

An Approach to Literacy Through Therapeutic Theatre:  
Construction of a Theatre Program for At-Risk Youth

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in

The Department

of

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## Abstract

An Approach to Literacy through Therapeutic Theatre:  
Construction of a Theatre Program for At-Risk Youth.

Mira Rozenberg

This program is constructed based on review into the current literature of at-risk youth, literacy, and the drama therapeutic model of therapeutic theatre. Literacy is fused with therapeutic theatre in an original therapy program for use in schools with at-risk youth. Students who have low academic achievement may act out with negative behaviours, perpetuating a cycle that may eventually lead to loss of interest in school, or dropping out. Alternative visions of literacy are promoted in this research project to meet the students' immediate needs and help advance their situation, so that they experience success and achievement in a therapeutic milieu. Therapeutic theatre is an effective modality for at-risk youth because of the expected personal and social benefits that derive from such a group drama therapy experience with a final aesthetic goal and public performance. Youth will become more confident and empowered in the process. Feelings of success will transfer to other areas of life, helping participants to ultimately develop a more positive outlook on the future.

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## Chapter 1

### Introduction

The discovery of our life stories, and the communication of these stories via performance  
– in which personal, social, or cultural truths are revealed –  
propel us toward wholeness.

(Emunah, 1994)

Difficulties in schools today include increasingly high incidences of bullying, violence, dropping out, involvement in gangs, and even extreme cases of youth suicide and homicide. Students who live in less privileged neighbourhoods or the inner city, those who experience various forms of abuse or neglect in the home, or who come from more impoverished families, may arrive at school hungry for an atmosphere that provides health, sustenance, and nourishment for the body, mind, and soul. Schools may not be equipped to take care of the specific needs of all students. Youth, whose egos are weakened by unstable home lives or an unfulfilling school life, or those who feel a sense of alienation, may lack the inner resources or motivation to succeed in school or strive for a successful future. The difficulties these *at-risk* youth face at home and school should be of great concern to teachers, principals, parents, and community members. Society shares responsibility in ensuring that youth have adequate tools to continue their personal or formal education, realize their potentials, and make meaningful contributions to the community.

There is a strong need for alternative programs for youth who are falling through the cracks of the school system. Students who are less motivated to succeed in academics



may eventually drop out. The challenge is in encouraging success when it may already seem that students are giving up.

The purpose of this research paper is to outline a preventative program for students who are in need of extra support in school because they lack guidance at home, have various difficulties at school, or are at risk of harm to themselves or others. The program combines literacy with therapeutic theatre. Its purpose is not only recreational and educational in nature, but is also strongly emphasized as a group therapy treatment program to help at-risk youth to effectively manage their issues.

Aside from achieving academic success in school, students need space to grow emotionally, socially, and psychologically, realize personal potentials, and to learn effective communication and social skills that will benefit them outside of school. They need to gain confidence to succeed in life when they eventually leave the school system. Alternative or creative therapies need to be more readily available in schools for students to release emotions or frustrations that are not tolerated in the classroom or at home. The alternative therapy programs should be funded by the school board to include students who would otherwise give up on, or be left behind, by the school system.

The creative arts therapies, especially drama therapy, provide an active and creative alternative to activities in school; therapy encourages emotional growth, role exploration, self-actualization, and critical thinking skills in practicing new solutions to personal difficulties. Drama therapy is a method of psychotherapy that intentionally uses dramatic and theatrical techniques to facilitate healing and growth. It is a symbolic, creative, and expressive form of therapy that fosters playfulness, opportunities for personal role-exploration and emotional release.

The availability of drama therapy in schools, combined with an academic practice of literacy, would strengthen the value and outcome of such a program. This research examines how the particular mode of drama therapy known as *therapeutic theatre* can be adapted as an effective way to engage youth who may otherwise lose interest in school. The combination of literacy with therapeutic theatre will empower youth with literacy skills that are transferable to other areas of life, along with benefits of the group drama therapeutic process.

**This paper answers the research question: What are the elements necessary in constructing an effective model of therapeutic theatre that will empower at-risk youth through the development of literacy skills?**

Construction of this model is grounded in theoretical research of current literature in the areas of at-risk youth, literacy, and therapeutic theatre (see Mitchell, 1994). Each area of study is thoroughly explored, followed by an analysis and integration of the topics. Construction of the program is specifically designed for at-risk youth, based on the hypothesis that alternative forms of literacy practice are beneficial to all areas of students' personal, social, psychological and academic lives when incorporated into the drama therapeutic model of therapeutic theatre.

The program is designed for use in either elementary or high schools for pre-adolescents and adolescents aged 11-16 who are identified as being *at-risk*, or those who experience difficulties in the conventional school system. The program can be offered both during the school year as an alternative therapeutic program that encourages development of literacy skills, and during summer months for youth who need a safe and creative environment when school is not in session.

At-risk youth who live in areas of the city with low resources, or those who come from abusive, neglectful, or impoverished families, may experience troubles at school with peer groups, or low motivation to comply in the classroom. They may find that school does not answer their needs and may experience lower self-esteem because of academic failure. Teachers may not know how to address their behaviours and have lower expectations of them. These students may experience deep alienation and have increased emotional and social difficulties.

There is evidence that many youth labelled as at-risk show promising signs of resiliency and, in fact, mature into thriving and successful adults (Ungar, 2004a, 2004b). However, with the guidance of caring adults to provide safe and supportive environments for self exploration and expression, feelings of success during the adolescent phase of development may also be realized. Therapy programs provide space to release emotions, process difficult issues, encourage critical thinking skills, and develop critical self-reflection skills. This is the impetus for the construction of this “Approach to Literacy through Therapeutic Theatre.”

In therapeutic theatre, the process of rehearsing and performing a theatrical production is, in itself, the therapeutic process. The content of the play will be comprised of stories based on the personal lives of the group members, and the character roles are purposefully designed with therapeutic goals for each participant. Drama therapeutic exercises and sharing personal stories uncover the significant themes of the individuals, as well as the salient group need.

This program is designed to broaden the perception of literacy as it is incorporated into several creative and therapeutic forms within this program. The literacy aspect is

important for youth to find success in not only reading and writing, but also a broader way to read the world, and is based on the understanding that literacy education leads to empowerment (see Freire, 1972). Emphasis is placed on unearthing personal stories, sharing and hearing others' stories, and effective communication through verbal and non-verbal means.

This proposed alternative therapeutic program presents an experience for at-risk youth to have their needs met as they engage in an authentic artistic endeavour that may not be accessible in other areas of their social, school or home lives. There are several expected therapeutic benefits of this program. Positive social skills are built and emphasized in the group process and the creation of a therapeutic and theatrical community. Role or character work promotes self-actualization; being part of a theatrical play and performing for public audiences raises self-esteem and confidence. Moreover, the success experienced in this program transfers to realization of one's abilities and potentials in all areas of life. The group process fulfills a sense of community for the students, and the memories of the production will remain a high point to look back on for years to come.

## Chapter 2

### Review of the Literature on At-Risk Youth

#### *Definition of Prospective Population*

Various phenomena contribute to ways that certain youth may reach *at-risk* status yet it is difficult to prove any exact causes. Several theories are based on certain factors (present or absent) in one's life that contribute to youth as being at-risk. Much of the research on this population examines specific *risk factors*, and the counter *protective factors* to neutralize the risk factors (Bogenschneider, 1996; Donmoyer & Kos, 1993). Current research on resiliency in at-risk youth questions the assumptions of risk and protective factors, offering a more phenomenological approach to discussing the population (Ungar, 2004a, 2004b).

Many common themes are common among youth considered as at-risk, such as difficulties coping with family, home life, social, or peer situations; and/or challenges succeeding in school to the point of dropout or expulsion (Donmoyer & Kos, 1993; Stepney, 2001). Children may be more at-risk if they exhibit negative behaviours at an early age, live in families with little supervision, have failing grades in school, live in marginal communities, and associate with a peer group with similar patterns (Dryfoos, 1990). Certain youth are prone to academic or learning difficulties that may contribute to discomfort at school. This may warrant some youth to act out and display inappropriate behaviours, which leads to further negative attention from adults or other peers (Donmoyer & Kos, 1993).

According to Statistics Canada (2004), roughly 3% of Canadian students do not graduate high school for reasons that include low grades, weak literacy levels, or difficult relations with teachers or peers. A high number of school drop-outs reported that school was not a positive place for them and did not feel respected in the school environment (Statistic Canada, 2004). Other factors such as low family income, low confidence, low self-esteem and feeling a lack of control also contribute to a higher rate of student dropout. These students who do not complete high school were more likely than their peers (who completed high school) to engage in negative behaviours, often with a group of like-minded peers. The various underlying factors that drive students to drop out of school, such as negative experiences at school, inattentiveness to student needs, peer pressure, and feelings of lack of control, are significant concerns that need further investigation (Kronick, 1997).

### ***Developmental Phase of Adolescence***

Adolescence can be a very intense and confusing phase of development, as one deals with physiological, emotional, and developmental changes, along with changes in social relationships. Developmentally, the adolescent is working to integrate parts of the self with experiences, to understand meaning and discover a sense of self. Erikson (1950, 1968; cited in Berk, 1999) recognized this stage of social and emotional development as the achievement of *identity formation* or falling into *identity-confusion*. One's identity, or conception of the self, is formed based on organizing personal values, beliefs, priorities and life goals; these concepts are refined and re-evaluated in adulthood (Berk, 1999). Identity confusion often results from internal conflicts that are negatively resolved, or

because society restricts the adolescent's choices by making them comply with means that do not match their abilities and desires (Berk).

Adolescence is a time of transitioning—physically, emotionally, and socially—from childhood to adulthood. One discovers new roles in peer groups, family, and school, and develops a sense of autonomy and sense of self in the context of society. One has a matured capacity of realizing moral judgement and logical sense reasoning. There are numerous complexities, both in the developmental phase, as well as environmental processes, that may intensify this already confusing time of personal development (Kronick, 1997). Youth who are not supported at home, who feel alienated or out-cast in the community, or who are involved in a peer group who engage in risky behaviours, may be less hopeful about the future and experience maladaptive identity formation patterns (Berk, 1999).

Youth who have predispositions for psychopathologies, such as attention deficit hyperactivity disorder, borderline personality disorder, oppositional defiant disorder, or mild psychosis, if not adequately supported at home or school, may have intensified tendencies towards defiant acting out and discord at school. Abuse or neglect of youth can also heighten inclination towards social withdrawal, aggressive, defiant, or self-destructive behaviours. These youth, or those whose home situations place them at risk of negative treatment need to have the ego strength be resilient, or need support in obtaining effective tools to help them thrive in adolescence.

### *Ecological Model of Development*

The ecological model of development (Bronfenbrenner, 1979) is commonly found in literature to theorize about the development of youth. In addition to the psychological

or emotional process of development, this model considers demographic and environmental risk factors, interpersonal social issues, and relationships with family, peers, and community. This theory correlates these factors to difficulties or successes in development (Fuller & Sabatino, 1996; Query & Hausafus, 1998). The ecological model examines the interactions and adaptations of the individual in one's *Microsystem* of roles (i.e. sense of self) and immediate interpersonal relations; and the *Mesosystem* of environments that involve the individual (i.e. immediate relationship with members of one's school, peer group, family), to the *Exosystem* of settings that effect, but do not directly involve the individual (i.e. parents' work, government) (Bogenschneider, 1996).

The risk-protective intervention theory states that identified risk factors can be counterbalanced by protective factors, and then translated into positive action in preventative programs. Risk factors may originate in the *individual* such as identity role confusion, family relation difficulties; and/or in the *social community*, such as peer pressure, academic difficulties; and/or in the *external environment*, such as community pressures, oppression from low family income, or school bureaucracy (Bogenschneider, 1996).

Bogenschneider (1996) outlined protective factors on individual, family, peer, community, and school levels to counter-balance negative risk processes. Protective factors on the individual level were found to be positive self-esteem, sense of autonomy, good problem-solving skills, interpersonal skills, and a creative outlet for expression. On the family level, close relationships with a positive adult role model, social support, communication with family, and parents who have an active involvement in the child's life were found to be effective protective factors. Protective factors in the community are



most effective when the community is supportive, when youth have access to community resources and are involved in a meaningful and responsible way. On a school level, counter measures are positive school experiences and successes in non-academic pursuits, extracurricular activities, and a responsive school that is organized as a comfortable place for youth to find successes (Bogenschneider). Resilient youth were found to have strong social support in the family, school, and community, as well as the opportunity to be helpful and pro-active in the larger community (Werner, 1990).

### ***Resiliency***

Resiliency is the result of things going right in development so that youth can grow into successful functioning adults (Ungar, 2004a). Successful intervention programs for youth with high potential risk factors should focus on creating conditions to facilitate positive development. A program that fosters holistic development should also realize the limitations of risk and protective processes; that each person has any number and combination of risk factors; and that not all protective processes will fit with the individual phase of development or subjective social environment. The literature suggests that the majority of at-risk youth will be resilient and succeed, later in life, even when they come from upbringings that include poverty, family violence, or abuse. This is due to the protective or resilient factors ingrained in one's temperament, one's outlook on the future, support and outreach from community, and the faith emanating from adult role-models who help draw on children's strengths (Rak and Patterson, 1996; Werner, 1990).

Studies of resiliency illustrate greater success in development in individuals who have internal problem-solving skills available, a high self-concept, an optimistic vision of one's future, desires to seek new and creative experiences, a pro-active stance, and

autonomy (Rak and Patterson, 1996). These factors need to be fostered at school and home. Yet despite the promoted protective factors, a large demographic of youth struggle emotionally and socially throughout adolescence; many act out in disruptive or destructive behaviours, or fail to make it through the school system.

