

USING PLAY SCRIPTS FOR THERAPEUTIC THEATRE INTERVENTIONS:
A THEORETICAL ANALYSIS

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ABSTRACT

USING PLAY SCRIPTS FOR THERAPEUTIC THEATRE INTERVENTIONS: A THEORETICAL ANALYSIS

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This paper aims to provide a basis for proposed interventions using play scripts within a therapeutic theatre model. The present study hopes to identify a gap in the uses of existing professional play scripts for therapeutic theatre, and instead, finds much literature emphasizing devised therapeutic theatre. The scope of the paper aims to propose therapeutic theatre interventions that use scripts which focus on themes addressing systemic oppression. Additionally, regarding scope, the three plays selected for the proposed interventions deal with themes of systemic oppression written and produced in Canada. The evaluation of existing literature that defines therapeutic theatre and identifies differences between devised therapeutic theatre and therapeutic theatre that uses pre-existing plays is the first point of interest in the literature review. Following, a review of drama therapists and theatre practitioners' essays are evaluated for coming to a concrete rationale for what can be constituted as systemic oppression. The methodology aims to support an intervention research approach (Fraser and Galinsky, 2010), outlines the selection criteria for the selected plays, and relates them to the interventions' specific goals following Phil Jones' drama therapy core processes (2007). The proposed interventions will be justified by the theoretical analysis and can be applied/adapted by drama therapists wishing to engage in existing play scripts for therapeutic theatre to tackle themes of systemic oppression their clients may face. The paper points to future work, to create a growing catalogue of similar interventions that can expand on existing literature which use play scripts in therapeutic theatre to tackle a wide array of therapeutic themes. These proposed interventions at present are untested and represent a strictly theoretical analysis of what could be possible using this approach.

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Introduction

As I pursued theatre as a career, I slowly became discouraged by the work I had been doing designed for getting bums-in-seats, selling theatre, and making commercial success over the past decade. Even earlier than this, I had been fascinated by the potential of using theatre to help individuals. When I explained to friends and family that I would be pursuing a degree in drama therapy, I was often asked, “Is that like therapy for actors?” Those who were in my circles as theatre professionals did not necessarily know what this field of work was. Myself, not entirely sure what drama therapy could provide, often would give a simple example such as, “I think it could be like if you were grieving the death of your father, then we could work on scenes from *Hamlet* to help you process that grief.” I discussed with colleagues the potential benefits some well-known plays could have on those experiencing similar situations as the characters within a given play. As well, I related how the themes and content that specific plays evoked, could allow for the performers a deeper engagement in the social implications inherent to the plays themselves and how the themes might connect to the lived experiences of those involved in the spectacle.

When I began my journey in the drama therapy program at Concordia University, I learned that the field was much more focused on interventions for clients that used drama games of a similar nature to ones that I had learned in my earlier education. A foundation of these interventions is found in Renee Emunah’s book *Acting for Real* (1994). In this work, she compiles a vast array of interventions stylised as drama games, (often accredited to Viola Spolin’s work. See *Improvisation for the Theatre*, 2017, for example). Emunah separates her book into moments of when and how to use these interventions across a drama therapy series or within a given session. Related work in the field also showed ways of creating dramas based on the clients lives through spontaneous action in sessions, and/or devising original pieces and putting them on the stage, either in the therapy space or, at times, in front of audiences as an enactment. The way in which these healing processes come forth seem to often relate back to early teachings in the program of the core processes of drama therapy articulated by Phil Jones (2007).

My curiosity heightened with the knowledge that all of Jones’ core processes seemed to have already been available to me through previous work in acting, directing, designing, or producing professional theatre over the past fifteen years. Though I can only reflect on it now

with the knowledge I gather daily from my experience in this program, I began to see how each production I had been involved with allowed for these core processes to influence me and help me grow as an individual, some productions and roles more so than others. For example, in the ninth grade, I was cast in the musical *HAIR* as George Berger. Berger is a radical hippy and regarded as a leader of his entourage. Having fully invested in the dramatic reality, reflecting back on the experience, the impact of playing this part, at this time, influenced a great deal of my values during my time of what Erik Erikson refers to as the psychosocial crisis of Role Identity versus Role Confusion (Knight, 2017). I carry many of the values George Berger had in the piece with me today, inciting an ongoing Life-Drama Connection (Jones, 2007). I can firmly say, this experience, as well as other engagements in theatre is attributed to the definitions of the nine core processes, though gifted to me unconsciously at the respective times. The core processes will be in the Methodology section to provide the foundation of some potential informed measures for the proposed interventions that I hope to test in the future following this initial theoretical review of the possibilities I present.

Through Concordia's Drama Therapy program, the teachings have noticeably been employed in the context of working with interventions outside of the use of actual dramatic scripts and rather come from a devised frame. Because of this, and because of my passion for plays, especially plays that were written for the commercial stage, specifically in Canada, and specifically that deal with addressing forms of systemic oppression, I became increasingly interested in finding what ways interventions have been or could be facilitated by using scripts that tackled these themes and in this context.

Objective

The aim of this research is to identify what existing literature exists on the topic through an extensive literature review, then, to identify an intervention research approach which directly follows three specifically selected professional Canadian plays. The selection methodology and the interventions proposed aim to be the beginning of a growing catalogue of plays in future work. At present in this paper, hypothesized options for interventions directly sourced to address possible therapeutic goals within the selected Canadian plays will be evaluated for themes of addressing and/or dismantling systemic oppression within potential clients' lives. Drama therapists can use, adapt, and critique these as a resource in their respective practices to engage in therapeutic theatre for their clients. The goal of this theoretical research aims to support the

research question: How can Canadian professional plays that deal with systemic oppression be used as therapeutic theatre?

Personal Preface and Acknowledgement

I feel I must include an acknowledgement of my own background, of potential biases, and also admittance to any perceived and/or actual naivety to the subject matter. Perceivable labels I personally admit to, include, that I identify as a straight-presenting, white male with a euro-centric middle-class, and Christian upbringing. I was raised in a first-world country. I am young and in good health without any discernible disabilities. Likely, I will never know of generational trauma associated with systems of oppression. I write this to acknowledge my position of privilege. I ask myself, what gives me the right to propose interventions that use plays so far removed from my own personal background with a goal of addressing something I myself may never face? I wish to address potential microaggressions that may be found within assumptions or claims I could make. I have been deeply invested in the power of theatre and the universality of the human condition and the nature of resilience. I am invested in understanding my role further in my allyship to different populations and simply being a part of the conversations. It is not my desire to impose or create a space for healing to those who may face systemic oppression and who may feel I do not have a voice in these matters. All I aim to do is put forth a potential avenue that uses plays addressing systemic oppression, with unique Canadian-specific themes. Ideally these can be criticized, expanded on, reworked, and improved to best suit drama therapists and the clients they may concern. At the same time, I myself grow in tandem with my own learning and reflections. When I speak to traditional western theatre in terms of plays selected, I acknowledge that these come from a commercialised North American, settler/colonization standpoint of what is considered theatre. I do so on the basis it is where my training and personal experience has been with theatre through my academic and professional work. I hope that this theoretical research and the interventions proposed can be understood as coming from a place of deep empathetic care and respect for those that may face adversity.

Literature Review

To understand the context of this research, the primary goal of this literature review aims to express clarity of key terms and showcase literature of what has been previously done.

Primarily, what are the understood tangible definitions within the field for each of the following: therapeutic theatre; plays, or actual published theatrical scripts, (as opposed to devised theatre); and finally, systemic oppression. Furthermore, an attempt is made to present existing literature that showcases what is being done with regards to therapeutic theatre and systemic oppression that uses professional dramatic scripts. At present, this specificity has not been found. This specificity pertains to *Canadian plays* intended for traditional commercial theatre that deal directly with systemic oppression and then will be used as therapeutic theatre for clients. The goal then is to first find concrete literature existing on these topics, but more importantly, what ways these topics are being used together.

There is a great deal of research regarding therapeutic theatre, as well as therapy working with aspects of addressing systemic oppression. Theatre of the Oppressed (Boal, 1979) is an approach that employs more of a political theatre approach than a therapeutic theatre frame to tackle themes of oppression. However, one gap that this research wishes to address is, though there is evidence of theatre models such as this one that can be used as means to address systems of oppression, in what ways have they been articulated and presented by researchers and practitioners with regard to *therapeutic theatre* that uses already produced plays? With that said, literature should aim to support therapeutic theatre that does not come from devised or spontaneous work, but again, with the use of *professional plays*. To create proposed hypothetical interventions for clients working towards a final performance of a play(s) or scene(s), is the heart of this research. In essence, the goal is to utilize the content of the plays and scenes as potential intervention guides in a “performance-based” therapy approach (Snow, 2009). Therefore, literature must be examined with close attention to where plays dealing with themes of systemic oppression can be regarded in order to work towards a final performance in a drama therapy series of therapeutic theatre. It is crucial to address this gap in the literature that pertains to the use of actual professional (and Canadian) dramatic scripts as interventions that are used for therapeutic theatre and to find those which deal with systemic oppression.

Defining Therapeutic Theatre

In order to come to a clear statement of what is understood as therapeutic theatre, this section of the literature review aims to outline some of the articulated definitions of leading drama therapists. With each, the interpretations and findings establish an informed and yet dynamic series of definitions as to the many ways therapeutic theatre can be utilized and

understood. Additionally, by the end of this subsection on defining therapeutic theatre, my own definition is made available in summary so congruence and consistency with the prior literature is informed for the proposed interventions outlined later.

Therapeutic Theatre – Performance versus Process

Research has been found on what therapeutic theatre can look like regarding committing to a final performance. There are two approaches found when working with drama therapy and therapeutic theatre. One is that of “Process” which is drama therapy work done in sessions and that usually remains strictly within sessions. Process is given an entirely different weight, it is process-oriented, evolving, and not necessarily linear, nor with a definitive end. This can be found in many different drama therapy series, approaches, and methods. Conversely, performance-based typically gives a final form of catharsis and often ends a series. It also often presented in front of an audience, and, often has a more linear approach in terms of a start-to-finish frame. Going forward, therapeutic theatre will be referred to as “TT”.

