

**RURAL ADULT POPULAR EDUCATION PERFORMATIVELY INQUIRING  
INTO PSYCHIATRIC EXPERIENCES**

by

**STEVEN EDWARD NOBLE**

B.A.A. (Honours) (Business) Ryerson Polytechnical University, 1986  
M.A. (Adult Education) University of British Columbia, 1998

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

in

THE FACULTY OF GRADUATE STUDIES

(Educational Studies)

THE UNIVERSITY OF BRITISH COLUMBIA

July, 2006

© Steven Edward Noble, 2006

## ABSTRACT

**Problem:** Psychiatrically diagnosed people living in rural Canada are often silenced or rendered invisible. Therefore, the purposes of this study were to: (i) *disrupt* “normal” ways of thinking about psychiatric diversity and (ii) *create* better relationships between psychiatric survivors and other people. These aims were achieved by staging a popular theatre production in a chicken barn.

**Conceptual Approach:** This study was located in a *radical humanist* framing of *critical adult education* and social relations. *Radical humanism* foregrounds human subjectivity and is committed to social change. The conceptual framework supporting the study was arrayed as a pyramid. Radical humanism envelops the structure. At the base, were insights drawn from *critical disability* studies and *rural sociology*. The second tier pulled from *critical pedagogy* and *popular adult education*. *Performativity* sits on the third level. *Popular theatre* processes stepped the pyramid to the next level and the top is comprised of *Existentialism* and *absurdist theatre* forms.

**Methodology:** The methodology consisted of a *performative inquiry* that involved the staging of, and learning within, an *absurdist popular theatre* production. Instead of an “ideal” polished performance, with elaborate staging, a “rough” performance evoked questions, provoked meanings and generated new examinations. The research involved six stages - group formation, theatre “training,” performance development, presentation, post-production and social action.

**Results/Conclusions:** i) Cast members appeared to become more autonomous, were focused on a task for an extended period, and reported encountering a more authentic (less psychiatrically constructed) view of self. They also became attuned to ways other individuals negotiate experiences within their lives. ii) Spectators generalized similarities and contradictions evoked by the play to other life-settings. iii) The author scrutinized his shifts in awareness as both facilitator and *co-searcher*. It was concluded that the disparity in understanding of what it means to be psychiatrically diagnosed by others in society remains deep; theatre offers an opportunity to interrupt this discrimination. Through the interactive popular performance experience, there was a lessening of fears and stereotyping that plague individuals labeled as “mentally ill.” This shift in the relationship between psychiatric survivors and others created an opening for group members to reconnect to local society as *citizens*.

## TABLE OF CONTENTS

<b>ABSTRACT</b> .....	ii
<b>TABLE OF CONTENTS</b> .....	iii
<b>LIST OF TABLES</b> .....	x
<b>LIST OF FIGURES</b> .....	xi
<b>GLOSSARY</b> .....	xii
<b>PREFACE</b> .....	xxv
<b>ACKNOWLEDGEMENTS</b> .....	xxvi
<b>DEDICATION</b> .....	xxvii
<b>CHAPTER ONE      OVERVIEW OF THIS INQUIRY</b> .....	1
Introduction.....	1
Purposes .....	2
The Question.....	2
Mental Diversity.....	4
<i>Mental Identity</i> .....	7
<i>Mental Voice</i> .....	9
<i>Mad/Mental Pride</i> .....	11
Rural Life.....	12
<i>Transitions</i> .....	13
<i>New Country</i> .....	14
Methodology.....	15
<i>Performative Inquiry</i> .....	15
<i>Adult Education</i> .....	17
<i>Popular Theatre</i> .....	20
<i>Absurdism</i> .....	21

Procedures.....	23
<i>The Researcher-Participant</i> .....	25
Overview Of The Dissertation.....	27
Summary.....	29
<b>CHAPTER TWO PERFORMING INQUIRIES OF (IN)SANITY.....</b>	<b>30</b>
Introduction.....	30
Radical Humanism.....	31
Popular Adult Education.....	34
<i>Andragogy</i> .....	35
<i>Popular Education</i> .....	38
Performative Inquiry.....	43
<i>The Biological Roots of Performative Inquiry</i> .....	45
<i>Enactivist Roots</i> .....	46
<i>Knowledge Reconceptualized</i> .....	47
Popular Theatre: Collective Meaning-Making.....	52
<i>Contemplating Popular Theatre</i> .....	53
<i>Barba's Approach</i> .....	54
<i>The Popular Theatre Process</i> .....	56
Forms of Absurdity To Inform Life.....	60
<i>Existentialism</i> .....	60
<i>Absurdism's Forms</i> .....	64
Summary: Adult Popular Education Performatively Inquiring .....	69
<b>CHAPTER THREE PROCEDURES: FOOTPRINTS OF THE STUDY.....</b>	<b>71</b>
Introduction.....	71
Gathering the Co-Searchers.....	71

