help, however, there would be no way of getting a hold of anyone. In one particular session, as the scenario and the characters were beginning to evolve, my client exclaimed that the phone was in fact working. As the client was able to explore a new role, new opportunities and outcomes, such as a working phone which can be seen as a form of connection, began to reveal themselves.

During the rehearsal presented to my supervisor and the performance, I profoundly felt these moments of disconnection and connection. My role in the performance was very focused and engulfed in my own movement. I moved around the

stage as though I was alone. However, there is one point in the theatrical piece in which I welcome the audience into my space through eye contact and upper body movement. It is only in this moment that I feel that I have called a connection into being, before this, it felt non-existent. Consciously aware of all feelings and reactions, this instance of connection gave me a sense of power. I was able to connect with someone, yet only when I allowed it. The audience was focused on my actions, yet, this became reciprocal only when I demanded it. I also felt wonderment and awe when I met the eyes of the audience. It was as though, only in that moment, did I realize others surrounded me and the pleasure that could be found in that. In the performance, this connection remained long enough for me to display my artistic skill and I quickly slipped back into my own movement--into my own world. Here, it felt busy, detailed, anxious, meaningful and sometimes fun. It felt as though each movement was an important step and that I was consistently working towards an end goal.

Could my feelings be mirroring the client's own sensations when coming into contact with others? At the time of his assessment, it was noted that the client did not play appropriately with other children his own age and at times resorted to violence. Perhaps the client has become accustomed to being in his own world and chooses to be with others only if he is in control. It was observed during the therapy, when the client feels in control it creates a feeling of safety, yet when there is a lack of control, chaos and destruction could occur.

Interesting to note, this theme was also illustrated in the response period. The theme of connection is believed to be portrayed in two drawings that consist of a human form, not distinctly male or female. In both drawings, this human form is directly visually

focused on a separate human hand. The focus between the eye and the hand was emphasized by a sharp line stretching from one object (the eye) to the other (the hand). Disconnection could be seen within the several drawings of a severed human form. The limbs of the body in the drawings were completely detached from the head, thus revealing, a definite space between.

### **Movement versus Stuck-ness**

The imaginary scenarios played within the drama therapy were always instigated by the client. From the very outset, the client was always full of ideas. However, it was noted that the idea for the scenarios given by the client would often be repeated. A scenario could last for several weeks with very little variance. Several scenarios were repeated to the extent that I was unsure if any new material would emerge for the rest of the year. There were many times in which I felt very stuck in the process. In one instance, unfortunately, I even tried to move the scenario ahead by suggesting new outcomes. Thankfully, this was rejected by the client and he continued to work with his own material.

Movement and stuck-ness was also a definite theme within the performance. Movement, to me, was displayed and felt by the running and rolling throughout. Similar to the beginning of the therapy, the performance began with circular running. As I ran, I felt as though it was a beginning point, that I had a purpose and a goal. However, in the same instance, the movement also symbolized stuck-ness. The circular movement of the running and rolling was repeated consecutively several times--it was the same movement repeated over and over again. Physically, it made me feel dizzy. It also compelled me to question the repetition and write about it repeatedly in my journal during the rehearsals.

This duality also existed in the response drawings. The audience stated they could sense the stuck-ness yet in the same breathe they commented often on the running. The responses seemed to articulate both a stagnant and an active theme. The response words and pictures questioned if my role in the performance was stuck in a pattern or was I moving ahead. “Are the circular motions a beginning point or an end?” “Does one have to stop running or moving to move forward?” It was as though the audience felt an uncomfortable connection between movment and stuck-ness, unable to delineate the true intention.

In the developmental model of dramatherapy, Cattanach (1994) suggests that human disorder is the result of being stuck or halted at a certain stage of development. Through the use of drama, one is able to “explore back and forth along the life-line” (Cattanach, 1994, p.28) working and re-working through the stages of life. This re-working appears to be “an important activity which enables us to move on in our lives” (Jennings, 1998, p.123). The goal is to identify the stage where the client has stopped and then to “start the journey again with the therapist as companion and guide” (Cattanach, 1994, p.29). Perhaps the client in this process has been halted at a particular stage of development and is attempting to re-work his previous lived experience. This could be identified by the scenarios in which the client repeated over and over for several consecutive weeks. As the scenarios and characters began to evolve, this could show a return to the journey of life and the procession of developmental stages.