The constructionist discourse on resiliency (Ungar, 2004a) implies that studies on risk and protective theories may only be relevant to specific developmental stages or certain cultural groups. This is because there is no complete set of conditions that could possibly protect all children from all risks. Research done on the resiliency in Risk and Protective theories has mainly been conducted from a Western perspective, with arbitrary and general delegations of wellness, and a narrow view of *risk* (Kronick, 1997; Ungar, 2004a). The constructionist discourse is more contextual, based on the power that a cultural group allocates to risk or protective processes (Ungar). For example, self-esteem is a *protective factor* that a youth involved in deviant behaviour may use in a negative way to search for success and power, in a *risky* way. How can resiliency be achieved through alternate paths? Who decides which behaviours are socially acceptable expressions of health? Ungar (2004a) writes that the concepts of risky or healthy behaviours should be a phenomenological discussion that a respective community defines, based on personal characteristics and intent; however, it is suggested that more research is needed in regards to alternative, or contextually specific, access to healthful resources.

### *Labelling*

One must find the internal place where they realize that they have potentials, they know things... they have ability to choose and think freely and critically, and have a working understanding of the world. Too often it seems that one distrusts oneself, and one has no need to buy into labelling and accept their situation as helpless.

(Freire, 1972)

At-risk youth are not necessarily disadvantaged, unmotivated, or victims: often they are gifted or privileged in several areas, yet if they don't necessarily thrive academically, socially or emotionally; they may become isolated, lose self esteem, live down to their label, and eventually slip through cracks in the system (Donmoyer & Kos, 1993). A child who receives oppressive labels or negative feedback from schools or families, and who internalizes the deprecating comments, begins to believe in their own incompetence; language itself has the ability to create one's social reality (Higgs & Tarsi, 1997; Horton & Freire, 1990). It is all too easy to set a self-fulfilling prophecy for youth if they are labelled or treated as hopeless at-risk youth (Rak & Patterson, 1996).

The teachers and administrators of the school system, where many students acquire labels based on school-related successes or failures, may not be attuned to the students' personal or community culture, and may not have the tools to foster growth of difficult students (Donmoyer & Kos, 1993). Schools may fail to recognize special needs of students; or may not be equipped to nourish their individual emotional or academic needs or unique ways of acquiring meaning (Ford, 1993; Rak & Patterson, 1996; Ungar, 2004).

Higgs & Tarsi (1997) recognize the power of language to construct social reality, and write instead on "at-promise" youth, with the intention for this population to be respected and acknowledged as students with the potential to positively contribute to society. They write that as the students' beliefs about their potentials change, and as the

community, school, and teachers modify their beliefs about the students, real change in learning and succeeding in schools (and in life) can occur. By positively altering one's language about students to instil a sense of pride, promise, and ownership over one's life, students are empowered to find meaning in one's academic and extra-curricular pursuits (Higgs & Tarsi, 1997).

Although labelling youth can have negative outcomes, there are some advantages of initial identification of youth who show difficulties in certain areas. For example, programs tailored with specific goals can be created for a target group after identifying risk and protective processes associated with a direct issue or problem, such as in drug or alcohol awareness (Bogenschneider, 1996). However, prevention of any factor ultimately requires society to address underlying issues that largely contribute to the successes or challenges that youth face, such as cultural insensitivity, poverty, social inequality, oppression, and a lack of community support (Kronick, 1997; see also Boal, 1985; Freire, 1972).

### ***Challenges with the School System***

New learning is created in the alchemy of change...  
resistance to change is the main barrier to learning.

(Higgs & Tarsi, 1997)

As previously mentioned, it is difficult to establish causal relationships between risk factors such as personal, family, academic, socio-economic status, motivation, etc., and having an at-risk status. Other variables, such as school conditions, teacher-student relation, etc. may also contribute to one's ability to succeed (Donmoyer & Kos, 1993).

One major challenge of the school system is that students who are typically labelled as at-risk, particularly those with serious behavioural or emotional difficulties, victims of

abuse, or those who live in poverty, need to have their basic needs for nourishment and safety met before they can engage in positive educational climate and learn at the same level as their typical peers (Higgs & Tarsi, 1997).

Yet the question still remains: are the problems that youth face a result of a combination of individual personality, behaviours, family situation, peer pressure, or income level? Or is a school system that is too demanding, and yet unresponsive to students' needs, equally responsible for students' successes or failures? Freire (1972) describes a "banking system" of education, in which information is processed by the teacher and then output by the student. This system suppresses creativity and does not help students learn critical thinking skills (Horton & Freire, 1990). In conventional education systems, emphasis is often placed on competitiveness, grades, getting correct answers, and rote memorization of facts that may seem disconnected from students' lives (Higgs & Tarsi, 1997; Horton & Freire, 1990). If a student already experiences particular difficulties in these areas, this may reinforce his/her less-functional tendencies and lead to acting out or disengaging from school (Ford, 1993).

Studies of the difficulties in the school system often focus on the *problem student* and his/her *troubled behaviours*, but not on the root of the problem, or the underlying environment, that contributes to the deviance (Higgs & Tarsi, 1997; Kronick, 1997). Despite the amount of research done on troubled youth, it seems that most youth who have academic problems, behaviour or emotional difficulties, or those from disorganized families, have very positive outlooks (Werner, 1990). This is enhanced when they have a strong support network to advocate for their rights, such as teachers, school counsellors, or other mentors (Gilligan, 1999). As the community and society commit to encouraging

strengths, rather than exposing weaknesses, youth will overcome adversities (Rak & Patterson, 1996; Ungar, 2004a, 2004b).

Students may drop out of school because of low academic achievement, or because of negative feelings of alienation from the school (Higgs & Tarsi, 1997). They often have weak relationships with teachers or peers, or have trouble learning the material that appears irrelevant in everyday life (Stepney, 2001). One way to curb students from dropping out is to ensure that students are appropriately and gradually challenged academically. Classroom learning and schoolwork should be relevant, purposeful, and necessary for students to find success outside of school. Schools need to be sensitive to students' diverse skills, abilities, and learning styles (Ford, 1993; Stepney, 2001).

#### ***Alternative Programs in Schools***

Alternative programs are necessary in the school system to connect youth who have difficulty succeeding in mainstream educational institutions, and to ultimately prevent them from dropping out (Ford, 1993). Every child has the right to an education, and it is in society's best interest to encourage young people to be productive and make meaningful contributions to their communities. Society has the responsibility to create practical, productive and safe learning environments for students, regardless of their abilities or disadvantages (Kronick, 1997; Stepney, 2001).

School is an extremely effective environment to begin fostering the process of positive change and growth for at-risk youth. Teachers have the opportunity to listen carefully to the students' needs, and respect their voices of concern and oppression (Bogensneider, 1996; Higgs & Tarsi, 1997). In this way, students and teachers can feel empowered and in control of their environment, and the learning can eventually occur.

Many students who have dropped out of school experienced school as a negative and unpleasant environment (Statistics Canada, 2004). A positive, encouraging, kind, authentic, creative, and caring community, or culture in the school will contribute to the empowerment of both students *and* teachers, in areas such as policy-making, encouraging literacy, accepting ownership of one's choices, and creating a safe and comfortable school environment (Horton & Freire, 1990; Kronick, 1997; Macbeth & Fine, 1996; Martin, 2003; Yennie-Donmoyer & Donmoyer, 1993). The group therapeutic theatre experience proposed in this paper is intended to promote an atmosphere of community, understanding, unity, support, and harmony that is not otherwise a part of the normal school system.

### ***Therapy in Education***

The developmental challenges of adolescence, combined with personal, familial, social, and community-based risk factors, underscore the need for group therapy and individual counselling in schools (Sylwester, 1994). This paper strongly suggests that at-risk youth need access to therapy for a variety of reasons, and that school is the optimal and most accessible place for it.

Therapy should be an integral component to the education process in order to ensure that those students in need of emotional or psychological support can identify their inner resources and begin to assess the barriers that prevent them from maximizing their potentials. Therapy is different from educational or recreational support because it is a deeply personal journey that is facilitated by a therapist trained to guide the process of self-actualization. Students who receive therapy in the school environment will have a

stronger self-concept and a greater self-awareness of their actions as well as the effect of their actions on others.

Group therapy is a place to identify with others and to discover that one is not alone in personal struggles. It offers a chance for positive peer interaction, as it allows for self-expression and the chance to be listened to and be heard by others. Youth are instrumental in each other's growth; being part of group that establishes a sense of community teaches acceptance and empathy towards others (Sylwester, 1994). Group work that focuses on self-esteem, self-concept, expression of emotion, personal responsibility, and preparation for a successful future are all concepts that should be present in preventative therapeutic programs for at-risk youth (Fuller & Sabatino, 1996).

### ***Preventative programs***

Before creating preventative or protective programs for at-risk youth, careful research and investigation into the community should be done to identify and address specific, cultural and social issues. (Bogenschneider, 1996; Donmoyer, 1993; Freire, 1972; Gilligan, 1999). The program facilitator must work with the community to create a program that satisfies a need or fulfills a deficiency. The structure of a preventative program may be difficult if it is too formulaic, as it may not satisfy all communities. Thus, it must be flexible to adapt to each respective population.

Community involvement is essential in the creation, implementation, and continuation of the intervention program (either in the school or in other areas of the public), to ensure that it is well adapted for the community. In this respect, as community members feel empowered, they ultimately take ownership over the program. The goals for the program can be reached, evaluated, and then adjusted to suit the needs of the



group (Thompson, 1996). Adults who take part in mentoring youth share the enthusiasm of the program, and provide positive and supportive role-modeling (De Anda, 2001; Gilligan, 1999; Frank, 1996). Creative and innovative programming provides rewarding alternatives to negative behaviours (such as drug or alcohol use), and offers opportunities for youth to be involved in *meaningful* productive and positive ways in the community. (Bogenschneider, 1996; Frank, 1996).

On the school level, teachers and students need to work together to create a positive culture of mutual respect and understanding. Ideally, everyone involved in the school system would work together to create new policies that to encourage creative expression of needs, rather than following rules and regulations that may be oppressive, counter-productive, or detrimental to success (Donmoyer, 1993).

The role of the teacher is to encourage new learning, while honouring and integrating the diverse cultural values of his/her students (Higgs & Tarsi, 1997). Teachers need to structure learning environments that build agency in students, so that students feel personal power and competence (Higgs & Tarsi). A perceived sense of control over one's life leads to a sense of empowerment and creates more successes in the learning process. The context of one's education must occur from a place within the student; learning must be relevant to his/her immediate life. This enhances self-concept, self-efficacy and responsibility (Higgs & Tarsi).

### ***Creative Arts in Education***

We tried to involve everybody in singing and doing drama  
and dancing and laughing and telling stories, because that's a part of their life.  
It's more of a holistic approach to education, not just a bunch of unrelated segments.  
(Horton, 1990)

The creative and artistic process can bring about a deeper awareness of environmental, social, and personal issues, as it helps facilitate the expression of emotions and the search for self-identity (Stepney, 2001). Role play and other dramatic forms of self-expression are strongly recommended as outlets for youth to practice alternative ways of coping with issues, or as an approach to resolving conflicts (Beale, 2001; Bogenschneider, 1996; Cossa, 1992; Dalton, 1996; Kruczek & Zigelbaum, 2004; Liebmann, 1996; Macbeth & Fine, 1996; Rak & Patterson, 1996; Thompson, 1996; Sternberg, 1998). The arts in general need to have a more prominent place in schools, in order to support students in their exploration of the self and encourage creative learning (Casdagli, 1999; Higgs & Tarsi, 1997; Sylwester, 1994).

The creative arts in schools have intrinsically therapeutic advantages, however the creative arts *therapies* offer a means to explore deep personal, social, emotional or psychological issues in a confidential, contained, and supportive milieu. The proposed program is more than a theatre class because the learning and personal growth cannot be graded systematically or quantitatively. The creative arts as therapy is an ongoing process that facilitates healing through an artistic media, much different than a recreational art project or academic course.

### ***Literacy in Education for Life***

Schools need to help students develop practical life skills by integrating literacy into regular school practice, and learning together how it is beneficial in all areas of life, as well as for possibilities in future success (Stepney, 2001). For effective literacy development, teachers and leaders of prevention programs should have a fundamental belief in the student that s/he is a capable learner, and should encourage critical thinking

(Allington & McGill-Franzen, 1993). The leader's efforts must be imbued with a "profound trust" (Horton & Freire, 1990 p. 62) and authentic responsibility for students' capabilities of creative power and ability to learn.

Students are empowered as they authentically believe in their ability to learn, and the culture that supports their learning changes its beliefs in the students (Higgs & Tarsi, 1997). Empowering teachers to change attitudes towards students will lead to changing school success in literacy. This change will take time and effort, and must come from deep within the school system, and be supported by the community (Donmoyer & Kos, 1993).

## Chapter 3

### Review of the Literature on Literacy In Relation to Drama, Theatre, Therapy, and At-Risk Youth.

Literacy for all is at the heart of basic education for all....

Creating literate environments and societies is essential for achieving the goals of eradicating poverty...and ensuring sustainable development, peace and democracy.

(United Nations Resolution on Literacy Decade,  
adopted by the General Assembly, 2001)

#### *What is Literacy?*

Definitions of literacy range from the ability to read and write, to a broader and more expansive view. This includes the ability to de-code, evaluate, apply, and connect, in a given culture, using a wide range of resources, including embodiment, print, visual, audio, video, and other media sources (Luke & Elkins, 2002). Literacy involves all aspects of communication and understanding through written, verbal, embodied (non-verbal), dramatic, and symbolic interactions (Baldwin & Fleming, 2003). Being literate means having the ability to comprehend and compose meaning in any modality (Winters, 2004), in order to participate fully in society (Movement for Canadian Literacy, 2005).

Meaning making that one derives from literacy happens in the creation of a story with a beginning, middle, and end. This basic form is the shape of one's personal story and is inherent in drama. I suggest that *story*, as in storytelling, story making, and story writing, be included in the description of literacy. Story has also been suggested to be a core process of drama therapy (Snow, 2005, Personal Communication).