In articles on TT, Snow, et al., (2003) make special effort to find definitions of what exactly constitutes the term itself. The authors concretize early on their term, for the purpose of their article as “the actual employment of theatrical performance as a method of therapy” (2003, p.73). The fundamental element of building together (in this case, from scratch based around classic fairy tales) as a group, the theatrical script(s) in drama therapy sessions was then framed as interventions leading to a final culminating performance as the end goal of the therapeutic process. While the article illustrates concrete rationale and evidence for the importance of performance, equating it as an equal to the process itself, it also warns “to be extremely vigilant as to those times when public performance would sabotage the “safety” of the clients” (p. 75). Theatre scripts used for TT could be examined as a process without the need of a final performance of the content and the proposed interventions could take a different form to support this approach. Steve Mitchell’s research and drama therapy/TT work employs this approach of process over performance by working within sessions and without the necessity of a final performance. (Mitchell, S. in Jennings et al., 1994). However, for the scope of this paper, the process-oriented approach will be left for another time. Stephen Snow (2009) differentiates precisely these two approaches discussed above. “Drama therapy as a field, or a praxis, can be divided into two fundamental forms: (1) process-oriented and (2) performance-based approach” (p. 117). His article goes into greater depth regarding the latter and gives focus to the unique

elements of ritual in performance, and the ways it can be fostered within a drama therapy frame. His work has utilized myth and fairy tales as well as classics such as *Wizard of Oz* in the forms of devised adaptations suited for the respective client needs. This article outlines strong definitions for TT and the varied work the authors engage in, however it does not present any professional scripts and the myths, fairy tales, and exercises came from a devised origin based on original source material, then adapted through improvisation for optimal therapeutic benefit.

In part, this literature review focuses on the differences between devised TT and professional (or commercial) script use for TT as a final enactment of a drama therapy series using TT as the model. In the future, examination between process-oriented and performance-based approaches can be examined with the use of selected plays that address systemic oppression. However, research seems to support the notion that TT as a term comes with the preconception of creating theatre as a presentable final product for live performance. Going forward, the scripts themselves can be evaluated for their respective merit to TT and the respective theme(s) they uniquely address. The use of the interventions proposed that follow along to the selected plays, could ideally be used in this performance-based approach based on the needs of the individuals involved.

Therapeutic Theatre – Defining Devised Theatre

Much research has been found surrounding devised pieces, as opposed to the identified gap of effectively employing authentic professional scripts that had been originally intended for the commercial stage to a TT framework. A contrast from traditional or representational western theatre as colloquially understood by your average theatre attendee, should be understood, compared to what is understood as *devised theatre*. This can be uniquely important when statements in this paper call to traditional or professionally published/produced theatre, rather than the devised.

To grasp a clear definition, Mia Perry (2011) separates and provides context of when devised theatre came into prominence as a response to standard traditional theatre in the 20th century. The form is aptly summarized: "...devised theatre can be described as the creation of original work or the deconstruction of dramatic texts by groups of theatre artists, often in collaboration" (p. 65). The author expands throughout on ways in which different devised work evolved in varied ways as a reaction to traditional forms of theatre, and that it often has a common purpose for the educational, political, and/or community-based needs. The difficulty is

one could now make the argument that all theatre is devised in some respect. Therefore, in the following section, methodology will be used to acknowledge how the plays were chosen for the proposed interventions. Clear inclusion/exclusion criteria will be outlined to understand devised TT as opposed to what could be called traditional western TT. The terms of traditional and western should be kept in mind reading forward as potentially feeding into systems of oppression within the presentation of the art form itself. This is recognized, however again with regards to the scope of the paper, and what I am comfortable in writing about and pursuing. However, these are additional parameters to be aware of.

In “Therapeutic Theatre and Well-Being,” (Snow et. al, 2003) found that Ellenberger found Johann Christian Reil may employ some of the earliest mentions of defining something akin to TT . The authors quote Ellenberger’s account of Reil’s statement “... the ‘therapeutic theater’ in which the employees of the institution [i.e., psychiatric hospital] will play various roles, and where the patients will also be given parts in accordance with their specific conditions” (as cited in Snow et.al, 2003, p.212). This however is unclear when deciphering Reil’s meaning. The statement was written in the 18th century, but that said, are “roles and parts” referred in a general sense, (i.e., the roles/parts we take on in life; mother, friend, doctor, neighbour, etc.), or “roles and parts” actually being cast from an existing play? Is this promoting devised work spawned from improvisation or other creative spontaneous means, or is it asking about roles from an actual published play?

Renee Emunah and David Read Johnson further describe some of their work (1983). These two leaders of the field either directed or produced at the time of this particular publication, “19 plays by in-patient and ex-patient groups for public audiences in a range of settings” (p. 233). They continue in stating: “The plays were usually developed through improvisation, using several scripts” (p.234). However, the paper points to the fact the plays were devised directly from the clients/participants lives, and therefore suit the devised genre. This is an example where it appears that plays, or pieces, written/co-written by participants and/or researcher/therapists are more prevalent in TT work. This is an example of where there appears to be a gap in previous knowledge, in that I wish to know when TT did not used devised scripts, but rather, previously published ones already performed on professional stages. The plays here tend to follow a commonly used platform, whereby the TT is coming from devised

work with clients and/or participants instead of the less common evidence of coming from previously existing dramatic literature by actual professional playwrights.

Furthering workable definitions of TT, as well, highlighting devised drama therapy/therapeutic theatre work, is that of Hodermarska et al. (2015). *As Performance* was presented between 2011 and 2014 at New York University. Scripts were written by researchers, drama therapists, and participants, who performed the material over the series of productions. The research appears profound in discoveries made regarding the power of therapeutic theatre. Direction was given to the framing of what this process can look like. The scripts were published and performed after revisions and rehearsals (like a professional play intended for general theatre audiences). However, this again illustrates that all plays were specifically written and brought to life designed with therapy as the ostensible primary goal, promoting further evidence devised approaches are more common practice within the framework of therapeutic theatre.

“Performance of plays by clients is an approach to drama therapy that offers many opportunities for personal growth, exploration, of a wide variety of therapeutic issues, and the development of social skills” (Bailey, 2009). This opening statement to Bailey’s article gives a clear definition again of what TT could look like. The article seems to focus strictly on performance. It provides synthesis of theorists and practitioners promoting the qualities roles and playing out of character perspectives, which can provide therapeutic merit along with other drama therapy processes such as what Jones, (2007) articulates. Bailey discusses the use of characters in plays which can be performed by clients to achieve therapeutic goals. However, other than reference to what could again be considered devised work regarding *The Laramie Project* (Kaufman, 2001), as well, how to make writing and play creation beneficial to clients, she does not name here how to work with existing scripts. It is crucial to find what professional plays are being used in therapeutic theatre.

As with the differentiation between performance-based or process-oriented approaches for therapeutic theatre, it is crucial to legitimize the discrepancy between what is considered devised TT, compared to more professionally-based TT. The primary gap this literature review wishes to identify is that prior research showcases much more attention to the devised work being the prominent approach. Little evidence is found on using actual traditional and professionally produced scripts.

In Summary of Defining Therapeutic Theatre

This research aims to examine when TT is facilitated without devised work, specifically, devised plays intended to be used for therapeutic performance. With pre-existing plays, the intent was they were written for public performance. That, to me, is the differentiation. Dramatic literature intended for the professional stage and not devised with the specific creational intent of healing, but rather for the art of theatre in and of itself. These kinds of plays (with a focus on Canadian content and ones that address systemic oppression) will be used as basis for the hypothetical proposed interventions in this paper and elaborated on following the literature review. In the Methodology section, the decision-making process with regards to meeting these criteria should become evident. To comment on my own workable definition for TT, therapeutic theatre then is a multi-faceted approach that at its core uses the act of dramatic creation as performance to bring about healing or personal growth for those directly engaging in the art of theatre. It could come from devised theatre or traditional/professional theatre and either way, benefit the clients needs in their respective therapies. For this study, the focus again is on the latter, healing through the work of performing professional, pre-existing dramatic literature.

Therapeutic Theatre and Play/Script Use

Though much smaller in quantity, there is existing TT works that uses traditional dramatic scripts intended for commercial theatre. Even fewer, are the succinct works of TT or interventions for drama therapy that deal directly with plays and scripts addressing systemic oppression specifically. All of these works stray from the theme of this paper, which is to look at Canadian scripts. That said, the following illustrates the literature that has been found relating to traditional theatre and their respective TT possibilities.

Therapeutic Theatre and Shakespeare

John Casson, (2006) looked to Shakespeare, curious if the Bard had ever considered healing in his plays themselves. It appears he may have. Casson offers a proposed idea that *King Lear* perhaps was in part a reflection of the clinical healing practices in place during Shakespeare's time. He suggests the journey of the character Edgar (son of Gloucester and Godson to Lear), talking to his suicidal father at the edge of a cliff, trying to help. He states "Although the play is deeply tragic there is nevertheless a sense of emergent healing, a state of grace, towards the end of the play" (Casson, 2006. p 18). The author furthers his proposition stating new developments in "symbolic enactments" were becoming present in clinical practices within the same century this play was produced. He also outlines how many plays deal with

madness, which is evident with him pointing to *Macbeth*, *Hamlet*, *Othello*, *A Midsummer Night's Dream*, and *A Winter's Tale* as plays that deal with this theme. One might even be able to further this to many, if not all of Shakespeare's work as having some inherent healing avenues actor-clients could undergo in interventions. Casson does speak to ways in which one *could* analyse some of Shakespeare's text to bring about opportunities in addressing healing and offering therapeutic measures. This is akin to the goals of this study, evaluating the inherent healing virtues within a play. However, in this essay, he does not list if he has ever put any of these instances into practice therapeutically himself. Two years later, Casson is published again, looking to Shakespeare and four other playwrights of the time, also part of the Jacobean Theatre scene of the 17th century, (Casson, 2007). Here he goes further into his discovery of *The Two Noble Kinsmen* which Casson attributes to John Fletcher and William Shakespeare. Casson highlights the direct use of characters attempting to use theatre for healing within the play itself. Casson describes throughout instances and implications Shakespeare, Fletcher, Thomas Middleton, Philip Massinger, and John Ford employ in their plays of direct therapeutic and/or altruistic healing moments in the dramas. He does not describe how he would utilize these apparent instances for use with clients. However, the identification of lines in the play he suggests and makes note of are of important consideration for the purpose of this study regarding how one might evaluate themes within a play to parse out content. These would be valuable to refer to when engaging in the outlined steps presented for the proposed interventions offered in this paper. Casson includes ten points of therapeutic processes at work in these plays that can provide healing for clients. Some of these points include: "1) The use of dramatic distancing;... 3) Concretising and externalizing inner psychological experiences in symbolic enactments;... 5) Promoting catharsis through dramatic action;" (Casson, 2007. p. 9). He includes elements all akin to Jones' core process (2007). Dramatic Projection, Distancing, Empathy, Witnessing, Transformation, to name only some that can be evident as crossovers. It would appear that Shakespeare and TT have a long-standing history. As well in modern contexts, evidence is present for the work of using Shakespeare today. An example one could additionally look to is with respect to Diedrich (2011) and their work surrounding the *Shylock Impersonations*.

Modern Script Use in Therapeutic Theatre

Modern examination of dramatic text for therapeutic healing purposes can be found with Roger Grainger (2016). Here Grainger outlines aspects of *Waiting for Godot* (Beckett, 1952), as

therapeutically valuable. However, Grainger does not examine how to practically use these observations of the play's actual text in drama therapy work. The essay is useful however in ways one can evaluate the healing qualities divisible from the play, similar to what Casson looks to with Shakespeare.