### **Containment—order amongst the chaos**

As stated above, the client worked with themes that existed as polar opposites, such as being in total control versus having no control. It was observed that having no

control within a scenario often correlated with total destruction. Contrarily, the state of being in total control correlated with salvation. As we played with such themes, the client began to articulate a need for containment. Within the drama, we explored several ways this could be attained. In one imaginary scenario within the therapy, the client felt compelled to smell everything. However, if he did in fact smell any object, he would die an imaginary death. In order to escape such a death, the objects were destroyed in a large (imaginary) bonfire. The client was then compelled to go towards the fire and once in the fire, the client directed me to save him. My role was to take him out of the fire and carry him to safe place, far far away. We enacted several scenarios, hoping to find one that would keep the client out of the fire and in that safe place. From the direction of the client, the solutions ranged from verbal direction, therapist taking on a mother role to pretend hand and ankle cuffs (made with tape) to hold him in place. The client tested each method until he had the impulse to stay in the safe place.

As the client is exploring the extent of containment he needs within the dramatic enactment of therapy, perhaps he is also articulating the containment he desires in life. If one is to analyze the afore-stated scenario, perhaps the client requires more containment that what he is receiving at the present moment from the authority figures in his life. This containment could enable feelings of safety, security and less destructive behaviors.

This theme can be clearly seen within the various drawings received from the audience. One drawing displays a multitude of lines and swirls in the very centre of the page. Small pieces of this circle are randomly shaded and highlighted. This could be understood as the chaos. Surrounding this busy circle is several long arrows, distinctly pointing to one flow of direction. Also, in the corners of this drawing are four triangles,

neatly articulating the borders of the page. Both elements can be seen as order. A second drawing displays one circle in the middle of the page and is entitled “an invisible container of movement.” The form of the circle is traced repeatedly, creating a messy outline of the circle approximately one inch thick. The circle can be seen as the container as well as a symbol for order, however, the uncalculated repetitious lines can be seen as chaos. Finally, a third picture displays two solid lines in a spiral pattern. There are two small circles at both ends of the spiral. This drawing is reminiscent of a maze, in which the player must find and trace the beginning to the end. The way in which the spiral is neatly drawn and also the predictable circular pattern could symbolize the order within the process. However, the way in which the drawing resembles a maze instead of a map may symbolize chaos. Also, the picture does not directly reference the movement of the performance but rather an unknown, thus creating a feeling of not knowing where the spiral comes from or where it is going, could also symbolize the theme of chaos.

### **Therapist Themes Emerging from the Research**

The entire process of the practicum and the performing/writing of my thesis-equivalent research project has been an extended and vast learning opportunity. Although the research is based on my somatic reactions in relation to one client, and not my process of becoming a therapist, I was able to pick up on the themes the client played with and apply them to my own process of learning how to be a therapist.

#### **Self Identity**

In the first draft of my proposal for this research, I was adamant about keeping the focus on the client as opposed to myself. However, as I began creating the performance, followed by the rehearsals, I was finding it difficult to distinguish between myself and the



client. Through the movement, I wondered who I was intending to portray and who I was in fact portraying. In the journal that I kept, I repeatedly wrote the words, “me or him.” The defining lines of the individual became blurred and I consistently questioned if I was portraying everything I needed to show.

I propose that this blurring of the boundaries is inherent in somatic transference and counter transference and in the process of therapy. Consciously and unconsciously, the therapist and client are in an interplay of emotion, consistently giving and receiving. It is sometimes hard to define which emotion belongs to whom.

### **Self Preservation**

The total physicality of the therapy was translated into the performance in that, the performance was purely a movement piece. I rolled, jumped and moved across the stage, hoping to share the moments of feeling. In the rehearsals, it was a constant effort to attempt to smooth out the transitions between each stanza. Even though I was falling, I worked really hard at trying to make them graceful and flowing. Regardless of what I was doing, I wanted it to look aesthetically pleasing.