Reading or writing personal stories, and the individual identification with fictional stories, helps one making sense of social/cultural identity, and form a sense of self or personal identity. The ability to succeed in reading or writing, especially for those who have experienced difficulties in literacy, leads to empowerment, self-efficacy, self-confidence, and the passion to strive for personal and social change. Literacy is a significant part of this research as it pertains to at-risk youth, the strong connections between literacy and drama/theatre, empowerment, and the potentially considerable therapeutic outcomes.

### *Low Literacy Levels*

Literacy is an instrument of social power.  
 People become part of a culture by learning to interpret  
 and use its particular signs and symbols.  
 They use language in social relations that increase their knowledge  
 and develop their potential.  
 Poor literacy skills can exclude people  
 from the dominant social groups and opportunities in a society.  
 (Literacy Skills of Canadian Youth, 1997; MCL, 2005)

The Movement for Canadian Literacy (MCL) organization (2005) explains the connection between low literacy rates and socio-economic inequality. Children from poor or disadvantaged families (as well as other deprived populations) have higher rates of both illiteracy and poverty. This leads to long-term inequalities in all other areas of life, such as education, employment, income levels, and other life comforts.

As discussed in this paper, youth labelled as at-risk by the school system are already at a disadvantage as they may be at-risk of a self-fulfilling prophecy. Their needs may not be served by the school system, and they may eventually drop out without becoming literate (Higgs & Tarsi, 1997). Another complexity is that parents of at-risk

youth may not have the skills or confidence to have their children's needs met by the school system (MCL, 2005).

According to the Movement for Canadian Literacy (2005), it is estimated that 30-80% of students in mainstream educational settings have learning disabilities. This implies that as certain students who find literacy difficult in school for various personal, social, family, peer, or cultural reasons could also be diagnosed with learning disabilities. Their needs for special assistance may not be recognized, identified, or met by the school system, and one may eventually be more prone to dropping out because of frustrations in reading difficulties (see Figures 1.1 & 1.2).

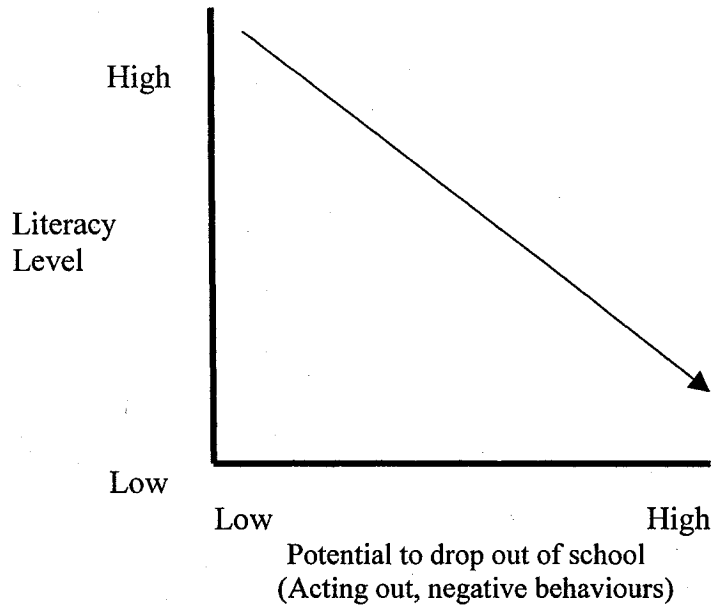


Figure 1.1. Lower literacy levels in relation to potentially at-risk behaviours.

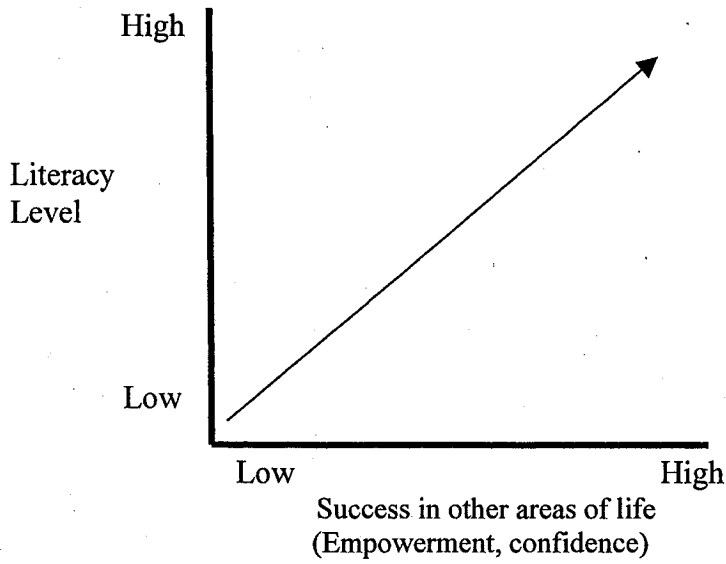


Figure 1.2. Improved literacy levels and potential increases in self-empowerment.

### *Making Sense of the World: Cultural Context*

Literacy education... is as much about context,  
social field, power, identity, culture, and economy  
as about psychological processes and linguistic practice.

(Luke & Elkins, 2002)

Literacy is a process wherein one reads the world (Freire, 1990) through a social, cultural and political lens to develop a personal sense of identity (Luke & Elkins, 2002; Moje, 2000). As a reader reads any given text, s/he attaches meaning to words in a unique and personal process to facilitate understanding. Comprehension of the literature, text, print media, etc, comes from one's knowledge and perception of broader social, cultural, political and historical contexts (Martin, 2003).

Moje's (2000) research of the use of literacy with at-risk youth, specifically those associated with gangs, challenged the notion that youth in gangs may not succeed in school because of low literacy abilities. In fact, she identified a complex understanding of literacy concepts and practices that youth adopted to use as expressive and communicative tools, to gain power, for belonging, and meaning making. Literacy practices among "gangsta" adolescents (Moje) are inherently applied in non-mainstream approaches such as graffiti, tagging, clothing style, written and spoken linguistic nuances, and other symbolic encoding, to construct personal identity and to understand and be understood (and respected) by others in their community. Literacy among gang-related youth may not be legitimized in traditional school settings; however, it is part of the culture of these particular youth. If youth are shown respect for their practice, and have accessible means and authentic support to learn alternatives to their behaviours (and life-story), literacy has the potential to be constructive in creating social change (Moje).



Studies suggest that for success in literacy, programs in school should be culturally sensitive, and a large degree of trust has to be built between the leaders at school and students. Policies are needed to improve literacy outcomes in ways that can strengthen the way students navigate through their personal and social situations (Luke & Elkins, 2002). There is a need for literacy education that encourages students to analyze, reflect, and think critically about their worlds, and help them transform everyday encounters with text or print media, into potentials that will help them advance in life (Luke & Elkins, 2002; Martin, 2003).

### *Personal Story*

If you want to know a person intimately, then,  
listen carefully and compassionately to his personal story.  
(Goldberg & Crespo, 2003)

Our lives are full of stories and each of us is a natural born storyteller (Salas, 1999). Stories serve as a bridge from the self to one's cultural and social worlds (Meekums, 2005). *Personal story* is the story that tells oneself to transform real life events into a narrative. This personal narrative is used to evaluate one's experiences from both personal and social contexts (Goldberg & Crespo, 2003).

Narratives help one make sense of inner and social experiences in the formation of a sense of self-identity (or who one *is*), and in developing new attributes to become the kind of person one desires to be (Goldberg & Crespo, 2003, Salas, 1999). The personal story approach evaluated by Goldberg & Crespo (2003) is the process of listening to the story (with its plot, characters, beginning, middle, and end), evaluating the emotional experience as the story was happening, and feelings undergone in the re-telling. Stories, as they are told and examined, help arrange the events of life through linguistic concepts,

which create our sense of reality (Goldberg & Crespo). One learns through telling personal stories as they gain insight into their desires, obstacles, moral judgements, values and available resources for self-improvement.

### *Literacy in Therapies*

Personal or fictional storytelling, story-making, creative writing and reading fiction or non-fiction literature, are examples of how literacy has been incorporated into the therapeutic process (Bolton, 1999; Gersie, 1997; Meekums, 2005; Novy, 2003; Pehrsson & McMillen, 2005). Narrative therapy, creative writing, and bibliotherapy are examples of certain modalities of therapy that make use of autobiographical or fiction literacy in the healing processes.

#### *Narrative therapy*

In narrative therapy, stories serve as a creative and distanced frame to explore one's own ideas, perspectives, hopes, fears, and values about the world; these stories describe and shape one's life (Novy, 2003). One can tell actual events of one's life as in their story, or can tell an alternative story (Novy) to emphasize, omit, or re-author (Meekums, 2005) certain events in one's story. An alternative story is a frame to place issues outside of the dominant life story and re-invent the self by focusing on strengths rather than problems. Stories give an opportunity to channel into new areas of the self and explore one's identity externally (Meekums). In this frame, one realizes that his/her personal identity is not composed of problems, that one is separate from the problem. This provides more space for authentic interests and abilities to be available to the self and in functioning in the world (Novy, 2003).

By telling one's story, and being witnessed, by a therapist, or audience, one demonstrates skills, abilities, and knowledge of the self and the world, which has the potential to be carried over into other aspects and contexts of life (Novy, 2003).

Storytelling give one a sense of self-authority and empowerment in one's life as it gives a form to one's ideas, feelings, and experiences.

### *Creative writing*

Writing seems to create a pathway to memories,  
feelings and thoughts you did not know you had.

You can discover, explore, clarify and make connections with the present.

It is a way of grasping experiences  
which seem otherwise lost in the depths of the mind.

(Bolton, 1999)

Meekums (2005) suggested that creative writing could serve as an alternative literary frame to share personal stories, especially for clients who find it difficult to embody experiences. Writing autobiographical narratives allows the opportunity to continually construct, deconstruct, and reconstruct one's life story; while creative writing provides a more distanced frame to work through issues in the metaphor. Writing is a bridge to access more positive parts of the self, and acts as another form of *embodiment*, that is a valid way of working through issues in a therapeutic milieu (Meekums). "The enactment of stories occurs on the page, allowing the writer to gradually engage with ever more embodied experience, without being overwhelmed" (Meekums, p. 104).

The act of storytelling serves as a healing mechanism as it gives a voice to the stories stored within, stories that need to be unearthed (Meekums, 2005; Salas, 1993). For stories to be used in healing, they need to be given a voice and form, whether they are spoken aloud, written, re-written, or embodied. The witness to one's story, being the

therapist, group, or audience, helps provide new perspectives to the storyteller (Bolton, 1999; Jones, 1996; Meekums, 2005).

### *Bibliotherapy*

What fascinates me in reading good books is to find the moment in which the book makes it possible for me ...to better my understanding of reality.  
 ...[T]he reading of books is important to the extent that the books give me a certain theoretical instrument with which I can make the reality more clear vis-à-vis myself...  
 That is the relationship that I try to establish between reading words and reading the world.  
 ...It has to do with reading the text in order to understand the context.

(Freire, 1990)

Reading fiction literature as a therapeutic modality provides a path to explore difficulties, as the client connects real life with fictional situations or characters in stories (Gold, 1988; Pehrsson & McMillen, 2005). One gains insights through reading in the process of re-framing the issues in an alternative context.

Pehrsson & McMillen (2005) reviewed a large amount of literature discussing bibliotherapy as used as an evaluation tool to address issues of behavioural, personal, emotional, societal, and relationship issues. They found that the benefits of reading (or being read to) are increased self-awareness, identity development, empathy towards others, coping skills, and reduction of negative emotions (Pehrsson & McMillen). “Stories can serve as a stimulus or vehicle for expression of emotions and telling of one’s own story” (Pehrsson & McMillen, p. 49).

Significant effects of literature or bibliotherapy as either a therapeutic modality or evaluation tool have not been studied extensively (Gold, 1988). However, it has been found to be a positive adjunct to the therapeutic process (Gersie, 1997; Pehrsson & McMillen, 2005).

### *Literacy and Drama*

Drama is an effective medium for developing communication, language, literacy, and learning (Schneider & Jackson, 2000). It offers contexts for speaking, listening, verbal and non-verbal communication of thoughts and feelings through story, play, imagination, improvisation, and narratives (Baldwin & Fleming, 2003). Meaningful communication in drama offers opportunities for social interaction and feedback (Bomer, 2003; McMaster, 1998). Students presenting dramatic action learn self-evaluation skills, as they must ask themselves if they are making sense to the group, or if the audience will understand them (McMaster, 1998). Literacy and story making in the context of dramatic play offer a safe space to make sense of the world as one develops an understanding of personal reality or social/cultural identity (Baldwin & Fleming, 2003)

### *Story*

Engaging with the story narrative in drama supports several aspects of literacy development in a valuable social context. These include vocabulary building, identifying plot, action, character development, roles, alternative points of view, motivations, sequencing events, conflict resolution, recognizing emotional tone/mood, and identifying important themes (Baldwin & Fleming, 2003; McMaster, 1998; Winters, 2004). Reading comprehension is strengthened in drama as it provides “a context for collaboration, active meaning making, multi-modal expression and reflection” (Winters, 2004).

Myth and story have been successfully used as a tool to access inaccessible feelings and explore emotional issues through the metaphor (Couroucli-Robertson, 1998; Gersie, 1997; Novy, 2003). Story in drama provides a distanced frame to explore issues, problems, ideas, values, fears and personal perspectives (Couroucli-Robertson, 1998).

The process of telling one's story and subsequently performing it in front of an audience offers a chance to voice self-expression. As the client is acknowledged for his/her accomplishment, s/he feels a sense of empowerment, competence, acceptance, feeling heard and understood by others (Nash, 1996). Stories are devices to help us read our world; we make sense of our lives through our relationship to stories.

### ***Language***

There is a strong connection between language and the creation of personal meaning, which is enhanced in drama through the body-mind, or "somatic-literary" connection (Bomer, 2003). New vocabulary is reinforced through dramatic practice as one embodies the word and perceives language visually, aurally, and kinaesthetically (McMaster, 1998). Language is used to support and interact with others, and this helps to develop story-making skills (Baldwin & Fleming, 2003). Dramatic play expands new vocabulary, physically embodying the written word from a text, and improves spoken language skills. Improvising in drama is as if one is "writing on their feet," (McMaster, 1998) which may expand to written language skills.