One of the most seminal works found that pertains directly to this research is that of Marina Jenkyns book *The Play's the Thing: Exploring Text in Drama Therapy*. (1996). Jenkyns examines the actual use of dramatic texts to be used with clients. The title of her book is homage to a line from *Hamlet* where he wishes to address in the play-within-the-play, *The Murder of Gonzago*. Here, it can be argued that Shakespeare again provides an examination of his own text for various therapeutic means that could include but not limited to; grieving, role-confusion, anger, and madness. Jenkyns states "The word 'universal' is extremely important... If in the theatre we can watch fellow human beings doing what we might do, we can tap into the universal community of the human experience" (1996. p. 2). This early outlining of the proposed power of working with dramatic scripts, or text, is precisely what this research aims to uncover. It appears that Jenkyns in this work has begun what I aim to further in practical application in drama therapy resources, using dramatic texts to address systemic oppression. The first chapter describes the drama therapy properties inherent and divisible to working with clients and their characters from *Hamlet* specifically. The subsequent chapters throughout the book employ ways more modern dramatic texts can provide for drama therapists. She identifies in each chapter a different play and uses that play as a guide for a variety of topics including metaphor (akin to Drama-Life Connection of Jones' core processes); processes for making the most of the drama therapy space when working with dramatic texts; finding connections to an individual's roots and past; taboo and shame within the texts; grieving and loss, as well as various other themes. This book integrates drama therapy theories and employs therapeutic theatre practices through out, all the while seemingly pioneering the work with dramatic texts of professional theatrical works, some of which are quite renowned today.

Unlike Casson or Grainger, Jenkyns outlines ways in which the different themes that arise in the plays themselves and can be utilized in TT/drama therapy. This can provide relational healing when enacting the plays. The claim she propagates throughout the book is the ways we can learn about ourselves or even learn about the world we find ourselves in by working with texts that are already well-crafted in the theatrical presentational sense of the

art form. The aspect of universality and awareness of the dynamics at work within the plays appears to be exceedingly therapeutic. She sets forth clear examples of methods and ways of implementing them for sessions or performance with clients. The evaluation of Jenkyns' book in full would need much more space than this paper permits, however it is highly recommended for further reading on the subject for ways to incorporate client's needs by way of using actual professionally produced plays. That said, strictly as a quick-referential resource for drama therapists/TT practitioners to easily access when wishing to engage in offering a previously published play to their clients for therapy, there is no catalogue of published plays with respective interventions that deal with specific therapeutic goals. That is what this preliminary research aims to promote for future work, i.e., something a drama therapist/TT practitioner can have, literally in their back pocket, in order to choose a theme in a specific published play for their client group that would be therapeutically beneficial.

Canadian Content

To get even more precise and legitimize my focus, my specific interest is with regards to western theatre, and even more closely, Canadian theatre. The element of providing Canadian content in terms of artistic practices, work, and research is something personally important and has been the subject of my academic work thus far focusing on Canadian Theatre history and plays. The cultural networks at play and the people that encompass the multi/intra-cultural frames of Canada, especially within Canadian theatre, can be said to be as diverse as the landscape and the peoples themselves that situate in this nation.

Jerry Wasserman's work (2012 & 2013) in collecting and outlining the importance and role Canadian Theatre has on the world stage is extraordinary. In his introduction to *Modern Canadian Plays Vol 1*. (2013), he describes the state of Canadian Theatre from 1967 onwards. Additionally, he includes the complexity of the origins and evolutions of various Canadian Theatre. This overview dates back thousands of years with respect to Indigenous performance and ritualized performance/cultural ceremonies. Following, settler/colonialism, which, in Canada, was primarily French and English, as well as American influences that still dominate our Canadian culture today are commented on through the text. Wasserman also acknowledges the mosaic of cultures that make up the Canadian pictures of artistic representations. His work in these two anthologies provides insight into the political and wide array of social/cultural systems at work that are the major factors of consideration when reviewing what is to be considered

Canadian Theatre. The anthologies feature introductions by Wasserman, and the full scripts of the three selected plays included for this paper. For the purpose of this research, starting with Canadian plays that can be argued for addressing systemic oppression in their respective scripts can provide possibilities for the core processes (Jones, 2007) inherent to drama therapy for the purpose of the proposed interventions. The proposed interventions and the TT approach aims to justify the potential benefits for Canadian clients and drama therapists wishing to create TT in their practice(s) using these selected scripts .

Systemic Oppression

Keeping all of the above in mind, examination of the definitions of systemic oppression for clarity, and the ways drama therapists have written and researched drama therapy practices and its relevance to therapeutic theatre follows. The Portland Therapy Center, an example of an institution that promotes addressing systemic oppression in their mandate, provides a succinct definition on their website: “Systemic oppression refers to the mistreatment of people within a specific group, supported and enforced by the society and its institutions” (n.d.). The National Equity Project website further defines “systemic oppression is systematic and has historical antecedents; it is the intentional disadvantaging of groups of people based on their identity while advantaging members of the dominant group (gender, race, class, sexual orientation, language, etc.)” (n.d.). Articles by drama therapists and theatre theorists will be reviewed for the respective authors’ personal identification and the discourse they’ve experienced or studied surrounding systemic and cultural oppression within their focuses, work, and productions. By calling attention to some of this work it may provide further clarity into ways in which practitioners and researchers experience(d) and work with this important topic.

Looking to Boal’s Theatre of the Oppressed

Theatre of the Oppressed and its founder Augusto Boal (1931-2009) are very relevant to this discussion. Nisha Sajjani (2009) provides a comprehensive articulation of how Theatre of the Oppressed recognizes “the inseparability and permeability of false boundaries between the disciplines of art, politics, and psychology in the pursuit of progressive individual and social change” (p. 461). Therefore, a conscious acknowledgement to these false boundaries referenced above must not get in the way of the actual possibility individuals have to create and promote social change. In terms of TT, a goal here can be bringing forth issues clients may face when comprehending, coping with, or managing their respective oppression(s) endured. Conversely,

goals can be oriented for clients who may implicate or uphold directly/indirectly these systems themselves, as well. The boundaries placed within our societal structures should not impose or stand in the way of creating/promoting this kind of change. Sajnani continues in the article, outlining the practices and stages of Boal's Theatre of the Oppressed, as well as, the ways in which certain interventions critical to Boal's work can be employed (a good starting point for adaption of proposed interventions articulated later in this paper). The author also advocates for therapy using Theatre of the Oppressed, in her conclusion:

“At a time when collective rights such as clean air and water are increasingly privatised, when poverty is increasingly racialized and criminalized, when the tyranny of war and genocide is given global audience, when people continue to labor under the burden of violent repetitions in their families and across generations, Boal's methods provide an increasingly necessary avenue to negotiate the de/construction of collective trauma and its effects on individual and group psychology.” (Sajnani. 2009. p. 481).

It is this kind of thinking that leads to further understanding different drama therapists and theatre practitioners' insights into the work being done around systemic oppression so to be better informed when creating a breakdown of plays that can be used as direct interventions in drama therapy/therapeutic theatre dealing with these themes.

Dramatic Scholars' and Theatre Practitioners' Experiences

Leading dramatists and theatre professionals also write on their personal connections and professional regard towards systems of oppression. Jill Dolan revisits her work outlined in “Practicing Cultural Disruptions: Gay and Lesbian Representation and Sexuality” in *Critical Theory and Performance* (Roach & Reinelt, 2010). Dolan highlights the representation of “Queer performances” in North America crediting a variety of practitioners in theatre, and the writing by scholars that has been done on this content since the 1980s. Dolan reflects in her writing about what transgressive versus progressive sexuality-based performance(s) are, and what artistic discussion can look like. What is clear is that themes around sexuality in theatre and other art forms, is ever evolving with what Dolan refers to as “community standards.” This reflective piece by Dolan is accompanied by other essays in the same textbook; Ellen Donkin, (2010) who looks to feminist historiography; Katy Davy (2010) speaks to the writing of gender and sexuality representations; and David Román (2010) contributes regarding his work with masculinity and

AIDS. These all appear in *Critical Theory and Performance* (Roach & Reinelt. 2010. pp. 311-394), and support important themes concerning gender and sexuality.

Another section in Roach and Reinelt (2010) is that of Critical Race Theory (pp.135-190). Race, like sexuality is an area of interest for finding relevant plays that could provide understanding for using TT to address systemic oppression. In this section essays focus on representation of Asian cultures surrounding Chinese Opera and the views that those outside of the Chinese community may view these performances today, written by Daphne Lei, (2010). Jill Lane (2010) addresses the problematic historical lens of Blackface performance of the 19th century and how this once popular, yet hurtful performance style has impacted racially charged opinions today on an individual base and nation-wide/global stage. Harry Elam (2010) in his essay entitled Reality , looks closely to collective trauma for community members involved with and surrounding racially charged violence. Elam's focus is on what he notes to be "black expressive culture" (p.173). He describes in the essay the funeral of a young black man, Emmett Hill, following his horrific and racially charged murder, Elam discusses the reality checks that instances such as this can provide for the community and the world beyond. Elam provokes the reader to break down (in words akin to Sajanani mention before) these false boundaries and check-in with our own realities around systemic injustice. The work and essays of these theatre scholars and professionals are almost always personally connected to the authors themselves. They provide highlights to the phenomenological attitude and deep care for perspective one needs to have when reflecting on these themes and implementing them into proposed interventions. By respecting varied personal experience relating to systemic oppression in our own and neighbouring cultures, insight can be garnered from various perspectives to understand the power systems of oppression held over people in different contexts. With this growing knowledge, one can be better informed when using interventions of TT to address systemic oppression.

Roach and Reinelt (2010), as the editors of this collection, provide introductions to sections and essays pin-pointing accounts pertaining to race, religion, ableism, gender, sexuality, xenophobia, socio-economic and many other systemic and culturally oppressive themes in the context of performative arts. The concept of systemic oppression becomes clear by reading and reflecting deeply on these pieces. Systemic oppression is felt uniquely by the individuals and groups that are affected and effected through time and place. One thing remains evident,

collective trauma based on systemic oppression is widely universal. Though pervasively particular to the individual, and appearing dependent on the expressive means (whether in writing or by artistic representational methods), these essays reflect ways to effectively promote interventions to address the issues clients face and create discussions regarding oppressive or socially conscientious themes in clients' lives. Through this we may now begin to further our understanding in what ways we can define systemic and cultural oppression and address these traumas in practices of healing.