I relate this to my process of learning to be a therapist. Although I still don't always know how to handle each situation, I hope to be as professional as possible. Even though I may be scrambling, falling or rolling blindly through, I still want it to appear presentable. I want to be able to fall and gracefully roll into the next moment.

### **Finding one's own Timing**

From the very beginning of the process, I feel as though I have been struggling to acknowledge my own sense of timing, the timing of others and how they relate to each other. By timing, I refer to the natural tempo of one's life, how one may move, work and

live day to day. I realize that my timing is very rushed and hurried; I am consistently planning in my head for what is to come next.

As a therapist, I feel that it is important to recognize your own timing and also the clients'. I think it is helpful to note the similarities and differences between the client and therapist as it is a co-constructed relationship in which all aspects affect the process. For example, the timing of the therapist and the client could be very similar and therefore create a point of connection or entry within the relationship. Contrastingly, if the timing of the therapist and client are vastly different this may give reason for difficult moments in therapy that seemingly have no antecedent.

Additionally, one written and pictorial response articulated the importance of acknowledging the time that a therapy process may take. The process of learning and growing within therapy cannot be rushed or delayed. I am beginning to understand that this timing, that is unique to every client and client-therapist relationship, should be respected and observed. This organic process should remain as such.

### **Therapeutic Process Themes Emerging from the Research**

#### **Beginning versus the End**

During the rehearsal period of this research process, I literally dreamed about the performance. It was a small dark space, with one stool dimly lit by one spotlight. The audience was completely encircled around the stool. It felt like a padded wall that was soft, white and comforting. I recall I could not see the faces of the audience due to the lack of light. I began my performance with the circular running. The performance seemed to go very quickly, and before I knew it, I began to take my exit, running off stage. It was not until the end of the performance in my dream that I realized I had given

the wrong performance. I had portrayed the performance I created for my research class, not the research project. Although we had completed the choreography outline for the research project, I unconsciously started to revert back to the beginning of the entire research process.

Similarly, in meeting with the choreographer, she created and suggested the same opening sequence for the research project performance that I had created and portrayed months before for my in class performance. Without any form of collaboration, both myself and the choreographer created the same opening movements. This opening—the circular running, could symbolize the beginning of a cycle. Therefore, the end of one cycle is recognized as the opening sequence begins once again. As the cycles meld into an ongoing movement, there is a constant return to the beginning and the end. This cyclical movement could be paralleled to the circle of life. The theme of the beginning and the end could be seen as life and death. Just as birth can encompass growth, change and evolution, so too does this process. Although the performances began with a similar opening sequence, comparatively, there is change, evolution and growth within the learning process of the second performance.

The responses following the performance also identified this ongoing cycle of beginning and end. In watching the several forms of circular patterns within the performance, the audience questioned where the beginning and the end existed. Also, with the numerous drawings of circles that portrayed my movement around the stage, it was difficult to articulate where the movement began and where it finished.

### **Staying with the Chaos**

Throughout the supervision process, I learned about the importance of staying with the client. In having the ability to live through and survive all the scenarios that the client might bring, it allows the client to invite the therapist into their world and experience it as they do. Also, it begins to facilitate a sense of security for the child client knowing that an adult can survive through the good and the bad parts and still be there the next day.

In this case, the client brought many themes, which were often very dark, hopeless and sadistic. I played each scenario whole heartedly, allowing the client to explore the roles and the space he created. I wonder if my ability to play each part with the client enabled him to evolve and grow through the therapy. The initial sessions were filled with death and destruction which evolved into various burglary scenes and finally culminated with age appropriate movie enactments. The way in which the client interacted with the therapist evolved from the client exerting total control to an equal partnership. Finally, there was also a clear progression of the client's use of the closing activity. It began as destructive activity in which his verbal comments did not correlate to his physical and pictorial expressions. Slowly over time the destruction decreased and the client began to be personally invested in the activity. Finally, his verbal comments clearly articulated and emphasized his physical and pictorial representations.