In a more literal sense, dramatic representation is connected to literacy skills as one performs and *reads* symbolic body movements. Dramatization uses symbolic images such as sound and movement to represent characters or setting in a scene. Manipulating symbols in dramatic play utilizes the same basic tools that one uses to grasp symbolic principals of printed text (Vygotsky, 1978).

### ***Script***

Drama provides the opportunity for collective or individual script writing, and theatre and is a place for learning to occur in a positive community. The script is a frame

to develop success and fluency in literacy through reading, rehearsing, repetition, practice, and performance (McMaster, 1998). In the therapeutic theatre process, the script offers new perspectives as one re-writes or re-creates personal or group stories. This ability to connect words to experiences demonstrates comprehension of material and critical thinking.

### ***Literacy for Empowerment***

Paulo Freire (1972) promoted literacy education in order for people in oppressive circumstances to liberate themselves from political and economic inequalities. He believed that learning to read and write would help people to gain new perspectives or self-awareness, to critically examine and confront their current situation, and to take the initiative to transform one's society. Freire believed that personal growth and societal change is possible through the educational process only when the programs are established to dialogue *with*, rather than explain *to*, the people. The educators of literacy programs must have "profound trust" (Freire, p. 47) in the people and the process. This encourages critical thinking, confrontation of reality, and new awareness of the self; as well as the promoting the reinforcement that people are co-creators of their own reality (Freire). Knowledge, in the form of literacy, critical thinking, and in having tools to dialogue with others, translates into empowerment.

### ***Example of Literacy and Theatre Programs***

Worthman's (2002) theatrical work with at-risk youth focuses on drama and literacy (body and language; visual and somatic) to transform one's understanding of writing, creativity, self-expression and self-exploration. Worthman's theatre company is an educational environment that uses multiple modalities, particularly drama, to "rehearse

for living” (Jones, 1996), and develop empathy, creativity, spontaneity, and social skills. The youth who participated in this program shared and listened to one another’s stories and were validated in this process. Worthman implied that students’ perceptions of literacy were changed as they embodied stories and new roles, listened to their peers, and became empowered mentors. They learned cooperation in a cohesive community as they embarked on a collective creative collaboration. Literacy and theatre empowered the youth to improve their self-concept, to become positive role models and mentors, and to contribute to the betterment of their community. The youth realized their individual personal potentials through the process and discovered that their actions have the potential to positively impact others in their community.

#### ***Expected Benefits of Literacy in Therapeutic Program for At-Risk Youth***

There are several expected therapeutic outcomes in regards to literacy, as practiced through drama and theatre. New roles, personal reflection, identity development, and awareness of the self in relation to society, emerge from sharing personal stories and making sense of one’s story in relation to others. Participants in a program who are respected and have personal needs met, experience accomplishment and success. Ideally a program, such as the one proposed in this paper, will give students the power and ability to transfer the knowledge and literacy gained through the theatrical process, into other areas of school and life.

As students engage in a theatre program, an effective way to self-evaluate and reflect is to keep a journal or other written responses. This provides a constructive place for social, intellectual, emotional, cultural reflections, which leads to development of one’s own ideas, and increased self-esteem and self-image (Baldwin & Fleming, 2003).



Literacy is a constant interaction between the self and one's world (Freire, 1972). Drama offers a place to expand one's knowledge and understanding of the world, as one rehearses in the dramatic *playspace* for real life situations. It offers a creative and imaginative medium to practice critical thinking skills, which leads to successes in practicing literacy in meaningful contexts. By putting thoughts into action, one explores new ideas, concepts and parts of the self, in the imaginal realm. One internalizes fictional roles, mediating between the inner and out self. Drama promotes flexibility, adaptability, and spontaneity. As a group process, it helps develop empathy as one listens and responds to personal stories of others. The group process provides opportunities for basic social skills such as cooperation, trust, and negotiation with others, and is very useful in educational settings for these reasons (Courtney, 1989).

## Chapter 4

### Review of the Literature on Therapeutic Theatre

#### *Therapeutic Theatre: Definition*

Theatre integrates a variety of art forms, including song, dance, music, visual art, puppetry, storytelling and acting. The final product is an aesthetic presentation performed on a stage in front of a live audience. In ancient times, theatre was practiced for ritual healing and connecting to higher states of being; the stage was connected to the sacred space of spirituality, community and religious practice (Pendzik, 1994). Theatre mirrors life and reflects the human condition. It explores dramatic conflict, serves as a means of communication and has the ability to promote personal and social change (Jenkyns, 1996). People attend the theatre for entertainment, enlightenment, enchantment, emotional release, and educational purposes.

Because of its roots in spiritual practice, ritual and healing (Pendzik, 1994; Schechner, 1981; Snow 2000), as well as the study of drama in relation to human development (Vygotsky, 1978; Way, 1967), the use of theatre in therapeutic practice certainly belongs within the domain of drama therapy.

Therapeutic Theatre is recognized, valued, considered, and practiced as a core process, and a viable method of drama therapy (Jones, 1996; Emunah & Johnson, 1983; Mitchell, 1994). Snow, D'Amico and Tanguay (2003) explain that a play that is intended to be "therapeutic theatre [should have] specific clinical goals, it should be facilitated by a therapist skilled in drama or a drama therapist; and be brought to culmination in a

performance for a community beyond the social sphere of the therapeutic group itself” (p. 80).

***Theatre and Ritual: The Performance***

Ritual has the power to transform a person from a state of alienation and place him or her into a condition of community.

(Rowley, 2003)

The major difference between therapeutic theatre and other forms of psychotherapy or drama therapy is the space where the healing process occurs. The theatre takes the *private* therapeutic experience of growth, discovery, affective expression, and insight, into the public domain (Emunah, 1994). The rehearsal process and public performance is the therapy itself, and the product is as important as the process of its creation (Emunah). It breaks the conception of conventional therapy because the results of the therapeutic process are not held in an intimate space, but rather mounted on stage for public viewing. The actors “come out with their private identities and histories” (Emunah, p. 251).

The stage, or the ritual space where the drama takes place, is a symbolic element of the dramatic process that has the capacity to heal and transform (Pendzik, 1994). The stage itself can be seen as a symbol of the centre of the person or self, and it also has the power to elicit strong emotions associated with self image surrounding the public viewing of one’s inner story (Pendzik).

The public performance of the piece heightens the intensity of the therapeutic experience, especially when stories told on stage come from a real place of self-revelation for the clients (Emunah & Johnson, 1983). On stage, the participants experience power: “they are actors, not spectators; activators, not victims” (Emunah & Johnson, p. 236). The

audience applauds for the individuals on stage, and for the Self that is revealed in the persons' story, through embodiment, voice, action, and presence. Performance can seem risky because of the public exposure of the process, yet in this place some of the most effective moments of insights and personal growth can occur.

The public performance gives the actors a *voice*, or an opportunity to demonstrate their strengths, growth, and creative potentials to the community. This is especially empowering for stigmatized or labelled populations who are able to take pride in their contribution to society (Snow, et al. 2003). In the performance, the clients confront, and are judged by, the audience; they reveal the transformed self-image, and prove their abilities to the outside world (Emunah & Johnson, 1983). The actors, who may have lost their voices, articulate their stories through theatre; the audience listens with compassion and humanity (Emunah, 1994, p. 253). The theatrical process allows participants to accomplish goals they may have thought unattainable in the past, and to take on new roles they may have never imagined possible, either because of oppression from society or their own self-imposed limitations.

### ***Therapeutic Theatre Model***

The process of therapeutic theatre involves identifying particular issues within a group using drama therapeutic techniques and working through a group process. The performance aspect allows the individuals to explore and express oneself within the frame of a dramatic performance. The constructed play can be based on a fictional tale (Snow et al., 2003), a story based on true-life events, or an autobiographical or self-revelatory performance (Emunah, 1994). The group comes together as an ensemble, as

members of a theatre company, and work to achieve a common goal within the limit of time and resources (Meldrum, 1994).

Steve Mitchell (1994) has outlined a **Therapeutic Theatre Model** that allows clients to express their emotions in a creative way and to explore their feelings through the dramatic process. The therapist acts as the director to guide the group in identifying needs, issues, or common themes to delve into the dramatic realm.

The first step, **need identifying** of the most significant issues of the group, defines this model as a form of therapy rather than a conventional theatrical production. The group decides on a form in which to express the material, either through a stage production, video, radio play, or other expressive media (Mitchell, 1994). The group develops a script and a story line to represent their topic through improvisation and dramatic media. The group agrees upon the intended audience and the goals for their final production. Group members inhabit their new roles as either actors or production crewmembers.

The **decision-making process** builds group cohesion, and the improvisation promotes spontaneity (Mitchell, 1994). This process is extremely empowering for clients as they realize that they have a *voice* in the group and take *ownership* of the project. In a school setting these are valuable aspects to imbue in students.

The therapist sets up short-term and long-term **clinical goals** for each client and for the production. As clients work through dramatic scenes in character, they explore alternative ways of resolving conflict, experiment with emotional expression, gain new perspectives on issues and break out of maladaptive patterns (Liebmann, 1996; Mitchell, 1994). The **aesthetic product** is the final goal of the therapeutic theatre. The participants

put in a genuine effort for the production to look, sound, and feel professional, with all of the aesthetic components of a conventional theatre production, such as lighting, sound, stage design, costumes, and thoroughly rehearsed scene-work. Depending on available resources, the stage crew can be professional or amateur, comprised of interested participants. Technical aspects are conceived as the play takes shape, and the group has direct input into the aesthetic product.

The **time frame** of the production sets a boundary for the clients, as they must work together to create an aesthetic product by a given date. When the performance date arrives, clients may experience stress or performance anxiety. The therapist guides and contains the group to overcome and work through difficult issues (such as stress, anxiety, anger, and apprehension) throughout the entire process (Mitchell, 1994).

Mitchell (1994) emphasizes that the therapist as director should not over-indulge his or her ego by imposing personal creative views. Rather she should “offer resources and dramatic tools to guide the client through self-discovery” (p. 49).

The final essential step in the Therapeutic Theatre Model is that of **de-roling**, or getting out of character, after the participant has embodied a certain role (Mitchell, 1994). The therapist guides the client from the exciting thrill of the performance back to the routine of everyday life. Clients have developed a relationship with their new character or role and must gradually separate from the role, to transition back to their regular lives. Youth who are searching out their various role systems or sense of self, may have strongly identified with the fictional role. The therapist facilitates group (or individual) sessions to reflect on the process and discuss feelings about being in, and having to eventually part with, one’s dramatic role.

**Post-production therapy sessions** provide a place to release difficult emotions, integrate improved parts of the self, ease the transition back to real life, and work through “post-performance depression” (Emunah, 1994). Often as the play draws to a close, clients may have to part from some group members with whom they have formed attachments, and reactions that reflect personal experience with loss and abandonment may arise. Moreover, regressive behaviours may arise with the unconscious intention to prolong the process, or perhaps from fears of terminating the group (Jenkyns, 1996).

Focus on closure is a crucial element in the therapeutic theatre process in order to contain the feelings that the clients experience upon completion of the play. The play will have provided a safe place where participants were supported in self-expression, accepted in a safe environment, and validated by an external audience. In the follow-up therapy sessions, clients share positive and negative feelings about their experiences throughout the process, explore reactions about ending, look towards prospective future goals, and celebrate their success. As part of the closure, transitional objects can be shared with the group, such as photos or a video to serve as a tangible reminder of their accomplishment and a concrete validation of the groups’ creative effort (Emunah, 1994).

### ***Role***

An actor portraying a character in drama simultaneously plays a part “as if” s/he is that character, existing in two realities at the same time. Landy (1990) writes that the “simultaneity of being [is the] bridge between theatre and therapy” (p. 4). The client explores his/her own role system, examining and re-constructing parts of the self. The client learns new ways to interact in the world and practices alternative responses to challenges in the container of the character.

While the therapist becomes the *director* of the work, clients take on new social roles of actor, scriptwriter, storyteller, witness, and theatre company member. The new social roles give the clients a chance to view life from new perspectives. One gains personal insight into one's own life by exploring the self through an embodied character.

By impersonating the life of another character, clients gain insights into their own patterns of behaviour. One's capacity to accept new roles and to practice new ways of working through difficult issues expands as one works in the "dramatic identity" (Jones, 1996, p. 220).

In the therapeutic theatre process, character roles are designed to meet specific therapeutic goals for each client (Mitchell, 1994). For example, if a client has an aggressive nature, the director may cast him/her in a peace-keeping or easy-going role. If a client is unassertive, s/he may be cast as a self-assured character. The process of working "as if" one is a new character brings forth alternative options in working through conflicts and offers the participant a contained place in which to negotiate these alternatives.

### ***Projection***

A play has its own structure and form; it is complete in itself.  
It is... a very containing way of working because it can hold an infinite number of projections, be an infinite number of mirrors, and yet be finite at the same time.  
(Jenkyns, 1996)

Drama and theatre provide distance from actual issues as one *projects* certain aspects of the self onto the character. Projecting internal issues onto the fictional character brings it outside of the person, "externalizing inner conflicts" (Jones, 1996, p. 101) through dramatic enactment. Clients can get to know difficult parts of the self as those parts of the self "find a 'home' in the character" (Jones, p. 48).



One develops a relationship with the character as if they communicate between the different parts of the Self. Through the rehearsal and performance process one re-assimilates and integrates the parts of the character with the Self, merging the character's beliefs and ideas with one's own. In the performance process it is important to distinguish boundaries of the character (as well as the drama therapy group) in enrolling and de-rolling, and to allow sufficient time to transition between the self and one's character (Jenkyns, 1996). The director may lead a ritual opening for character en-rolling, such as clearing the space of objects or wearing a physical character marker. Another ritual demarcation can close the session in which students physically shake off, or somehow say goodbye to, their character. These rituals can be very brief, and may change over time, but are important for continuity and maintaining boundaries.