A Psychotherapy Step-by-Step Approach to Systemic Oppression

An essay in *Current Approaches in Drama Therapy* (Johnson & Emunah, 2009) is of note, that of Armand Volkas. His chapter is titled, "Healing the wounds of history: Drama therapy in collective trauma and intercultural conflict resolution" (pp. 145-171). Volkas is directly impacted by systemic oppression, as the "son of WWII resistance fighters and survivors of Auschwitz concentration camps" (Volkas, 2010). Unlike the scholar and dramatists in the Roach and Reinelt works, Volkas is a scholar and drama therapist/psychotherapist. He speaks to the impact of his own journey and coming to terms with systemic oppression and generational trauma from it that has been given to him, but also his process of leading clients of his own through similar experiences for healing and growth. Like that of Boal outlined by Sajnani, and the information of phenomenology expressed by the dramatists, the goals Volkas outlines in his approach may provide direction into this study and future work. He articulates his first goal: "recognizing and deconstructing cultural or national identity" (p.147). He states family legacy in this context may be hidden with the goal here to "help participants uncover the collective story of perpetration or victimization they may be carrying" (p.147). This is important to address. In this work the victims and perpetrators may have the opportunity to integrate fully a well-rounded and encompassing *breaking down* of the boundaries between them to further collective healing. He puts emphasis on his second goal of intercultural communication and conflict resolution, then, with the third goal, articulate how to "move deeply into and experience their personal and collective grief and mourning" (p.147). Volkas discusses his fourth goal in working on building empathy in the clients surrounding all facets of the trauma being discussed and expand on these feelings. Finally, the creation of meaning and the spiritual integration of the previous goals is the fifth. All steps can be used for the proposed interventions design. Volkas concludes his article by

promoting the notion of clients finding their own paths through the aspect of transformation and the integration of their own paths through these goals.

Methodology

The methodology section and the respective sub-headings aim to promote the articulation of and justification for the proposed interventions. The first section outlines Fraser and Galinsky's (2010) article on Steps in Intervention Research and will be reviewed to clearly understand the approach intended for the proposed interventions. The following briefly summarizes why these plays were selected, providing specific criteria to support the outlines of the plays given in the end of the literature review. The final sub-heading will review Phil Jones' (2007) core process model to therapeutic theatre. This section aims to clearly outline some of the potential goals these two theories can provide as a frame for the proposed interventions and the scripts.

Fraser and Galinsky's First Two Steps of Intervention Research

Fraser and Galinsky (2010) identify the first step in intervention research as “defining the problem and developing a program theory” (p. 4). This is the fundamental starting point for intervention research where the authors state the purpose to be “the systematic study of purposive change strategies” (p.1). To define the problem(s) that may be addressed with the proposed interventions that then may promote change for those involved, careful analysis must be given to each play and the client/groups. The proposed interventions within a therapeutic theatre framework may be able to facilitate change. The following section will look to the plays for these possibilities and emphasized in the articulation of the proposed interventions themselves. However, a general statement of possibility for the presenting problems can be outlined here. Those who are faced with systemic oppression, that is uniquely specific to the content of the selected plays respectively, may be able to connect with the content, themes, plot, and characters within each given play.

The first step the authors articulate is to “develop a problem theory of risk, promotive and protective factors” (p.5). One example of problem theory of risk may be that those who face systemic oppression may not be able to see themselves in representative media as easily as those coming from a privileged or non-oppressed cultural background. The elements of systemic

oppression that specific groups may experience, individually, or as a collective within their subcultural groups may be lost to them, or as well, stigmatised by other connecting cultures. For instance, with respect to Indigenous communities in Canada, the presence of white, European settler/colonialism is a prime example of cultural genocide where many communities have had their histories wiped out through the dominance of this system of oppression that continues today. In similar respects, themes of disability culture, and LGBTQ+ cultures are few and far between in their representations of popular artistic representations in our entertainment and media. By using Canadian professional plays that tackle specific themes of oppression that address this erasure and ambivalence to these cultures within Canada, a therapy model can be cultivated. With regards to Volkas' (2009) goals outlined in his article and seen as well with Jenkyns' book (1996) outlined above, ways of connecting to the text could promote and provide protective and/or therapeutic factors for clients. They could achieve this in terms of associating the selected plays contexts with their heritage and lived experiences from within their cultures. Following this, creating artistic representation of oppressive systems that may be present by way of using the scripts themselves to inform areas where resilience, resistance, and healing the wounds of trauma that may exist with the contexts examined. By looking to the core processes of Jones (2007), in the following section, with specific attention to potential and hyper-specific risk factors connected to the plays chosen, we can then begin to "develop a program theory of malleable mediators" (Fraser & Galinsky, 2010. p.5). Meaning with regard to therapeutic benefits, ways in which one could measure possible connections clients could have to their engagement in these proposed interventions surrounding systemic oppression that appear and are identified in the plays that is relevant to the given problem theory. Again, these problem theories could be the erasure or disregard to their cultures in contrast to systems of powers present that further oppressive means. Another therapeutic benefit can be in the way clients can relate to the plot and characters as they develop respectively in the stories the plays hold. This identification of problem theories in terms of evaluating malleable measures directly coincides with Volkas' first step mentioned above; "recognizing and deconstructing cultural or national identity" (2009). His following goals of moving deeply into understanding and empathetically connecting to collective trauma, and the spiritual understanding of how to move through this grief and mourning can be carefully curated through the TT process by way of using these plays. The features within varied cultural populations may face, correlating and compounding additional

factors, and within a TT framework, could be brought to the forefront for clients to reflect on and work through in a therapeutic presentation of the selected plays, all of which could be correlated directly to Jones' core processes.

The following components of the first steps is to “identify intervention level, setting and agent(s)” (Fraser & Galinsky, 2010. p.5). This step relates in part to the populations involved who may be served by the plays. One population the first play addresses clearly is Indigenous women, facing direct oppressive systems of the white judicial patriarchy and church systems, (and the general attitude of colonizer oppressive systems). The second, provides commentary on developmentally disabled adult life and negotiating self-reflection from this perspective and the perspective of society that limits these lives through various oppressive structures. The third play comments on the stigmatization and relations of sexuality of men in drag and the ongoing prevalence of discriminatory stigmatization surrounding it.

The setting and agents must be considered as unique to each of these populations. It is hypothesized that clients would benefit more effectively if representatives or the facilitators themselves from their community are engaged in the proposed interventions as a guide or additional resource/present support system in the process of this TT. The intervention level can also differ based on who the clients are, whether they are all part of the marginalised group, or whether there are clients also involved from outside that cultural community. (i.e., if working through *Drag Queens on Trial*, are all the clients homosexual men who practice drag, or are others present from outside this community? Is it only clients who are charged with hate crimes towards these peoples? A blend of various communities?). The group composition will provide unique qualities and variations to the ways in which the interventions are facilitated. Depending on who is involved (victims, perpetrators, or both), different attention to details of the intervention steps must be focused upon. Fraser & Galinsky summarize this sentiment in that “choice of level, whether individual, group, family, organization, community, society, or a combination, may depend on research findings, theory, situational demands, or opportunities and funding. (p.5). This cannot be emphasised enough insofar as specific care to promote protective factors when engaging in potentially difficult subject matter of the client's realities in relation to working with the plays in the frame of TT. The form in which a program intends to use these proposed interventions for TT must take in account the setting and level of engagement available. To promote optimal care and sensitivity, facilitators must be held ethically accountable

to the populations involved. The creation and maintenance of a safe space for those involved will be fundamental in the efficacy of these proposed interventions. Within the TT model of working towards performance for these plays, regard for the well-being and the potential trauma that may be brought up in negative ways for clients must always be considered. A few of these are mentioned in terms of consideration for clients and having community members outside of the therapy process present for support, and additional care-taking components will be included further in the Discussion section.

The final point of the first step, to “develop theory of change and logic model” must also be taken seriously when working with people who face systemic oppression. The insinuation of change is a difficult one to come to terms with regarding the needs of the populations. The basis for this claim lies in the inherent fact that many populations who face systemic oppression need not outright change themselves. Rather, addressing the systems that are in place, systems that have forced groups of people into stigmatised or marginalised groups need to change. Therefore, as mentioned, the reason for including individuals or groups either in opposition or ambivalence to the factors of oppression would benefit from engagement in these interventions alongside those in the oppressed groups. Additionally, the programs that utilize these proposed interventions would benefit from working with the standards and ways of conducting therapy that is specific to their current cultural models. Though the proposed interventions come from originally euro-centric, white standards of psychotherapy bases, it should be understood that the agents involved and the ways in which the interventions can be implemented through various programming can and should be adapted to best suit within the standards of the culturally specific group’s needs. In essence, the plays selected that deal with Indigenous communities and culture, disability culture, and lastly, male sexuality and representation, need to allow for their respective communities to adapt these proposed interventions and the level of programming. The theory of change can then be reframed with the above understanding of societal changes, but also, in the ways in which the trauma can be healed or looked at in new ways and/or resilience and coping mechanisms can be promoted.

Step 2 of Fraser and Galinsky’s (2010) steps to intervention research call to “specify program structures & processes” (p.5). The step outlines the need for a draft of interventions to be reviewed, to specify the requirements and goals of the program, the measurements, and projected outcomes. As well, needs for training and implementing the process. Therefore, in

Figure 1., in the section of Proposed Interventions, basic outlined steps, (that differ slightly based on each play), are provided. However, the goals of the program structures and processes are offered here for understanding the general approach to the method.

Outlined Methodology of Steps

Steps 1-3 across all the selected plays is the identification of the needs of the client or client group. Careful consideration and open discussion with the client(s) are needed, as well, to determine if working with the given play is appropriate and desirable. Autonomy for going forward and understanding of the subject matter should constitute a dialogue between therapist and clients and not authoritarian in the method of delivery but collective between all parties. Reasons should be given for therapeutic merit that always circles back to the goals of addressing systems of oppression felt by the clients and expressed in their individual and/or group goals. The therapist in question should have a good understanding of the plot, characters, and themes of the play in question during these early and open conversations to answer questions and help in connecting why these works would be therapeutically beneficial and suit client(s') needs/goals. As well, they should have done preparation at this time in reflecting how these conversations may already bring up elements of trauma or difficult conversations and be prepared to work through discomfort. Finally, in these initial steps, looking to how they may wish to engage in the TT process and the plays themselves is an important area of discussion in collective. Perhaps, they wish to engage in a non-linear approach, adapt lines to suit the needs of the clients or present it in a different and culturally significant way inherent to the goals of the systems of oppression being addressed. This may take many different forms, and adaptations should be welcomed. In the creation of the play as a performance, the collective artistic manner in which they wish to work towards the end-production should aim to promote artistic creativity and diverse means of expressing the content. Adaptability of the therapist is critical at this juncture. Essentially, the process would look similar to a creative production meeting that promotes therapeutic goals, while sticking as close as possible to the actual dramatic text of the play itself. If during these steps, the client(s) feels it may not be in their best interest to do TT with the selected plays, or that a devised approach away from or in some way loosely connected to the plays is preferred, this should also be considered.