I felt this theme was accurately and distinctly portrayed in two drawings from the response period. Both drawings are filled with circular repetitious lines and human forms amidst them. The characters are placed directly in the middle of the space and look either organically part of the lines or caught in the middle of the lines. In one drawing, two

human figures stand together in the whirlwind of lines, connected by their hands. The other portrays one being sitting waist deep amongst the lines.

### **Containment**

One of the main priorities of a therapist is to contain the process of therapy. Whether it is through the physical space, the activities introduced, or the verbal and physical communication, the therapist must ensure the client feels safe and secure within the therapeutic space. In drama therapy, this is often done by a consistent opening ritual and closing ritual. Not only do the rituals symbolize the beginning and ending of a group but also prepare the client for what is to come next—a therapy session or a re-emergence into normal life. Containment was achieved through two distinct rituals. The opening ritual in this case began by the therapist meeting the client outside of the therapy space and then both therapist and client entering the drama therapy space together. The client would approach my drama therapy suitcase and throw almost all of the contents out of the suitcase, behind his back. I would often verbally mirror this action. The closing ritual, on the other hand, was an activity that involved drawing one's feelings on a paper plate. One side of a paper plate depicted how the client felt at the beginning of the session and the opposite side displayed how the client feels at the present moment, the end of the session. Once completed, the client and therapist would share the information on both sides of the plate. The opening and closing ritual provided structure to the therapy session and purposely delineated a time and space for therapy.

The theme of containment was reflected in the performance by the placement of the audience and the paper plate installation. The intention was for the audience to sit in a complete circle surrounding the performance space. This closed circle intended to create

a safe permissive atmosphere. The paper plate installation was created by physically tying to a plate to a piece of string hanging from the ceiling at different intervals throughout the performance. This installation was used to delineate the space of the performance, as well as, recognize and acknowledge the stages of the therapy process.

The response period also highlighted the importance of containment. Few audience members wrote and highlighted the circle as a symbol of containment while many drew responses which included several circles contained inside a larger circle. One response even delineated the contained space of therapy in relation to the outside world. The enclosed circular space was termed “dance of therapy” and the space outside of the circle was termed “dance of life.”

#### **Discussion of How Research Goals Were Attained**

The research question that shapes this study is: “in the application of Performative Inquiry to an already completed practicum experience, can the learning process be continued and what kind of new learning will emerge?” Simply put, I am researching to discover if Performative Inquiry is in fact a learning tool that can be applied to Drama Therapy. This research method is stated to be aligned with enactivism and enactivism is believed to be rooted in the Constructivist Theory. Thus aligning with the constructivist theory, in relation to learning, it states that learning “is an active process in which learners construct new ideas or concepts based on their current /past knowledge” (Kearsley, 1994, ¶1). Therefore, knowledge is not independent or outside of the learner but rather is organically created from within the learner. Through the engagement of the body and mind which exists in a social and cultural environment, learning occurs. A

teacher is, therefore, viewed as a guide to assist in the process as opposed to being an all-knowing superior leading and determining the process.

Bruner (1966), a psychologist, an educator, a constructivist, goes beyond this definition and clearly identifies three specific ways in which learning occurs. There are the *enactive*, *iconic* and *symbolic* representations that allow the learner to make sense of the world and their experience. Enactive representation is action-based involving a concrete experience. The second is iconic which is image-based, the perception is both graphic and mental. Finally, symbolic representation is through word or language. This utilizes the logical skills of understanding that one object can stand for another. (Bruner, 1966)

The research methodology, Performative Inquiry, systematically encompasses all three ways of learning and, therefore, can be seen as an adequate learning tool. The rehearsal and performance incorporate the body and mind in a lived experience. This can be understood as the enactive representation. The iconic representation can be seen in three distinct instances. During the rehearsal period, I visually displayed my work in the rehearsal space in a timeline format as well as open forum (blank sheet) for thought. I used this as a guide as well as a form of reference. Secondly, I videotaped a rehearsal and the performance, allowing myself to view the work from a different angle. Finally, following the performance, the audience was invited to respond in any way they felt comfortable. Many of the responses were in written or visual art format. This gave me an opportunity to look at my performance through yet another visual perception, from the perspective of others. The symbolic representation occurred within the process of

compiling all the information from the rehearsal, performance and response period, and then, presenting and writing various thoughts and interpretations in relation to the Drama Therapy process.