### *Audience as Witness*

Theatre provides distance from one's actual issues not only for participants acting in the therapeutic theatre production, but also for the audience members who witness the final product. The distance between the play and the audience can provide indirect therapeutic impact on the audience as it helps an audience member make sense of one's life. For example, audience members may confront their own issues through direct emotional responses, or through a more distanced or symbolic identification with the characters' story on stage (Emunah & Johnson, 1983; Furman, 1988).

During the rehearsal process, the actors will anticipate the arrival of the audience and work at refining their work. Throughout the drama therapeutic process leading up to, and including, creating the play, the therapist and group participants become witness to the internal issues of the self and others in the group. The witnesses in the therapeutic

process, as well as the audience of the final performance, acknowledge and support the group to validate their growth and effort (Jones, 1996).

There is a profound communication and understanding between the audience and actors. For example, when witnessing a therapeutic theatre production with at-risk youth, the audience understands the extra effort that the individuals of the group put in to the final product, acknowledging the end result of the therapeutic process and the actors' achievement of personal growth. Theatre has the power to change the public perception of a population, as the audience has a chance to view the actors in a positive light, and gain a new perspective on potentials and abilities of the population. (Gray, 1997).

### ***Group Process***

As the group practices and creates their performance piece, there is a connection between the participants as they form a cohesive community. Separate individuals join together to explore common stories. They work together to construct a script, and from the formation of the group, the play is created. Group and play construction may serve as a model for the potential for the creation of individual identity (Emunah & Johnson, 1983). Being part of a theatre group may elicit intense feelings of excitement and anxiety, and the performance on stage may bring up strong emotions as the client takes risks and offers him or herself to the audience (Pendzik, 1994).

Part of the growth occurs as clients learn constructive methods of coping with the stresses of the group process, the challenges of working together, and finding one's individual place of belonging in the group. It serves as a "microcosm of patients' larger relationship to the world" (Emunah & Johnson, 1983, p. 235) in their connection, attitudes, and feelings of belonging to or alienation from the world. The group itself

becomes a therapeutic community, and a container for personal insight and change to happen in the process from rehearsal to performance. The individual becomes connected to and accepted by the community.

The therapist guides the group to work towards a common goal of a final performance and aids in building group cohesion and a sense of community (Meldrum, 1999). The theatrical production provides a creative frame for interpersonal interaction, and the opportunity to explore group dynamics in the process. It encourages individuals to seek out alternative, creative and spontaneous solutions to problems. The positive sense of community fostered in the process is appropriately transferable to at-risk youth from communities that have experienced marginalization or oppression.

There is a feeling of belonging as one takes pride in accomplishments, develops connections to other group members and establishes a sense of self. Improvisation in a fictional role prompts one to seek alternative coping mechanisms, or a way out of the present issues, and ultimately the ability to imagine and envision an alternative future (Nash, 1996). In an atmosphere where students feel safe to speak about their concerns and where one's voice is genuinely heard and supported, action towards positive change can finally take place (Thompson, 1996).

Imagine a group of youth who may have been overlooked by the school system, or who are anticipated to fail because of the label they acquired. In the therapeutic theatre process they write a script, create a play, memorize lines, and experience positive group interaction and support. They express themselves in a way that may not be possible in traditional classroom settings. The social, emotional, and personal growth opportunities, combined with the literacy skills employed in the process, such as vocabulary expansion,

linguistic development, and success in story making and script writing, is inspiration for the creation of a program for at-risk youth that encompasses literacy in the therapeutic theatre process.

### *Theatre with At-Risk Youth*

Theatre is an effective medium to use with groups of at-risk youth for several reasons. Theatre is a creative frame that encourages social interaction, the development of empathy for others, and a creative space to explore the self by projecting inner issues onto character roles. The actual theatre process, from conception to performance, demands discipline, concentration, and creative ambition, with the goal to accomplish and succeed. The final product created promotes increased self-esteem, as peers, teachers or family members acknowledge their achievement (Gray, 1997). The youth have opportunity to “participate in the community in a meaningful way” (Gray, p.276).

Furman (1988) contends that theatre is a very useful tool in schools, especially when structuring a program around a relevant issue in the community:

Drama therapists should consider the systematic development of theatre pieces that have clear therapeutic goals. The potential value of the theatre performance to drama therapy should be recognized and researched... to meet the needs of large groups in an effective manner. (p. 249)

Theatre has the power to transform individuals and social situation in the drama that reflects the human experience, however, as in producing any piece of theatre there are several risks. For example, low audience attendance or receptivity, technical difficulties, stage fright, forgotten lines, missed cues, or tension between cast members, are real possibilities in any theatre performance. These risks must be acknowledged as a

possible part of the process. The therapist/director should adequately prepare the students for these possibilities, and responses to the obstacles should be dealt with as part of the group therapeutic process as they arise. As participants take ownership over their production they will strive to overcome obstacles, acknowledge and accept the risks without taking mishaps personally, and eventually internalize the positive aspects of the performance.

Adolescents often struggle with identity formation and feel frustration with significant physical and psychological changes. One is pulled between a longing for independence and direction given by adults. In this struggle for autonomy, the adolescent may be prone to peer pressure, stress, identity confusion, low levels of self-esteem and negative or depressed mood. In order to assert themselves they may be prone to acting out, rebelliousness, self-destructive actions, or other behaviours that would characterize them as being at-risk.

### ***Potentials for Resistance***

The adolescent may have high levels of resistance to therapeutic intervention because s/he is more connected with his/her peer group and may resent adult authority figures. An adolescent client may be more resistant to any form of therapy, especially where drama and play are involved, because s/he may see the play as childish or else feel self-conscious performing in front of peers as a result of performance anxiety. Resistance may be a defence to conceal uncomfortable feelings of pain and frustration, or fears of being rejected, embarrassed or hurt (Emunah, 1985). Emunah (1985) advises the therapist to “go along,” or “play with,” adolescent resistance, to activate rather than suppress that energy, and incorporate the resistant behaviours into the dramatic process. This is

because drama is an effective tool to use to gain insight into behaviours and rehearse new ways to cope with emotions.

### ***Drama Therapy with At-Risk Youth***

Drama Therapy with at-risk adolescents offers the opportunity to re-direct defensive, rebellious or destructive behaviours into a creative process. Theatre is an effective tool to explore issues of control and power, clarify anger triggers, and find new strategies to cope with anger triggers (Thompson, 1996). In this way, one may undo their regular pattern, or script, “re-write it, practice alternatives, and develop potential for positive outcomes” (Thompson, p. 75).

The theatre model provides a controlled, safe and contained frame for creative expression. One is freed from troubled reality and enters into a positive space of exploration, imagination and creation (Nash, 1996). One gains a sense of mastery over residing issues by rehearsing and repeating constructive alternatives to problems and expanding potentials for problem solving. Exploration within a new role, such as the creator, storyteller, director or actor, provides opportunity for positive growth and transformation (Mitchell, 1994). New parts of the self are identified as the adolescent discovers and constructs a personal identity throughout the creative process.

## Chapter 5

### Analysis and Integration

Therapy and education are typically viewed and treated as separate matters. School counsellors are usually placed in schools to provide extra support for students who experience emotional, social, familial, or educational difficulties. Yet there is more to be done in the schools in the way of preventing harmful behaviours, educating youth to make wise choices, and to guide students in realizing that they have power to create positive change (Beale, 2001; Donmoyer, 1993; Higgs & Tarsi, 1997; Jennings & Gersie, 1987; Moje, 2000; Nelson & Arthur, 2003; and Stepney, 2001). Street (1994) recommends implementing holistic or wellness programs in schools to promote integration of spiritual, mind and body systems. Programs could be facilitated by the school therapist, but need also have the full support of teachers, administration, students, and the greater community (Ford, 1993; Stepney, 2001; and Yennie-Donmoyer & Donmoyer, 1993).

Along with preventative programs for specific issues, Street (1994) contends that programs in schools should encourage responsibility, and support students in reaching optimal levels of functioning by facilitating constructive meaning-making. However, as Frank (1996) indicates, more than surface or band-aid solutions are needed:

Only the long-range and holistic approaches that rehabilitate and prevent acting out and the harmful behaviours we have seen ... can create meaningful outcomes for our society. Specifically, it will take many community wide supportive

recreational and social programs, good facilities, job training vocational programs, a coordinated group of men and women working together in a professional way, and strong family outreach programming within neighbourhoods to dent the heavily weighted problems of our inner cities. (p. 41-42)

The creative arts therapies are a significant compliment to recreational and educational programs, especially to support at-risk students in difficult situations.

### ***Literacy and Therapeutic Theatre Program***

Extracurricular activities or clubs that encourage group interaction, responsible decision-making, and positive mentorship by caring adults in the community, are the protective factors designed for youth to experience positive peer relations, success in creative endeavours, and making meaningful contributions to society (Davis, Byrd, Arnold, Auinger, & Bocchini Jr., 1999; McGee, Williams, Howden-Chapman, Martin, Kawachi, 2006; Spittler, Kemper, & Parker, 2002; Street, 1994). The therapeutic theatre program constructed in this paper is directed towards youth who struggle in various areas of personal behaviour, peer groups, school, family, or home life. The arts-based program is educational and therapeutic; it is to be run in the school system as a supplement to the counselling services already in place. It is intended both to complement the academic curricula and to be a group therapeutic structure for psychosocial, behavioural, emotional, and personal growth. It is designed for intermediate elementary to junior secondary students (early adolescents, aged 9-15) who have been identified as at-risk, and can be implemented in primary and/or junior secondary schools.



Youth may be labelled as at-risk by the school system for a variety of reasons; a labelled student may be dismissed by their teacher, fall through the cracks of the school system, and may ultimately live down to that label (Donmoyer & Kos, 1993). The youth may be at lower academic levels, struggle with learning difficulties, or simply resign from trying in school for various reasons. Students who come from difficult family upbringings, live in lower socio-economic conditions, experience abuse at home, or those who experiment with substance or alcohol abuse would be candidates for this program. Likewise, those students with academic difficulties for any number of reasons, including learning disabilities or low scholastic motivation would benefit from this program as well. The school principal, teachers, parents, or guidance counsellor would recommend students for this therapeutic theatre program based on observations of the students' classroom behaviour, academic performance and history.

Protective factors as outlined in the literature include encouragement of positive programs or environments that offer support on the individual, family, school, peer, and community levels (Bogenschneider, 1996). Activities that encourage critical analysis of their current situation, that also provide a safe place for emotional release, are effective for youth to experience mastery over their current life situation (Sylwester, 1994). Additionally, programs where youth have the opportunity to be authentically pro-active in their community give those with at-risk tendencies the chance to prove their value and abilities, and receive genuine support from the community (Werner, 1990).

Alternative education programs should be implemented in schools so that youth experience school as a safe, comfortable, and welcoming environment. Students develop positive ties with the school as they succeed in the program and transfer the feelings of

success to other areas of their life. The program provides an alternative choice for students who might find success in a constructive and creative endeavour, rather than dropping out of school because of difficulties in mainstream learning environments. It promotes cognitive and emotional development, as well as a stronger motivation to learn. The purpose of the proposed program is twofold, encompassing literacy and therapy in the modality of therapeutic theatre.

### *Literacy and Reading the World*

Literacy is a process which continues throughout life.  
To be literate is not to have arrived at some pre-determined destination,  
but to utilise reading, writing and speaking skills  
so that our understanding of the world is progressively enlarged.

(Mackie, 1981)

Cognitive growth is integrated into the therapeutic process of this program by using literacy to help students organize concepts, develop flexibility and spontaneity, and focus their ideas and thoughts into logical sequences (Sylwester, 1994). Building vocabulary, interpreting symbolic expression, syntactic discourse, and meta-cognitive knowledge are all elements of literacy that will help students in academics, and in all areas of their lives (McMaster, 1998).

Literacy is a tool for empowerment. Reading one's world effectively and critically is helpful in navigating through life's pathways. Empowerment comes from the ability to critically analyze one's current situation, and from the knowledge that one has the power to create change in personal life, family situations, local community and greater society. Students must not only understand their surroundings, but also know they have the potential to rise above at-risk or oppressive situations to make change happen. Training in literacy is most effective if it enables the learner to intervene in reality: "Literacy must

serve the purpose of teaching people how to demythologize and decode their culture”

(Bee, 1981, p. 49).

As studies have demonstrated, meaning making is the central focus in the concept of literacy (Winters, 2004). This is because comprehension is a unique and personal process as readers attach meaning to words, text, or other literacy representations. One must place the words into knowledge of the broader social, historical, cultural contexts, and critically reflect on the text to understand the message that the author might have tried to convey (Martin, 2003). One way for students to discover new and useful knowledge of the self, and social skills, such as negotiation, cooperation, and trust is through the use of drama or theatre (Courtney, 1989).

Drama provides a context for speaking, listening, communication of thoughts and feelings through actions (non-verbal) and social interaction using language (Baldwin & Fleming, 2003). The drama therapeutic frame offers effective techniques to aid in meaning making using literacy, story, language, speaking, self-expression, and empathy towards others (Bomer, 2003). Experimentation with different roles encourages identity formation in youth as they take risks and experience situations from new perspectives (Worthman, 2002).

### ***Therapeutic Framework***

The therapeutic frame provides a deeply supportive and encouraging space for youth to express emotion, to be supported by peers, and to develop empathy for others (Sylwester, 1994). A space for youth to have freedom of self expression and to safely try on new roles in their own school will be beneficial for youth who feel that the current conditions of the system are not meeting their needs.

Youth, who are in compromised, abusive, marginalized, or oppressed living conditions, may act out in order to express a need for attention, or to assert control in areas of life while other factors in life remain outside of their control. In other situations, youth who are in such conditions may slip through the cracks unnoticed by adults in charge of their well being, drop out of school and miss out on opportunities for successful futures. Regardless of the reasons behind disruptive or other deviant behaviours, there is a sound need for preventative programs to be available for students in school before they become victims of the cycle of oppression.