Steps 4 & 5 across the selected plays are for the therapist to provide the scripts or scenes desired in a way that is accessible to the client(s). Perhaps for *Toronto Mississippi*, if working

with adults with disabilities, reading is not available to some, then the therapist needs to find alternative methods for making a table-read accessible. Perhaps, recording lines for the clients to listen to and learn the script in this manner, is one example. Discussion should also be had in terms of how the roles in the play are cast, who or in what manner will the scenes and play be directed, will the therapist be in charge solely as the director or will the process be more of a collective? Both approaches would be valid and determined based on the needs of the individuals involved. Once an initial read-through and familiarity is garnered with the script, further discussions and feelings, thoughts, emotions should be welcomed and examined in order to continue.

Finally, Step 6 determines what is the best way to continue. Ideally, this would take form in a traditional theatre sense of therapy sessions including series of rehearsals working towards a final enactment (or enactments) to be presented. Evaluation of whether the TT culminates with one enactment or series of them, either in front of a live audiences of the public, friends and family, or conversely, in private within the confines of the group alone. Throughout the rehearsal process, each rehearsal within the TT frame, should provide the therapist opportunities of looking to the steps outlined by Volkas (2009), but more specifically, in tandem with the drama therapy core processes articulated by Phil Jones (2007). This will be explained clearly in the following section surrounding the processes. Each rehearsal may showcase one or more of these core processes being evident in the work the clients are engaging with in the creation of TT.

The second step of Fraser and Galinsky (2010) is important to include for the actualised proposal of the interventions and to authenticate the validity of this research as a whole. The following steps 3-5 included in the same article would be best utilised *only after review of this study and the interventions had been attempted/evaluated* in future studies. By following the steps articulated in Figure 1. of this paper, drama therapists interested can ideally provide the structure and process that Fraser and Galinsky are referring. By connecting with the heritage and collective healing the cultures may face when working with these plays that address systemic oppression, the experiences witnessed in the TT process of the clients engaged can be correlated to drama therapy core processes for malleable measures. The specific measures at this stage should be considered as the evaluation of the core processes themselves and how much the clients involved can identify their engagement to core processes themselves, or that can be visibly identified and weighed qualitatively by the therapist. Other measures of assessment and

treatment are spoken to in the Discussion as well, however, the way of quantifying data garnered from clients engaged in this TT intervention frame likely will be framed once the interventions are actually taking place. For now, consideration of measuring the engagement in quality, duration and reflection of the core processes identifies effective measurements for the purpose of this theoretical analysis of what is possible in using existing Canadian scripts for TT.

Methodology of Play Selection

Wasserman's (2011 & 2013) anthologies provide succinct historical information regarding the importance the plays selected have to Canadian culture. I feel that Canada's cultures and subcultures are respectively profound and have rich histories. Importantly, it can be argued that many Canadian plays directly or indirectly have themes of systemic oppression in their dramatic content. Additionally, in all of my research there were no findings of therapeutic theatre being used with Canadian plays. There are, of course, many more powerful pieces written and produced in Canada that tackle difficult subject matters that may benefit from the proposed interventions such as: *For the Pleasure of Seeing Her Again* by Michel Tremblay, (1998), *Children of God* by Corey Payette, (2017), *Lion in the Streets* by Judith Thompson (1990), or *Harlem Duet* by Djanet Sears (1997). These are just a few examples of Canadian works that could also be selected in the future on the basis that they deal with content of systemic oppression. It is evident the selected plays for this preliminary study meet the criteria outlined in the literature review of personal accounts dealing with the oppressive systems, correspondingly. Each selected play below is culturally specific and yet, can be argued to have crossovers into many other elements of oppression. For the scope of the paper, only the certain major themes of content will be articulated for each, as means for the basis of the primary goals for intervention-based research.

The Ecstasy of Rita Joe – George Ryga – premiered 1967

I feel it is extremely important to present this play as the first selected dramatic work. It is important to acknowledge the vast array of Indigenous communities across this country and their performative cultures and dramatic works. The cultures, having been stripped from their communities and histories through colonialization, cultural genocide, and direct oppressing factors, require recognition, reconciliation and sensitivity with utmost respect. Mixed reviews from Indigenous communities have followed this controversial piece with Wasserman

summarizing a review of CBC-TV reporter Jamie Portman of the play's inaugural performances in the late 60s:

Rita Joe happened during the centennial year when Canadians were anxious to look at themselves. But the look that this play provided was an unsettling one. It punctured the euphoria and the smug complacency of Canada's birthday celebrations and declared unequivocally that all was not well with this country and its institutions. (Wasserman, 2013, p. 13).

This play is uniquely important for exploring issues through TT that address systemic oppression within the Canadian context. This play meets the selection criteria in that Ryga's text follows the story of Rita Joe, an Indigenous woman who moved to Vancouver to leave her life on the reserve and ends up in prostitution and eventually murdered. Much of this play takes place with Rita Joe on trial in front of white judges or white church members who can be viewed to encapsulate systemic oppression. Much of the play incorporates elements of culturally specific dances and song. The missing and murdered Indigenous women epidemic in this country and in the United States is a much-needed point to address, in terms of the theme for the proposed interventions. An ideal group working on this play for TT to address and recognize systems of oppression inherent to the context, could comprise of Indigenous women who could play the role of Rita Joe and in turn take on roles of the oppressors as well. Alternatively, both men and women from Indigenous communities and, as well, individuals from outside the communities could be cast in, what may be considered a traditional casting of, the play. Conversely, oppositional casting could also be done where Indigenous women play the oppressors in the play and non-Indigenous clients in this instance of the TT group, play Rita Joe and other Indigenous roles. The possibilities are limitless in my view, and depend entirely on who is in the group, what the needs are for the group and the identification of the key steps outlined above of Fraser and Galinsky's (2010) method. Oppositional casting could provide a variety of therapeutic opportunities through witnessing, identification, and distancing measures (Jones, 2007), as well as elements of utilizing the reversal of roles. (witnessing, identification and distancing will be defined in the *Core Processes with Selected Plays section*). Regardless of the casting and approach to rehearsals, the therapeutic merit would come from connecting with the lines themselves and the situations the characters find themselves in as they progress the plot. The healing components inherent to role theory as articulated by Robert Landy, (1991) has been left predominantly out of this paper, as it

would constitute another entirely separate approach and paper. However, coupling the exploration and expansion of a client's roles with healing qualities already mentioned with Volkas' (2009) steps to psychotherapy, Jenkyns' (1996) work in looking to the text, and especially in Jones' (2007) core processes to be measured through each TT rehearsal would be the informative harness to make these proposed interventions credible. As accentuated above, the ways in which the proposed interventions could take place, must take care to promote positive adaptive formats in a TT frame. There is also a need to develop a cultural connection from the client to the characters in Rita Joe, and adapting the play's songs and dances to suit the client's Indigenous identity, or respective culture from where the play will take place. Finally, how the play could be used with peoples outside of the community in working through awareness and tolerance, is important to examine.

The Ecstasy of Rita Joe meets the criteria of systemic oppression. Beyond this it meets the selection criteria of being a play written and produced in Canada with the intention of performance on the commercial stage. It has toured in a variety of professional playhouses. Though it can be viewed as a piece written to provide commentary directly to the situated community, or to bring awareness to the Canadian population as a whole, it was not written under the criteria of a devised piece for therapeutic merit. However, it can be looked at as having benefit if placed within TT.

Toronto Mississippi – Joan MacLeod – premiered 1987

This next play has more of a personal life connection with regards to its selection, as people on the autism spectrum are part of my family. As well, this population has been a large part of my master's practicum placement, where I work with adults living with diverse intellectual and developmental disabilities. And it is likely a population I will work with further in my career.

The play follows Jhana, a young adult on the autism spectrum. Jhana is the daughter of an estranged Elvis impersonator who comes to visit Jhana and her mother who live in a Toronto home with their resident tenant, a young man renting a room in their house. The ways in which Jhana navigates her relationships with her recently deceased dog, her mother, and her estranged father is powerfully portrayed in the way her text is written and her thought processes presented throughout. The perspective this character provides in her relationship navigation, and her speech and thought processes, allow the possibility for people engaging in this piece opportunities of

association and/or rejection based on their own connections to the play. As a therapeutic theatre production, it could provide a variety of ways to look at disability culture. The systems of oppression in place that leave Jhana as an outsider within her own family, to some extent, showcase another important factor for systemic oppression: those with disabilities may not need to find ways to connect and relate or fit in with society, but, instead, society needs to find ways to find acceptance and tolerance with those who have disabilities. This piece could be a powerful tool in working with teens and adults with developmental and/or intellectual disabilities, as well as those unfamiliar with the population. *Toronto Mississippi* as a TT play choice could be done with a group of all adults or youth who have developmental disabilities. It could also be traditionally cast again as it would typically be done on stage; however, as Jhana is the only character directly identified with a disability, it may be limiting to cast traditionally if this play was used with a group of adults with developmental/intellectual disabilities. Ideally, an opportunity for clients from intellectual/developmental disability populations to explore roles and the drama therapist conducting the TT rehearsals could look to promoting Jones' core processes in exercising the model toward a final enactment. With this population, scripts and memorization of text prove too difficult for some, not always, but it is a consideration to be mindful of. Therefore, adaptation to standard rehearsals and play productions of the text should be adapted to promote optimal awareness of subject matter and association, theory of different perspectives, skill mastery, social skills, friendship maintenance, and many other possible therapeutic objectives. Many of these goals for individuals living with intellectual and developmental disabilities can be found in *The Intellectual and Developmental Disability Treatment Planner*. (Jongsma, et al., 2012).

Toronto Mississippi shows a family dynamic of relevance within Canadian cultures. Disability does not discriminate across Canadians, though variance of course is evident, it is prevalent in many households regardless of race, religion, gender, and so forth. Again, it is a dramatic work intended for the commercial stage and also has a long professional performance history. It is presented in a traditional theatrical sense and not of a devised nature with therapy as the end goal. Rather it brings awareness to individuals similar to Jhana and her family, and therefore can be considered an excellent candidate for potential interventions that use already published Canadian plays within TT.

Drag Queens on Trial – Sky Gilbert – premiered 1985

Often, assumptions are made that Canada is more tolerant of race, religion, sexuality, and other forms of discrimination. Arguments can be made that advancement on tolerance has been made in recent years in this country, or that we are leagues ahead of our counterparts south of the border. I see much more work and reflection needed in terms of acknowledging the prejudices and intolerance that still exist surrounding systemic oppression. This play was chosen with this in mind, and the ways in which sexuality is viewed and often stigmatized under systems of oppression.