### **Personal and Professional Relevance of Research Methodology**

#### **Personal Relevance**

It has been stated that ones' personality type may correspond to the method of research one chooses to pursue. According to "The Keirsey Temperament Sorter" (Keirsey & Bates, 1984) my identified type is ENFP (Extroversion, Intuition, Feeling and Perceiving). This states that the score is higher on the extroverted and intuitive scale. Therefore, it is believed that the score ENFP directly corresponds to the methodology of this particular research. A performance, which is more commonly expected from an extroverted personality type, is based on the cognitive, psychological and somatic awareness of the self, a capability enabled through intuition. Additionally, I am required to perform and while performing be acutely aware of any and all moments of learning. Again, this is a task that can be labeled as both extroverted and intuitive.

#### **Therapeutic Relevance**

The entire process of therapy examined in this study consisted of consecutive scenarios that were enacted by the client and me. The main characters in the scenarios were myself and the client. Very few props were used. Due the embodied nature of the therapy, I began to pick up on the material given by the client not only through the mind, but also somatically. Therefore, if the play in the therapy was completely "in the body" and the therapist was beginning to understand the client "through the reactions of the



body,” it appeared appropriate to me, to deepen the understanding of this therapeutic process “through the body.” Therefore, a research methodology specifically designed to facilitate learning through the action and interaction of the body and mind within a performance was utilized.

### **Professional Relevance**

Performative Inquiry is defined as the acknowledgment of the learning potential within all aspects of a theatrical performance and, therefore, the intentional utilization of a performance to facilitate such (Fels, 1998). It is through the dramatic action (rehearsals, performance, and post performance) that learning occurs. To date, Performative Inquiry mainly exists within an educational setting, thus a triangle exists as such: Teacher, Student and Drama (performance). The teacher guides the student through the drama and it is through the drama that the student gains knowledge. Interestingly, a similar triangle exists in Drama Therapy. There is the Therapist, the Client and the Drama. The therapist acts as a guide through the dramatic enactment of the therapy and it is through the drama that the client begins to learn and ideally heal and/or grow. It is this direct connection between the use of theater processes and products in Drama Therapy and Performative Inquiry, as well as the learning/growth that can be achieved through the drama that identifies Performative Inquiry as a relevant research methodology in Drama Therapy.

Additionally, due the embodied process of Performative Inquiry, I feel that it is directly related to and relevant to the field of Drama Therapy. Admittedly, there are several forms of performance based research already in place; however, the difference of the methodologies lies in the intent of the performance. Other reputable research

methods, such as self-revelatory performance and performance ethnography, utilize the performance as a final representation of the data collected to date. Thus, the performance is the denouement of the research. Contrarily, Performative Inquiry utilizes all aspects of the performance as a site of data collection. From the very first rehearsal to the feedback and discussion given after the performance, data is being gathered for the particular study at hand. Thus, the performance in this case, can be seen as the beginning of the process. The preparation for the performance and the enactment of the performance is where the work is being done. This concept can then be paralleled to Drama Therapy. The “performance” or dramatic enactment within the space of therapy is used not to create a final production but rather as a place to work through the issues of the client. As the client moves through the stages of therapy, is it through work within the drama that enables him to realize and recognize possibilities of the self.