Therapy programs serve students who have trouble in the classroom, or who express signs that they are having difficulties outside of school, such as with peers or family. Drama therapy for at-risk students is an effective modality to use with youth who need a contained space to be supported, find freedom in emotional release, role-play, embodiment, and rehearsals for finding alternative solutions to problems.

Drama therapy can facilitate appropriate social behaviour and promote healthy emotional development so that youth can become more receptive to learning, and realize their social or academic potentials (Sylwester, 1994). Improved interpersonal relationships, communication and behaviours will result, along with maturity, taking responsibility for actions, self-empowerment, raised confidence and self-esteem. Upon completion of the artistic goal, participants will improve their self-image as they feel competency and adequacy from the experienced success.

### ***Why Therapeutic Theatre?***

The therapeutic impact of performance is different from,  
and often greater than, process-oriented drama therapy

(Emunah, 1994)

Therapeutic theatre is an all-encompassing modality that provides opportunity for individual self-expression, emotional release, group work and social skills building. The process of sharing stories and putting thought into action is empowering, as one practices control and exercises alternative choices to actions and decisions.

The pertinent needs of the group are identified and worked through during the rehearsal process. The participants learn what it means to be part of an ensemble theatre company and discover the responsibilities that come with being actors. They develop empathy and respect towards their peers and the leader. The contained space for the group and rehearsal process allows students to express themselves physically, vocally, and emotionally. The roles that the students eventually inhabit will be a container for further projections of difficult issues.

The stage is ideal for at-risk youth to share their personal story with a public audience. The final presentation is a culmination of a therapeutic process and re-direction of angst into creativity in an artistic and active form. Difficult issues that were ignored, held in, or expressed in destructive means are given a voice and are validated by others.

### ***Integration of Literacy and Therapeutic Theatre***

In this proposed program literacy is integrated into nearly every aspect of the therapeutic process. Students share personal stories and attend to others' stories. They shape the stories into an ordered general storyline to use as the basis of their play. As they work to develop the script, they sequence events and make sense their lives through story, which has a definable beginning, middle, and end. Conflicts can be resolved through dramatic elements and characters are developed in the making of the story (see Liebmann, 1996).

The students draw or roughly sketch the plot sequence in a series of panels called a storyboard. Storyboarding is a technique usually used in film or video production that roughly outlines the scene sequences of the action in the story. The storyline is visually sequenced into images, such as in a comic strip, to visually establish order of students' thoughts.

The therapist, who uses actual lines from the spoken or written events during the process, writes the final script. Students then read and memorize the script by repeating lines and integrating emotional motivation into the lines. As they rehearse they expand vocabulary, syntactic discourse, and communication skills: they must communicate their thoughts so that others will understand them.

Part of the therapeutic process will be in journal reflection, which are written or visually represented in drawings or other arts-based media.

The students create a promotional poster, choosing and creating an image, symbol, photograph, or other visual representation to represent the essential theme of their play. They will also be involved in creating the programme for the play, and other promotional and advertising procedures.

### ***Expected Therapeutic Outcomes***

This alternative "Approach to Literacy through Therapeutic Theatre" will provide therapeutic benefits to the participants in a personal, emotional, behavioural, and social realms. The program is a brief therapy intervention of 12 weeks that will run as an adjunct to the regular school curriculum. The program designed is flexible in that it can be expanded to fulfill a longer process if time and resources permit.

In the therapeutic theatre process participants will be guided through exercises that enhance their self concept, encourage self expression, promote affective exploration, and provide a group experience of caring, support, empathy, and trust. One will benefit in numerous ways from the drama therapeutic exercises structured during the introduction and rehearsal phase, as well as the concentrated rush of emotions during the performance.

The group process provides a contained space for interpersonal interactions, as participants find their place in the group in relation to their peers. The students must practice basic social skills such as trust, sharing, listening, and creative collaboration of ideas. They will communicate emotions, articulate concerns and develop empathy.

Exploring alternatives to disruptive, harmful, risky, or oppressive situations expands one's resources for coping, builds resiliency, and confirm for the students that they are co-creators of the future. Self-empowerment comes from the discovered ability to make choices for constructive and positive improvement of the current situation. Every aspect of the therapeutic theatre process— choosing the theme of the play, developing a storyline, writing a script, rehearsing a play, and the performance—provides opportunities for therapeutic exploration, self-actualizing growth, and healing.

The role of the leader is to create a culture of caring. The leader must have profound and authentic trust in the process, and the participants, and create the therapeutic grounding for the students to discover their potentials. The leader guides the students to realize their creative and scholastic abilities in the creative frame. Unearthing one's personal story, being validated by others in the group, and connecting one's personal story with other participants and their stories is the basis for developing deep empathy. Theatre allows students to step into another's shoes and see the world from

alternative perspectives. This broadens the scope of possibilities, provides a space for expression, catharsis, and emotional release, and provides rehearsal space for living.



## Chapter 6

### **Construction: A Practical Guide to An Approach to Literacy Through Therapeutic Theatre**

This alternative program merges literacy with a drama therapeutic process and culminates in a final theatrical production. It is a brief therapeutic intervention of twelve weeks, directed towards at-risk students who are falling through the cracks of mainstream school system. The therapeutic frame provides a contained place for creative expression, critical thinking, unearthing personal stories, success in reading and writing, and group collaborative effort.

The therapeutic process promotes several benefits in school and other areas of social or family life. Individually, students develop increased self-confidence, self-esteem, and experience self-actualization through creative self-expression, role-exploration, emotional release, and rehearsals of alternative solutions to difficult issues. Socially, the students are part of a collaborative theatre company and practice basic skills of effective communication, empathetic listening, and develop effective strategies of conflict resolution. In the rehearsal process, students need to communicate ideas clearly to the group, and during the actual performances communication is essential to the show's success. Scholastically, students may realize that they prefer positive attention and reinforcement to the negative reactions to their deviant behaviour, and may in fact work hard to improve their class behaviour and put more effort into their assignments.

Several conflicts may arise while devising the script, rehearsing, or preparing the play. The theatre process teaches the participants to cope with differences and resolve

difficulties. Students support and witness one another, and have the guidance of an experienced drama therapist to lead them through the process.

The process of therapeutic theatre begins with developing a cohesive community in a safe, caring, contained, and non-judgemental environment. Here, students find the trust to openly share stories with their peers. The needs of the group are identified through drama therapeutic and sociodramatic techniques. The participants share personal stories and through drama and literacy exercises and create a collective story to represent the most significant issues of the group.

Literacy is incorporated into the program in several ways. Students keep a process journal where they reflect on their personal process using written or symbolic (i.e. through artwork) representation. They tell structured stories with a beginning, middle, and end, and they practice effective verbal and non-verbal (embodied action) communication skills. Students storyboard the final story, which will be written into the final script based on their words and voice. They learn their character roles by reading and practicing their lines, thus attributing personal interpretation and meaning to the script.

The sessions should be video recorded for later reference. Students will have a chance to review significant moments from their sessions on video, or from their journal reflections and will collectively decide on the final storyline through improvisation and written suggestion. The therapist will write the final copy of the script based on this process.

The final performance calls upon the students to unite as members of a cooperative theatre company to perform an aesthetic performance on stage. Public

audiences will validate, praise and celebrate students' efforts. Likewise, students are adequately prepared to deal with any potential risks that may impede the performance. Post-performance drama therapy sessions conclude the process, to therapeutically manage the experience of the entire process and to bring the process to a close.

The program is designed to accommodate from 5-20 students. The twelve-week cycle is comprised of five stages:

*Stage I: (Three weeks)*

Opening introduction, contract establishment, group cohesion work, "knowing the body" (Boal, 1979), and trust building.

Students meet once per week for 90-minute sessions.

*Stage II: (Three weeks)*

Inclusion of embodied expression drama therapeutic, improvisational, and sociodramatic exercises to unearth and share stories; development and creation of the script.

Students meet twice per week for 90-minute sessions.

*Stage III: (Three weeks)*

Rehearsal of the script, review beats and motivation, memorization of lines, blocking, and development of characters; "theatre as language" (Boal, 1979).

Students meet three times per week for 90-minute sessions, plus at least one technical and final dress rehearsal.

*Stage IV: (One week)*

"Theatre as discourse" (Boal, 1979); Public performances for audiences.

Students perform at least one preview, and from 3 to 5 shows.

*Stage V: (Two weeks)*

Post-performance sessions to process the experience of the performance; concluding the group.

Students meet once per week for 90-minute sessions.

### ***The Space***

The space for the sessions should be consistent; each week students will know the location and time of the session(s). The space will be clean, bright, open and empty, aside from chairs or blocks for sitting and processing sessions, and/or props in improvisation activities. Rehearsals for the play will also take place in the room; however the final production will be on stage or in a larger space for an audience to witness.

### ***Aesthetics and Design***

Scarves and fabric pieces will serve as representational costumes or props to use during the rehearsal process. Student will express their vision for the final staging and design of backdrops, props, lighting, costume and sound. This will be an organic process that arises from conceptualized elements brought into play during the improvisation exercises and rehearsal process. Depending on available resources, student participants or technical theatre professionals will construct the final technical and aesthetic pieces based on students' conceptualizations.

### ***Role of the Facilitator***

It is not our role to speak to the people about our own view of the world,  
nor attempt to impose that view on them,  
but rather to dialogue with the people about their view and ours.

(Freire, 1972)

The facilitator of the program is responsible for guiding a therapeutic process that will culminate in a final artistic theatrical production. The leader is empathetic and supportive to the students as a therapist, and has the capacity to direct an artistic theatrical

production. The leader ensures that the character roles given to the students' meet therapeutic objectives, and that the students have the opportunity to express feelings about the play during the rehearsal process (in therapy sessions), and in the post-performance therapy sessions.

Because the leader is both the therapist and a theatre director, s/he must maintain clear boundaries with this dual role and with the group. Establishing the group contract at the beginning of the sessions helps to maintain boundaries. The contract outlines expectations that the students have for the process and expectations that the therapist has for the group (Clifford & Herrmann, 1999).

Although the final play is performed for a private audience, the total group experience is a therapeutic process and confidentially must be maintained in order for the participants to feel secure with their personal exploration. An effective approach to the therapeutic theatre experience is to "teach theatre as a discipline and a craft" (Poisson, 1994, p. 52) for students to practice critical thinking and problem solving skills.

The leader must genuinely believe in the ability of the students to succeed and should encourage participants to think critically about their situation. S/he will have "authentic trust in the people and the process" (Freire, 1972, p. 47), and is responsible to create a "climate of hope and confidence" (Freire, p. 89) to lead students in their journey overcome their struggles. Each group of students is diverse and has different needs and expectations from the leader. Therefore the leader is open to the suggestions of the students and is flexible in adapting to the needs of the group, adjusting the activities and pacing accordingly. S/he will engage and dialogue *with* the students, rather than offer

advice or fulfill a personal agenda by imposing his/her views on the final theatre production (Mitchell, 1994).

### ***Promoting the Program to the School and Students***

Students will join the program based on recommendations by teachers, the guidance counsellor, principal, or parents. It may be advertised or offered to students as an alternative option for those with classroom or academic difficulties. The program may also be run in alternative schools, which accommodate students who do not fit with mainstream schools, as a permanent part of the curriculum. Students should ultimately have the choice to participate, but should understand that accomplishment of the program will have positive benefits both in school success and other areas of life.

One may encounter several possible challenges in promoting or implementing this program in elementary or high schools including resistance from teachers, students, or administrative staff. Participants may need to be taken out of regular classes or occasionally stay late after school, which may conflict with a teacher's conventional ideas. Students may resist participating in the program out of fears that it may add further stigma to their identities or isolate them from their peers. School administrative staff or teachers may initially be resistant, as they may not be accustomed to accommodating therapy programs in school.

The program is not a class and therefore should not be graded. However, because of the significant educational component of literacy, it would be in the best interest of the students to receive school credits towards graduation for their participation in the program. For students who have low attendance records of grades, in the long run it is more productive for them (and society) to succeed in an alternative program rather than

fail in the classroom. Aside from the emotional and psychological development that will result from the program, the students will expand critical thinking skills, creative ways of resolving conflict, and practice alternative forms of literacy.

Detailed communication with the teachers, principals, school staff and parents is imperative. The facilitator is responsible for initiating dialogue with the school staff and parents about the progress of the students and the status of the program, while at the same time maintaining client confidentiality. The facilitator is also responsible for the evaluation process so that students and teachers can provide valuable feedback about the strengths or challenges of the program.

In this paper, several assumptions are made about the expected benefits of this program such as increased self-confidence, positive social interaction, and improved literacy success. I suggest the application of a parallel outcome study during the course of this program to measure the benefits in schools. Further studies on preventative treatment programs for youth are needed to ensure that schools continue to offer alternative programs for youth at risk of failing or dropping out.

### ***Sessions***

Each session will be 90-minute. Final technical and dress rehearsal sessions will require students to be present for longer sessions. During actual performances, students should meet half an hour before the show for warm-up and costuming, and the production may be 1-2 hours long.

Each session outline is divided into the following areas of consideration.

1. General objectives for session.
2. Supplies required.
3. Therapeutic goals.
4. Literacy components.

5. Suggested examples of drama therapeutic exercises.
6. Potential areas of difficulty, conflict, or resistance.
7. Role of the therapist.

The therapist will have the sessions videotaped in order to review the weekly sessions, and for later referral when devising the script. Each week the therapist will view the taped sessions and transcribe themes or actual quotes spoken in sessions that have the most *charge* around pertinent group or individual issues. The videos will not be shown to anyone outside of the sessions and will be destroyed after the sessions are completed. Students must sign a consent form that indicates that the student agrees that the video taped sessions are for in-session use only. The therapist will use the transcriptions to create the final script based on the students' construction of the story. The script can be revised by the students and is open to alterations until the end of the 8<sup>th</sup> week.