Drag Queens on Trial is about three drag prostitutes, (traditionally performed by those who identify as gay men), who face trial, and reveal their personal experiences in their dressing rooms about being directly or indirectly oppressed by straight culture. Each actor takes turns as one of the drag queens standing trial for the way in which they conduct their lives and earn a living, as well, their romantic and personal experiences. While one queen is on trial, the other two take turns playing, judges, jury, defendants, witnesses, and all other characters in the piece to propel the poignant, on-point play forward. It provides a means of expression and a commentary on heteronormative oppressive structures visible and apparent, and also invisible in forms of microaggressions in society. Again, the therapy group could consist of only gay men or men who practice drag and face discrimination and other systems of oppression. The play only has three cast members in its traditional casting, but more could be involved in the therapy group, with clients taking turns in rehearsal and mounting the production/performing it. As mentioned before, it could also consist of both men who face this kind of oppression, or any other individuals as well who may want to garner more awareness around tolerance. It could also be beneficial for those who are directly prejudiced towards homosexual or drag cultures. The quality of connections and ways individuals can identify in their embodied work would again be identifiable through a variety of core processes.

The play again is a direct professional script for the commercial stage and has received varied success in its performances since its debut. It may prove to be yet another opportunity where a marginalized group of peoples who faces systemic oppression can use their voice and explore in TT ways of connecting and identification of the systems in place. Additionally, it can provide insight for those outside of these communities and engage with ways in which tolerance and acceptance can dismantle these oppressive systems.

All of the plays selected have potential power in having the ability to be transformed into TT. As stated, they should all be treated with utmost respect and the steps of intervention that take place must allow for adaptation so that proper training for program facilitators of the interventions, whether for performance or within scenework in a therapy space, can be actualised based on the needs of the clients working with the content. This means, steps taken to ensure the level of intervention are best applied with cultural sensitivity. The goal is ultimately finding ways in which healing can occur in the understanding of these commercial professional plays in addressing systemic oppression.

Regarding the rights to use these professional plays in full, they would need to be purchased or rented from a library and give access to copies for the clients. Due to this not being a commercial project for profit, but one of education and primarily therapy and healing through performance, official rights likely would not be needed when working with scripts in Canada in this capacity.

Core Processes with the Selected Plays

The following aims to provide a simple summary of the nine core processes from *Drama as Therapy: Theory Practice and Research* (Jones, 2007). It will attempt to construct an argument that showcases how each core process can be looked at with respect to the selected plays and how they will be aimed to be of use for clients engaging in the TT model of working towards a final performance of the plays. The core processes will be evaluated for their merit to potential examples of how working with the selected plays can provide healing benefits for addressing systemic oppression through TT.

Dramatic Projection can be understood as the way in which a person may place their own personal thoughts, feelings, or issues into a dramatic role, scene, or object. A client who is directly or even indirectly engaged with the text of one of these scripts and the ongoing process, may be able to portray or envision elements of their own personal experiences into one of the characters or environments of the play. Dramatic Projection could be present and evaluated across the selected plays during TT rehearsal and performance as moments when elements of thoughts or feelings identified by a client or the group are exemplified in the scene/dramatic reality directly. Imagined Example: Jane, an Indigenous woman playing Rita Joe feels and discusses her rage surrounding the oppressive nature police place on her community. In a scene as Rita in the dramatic reality, she explores yelling her lines at an arresting officer character. This

can then be discussed in the therapy setting outside the dramatic reality between the two who played the roles. The dramatic reality can be understood as an imaginary realm engaged with where the play, theatrical activity, or drama therapy make-believe takes place.

Personification and Identification is how a client may express themselves and identify directly in taking on aspects of a character in role-play, object, or environment. The identification of the self in a role or personifying aspects of the play's reality can provide deeper engagement to the clients in ways the clients express themselves in the therapeutic theatrical work. Imagined Example: Doug identifies as they. They've expressed difficulty feeling comfortable in drag, though they enjoy doing so. However, they wishes they could do so more often, feel safe while doing so, instead of fearing stigma and homophobia/prejudice. They find elements of identification and ways they visualize personifying the roles in *Drag Queens on Trial*; the text allows them to identify with empowering lines of the characters. This can be brought forth for discussion and ways Doug could personify these aspects in their own life as well as in the dramatic space of the play.

Role-Playing is the act of taking on roles separate from our own roles we carry in our life, or ones that deepen current and/or new roles. The exploration of such roles can be hugely therapeutic. Renee Emunah speaks to role-playing in that "the playing out of multiple roles serves to expand one's role repertoire, foster an examination of the many aspects of one's being, and increase one's sense of connectedness to others" (Emunah, 1994. p.12). Imagined Example: A therapy group consisting of half the population being Indigenous and the other half being non-Indigenous decide collectively that their version of *Rita Joe* will be cross-cast and showcase/utilize Role-Reversal where all Indigenous people play the white oppressors and the white members in the therapy play the Indigenous roles. This could be one example of using the roles in the play as a strength to dismantling preconceptions around systems of oppression.

Interactive Audience Witnessing is a crucial aspect for these interventions in how audiences outside of the therapy sessions view the final performance(s), or even those witnessing each other perform or enact scenes of the script within the therapy session, can connect and have awareness of the enactments heightened through the witnessing. The active element can provide feedback and reflection to the performers. Additionally, the aspect of being witnessed in performance and having reflections given to the performers of a text could provide unique growth in the various relationship between the potential audiences and those working on the text

of the play. The emphasis being on the clients being witnessed is key, however, not with audiences outside of the therapy group. Imagined Example: Different clients all of which on the autism spectrum try out playing Jhana in *Toronto Mississippi*. Discussion can then be had around the feelings each experienced, and reflections given from those watching one of her monologues. Discourse can be created about what this experience allowed for, and felt like for the individuals and group, in articulating these feelings in front of others in a dramatized manner.

Play(ing) is more of an attitude of engagement with the material, often deemed as the spontaneous action of devised play in a playspace within the therapy. When working with scripts, this playspace exists, and the spontaneity can also exist within the frame of the text and objectives of a scene or the play as a whole. In rehearsal space, someone may take on new meanings and interpretations to employ in their play that still follow the script but engage in the act of play within the actual text. Emunah again uses the aspect of Play as the first foundation for her Five Phase model in *Acting for Real* (1994). Imagined Example: Playing though *The Ecstasy of Rita Joe*, clients decide to substitute, spontaneously, some lines into equivalents or translations of their own Indigenous language or enact some of the blocking of a scene in dance akin to culturally specific ceremonies. By allowing the play space to be a collective space for creativity, new ways of making meaning can be brought out of the texts.

Drama-Therapeutic Empathy and Distancing is crucial to these interventions in that it can allow clients to engage in a variety of emotional closeness to the characters and situations that are brought forth from the script. Empathy referring to the ability to share and understand others' feelings. Distancing refers to the ability when engaging with the play of how far removed or how connected a client may be to the character they portray. Imagined Example: a conflict resolution group between victims and abusers surrounding hate crimes could be explored in working through *Drag Queens on Trial*. By relating moments through rehearsal where deep connection was made for those in the play who had been mistreated by others. The other characters and their perspectives and the resonance that it provides to them can open up dialogue around oppressive systems inherent to the play in relation to lived experiences of the individuals involved.

Life-Drama Connection is probably one of the most foreseeably fundamental processes to these proposed interventions. This refers to the ways in which those involved in the dramas can connect the actions within the drama to their own personal lives. By seeing a connection from

the drama that may exist in aspects or relationally, connected to themselves as a person, the play can then serve as a mediator for recognizing and seeing elements of the themes within the dramatic piece take form. It can also provide excellent closure for the clients after each rehearsal process of the TT as well after the final performance(s). Conversely, Life-Drama could also open up clients who may have been resistant to the process or unaware they could connect their life to the drama in such a way. Imagined Example: Every session across the groups, after exploring the text or doing scene work, could be discussed for ways they found moments in the text and enactments that causally related to aspects of their own lives.

Transformation refers to the linear or nonlinear idea that the engagement in drama therapy interventions may lead to a transformative component that a client feels in relation to a presenting problem that may be a part or a whole issue for why they are in therapy in the first place. Within a play, characters and the plot transform typically through the narrative arcs. Inherently, those engaged will not only experience the transformation of the narrative, but their involvement will also likely provide transformative aspects and a change in perspective that inherently relates to the presenting problem, ideally leading to or resulting in therapeutic healing. Imagine Example: Across all plays, clients engaged in the TT of working towards presentation of the play likely will garner new perspectives and ways of relating to the subject matter they did not have before. An increase in tolerance and respect for those oppressed in the context the clients are working with could be one example that could be evaluated. As well, transformation surrounding personal and collective traumas can be fostered through the engagement of the characters facing similar relational narratives to the clients themselves.

Embodiment is the aspect of taking on dramatic action, movement, and the essential physical qualities of a role. With the selected plays in development clients will deepen connections to the characters and the situations they experience, providing further resonance. By taking on the physical qualities of the roles that clients could embody, further understanding of perspectives can be garnered and, as well, ways of carrying themselves in their own bodies outside of the dramatic reality. Imagine Example: Asher is a young man engaged in the TT of *Drag Queens on Trial*. He has difficulty with confidence and being in his own body, wishing to be comfortable in drag. He has expressed concerns about desires to transition genders. By enrolling in some of the drag queen characters in the play and performing it, he may experience

through embodiment and performance the needed confidence and ability to make further decisions or to express himself in nonbinary ways and grow confidence in this respect.

In summary, these plays were chosen for their differences of content, but all with the prerequisite that they reflect systemic oppression in different masks. All uphold key themes of Canadian cultural connections and the ways the systems of our nation oppress the characters within these stories. By using core processes and being informed by processes articulated by practitioner's outlined in the literature review, we can see through the imagined examples a handful of great therapeutic possibilities for clients wishing to engage in TT. All of these deal with elements of addressing systemic oppression either in the clients' personal lives, or in the transformative quality TT can provide for healing wounds of trauma that various populations may face or have faced. Each session working towards TT using these scripts can have specific goals of individual core processes, and likely more than one will appear in any given rehearsal session. Ongoing communication, reflection, and catharsis can be fostered through exploration of these texts and the active, curated engagement in their dramatic realities to promote healing.

The Proposed Interventions

The interventions are presented in a format that I hope to continue in the creation of a corpus of plays that can someday address various themes beyond systemic oppression. It is the intention that these are presented in a digestible format to be used readily by drama therapists when wishing to work with dramatic texts for TT. They are also presented here as being designed with group TT in mind, as opposed to working with an individual. It is hopefully understood that the proposed interventions are informed by the literature and methodology, and that they should change and progress with further learning of myself and critique by other professionals in the field. Currently, these interventions are aimed at specific populations aforementioned, but can also be fruitful in their adaptations for other populations wishing to understand the themes of the plays and the peoples/cultures they surround. Though this paper examines systems of oppression as a primary objective to address needs for clients, these plays, and others in future installments of the growing work, should be noted as having the intervention outlines similar across other themes. These could include a wide array of mental health or general therapeutic ends. Simply put, the format of Figure 1 demonstrates the quick reference guide to a given play.