Finally, Performative Inquiry also relates to Drama Therapy in the space between reality and fantasy. Fels (1999) states that “it is within the actions and interactions of imaginary and “real” play/performance/life, that performative inquiry aligns its quest” (p.30). The imaginary world is created through the action of the performance, which exists in the real world. It is in the intersection of the imaginary and the real, or the known and not yet known, played by the actor and audience, that learning possibilities can be recognized. As both worlds are creating, evolving and intersecting, Fels (1999) suggest that an AHA! moment, otherwise known as the “space moment of learning” (Fels, 1999, p.30) could be recognized. Likewise, Drama Therapy identifies the space between reality and fantasy and it is termed as the transitional space, which is a term

borrowed from Winnicott (1971). The dramatic enactment of Drama Therapy exists in a fantasy environment yet is still experienced as real for the client. The client is able to experience the enactment realistically; while the scenario within the therapy remains “imaginary”. Thus creating a rehearsal for life for the client in which the client can explore different roles, different methods, etc.

### **Limitations**

The limitations within this study include the lack of generalizability and the multiple relationships of therapist, researcher and performance artist. Due to the fact that the bodymind experience and performance is based on one subject and performed for only one audience in one city, it is impossible to generalize the findings of this study to a wider population. Also, as mentioned above, the researcher also took on the role of therapist and performance artist. This is a confounding variable as each role has different requirements and motivations, causing unknown influences on all parties involved and, therefore, the study itself.

Other limitations include the fact that both Drama Therapy and Performative Inquiry remain as relatively new and uncharted methods. Compared to other reputable research methods and therapeutic modalities, there is a need for additional literature and documentation of work that has been completed. Additionally, there is no previous work combining Drama Therapy and Performative Inquiry, thus making it a new and innovative study.

## **Future Endeavors**

I would like to suggest that Performative Inquiry could be utilized as a reliable research methodology as well as a clinical tool in the future. In a clinical setting, traditional methods, such as verbal and written methods, are often used to collect data. Process notes and progress notes are often hand written or typed, and team meetings and supervision meetings are generally completed, verbally. I believe Drama Therapy to be an embodied process and I feel that the understanding of such a process could naturally also be embodied. Instead of engaging in writing and speaking to share and learn about a particular client, I would like to suggest that a performance could be utilized. The action and the exploration in a form of performance can facilitate understanding for the therapist, clinical team, and any involved members. Not only can it provide a different view of the client but the performance can also increase and provide an opportunity for various possibilities of interpretations. As the actor steps into the shoes of the client, in either therapy or the process for the performance, both the audience and actor become engaged thus facilitating a moment for potential insight. This suggested performance method could occur in many facets. Options include self-recorded performance viewed by oneself or a team; a solo performance witnessed by a co-therapist, a clinical team, or a supervisor; or a performance co-created with a co-therapist, a clinical team or a supervisor (the audience would be the staff not involved in the performance or if this does not exist, the performance could be video recorded and viewed at a later time).

Additionally, Performative Inquiry is a new methodology and it allows the opportunity for growth and evolution. By completing this research, future researchers

and/or therapists in the field of Drama Therapy or otherwise, can continue to further utilize, defend and challenge this method.

### **Conclusion**

*A small home office painted white. Two black computers sit evenly on a long white table. A black printer nestles in between. The two black harddrives sitting beneath the table hum loudly. The light fixture on the ceiling has been removed and two energy saving bulbs shine against the white walls. Grey shadows live and only sometimes dance on the walls.*

*It is the middle of the night. A young woman sits curled and cross legged at the computer on the right hand side. Books, papers, and various poster boards filled with words disruptively lay behind her. The tempo of her typing taps between staccato and largo.*

And so it is the end. I sit amongst the books and wonder: have I read enough, have I written enough, have I searched enough, have I learned enough? My eyes heavy from life, I take a sip of tea. A surge of sugar. Two years of classes are finished, two years of practicum are finished and now, one year of performance, an oral review and writing is finished.

Inhale. Pause. Exhale.

I did learn.

I wanted to learn more and I feel like I did. The somatic connection that I experienced, I now view as one of the highly attuned methods for understanding the client and the self. I also learned to take it beyond this point of understanding, I found there to be more beyond being simply aware of the feelings. Performative Inquiry has taught me to step into the shoes of the unknown, my feelings of the somatic connection,

and to explore, question, and “move it”, welcoming and calling into being new understanding and epiphanic moments of learning.

Pause.

InhaleExhale.