### **The Program**

The sessions are 90-minute long; beginning with warm-up, followed by the dramatic exercises to explore and work through issues, finally concluding with a ritual closure to maintain the therapeutic frame. The following program guide contains suggestions of drama therapeutic activities. For the purpose of this research paper I will not elaborate on the activities; however some of them are taken from the following sources found in the bibliography: see Boal (1979, 2002); Clifford & Herrmann (1999); Emunah (1994); Salas (1996); Spolin (1999); and Sternberg & Garcia (2000). Other suggested activities are taken from previous personal work experience (2001 through 2005) with inner-city youth facilitating literacy experiences through drama and theatre.



### ***Week 1: Introduction***

**General objective:** Introduction of the program to students. Outline expectations of the therapist, group and secure goals of the process. Assess the general themes and state of the group through basic sociometric activities (Garcia & Buchanan, 2000; Sternberg & Garcia, 2000). The sociometric measurements are recorded and will be examined again in the last session to compare with the student evaluation responses.

**Supplies:** Blank notebooks for journal keeping; pens, pencils, markers; large sheet of paper and markers for graffiti wall. Video camera, tripod, tapes.

**Therapeutic goals:** Introductions to each other (in the context of a therapeutic group) through safe and playful exercises. Setting boundaries and expectations for the sessions and review personal and group goals. Developing a safe, open, non-judgemental environment, and freeing up the spirit through play and awareness of one's own physical body, and others, in the space. The first few weeks will focus on building trust, group cohesiveness, and building a therapeutic rapport with the therapist.

**Literacy components:** Visually representing reflections through written words and symbolic images. Students "make their mark" on the graffiti wall; write their name and/or personal symbol (logo) to represent themselves. The large paper should be sectioned off so each student has a definitive space of his or her own. This artwork is useful to assess the introductory state of the group; and they are welcome to discuss their name representation if they choose. In the final post-production sessions, students will create a new graffiti wall, and it will be useful for them to discuss if there are any differences (in the process of creation, and in the final product) from the first wall to the

last. It is possible to incorporate the graffiti wall (or create a new one) into the final productions.

**Drama therapeutic exercises:**

- Name games
- Active energy games, tag
- Group assessment games (sociometry) to serve as an initial assessment of the individuals who compose the group and the general group sentiment.
- Facts about me (or “The winds of change”).
- Safe/dangerous spaces
- Magic box

**Potential areas of difficulty, conflict, or resistance:** Because this is the first session, students may be resistant to open up into play, and may express defiance towards the group. They will gauge the safety of the space and the responses and reactions of their peers. They may test the limits and boundaries of the therapist. Due to the developmental level of the participants, some may be resistant to playing because it seems young or immature to them.

**Role of the therapist:** The therapist must find ways to play with the resistances rather than try to convince or coerce the students into participating (Emunah, 1985). It must be clear to the participants that these sessions are for their benefit and they will receive only as much as they put into the process. The therapist must provide a safe and open space for participants to engage in positive interpersonal interaction and self-expression; and make it clear that s/he is there to support the students on their journey, not to pass judgement or hinder their freedom.

***Week 2: Trust Building and Group Contract***

**General objective for session:** Trust building; cooperation; set group therapeutic contract; playful expression.

**Supplies required:** Large sheet of paper and markers for contract writing. Video camera, tripod, tapes.

**Therapeutic goals:** To promote playful interpersonal interaction, build trust between group members, emphasize safety in the environment; and establish comfortable boundaries for the group.

**Literacy components:** Writing contract; reading game directions; journal reflection.

**Drama therapeutic exercises:**

- Group connection games, (such as “zip-zap-zop”)
- Mirroring, “Who started the movement?”
- Slow motion boxing match
- Improvisation games that require sequencing events
- One-word stories
- Facts about me, truth or fiction stories
- Magic box

**Potential areas of difficulty, conflict, or resistance:** Setting the contract may invoke feelings about compliance with, or resistance to rules. Contract rules must come from the students themselves, and they must come up with the possible consequences for not adhering to the contract; in order for it to be effective the contract must be followed. Another potential point of resistance is that some students may still resist the playful nature of games and dismiss them as childish.

**Role of the therapist:** In addition to facilitating drama therapeutic activities, the therapist is responsible for containing the issues that come up and managing conflicts in the sessions. S/he will approve of appropriate contract regulations and consequences to inappropriate suggestions; and will be sensitive to the issues that arise around compliance and defiance. The therapist must emphasize the creation of a safe place.

### ***Week 3: Drama and Improvisation***

**General objective for session:** Introduction to dramatic technique to begin the theatrical process.

**Supplies required:** Chairs, scarves. Video camera, tripod, tapes.

**Therapeutic goals:** Opening the space for projection of issues onto dramatic media as well as embodied affective expression. Group cohesion is a focus at this point.

**Literacy components:** Storytelling with the basic components of a story: beginning, middle, and end. Students will interpret symbolic representation of objects in the projective play.

#### **Drama therapeutic exercises:**

- Mirroring, sound and movement
- Emotion work (i.e. group mood, pass the mask, etc.)
- Dramatic technique (vocal projection, playing to an audience, blocking, etc.)
- Transform the object/scarf
- Freeze
- Hand pulse, magic box

**Potential areas of difficulty, conflict, or resistance:** The students are projecting parts of their inner selves onto dramatic media, which may bring up various life-drama connections. The students will practice basic technique of drama, and some students may fear being judged by other participants or the therapist.

**Role of the therapist:** The therapist promotes the beginnings of embodied expression as well as projective media. S/her is responsible to contain emotions that arise in response to embodied or projective play and maintain a strong sense of group cohesion. S/he emphasizes the non-judgemental environment and may call up suggestions from the students on how to maintain this environment.

**Week 4: Sociodrama and Forum Theatre** (meet twice per week)

**I. Sociodrama** (see Sternberg & Garcia, 2000).

**General objective for session:** Uncovering pertinent issues in the group through sociometric assessments and sociodramatic exercise.

**Supplies required:** Chairs; Large paper and markers; paper, pencils for individual reflections. Video camera, tripod, tapes.

**Therapeutic goals:** Cooperation and group cohesion. Empathetic listening: placing oneself in another's shoes to understand alternative points of view. Externalize internal conflict, and to experience catharsis in emotional release.

**Literacy components:** Reading brief script, sequential story making.

**Drama therapeutic exercises:**

- Sociometric exercises to assess issues: warm up with 4-line script
- Hopes and fears; keys to unlock any door
- Enactment of a sociodrama: introduce concepts of doubling and role-reversal
- Magic box

**Potential areas of difficulty, conflict, or resistance:** The group is exploring personal issues through sociodrama and may resist contributing their ideas to the drama. Some students may find it difficult to empathise with others, dis-identifying with the group in order to assert one's individuality (Emnuah & Johnson, 1983). This resistance is a strong challenge to the goal of establishing a sense of group cohesion.

**Role of the therapist:** The leader must understand the basic principals of sociodrama and facilitate the method. When faced with student challenges the therapist should work with the resistance: for example, if the group of students say "I don't want to be here," then ask where they would rather be and set up a scene to correspond with their wishes (Sternberg & Garcia, 2000).

**II). Forum theatre** (see Boal, 1979)

**General objective for session:** Exploring significant issues through theatre and investigating practical alternative solutions to conflict or difficult internal situations.

**Supplies required:** Chairs; scarves. Video camera, tripod, tapes.

**Therapeutic goals:** Development of empathetic and critical listening skills. Empowerment and self-confidence, and expression of thoughts, feelings and ideas.

**Literacy components:** Reading embodied images, and effectively communicating through dramatic role-play. Concretization of ideas, constructing all elements of an effective storyline. Interpretation of one's own (and other's) ideas to dramatically play back to the audience.

**Drama therapeutic exercises:**

- Freeze
- Sitting, standing, laying, kneeling (story performance)
- Image theatre, sculptures
- Exploring power dynamic through bodily positions (sculptps)
- Forum theatre, based on a images

**Potential areas of difficulty, conflict, or resistance:** Students will make their voices heard, which may bring up intense emotions or feelings of conflict within the group. The students hear and interpret peers' suggestions, which may be difficult for some to embody. Students will need to assert themselves and take risks to express their views.

**Role of the therapist:** Facilitate the forum theatre structure, holding the suggestions and making sure that students have the space to share their voice. The leader should bring attention to the differences among group members and how there is more than one solution to difficult situations.

**Week 5: Personal story** (meet twice per week)

**I. Personal story** (see Novy, 2003; Salas, 1996).

**General objective for session:** Sharing personal stories, and examining dramatic elements of stories.

**Supplies required:** Markers, paper. Video camera, tripod, tapes.

**Therapeutic goals:** Development of empathy. Open and honest emotional expression, and maintaining trust among group members. Empowerment in telling and owning personal stories.

**Literacy components:** Storytelling; symbolic representation; concretization of ideas.

**Drama therapeutic exercises:**

- Pair work
- Sound-movement interaction in pairs
- Listen 3 ways (varying the focus of attention) to develop empathetic skills
- Playback stories in various vocal or embodied forms.
- Identify common themes among stories told

**Potential areas of difficulty, conflict, or resistance:** Pair work is more intimate than previous exercises and may bring up issues for students around intimacy and relationships.

**Role of the therapist:** The therapist must attend to the dyads individually as well as monitor the energy of the group. The therapist maintains an open and accepting environment for personal stories to develop and be told. S/he will also emphasize the value of stories for the group, being open him/herself to set the stage for students to feel at ease sharing stories. Based in narrative therapy, the therapist will work with the students to validate that one is not comprised of the problems that one faces in their

personal story. The students begin to see the various issues in their lives as being distinct from them; in other words, their identities are separate from the troubles they experience (Novy, 2003).

## ***II). Personal story and group story***

**General objective for session:** Continue sharing personal stories, hearing and playing back (embodying) stories told by others. The main themes common to group members should be clear at this point, and students should begin to make connections to others' stories. Using forum theatre and dramatic improvisation role-play techniques, students come up with basic storyline of a group story, based on previous session work and new input that will serve as a base for the final play.

**Supplies required:** Scarves; instruments; large paper, markers. Video camera, tripod, tapes.

**Therapeutic goals:** Development of empathy towards peers. Emotional release, interpersonal connection and interaction. Trust building. Personal life-drama connections.

**Literacy components:** Storytelling, sequencing events in a story structure, and dramatizing elements of stories. Symbolic representation and interpretation.

### **Drama therapeutic exercises:**

- Fluid sculpture
- Common themes, about me
- One-word story
- Embodiment of stories
- Improvisation

**Potential areas of difficulty, conflict, or resistance:** At this point students are bringing their individual and pair work back to the group. They may have a need to assert



their own individuality in the process and may struggle with accepting or rejecting contributions from their peers.

**Role of the therapist:** The therapist maintains a space for students to feel that they can assert their own beliefs and opinions and contribute to the beginnings of an ensemble theatre company.

*Week 6: Images & Storyboard* (meet twice per week).

*I). Create images for final script*

**General objective for session:** Construction of a general outline of a story and the base of a script; participation in vocabulary building exercise. Students will read and hear some of the quotes that the therapist has transcribed from the videotaped sessions, to review and reflect upon.

**Supplies required:** Magazines, newspapers, scissors, glue, large paper, markers. Music. Video camera, tripod, tapes.

**Therapeutic goals:** In this process students are practicing critical thinking and decision-making skills, listening to their peers, and finding alternative methods of responding to conflicts or difficult situations.

**Literacy components:** Reading printed text, sorting through printed materials to find words that speak to them about their stories, and creating images and role-plays using new words. Sequencing events to construct the baseline of a story and reviewing components that comprise drama/stories. Students will create collages with cut-out words that speak to them or their story. The collages can be incorporated into the final set or poster. Subsequent story-telling exercises can incorporate the vocabulary from the collage.

**Drama therapeutic exercises:**

- Image theatre, tableaux
- Word collages
- “Raise the stakes” storytelling activity
- Character work, role play, role-reversal

**Potential areas of difficulty, conflict, or resistance:** Students who have genuine difficulties reading may resist the reading exercises, and deviant behaviour may surface. However creating an artful collage is a calming activity for students to focus on, especially when there is music playing.

**Role of the therapist:** To encourage the participants to help and lead one another in the process.

***II). Storyboarding***

**General objective for session:** Construct a tangible concrete outline of a story and the base of a script.

**Supplies required:** Large sheet of paper, markers. Video camera, tripod, tapes.

**Therapeutic goals:** In this process students are practicing critical thinking and decision-making skills, listening to their peers, and finding alternative methods of responding to conflicts or difficult situations.

**Literacy components:** Storyboarding: visually representing the elements of a story (like in a comic strip) based on oral and embodied storytelling exercises.

**Drama therapeutic exercises:**

- Image theatre, tableaux
- Change the ending (“What if...”)
- Draw the story
- Character work, role play, role-reversal

**Potential areas of difficulty, conflict, or resistance:** Some students will be more artistically inclined, which may enrich his/her experience of the process, while others will not have natural artistic abilities or confidence in their aesthetic skills. Students are creating visible, concrete representations of their work. This space is a place for projection of issues onto artistic media, which may elicit insights (positive or negative) by the participants.

**Role of the therapist:** The therapist will write the final script using themes and direct quotations from the videotaped sessions, new suggestions or reflections from the students, as well as follow the students' outline from the storyboard. Preliminary copies of the script will be ready for the next week, where students will have the opportunity to read it through and offer feedback into the construction. The therapist will consciously place students in roles that will provide therapeutic growth for them in the rehearsal and performance.

*Week 7: Rehearsals* (meet 2-3 times per week)

*I). First draft*

**General objective for session:** Review and revise the script.

**Supplies required:** Paper, markers. Video camera, tripod, tapes.

**Therapeutic goals:** Practice critical thinking and decision making skills.

Reflection on difficult areas encountered in the process. Emotional expression.

**Literacy components:** Reading printed text and choosing the most important elements that communicate thoughts and feelings.