By using the first two steps of intervention research by Fraser and Galinsky (2010), the areas of risk, levels of intervention, setting, agents and program designs are outlined. Additionally, the methods proposed by Volkas (2009), Jenkyns (1996), and also steps for the political theatre agendas in Boal's method summarized by Sajnani (2009) in terms of approach can be utilised as well. Finally, the reflections on the dramatist scholars, practitioners, and historians that inform the cultural specificity, individuation, and attention for care/sensitivity when working with systemic oppression, inform this potential practice. All this occurs through identification of drama therapy's core processes.

The plays are sectioned with specific themes addressed in this study. Each respectively confined into a Text Box, so as to promote how they could be displayed in the pages of a future growing catalogue. Note that, likely in the future catalogue, space for each play would increase based on the books formatting. Critique and commentary can be made to further discourse, and additional relevant themes can be articulated for furthering upcoming needs of clients within a given therapy program that may evolve based on the specific play. Essentially, these are to be reviewed as snippets intended to promote the articulated goals of clients that could be found within the process of TT using these scripts. These would become available once these interventions can be first tested.

For reference, each "K.C.P." indicates Key Core Processes that may be actualised in the engagement with these plays. Though others may of course become present when developing in the work.

Figure 1.

<p><i>The Ecstasy of Rita Joe</i> – George Ryga.</p> <p><u>Suggested Population:</u> Indigenous community organizations, reconciliation outreach organizations, possibly in conjunction with white populations to acknowledge white patriarchal/coloniser paradigms; women deemed at risk.</p> <p><u>Preliminary Potential Goals:</u> Addressing the systemic oppression clients may relate to; connecting to cultural roots; healing wounds of history; reconciliation; reflection; identifying generational trauma and build coping strategies/grief maintenance, identifying systems of oppression in place and what can be said/done in response.</p> <p>Step 1: Identify the needs of the group. If working with this text is the appropriate approach, ensure your own familiarity with the play.</p> <p>Step 2: Discuss the plays themes. Encourage questions and initial feelings to come forward. Allow for discussion with clients about plot. Access if appropriate to continue.</p> <p>Step 3: Decide with the group how and in what way they wish to engage with the play. Be mindful of cultural needs and content.</p> <p>Step 4: Provide scripts to the clients. Ask whether people wish to choose their roles within the play or be cast. If casting, be considerate of group needs and composition with sensitivity.</p> <p>Step 5: Have an initial read-through of the play. Discuss feelings, thoughts and emotions that arise. Be aware trauma may be brought up.</p> <p>Step 6: If appropriate to proceed, discuss production and aesthetic goals. Begin TT process of rehearsals promoting K.C.P.</p> <p>Early examples could be: Repetition of lines/dance/song or deepening exercises on specific moments in the play.</p> <p>Using culturally specific modes of expression to adapt the piece to the needs of the group with exploration of costumes and props.</p> <p><u>K.C.P.:</u> Empathy, Play, Distancing, Drama-Life Connection, Embodiment, Witnessing, Transformation, Personification/Identification.</p>	<p><i>Toronto Mississippi</i> – Joan MacLeod</p> <p><u>Suggested Population:</u> Teens or adults with intellectual or developmental disabilities, possibly in conjunction with various other populations.</p> <p><u>Preliminary Potential Goals:</u> Social and communication skills; connecting to similarities/differences; mastering skills of performance and cognitive relational work; recognition of oppressive systems surrounding disability cultures.</p> <p>Step 1: Identify the needs of the group. If working with this text is the appropriate approach, ensure your own familiarity with the play.</p> <p>Step 2: Discuss the play’s themes. Encourage noticing. Allow for discussion with clients about the dramatic plot. Access if appropriate to continue. With this population, be mindful of autonomy and consent.</p> <p>Step 3: Decide with the group how and in what way they wish to engage with the play. Be mindful of specific needs and realistic capabilities and ways to best adapt to suit the clients.</p> <p>Step 4: Provide scripts to the clients or other means if reading is not ideal. Ask whether people wish to choose their roles within the play or be cast. If casting, be considerate of group needs and composition with sensitivity. Be prepared to adapt text if necessary.</p> <p>Step 5: Establish ways to create a table read setting if standard read-through is not possible. Discuss feelings, thoughts, and emotions that arise. Be aware of trauma may be brought up.</p> <p>Step 6: If appropriate to proceed, discuss production and aesthetic goals. Begin TT Process of rehearsals promoting K.C.P.</p> <p>Early examples could be: Repetition of lines or deepening exercises on specific moments in the play.</p> <p>Looking for other modes of expression that may be better suited to the population with exploration of costumes and props.</p> <p><u>K.C.P.:</u> Empathy, Play, Transformation, Personification/Identification, Drama-Life Connection, Embodiment, Witnessing.</p>	<p><i>Drag Queens on Trial</i> – Sky Gilbert</p> <p><u>Suggested Population:</u> LGBTQ2+ communities, those who wish to experience and learn more about this community. Those who are part of oppressive systems against the community.</p> <p><u>Preliminary Potential Goals:</u> Identification with systems of oppression that exist in their experiences, ways of connecting with the story and characters, identify perspectives of characters, building resilience, coping strategies, building awareness of resources, and connecting communities/allyship.</p> <p>Step 1: Identify the needs of the group. If working with this text is the appropriate approach, ensure your own familiarity with the play.</p> <p>Step 2: Discuss the play’s themes. The plot, not the personal thoughts. Allow for discussion with clients about the dramatic plot. Access if appropriate to continue.</p> <p>Step 3: Decide with the group how and in what way they wish to engage with the play. Be mindful of diversity and comfortability of content in the play.</p> <p>Step 4: Provide scripts to the clients. Ask whether people wish to choose their roles within the play or be cast. If casting, be considerate of individual needs and group composition with sensitivity.</p> <p>Step 5: Have an initial read-through of the play. Discuss afterwards feelings, thoughts and emotions that arise.</p> <p>Step 6: If appropriate to proceed, discuss production and aesthetic goals. Begin TT Process of rehearsals promoting K.C.P.</p> <p>Early Examples could be: Repetition of lines or deepening exercises on specific moments in the play. Role Reversals for various role changes inherent in play.</p> <p>Finding expressive means of embodiment for deepening identification and empathy with exploration of costumes and props.</p> <p><u>K.C.P.:</u> Empathy, Play, Personification, Drama-Life Connection, Embodiment, Witnessing, Personification/Identification.</p>
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Discussion

While these interventions are in their germination stage, ultimately, they will grow and change. Ideally, with full space in a catalogue for each play, greater depth of the potential nuances and steps can be uncovered. For all intents and purposes here however, this is a starting point to showcase TT possibilities in using actual professional Canadian scripts that present commentary on various systems of oppression. If the goals are consistent with the needs of the groups/individuals, the utilization of these interventions following the scripts should prove advantageous across many possible therapeutic goals. As alluded to already, some of the key areas expected for these TT interventions, which following these plays in particular could include, but are not limited to: healing wounds of the respective cultural histories through recognition and ritual performance of the topically relevant themes pertaining to each; breaking down boundaries where discrimination and stigmatization exist between the respective cultures and outside populations; gaining new perspectives of the cultures through the existing texts; creating awareness for the stories and characters that may be reflective of actual peoples engaged in the therapies; building self-confidence through performance; unifying strengths and skills within and around the populations; and ultimately allowing the text of these plays and the narratives of their dramatic realities to create transformative Life-Drama Connections (i.e., clients to characters/client's lived experiences to the experiences within the story of the play). There are foreseeably so many opportunities in working openly with clients and discussing the healing properties in creatively putting on a piece that may be relevant to the themes in their own lives. Specifically working with systemic oppression, social and communal healing can take place on a greater level that may go beyond just the individuals in the therapeutic theatre groups.

The steps outlined in the Proposed Interventions are the fundamental starting point. It is up to the drama therapist/ TT facilitator to be vigilant in their assessment through these steps before fully committing to the TT process. Noticeably, these first six steps lead up to the actual execution of rehearsals and do not go into detail of how to facilitate and run the rehearsal process of working towards the final process itself. This would be a future opportunity to further deepen ways to measure the specific instances when the key core processes are noticed or spoken to in and outside the dramatic reality through out the session of the TT process. The purpose here is to provide the foundational starting point. Engagement with the plays themselves as a facilitator,

familiarizing oneself deeply with the text in order to draw out themes and then have open conversations with clients about how and in what ways they wish to pursue this as a performance-based therapy approach. The didactic openness between therapist/facilitator and clients is crucial and cannot be stressed enough. Evaluation of painful trauma that may be brought forth through discussion alone may dictate the depth and distancing required to engage appropriately. As they all deal with difficult themes that may be close to home for clients, the process must be sensitive in its approach and in the intervention level, as defined by Fraser and Galinsky (2010). It likely will vary across groups and individuals. All depends on *who is engaged*: only those from a respective community, (examples here again of course Indigenous populations, disabled young adults, men who practice drag)? Or will it include populations outside of these communities that may include oppressors of the very systems the contents of the plays discuss?

To negotiate potential re-traumatization and/or harmful side effects that could be brought up through the rehearsal process of these TT interventions, some drama therapy techniques may be useful to have readily available and would be included in the future catalogue for additional resources. These could be utilised to provide closure and further the process of the TT itself to optimize the avenues of healing for the clients engaged. Some of these examples are given here. The psychodramatic techniques first conceived by Jacob Moreno and articulated in *The Living Stage*, quite clearly, outline the importance of Sharing (p. 25). The author comments here on Sharing “By identifying with the protagonist or reflecting on which parts warmed them up, shut them down, brought them to tears, or made them wish to flee or stand and fight, the group can use the protagonist’s enactment as a tunnel into their own worlds, a mirror into their own selves” (Dayton, 2005, p.5). This of course can be exemplified by Moreno’s tool of Sociometry outlined in detail that “Through the sociometric test, for example, which studies the group preferences or the social atom/ or one’s personal network, sociometry offers a way to explore the nature of the group that can be executed either with paper and pencil or experientially” (Dayton, 2005, p.73). In psychodrama the goal is to use devised work and the enactments being spoken to come from the personally lived experiences of the clients themselves, not from characters in a play. However, this opportunity should not be underestimated where the facilitator can guide important discussions around what was experienced, tackling difficult subject matter or themes that caused significant affect in the clients. Additionally, in psychodrama, outlined in the same

book, Dayton covers Moreno's concepts of walking in circle (The "Walk and Talk") with the facilitator/therapist (usually referred in psychodrama as the Director, which is rather fitting here). The purpose is to allow an individual the opportunity to fully come out of the role they were playing, leave the dramatic reality and speak with hand-in-hand the feelings, thoughts and emotions that came up in a caring and careful manner together. This alongside the element of general catharsis also articulated in *The Living Stage*, and many other psychodrama techniques may prove beneficial when working with clients who may become overly under-distanced and the therapy could be jeopardized. Constant assessment for clients is needed in each step, and especially through step 6, each session. One assessment that may be useful in this work particularly is The 6-Key Model conceptualized by Susana Pendzik (Johnson et al., 2011). She notes the assessment tool as uniquely beneficial to working with engagement in dramatic reality, and therefore would be a good model for ongoing clinical assessment of the group. The six steps here provide useful tools for evaluating the states and affects experienced by client when engaging in and out of dramatic realities. Again, these are for drama therapy and not necessarily TT, but still would be invaluable for a TT therapist/facilitator to have in their back pocket. Steps 1 and 2 of Pendzik's assessment model deal with the liminal space between the ordinary and dramatic reality and the quality in which they engage. Steps 3 and 4 deal with characters, roles and plot, content and themes that come up. In this instance, they are provided by the script, but the way clients engage, enroll and deal with these are transferrable to this method. Steps 5 and 6 deal with reflection and meta-analysis of what has been experienced in the therapeutic work. These are all crucial for maintaining a safe and engaged space when actualising TT especially in the method commonly understood through assessment as A.T.E. (Assess, Treat, Evaluate) where this is repeated throughout a series, or in this case through the rehearsal processes. These are just some examples of tools one should carry with them to alleviate trauma that could be brought up in dealing with plays closely relevant to clients lives and refocus towards healing.