How Insights Were Unfolded.....	77
<i>Stages in the Process</i> .....	78
Entering the Liminality of our Work .....	79
Closing Our Threshold World.....	79
Sources of Understanding.....	80
<i>Thoughts From the Field</i> .....	81
<i>Conceptual Interpretation</i> .....	81
<i>Cast Reflections</i> .....	82
<i>Audience Reflections</i> .....	83
<i>A Bare Wall For Enactive Interpretation</i> .....	83
<i>Facilitator Reflections</i> .....	83
<i>Emerging Possibilities</i> .....	84
Summary.....	85
<b>CHAPTER FOUR   CHAOTIC COMPLEXITY: CO-SEARCHING                           IN THE CROSSROADS</b> .....	86
Introduction.....	86
<i>Emergent Chaos as Home Place</i> .....	86
Ordered Chaos: Where the Study Resides.....	90
The Vessel Holding Our Explorations.....	91
<i>The Emotional Walk</i> .....	93
<i>Bodyguards</i> .....	94
<i>Have You Seen My Friend</i> .....	94
<i>Bombardment</i> .....	94
<i>Complete The Image</i> .....	97
Making Sense of Where Lives (in Rehearsal) Traversed.....	99

<i>The Poultry Barn</i> .....	103
Reflections, Interpretations, Possibilities.....	105
Summary.....	114
<b>CHAPTER FIVE    CAST MEMBERS' EVIDENCE OF PERFORMATIVE                           INQUIRY</b> .....	116
Introduction.....	116
Comprehending Voice.....	117
<i>Suicide</i> .....	117
<i>The Pull of the Closet</i> .....	119
<i>Struggles of Voice</i> .....	120
<i>Speaking As Dangerous Practice</i> .....	123
Acceptance of Identity.....	126
<i>From Make-Believe Comes Experiencing Self</i> .....	126
<i>Mutual Support</i> .....	129
<i>Normalized Identity</i> .....	131
<i>Positive Self To Integrate Life</i> .....	133
<i>Co-Searchers' Response to Negative Reaction</i> .....	135
<i>Straightforward Success</i> .....	136
Power To Influence.....	137
<i>Acceptance of Risk Opens to Sense of Autonomy</i> .....	139
<i>Tenacity As Power</i> .....	140
<i>Power In Labelling</i> .....	143
<i>Emerging Autonomy</i> .....	145
<i>Emotional Power</i> .....	148
<i>Power of Creativity</i> .....	148
Putting The Pieces Together.....	151

Summary.....	153
<b>CHAPTER SIX</b>	<b>COMMUNITY EVIDENCE OF PERFORMATIVE</b>
<b>INQUIRY .....</b>	<b>155</b>
Introduction.....	155
The Scream of Silenced Voices.....	156
<i>An Evening's Entertainment.....</i>	<i>157</i>
<i>Silenced Voices In A Small Town.....</i>	<i>158</i>
<i>Hearing Voices.....</i>	<i>159</i>
<i>Risky Speaking.....</i>	<i>161</i>
<i>Through Humour Comes Self.....</i>	<i>161</i>
Recognizing The Other In Ourselves.....	164
<i>See The Human Beyond The Label.....</i>	<i>165</i>
<i>Reaffirming Belonging In A Rural Community.....</i>	<i>165</i>
<i>Creating Creative Identities.....</i>	<i>167</i>
<i>Being Positively Committed.....</i>	<i>168</i>
<i>Ableist Fear Ableist Denial.....</i>	<i>169</i>
<i>Struck By Pride.....</i>	<i>172</i>
<i>Confronting Normally -Normally Confronting.....</i>	<i>173</i>
Relationship of Power.....	175
<i>Power In Political Satire.....</i>	<i>176</i>
<i>Power In Silence – Bodies Speaking.....</i>	<i>177</i>
<i>Power Through Play... In Play...As Play.....</i>	<i>178</i>
<i>Where There Is Power: Resistance.....</i>	<i>180</i>
<i>Emotional Strength.....</i>	<i>181</i>
Summary.....	184