**BUT**

do you practice what you preach

*even outside*

the safe cocoon of (my experienced) academia

Although I have learned, do I sincerely believe? Can the method of Performative Inquiry be generalized? I have been asked to present at a clinical setting regarding a group I co-lead based on Drama Therapy and Attachment Disorders. I wonder about a performance. Do I believe I can explicate Drama Therapy and this particular process through a performance? Could my audience learn from a performance?

I begin to rationalize it in my mind. The presentation space--a large amphitheater. How would I maneuver around the tables and large podium? What would my supervisor think? Would/could a performance be enjoyable and educational for the staff? How would they look at me.....

The blue MSN screen flashes to white

a blank new message

Subject: Ms. Choreographer

Message: Lara, I've got a new project,

same *method* as before,

new content.

interested?

And so this ending evolves into a new beginning and new learning.

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## Appendix

### Consent Form

#### Consent Form to Participate in Research

**Drama Therapy Research Paper**  
**Angel Bilagot**  
**Masters in the Creative Arts Therapies Program**  
**Concordia University**

**Supervisor: Dr. Stephen Snow**  
**848.2424 Ext. 4641**  
**ssnow@alcor.concordia.ca**

#### Purpose of Research:

Drama Therapy is generally experienced as a physical modality, however, it has been found that the therapists seek understanding of such a therapeutic process quite differently. It is usually done through verbal means. This study is investigating the ability of the therapist to use a physical method to understand a physical modality. Performative Inquiry utilizes the body as an action site for learning. There fore, through a performance which may include role drama or improvisation, etc. learning can occur. If a therapist could utilize this inquiry to investigate a particular therapeutic process, learning and understanding about such a process can occur.

My purpose is to show the capability of Performative Inquiry for higher learning through the experiences of the therapist within the therapeutic process of one individual client seen within a child psychiatric unit.

#### Procedure of Research:

I: Individual therapeutic sessions were held for one hour in length, occurring once a week, spanning over an eight month period.

II: Information in relation to the sessions was compiled from the therapists session notes, team meetings and the clients hospital file.

III: The therapists experiences, defined as physical, mental and emotional reactions to the sessions, will be distilled from the information.

IV: A performance will be created from the therapists experiences in conjunction with a professional dancer/choreographer. This will be presented to fellow colleagues.

V: A paper will be written reviewing the process as well as outlining elements learned throughout the process.

VI: Bound copies of the paper will be kept in the Program's Resource Room and in the Concordia University Webster Library.

Risks:

To the researchers' knowledge, participation in this research holds no risks for the participant.

No harm should come to the participant and their families at any time. If however the participant requires further support, the researcher can be contacted. (Please see contact information below).

Consent:

This is to state that I agree to participate in a program of research being conducted by Angel Bilagot as part of her Masters studies in the Creative Art Therapies Program at Concordia University under the supervision of Stephen Snow.

I have carefully read and understood the consent information about the above study. Its purpose and nature have been explained to me, I have had the opportunity to ask questions about it, and I am satisfied with the answers I have received.

I understand that my identity will be kept confidential. The researcher will not disclose my identity to others or in publication.

I understand that I am free to withdraw my consent and discontinue participation at any time without negative consequences.

I understand the purpose of this study and that there is no hidden motive of which I have not been informed.

I understand that copies of the research paper will be bound and kept in the Programs Resource Room as well as in the Concordia University Webster Library.

I freely consent and voluntarily agree to participate in this study.

Signature:

Date:

Witness:

Date:

If you have any questions regarding this research please feel free to contact the student or the supervisor:

Student:

Angel Bilagot

[angelbilagot@hotmail.com](mailto:angelbilagot@hotmail.com)

Supervisor:

Stephen Snow

[ssnow@alcor.concordia.ca](mailto:ssnow@alcor.concordia.ca)

If you have any questions regarding your rights as a research participant, please feel free to contact Adela Reid, Compliance Officer:

Compliance Officer

Adela Reid

Office of Research, GM-1000

Concordia University

Montreal Quebec, H3G 1M8

514.848.7481

[adela.reid@concordia.ca](mailto:adela.reid@concordia.ca)