The expected outcomes stated above and supposed must be tested for these interventions to grow into fruitful possibilities of a growing catalogue of plays drama therapists and TT practitioners can look to as a resource in their work. At present these hypothetical interventions aim to have showcased how one might begin leading into a venture of performance-based TT. With Step 6 of my own proposed interventions above, one may view it as somewhat lacking in the text column of Figure 1 across the plays, respectively. The examples in the text box are also

somewhat similar across the plays. **Specific variance** of the respective plays' themes and potential for healing do however differ. This is due largely in part to the fact that they have been untested, so furthering steps 1 through 5 may ideally develop further once each of the scripts' contents have been explored with clients. It is my intention to put these interventions to work in future studies and pursue them in doctoral research. Much is anticipated to be learned from doing such an enriching series of studies by practically putting them to the test with clients. That said, following from steps 1-5 presented above, step 6 requires a certain amount of creativity and theatrical experience to be effective. Not to say that it would be mandatory for an individual wishing to put on TT using this approach to have vast knowledge of directing and mounting a production, but it would be of benefit. To clarify Step 6 further as the most varied in terms of execution, it would be nice enough to say, use one's own intuition. However, as having directed over ten professional theatre productions across Canada and having started doing so through undergraduate theatre plays, it really can be as simple as that. The biggest takeaway and something that would be invaluable here and stressed in the proposed interventions themselves as well as throughout this paper, is the importance of the collective. As a director, the ideas, aesthetics, and way the play is to be presented may be clear in your own mind, however especially in therapy, this creative driver within must take a back seat, and like in psychodrama, the director is of course the group therapist with therapy taking the driver's seat over creative ambition. The flow should come from the clients as much as possible which may prove immensely helpful for those new to the experience of directing. The collection of ideas and ways in which to optimize the experience of mounting the play, sticking to the scripts as closely as possible (adaptations of course welcome to suit specific needs) is critical to the effectiveness of this approach. The ideas can provide new light into areas the clients may need to explore to make the most of the experience. Therefore, step 6 needs to be a fluid and dynamic process that changes across client groups and across plays selected. Within various communities, or even within the available resources for where a drama therapist/TT practitioner/facilitator find themselves may be limited in space, props, costumes, set and all other needs of a production. The budget may only allow for a small space for instance, and therefore creative measures to maximize the dramatic reality for the performance will have to be curated. Curated in the sense the spectacle elements of the play may need adaptation themselves based on the availability of resources in a given therapy space. In essence, step 6 should be expanded on once these

interventions have been thoroughly tested across different populations and plays in different settings. It is an ongoing eternally evolving process. Further research into additional literature can be gathered to provide more informative means of processing rehearsals. However, resources for the new director could be easily found to inform ways of guiding clients to optimal performance aesthetics with them ideally at the helm of creative decisions so to make the most of their needs and goals. For instance, *Directors on Directing: A Source Book of the Modern Theatre* (Cole & Chinoy, 1963) has been an invaluable resource in learning widely different approaches from the collections of well-known professional theatre directors including Andre Antoine, Constantin Stanislavski, Bertolt Brecht, Antonin Artaud, and Peter Brooks. It is ideal for those interested in utilizing this approach of proposed interventions to familiarize oneself as much as possible with theatrical literature, performance histories, cultural rituals, and ceremony. With this knowledge, a new facilitator will be able to truly dive into Step 6 armed with tools to help in the facilitation of a therapeutic theatre that can dismantle and address themes of systemic oppression by using actual professional scripts instead of coming from devised work. However, it may prove ideal that a therapist undertaking this method is already strongly experienced in directing, either in theatre proper, therapeutic theatre, or even psychodramatic methods. It is not absolutely necessary but would be optimal for likely the greatest benefit of the outcomes.

That said, the use of Step 6 in the beginning of actually running TT rehearsals for clients across all the selected plays (and future installments) can have some direction suggested here. After the initial read (or listening/viewing the selected play in full) and discussions on how to proceed, as well, the production-styled meeting with clients about the aesthetic and performative qualities they may envision, the following rehearsals for TT can begin. Concretization of casting should take place. Perhaps people will change roles through the performance, perhaps it will not be double/triple cast etc. However, an idea of who is playing whom and when, should be decided. Following, a return to moments in the play that struck the clients, or moments that are particularly identifiable as relevant to the needs of the group and their goals for addressing ways systemic oppression has been faced or are facing in their lives, should be reviewed again. Going over these lines, parsing them out, identifying what is happening in these instances may be a good starting point. Traditionally, it is also a good idea to work linearly through the play instead of jumping back and forth between scenes. Allowing those not in particular scenes to be audience members and provide feedback and commentary is important as well throughout the

entire process so discussions can be led effectively after the scene work has been done for a given day. Improving solo and interactive activities/workshopping may also be useful in using information from the text itself to create backstories that coincide with the characters and the narrative and help inform situations the clients find themselves in when in the actual scenes. Slowly and gradually, working through the scenes from start to finish, polishing blocking, aiding in memorization, finding creative modes of expressing and executing scenes should be done. Eventually, this will lead to “stumble throughs” where the play can be seen in its entirety on its feet from beginning to end. Consistently through these steps of conventional rehearsals, being mindful of discussions and the encouragement of them is especially important. In Emunah and Johnson’s article referenced in the literature review, the authors state: “In many ways the performance is like a planned crisis: one knows when it is coming, but no matter what one does to prepare, that frightening moment on stage in front of the audience is soaked in possibility” (1983, p. 236). This could be argued as even more so in dealing with themes such as systemic oppression. The authors expand on this sentiment further in that one inevitably runs out of rehearsal time as the performance day(s) approach. Trust in themselves and the process comes to life through the group’s cohesion in relation to the performance they have been working on. Leaving adequate time at the end of each rehearsal in the therapy space once the dramatic reality is left for the day to allow for proper and safe closure and reflections is also hugely important. The didactic and ever-present nature and quality of trust in the client-therapist relationship to ensure the preparatory stage fright inherent to such a process must be regularly monitored. Trust would be key, as is with a cast and director in a traditional rehearsal process leading to performance. Throughout, the most important part of step 6, the purpose of the proposed interventions themselves is that the TT facilitator/therapist must look closely to instances where the drama therapy core processes are evident. Additionally, to call attention to these instances in discussions between scene work and at the end of the sessions. Ideally, this will instigate a pattern with the clients themselves to be readily available to not only discuss them but notice within themselves when they are in the dramatic reality and, afterwards, when they occurred for themselves or others they witnessed. The discussion must always circle back to these as the basis for the interventions. Identification of them and the back and forth dialogue component between all group members (and facilitator) is as important as the creative act of putting on the TT venture itself.

Conclusion

At present, most attention in drama therapy, especially therapeutic theatre is given to devised work directly created around the clients' lives. Other times, work is focused on games of a dramatic nature, that, as one can see, could also be included when working with these scripts themselves through TT for performance. The resources used to inform these proposed interventions can also be expanded on and with more opportunity beyond the scope of this research paper. This present research will ideally provide a cornerstone in propelling the practically applied method of using published scripts for TT and should prove invaluable for me as a researcher in order to get the interventions underway with actual groups and developing the method further, once tested. This eventually will culminate in a compilation of a large corpus of published plays with ways they can be executed in similar fashions across various therapeutic goals that can go beyond addressing systemic oppression. This work is a foundation to be built upon that addresses the gap discovered where much more attention in TT is given to devised work instead of published scripts.

I have been fortunate enough to have been given the opportunity to engage in many theatrical opportunities and experiences. I have also had the blessing of being committed to social justice and raising awareness around systems of oppression so to call to arms through my craft ways of acknowledging, attempting to reconcile, and personal growth for myself and for those I interact with. It is my strong belief that using these scripts as a starting point for further work will allow for concrete applications of TT that uses dramatic text.

There may be discrepancies or concerns with clarity regarding my interpretations of the drama therapists, thespian scholars, practitioners, and historians I have cited. I invite and welcome discourse surrounding this theoretical research to optimize these proposed interventions going forward. It is my goal to be able to create through my future doctoral, and career work an ongoing catalogue of plays that can be used in TT and by theatre companies and directors as well. With this ongoing dialogue and dissemination of knowledge, interventions such as these that use the rich, vast world of dramatic literature can become beneficial as a resource when wishing to address important themes such as systemic oppression. As well, I will work beyond these suggested themes with other important relevant mental health concerns. This foundation for future work can be explored by other drama therapists interested in using published scripts to

explore various therapeutic themes in the future with their groups. Attracting groups could be done in a number of ways, with pitches being given to various therapy centres for contract work in the presentation of therapeutic theatre that would meet the goals of their existing populations. Alternatively, through future research proposals and acquisitions for grant funding, this could lead to beneficial projects with various populations as well. Ultimately, this paper has reflected the focus given to devised therapeutic theatre and offered an alternative for performance-based healing. It has provided a synthesis of lived experiences by those in field of dramatic arts regarding systemic oppression and looked to drama therapists who have focused their work in part on this theme as well, thus providing existing models that pay close attention to the healing of trauma experienced by individuals who face or have faced these systems. The paper has found some practitioners who are already using scripts to guide their therapeutic processes and accredits them, respectively. Finally, using an intervention-based research methodology, it has offered proposed interventions that I personally am very excited to investigate going forward in my career and future research.

By seeing ourselves in a story, artistically crafted and brought to life, we can collectively connect once again to each other.

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