**Drama therapeutic exercises:**

- 60-30-15-10-5- second story
- Role-play, role-reversal

- Text review of script in different emotions
- Character study

**Potential areas of difficulty, conflict, or resistance:** Participants may be uncomfortable hearing the script and might reject or deny ownership of the issues.

**Role of the therapist:** The therapist emphasizes that the students are not comprised of the issues, but that these issues are outside of the individual. The therapist is taking careful note of the parts of the script that the students would like to change or keep and help them flush out their reasoning for their decisions. The therapist will also prepare the revised script with appropriate changes for the following session.

## ***II). Read through***

**General objective for session:** Read through the revised script

**Supplies required:** Scripts.

**Therapeutic goals:** Positive group work/interpersonal interaction; emotional release; identification of parts of the self through role.

**Literacy components:** Reading the script, exploring the subtext.

**Drama therapeutic exercises:**

- “What are you doing?” or “Yes, lets!” as active warm-up
- What’s he really saying (working on subtext)
- Read script, emotion work, character study

**Potential areas of difficulty, conflict, or resistance:** If there are students who find reading the script too difficult or daunting, either his/her peers can help with the reading (peer tutoring), or the leader can record it onto an audiotape for the students to listen to and memorize through hearing and repeating. Students may begin to identify or reject their character roles.

**Role of the therapist:** The therapist continues to encourage students to find their own ways of solving problems. The therapist is aware of the relationship between the student and the roles that they chose. At this point s/he maintains boundaries in the discussion that the script may undergo revisions once more before it is finalized.

**Week 8: Rehearsals** (meet 3 times per week).

**General objective (for the next 3 sessions):** Review script, blocking, and other components that comprise a theatre production. Emphasis on the community aspect of belonging to a theatre troupe and the responsibilities it entails.

In this week the students will design posters to place around the school as well as a flyer to distribute to potential audience members.

**Supplies required:** Scripts; scarves for preliminary costumes; blocks or chairs to represent set pieces.

**Therapeutic goals:** Making meaning of the script from the text lines; making decisions and providing input into the artistic form; projection of the self onto the character; emphasizing and encouraging self-confidence in rehearsing for the play.

**Literacy components:** Reading. Reviewing techniques for memorizing lines. Interpreting and embodying written words.

**Drama therapeutic exercises:**

- Collective embodied warm-ups
- Ensemble exercise, such as group mirror sound and movement
- Group vocal projection work
- Physical character development
- Blocking
- Script work (i.e. interpretation, sub text, etc.)
- Artistic contribution

**Potential areas of difficulty, conflict, or resistance:** As in any theatre company, the rehearsal process can be difficult. There are lines and blocking to memorize, characterization to internalize and express, interaction with other group members despite differences. Effective communication skills are needed, and listening to the suggestions of peers or the director.

In this week the participants will meet for three rehearsal sessions, which will serve as a place to learn the script and blocking, practice lines, explore characterization and dramatic technique, and interact with others in the theatre group. Students are challenged with a high degree of responsibility which can be an opportunity for them to experience a strong sense of ownership over the process.

**Role of the therapist:** The therapist maintains the structure of the theatre rehearsals but at the same time manages difficult feelings such as stress and frustration that the students may experience.

***Week 9: Rehearsals; including final dress rehearsal*** (Meet three times per week)

**General objective for session:** Integrate final props, costumes, and construct set pieces for rehearsal that have been a consistent part of the rehearsal process, or constructed by professionals, participants, or stage design students, based on conceptualizations. Review blocking, lines, and motivation. Find deeper meanings in the script, making connections and finding personal meaning in the lines of the script.

**Supplies required:** Script, costumes (from home, borrowed from the drama department, purchased from thrift stores, or custom made if resources permit). The final setting is a manifestation from early improvisations. Set pieces that have been integrated using available chairs, scarves, or screens will be used for the play, and if there is

something missing it could be custom built (by the students, or by set-builders, if resources permit). Students will paint the backdrops for the set and discuss ways to acquire or make other needed pieces.

**Therapeutic goals:** Life drama connections. Team work, group cohesion, interpersonal interaction, and solving problems creatively amongst one another. Characterization; finding one's place in the play and the group.

**Literacy components:** Reading the script and memorizing lines. Critical thinking and sequencing events to create the story of The Play.

**Drama therapeutic exercises:**

- Embodied physical and vocal activities to get into character
- Running the lines, blocking
- Preparation for becoming actors in the play.

**Potential areas of difficulty, conflict, or resistance:** This week is very intense. Students will need to put a lot of time and energy into the process and may have difficulties making sacrifices in order to accommodate the extra time needed in this week for the performance to come together. Some students may feel overwhelmed with the process and may have the impulse to give up or quit. The therapist is in the process of turning the ownership of the play over to the students, who are responsible for learning their parts, and encouraging their peers to make this a success.

**Role of the therapist:** Final preparations for the play, including sound and lighting organization, possibly working in collaboration with the drama department, or technical volunteers (either from the group or tech experts if resources permit). Technical feature of sound, lighting, costume, props and set add to the authentic artistic theatrical process and should be as professional as possible. When the audience comes to the

performance, they will experience a legitimate piece of theatre. The therapist will hand the play over to the students. His/her role as play director is soon over, and is in the new, distanced role of audience or witness, while at the same time s/he is present as therapist observer to support the students during the next phase of performance.

***Week 10: Performance week*** (1-5 performances, depending on the desires of the group.)

**General objective for session:** Public performances on stage for audiences.

**Supplies required:** All costumes, props, and set pieces; technical assistants for lighting and sound; video recorder and tapes to record the performance; all actors are present.

**Therapeutic goals:** Self-confidence and esteem, empowerment, and public validation for one's efforts; plus a genuine feeling of success and accomplishment.

**Literacy components:** Visual and embodied representation of the group process, story, lines, script, and team-work. The students show the audience that "they can do it."

**Drama therapeutic exercises:**

- Physical embodied and vocal warm-ups
- Mental preparation of the realities of performing on stage, possible scenarios
- Guided imagery
- 'Acting' as actors in a play

**Potential areas of difficulty, conflict, or resistance:** The performances can be simultaneously very exhilarating and very demanding physically and emotionally. The intensity of performing for the public may feel at the same time exposing and validating. The students may experience different degrees of stage fright, which will be contained in the process of warm ups, guided imagery, and discussion of possible scenarios.



**Role of the therapist:** The therapist has guided the clients in participating as authentically as possible in their work. After warm up and preparations for the show, the therapist watches as an audience member and hands the play over to the students who now own the performance.

***Week 11 & 12: Post-performance therapy sessions***

**General objective for sessions:** Post performance therapy sessions will be held once a week for 2 weeks, offering a place and time for students to process the intense feelings that arose during the performance phase, and evaluate the process as a whole. This necessary phase makes this theatre process distinctly therapeutic rather than a typical community or school theatre project (see Mitchell, 1994; Emunah, 1994). In one of the 2 post-performance sessions students will either write out the evaluation or will answer questions on an audiotape recorder.

**Supplies required:** Large paper and markers for graffiti wall. Camera to document. Journals for reflection. Instruments. Audiotape recorder and tapes.

**Therapeutic goals:** Expression of feelings that arise. Authentic validation of the group effort and successes. Peer support, and safe separation and closure of the process.

**Literacy components:** Students are integrating the process into other areas of their lives, reflecting on how their experience of literacy has changed. They will write an evaluation or respond coherently to a series of interview questions. The students will also make their mark on the graffiti wall and compare differences from the beginning of the session. Improvisation activities that involve creative story making will take place during these sessions as well.

**Drama therapeutic exercises:**

- Graffiti wall
- Who started the movement
- Improv: it was the best of times, it was the worst of times
- Raise the steaks
- Hand pulse
- Wishing well
- Rap songs/ poems/ musical interpretation about process
- Gestures to give to the group, magic box

**Potential areas of difficulty, conflict, or resistance:** Closure of a close-knit therapy (or theatre) group is often very difficult. It may be painful to let go of the group as well as the idea of being successful ‘actors’ in the play. Feelings are intensified and heightened during the performances and, commonly, there are post-performance feelings of abandonment or loss. Some participants may experience “post performance depression” (Emunah, 1994) or deep feelings of sadness that come with ending something that brought them so much joy, satisfaction and success. Some students may begin to act out in order to gain attention from the therapist and from a desire to hold on to the group.

**Role of the therapist:** In the final closing sessions the therapist will address difficult emotions around closure and contain behaviours that may arise to disrupt the group process. S/he will emphasize that the students created and own the project and validate the students’ efforts and accomplishments.

This brings the process to a close for the students, however the therapist should be actively involved with school staff or researchers in evaluating the program.

### ***Evaluation***

The program must be evaluated by the students and teachers involved in order to address challenges, successes and progress of the participants. As part of the follow-up

therapy sessions in the final week, students will answer a brief questionnaire related to the following concerns either in a written form or orally on video in an interview format:

- In what ways do you think participating helped you personally or socially?
- How did sharing stories help you in your personal life?
- Do you have any different feelings about the value of literacy than you did before?
- What did you enjoy a) the most, and b) the least, about participating?
- Do you think you will participate in dramatic improvisation, story telling, or theatre in the future?
- What would you change about this program?
- How will this experience help you in other areas of school or home life?

Teachers, school staff and administrators will also complete an evaluation of the program and have the opportunity to reflect on the following points:

- How did this program benefit the student individually and/or socially?
- Did the student ever vocalize opinions about the theatre program to you?
- In your opinion has the student demonstrated a change of attitude towards school?
- Has the student improved academically?
- What suggestions do you have to improve the quality or effectiveness of the structure or content of the program for the upcoming sessions?

### ***Limitations of this Research***

This paper is based on research relating to the topics of at-risk youth, literacy, and therapeutic theatre; the construction of this project is theoretical and has not been tried as of yet. It is intended to serve as guide for a drama therapist to implement in schools, who may use their own creative freedom to alter the suggested form or exercises to suit the need of the given population. Each group of students or youth who participate in an alternative therapy program will have unique needs and specific issues to work through. Although a practical and usable guide is outlined, flexibility and original interventions will be needed to supplement and add to the guide as needed. Further research is needed to objectively study the outcomes of facilitating this construction research in various settings, and to study the therapeutic theatre program's effectiveness.

## **Chapter 7**

### **Conclusion**

Schools should not only be a place where students coast through, pass, or survive academics; schools should inspire a passion for learning, offer a wide variety of resources for students to explore and discover, and be a creative place for personal and social growth. Students who are not supported at home academically, developmentally, or socially, or who are neglected or abused, may feel stigmatized, alienated or oppressed. They may exhibit negative behaviours to assert a sense of control over their lives.

Incidences of violence, self-destructive behaviours, substance abuse, and dropout are not uncommon in today's schools. This indicates that there is a major challenge with the current state of schools; as well as a powerful need for more preventative and therapeutic programs to be available to stimulate, challenge and support at-risk youth. Therapy should be readily available and integrated in the school system to prevent negative or self-destructive behaviours, to guide youth through difficult personal or social situations, and to promote critical self-reflection and self-actualization.

Drama therapy is an expressive form of therapy that can help youth to uncover and explore various roles, rehearse new behaviours in a safe environment, release emotions, and provide positive social interaction in a group process. Therapeutic theatre provides a sense of successful accomplishment. Students share their personal stories with a public audience, who witness a powerful and professional staged production. The process fosters critical thinking and empathy towards peers as they see their issues reflected in a new light, as participants learn new ways of coping with pressures or

conflict. The final production inspires confidence and provides a rewarding goal to achieve. Such aspects are not commonly found in the traditional school system.

Although some literature suggests that a large portion of troubled youth are resilient and successfully endure the strife of adolescence (Ungar, 2004a, 2004b; Werner, 1990), there is still the eminent need for critical intervention on the school level. Ideally this will supply at-risk youth with the tools needed to navigate through difficult situations on all levels, as well as the capacity to seek out alternative resources to overcome oppression or adversity.

The proposed program is intended to make literacy practice accessible to youth who are struggling academically, or for those who learn outside the norms of typical classroom teaching. Literacy is more than reading and writing; it provides a base to navigate through one's world, to understand the self in relation to one's culture, and to guide individuals towards personal future aspirations.

The sophisticated yet unconventional literacy practice of youth involved in gang related activities (Moje, 2000) shows that youth want to find acceptance in a community, even if it implies risky or dangerous pursuits. Literacy that is suited to one's imminent situation provides motivation to seek out a more promising future, as it offers beneficial alternatives to self-expression and identity formation.

More than a recreational or educational program, a therapeutic program is based in the creative process of self-awareness, "need identifying" (Mitchell, 1994), story sharing, play building, and performance. Therapy can be deeply personal and rewarding. The therapeutic program, with an emphasis on literacy, encourages youth to employ their

inner resources to construct meaning and relate the content of the material to the context of their lives.

This research paper is a theoretical construction based on a thorough review of current literature in the areas of at-risk youth, literacy, and therapeutic theatre. The next step in “An Approach to Literacy through Therapeutic Theatre: A Program for At-Risk Youth,” is to apply it in schools for at-risk youth who are recommended by teachers or principals, and conduct a parallel outcome study of the process. School staff should encourage the program as an alternative for students in need support.

The program is indented to be run by an experienced drama therapist who is trained in both dramatic and theatrical techniques as well therapeutic theory and methodology. There may be several unforeseen challenges depending on the individuals in the group and the school setting. The outline of the program is a guideline that will likely require modifications and adaptations in the actual application with any given population.

Today’s “at-risk youth” (Higgs & Tarsi, 1997) succeed when they are given opportunities that are meaningful for them. This program significant because it gives the youth a voice to express themselves, and the encouragement to succeed in alternative practices of literacy better suited to their lifestyle. If we eliminate the precedent for youth to fall through the cracks of the school system, students will feel supported and empowered, and know that the greater society is on their side, not a hindrance to their freedoms. These youth hold a unique place in our society and have the potential for greatness that should not be overlooked.

If we leave the youth out of the circle,  
they will burn down the village to feel the warmth.

(Michael Meade)

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