<b>CHAPTER SEVEN MY INTERSTANDINGS AND MOMENTS OF RECOGNITION .....</b>	<b>185</b>
Introduction.....	185
Acts of Silence: Stillness As Voice .....	186
<i>Respectfully Challenging</i> .....	187
Borders and Internal Transgressions of Identity.....	189
<i>Beginnings</i> .....	190
<i>The Aloneness Of The Process</i> .....	191
<i>“Lightening Rod”</i> .....	192
<i>The Nature Of Change</i> .....	193
<i>Jack Of All Roles, Master Of None</i> .....	194
<i>Seeking Legitimacy</i> .....	196
Constructing Power During Transgression.....	196
<i>Popular Theatre As Oppression?</i> .....	198
<i>Internal Power Struggles</i> .....	199
<i>Control Versus Power</i> .....	200
<i>A Cathartic Moment</i> .....	201
<i>Transient Power</i> .....	202
<i>Performative Power</i> .....	203
<i>Facilitator As Mentoring Influence</i> .....	204
<i>Power In The “Non-Visible”</i> .....	206
<i>Subtle Influences Of Rural Space</i> .....	207
<i>Relationships Found Within Voice-Identity-Power</i> .....	208
<i>Emerging Sense of Power Within Performativity</i> .....	209
Summary.....	210

<b>CHAPTER EIGHT PERFORMING LIFE AFTER LIVING AN INQUIRY.....</b>	<b>212</b>
Implications For Praxis .....	212
<i>Opening Up Spaces: Opening Up Voices</i> .....	213
<i>Identity Formation</i> .....	215
<i>Gaining Power</i> .....	218
Implications For Rural Theorizing .....	223
<i>New Rural Realities</i> .....	223
<i>Community Development</i> .....	225
<i>Citizenship Roles</i> .....	226
Implications for Performative Inquiry As Methodology.....	226
<i>Adult Education Praxis</i> .....	226
<i>Performative Inquiry</i> .....	229
<i>Popular Theatre Praxis</i> .....	232
<i>Existentialist/Absurdist Forms</i> .....	233
<i>Therapeutic Praxis</i> .....	233
Further Research Program.....	235
Summary.....	236
<b>REFERENCES.....</b>	<b>238</b>
<b>APPENDIX A</b>	<b>INTRODUCTION TO METHODOLOGICAL OVERVIEW...254</b>
<b>APPENDIX B</b>	<b>CONSTRUCTIONS OF DISABILITY AND MENTAL DISORDER.....261</b>
<b>APPENDIX C</b>	<b>RURAL DISCOURSES IN CONTEXT.....279</b>
<b>APPENDIX D</b>	<b>ETHICS CERTIFICATES.....298</b>
<b>APPENDIX E</b>	<b>NEWSPAPER ADVERTISEMENT.....301</b>
<b>APPENDIX F</b>	<b>INFORMED CONSENT FORM.....302</b>
<b>APPENDIX G</b>	<b>MENTAL SEEKING MENTAL .....306</b>
<b>APPENDIX H</b>	<b>LISTING OF THEMATIC SCENES.....307</b>
<b>APPENDIX I</b>	<b>NEWSPAPER REVIEW OF THE PLAY.....317</b>

## LIST OF TABLES

Table 1.....A Comparison of Knowles' Andragogical Assumptions and Principles in Relation to the Research. ....	36
Table 2.....Why Do Adult Education and Performative Inquiry Co-exist Well?.....	37
Table 3.....Connecting Freirian Adult Education Principles to Performative Inquiry Methodology, Popular Theatre Methods, Absurdist Forms to <i>SHAKEN: NOT DISTURBED</i> . ....	40
Table 4.....Delphi Technique Procedure.....	100
Table 5.....Cast's Results of Its Performative Inquiry as Illustrated in the show " <i>SHAKEN: NOT DISTURBED... with a twist!</i> " .....	106
Table 6..... A Listing of Aha Moments and the Exercises That Evoked Them.....	111
Table 7.....The Handout Provided in the Show's Program With Recommendations for Helping Mentally Disordered People Live Better Lives.....	113
Table 8....."Aha" Moments and Relationships to Voice, Identity and Power.....	220

## LIST OF FIGURES

Figure 1.....	The cast rehearsing in the gym.....	24
Figure 2.....	The cast rehearsing in the barn.....	24
Figure 3.....	Theoretical relationships incorporated within the study.....	31
Figure 4.....	A map of social change and education theory and philosophy within four broad approaches and the relationship among them.....	33
Figure 5.....	A continuum of structure in adult education .....	35
Figure 6.....	A diagram of Freire's culture circle .....	38
Figure 7.....	A popular theatre cycle .....	58
Figure 8.....	Showing the relationships of key theories during the weekly rehearsals in connection with co-searchers' lives.....	67
Figure 9.....	The opening circle .....	77
Figure 10.....	Analysis process of textual data .....	82
Figure 11.....	Emotional walk .....	93
Figure 12.....	Completing the image .....	98
Figure 13.....	The cast setting up in the barn .....	104
Figure 14.....	"Feeling" the barn space .....	105
Figure 15.....	Emerging relationships of voice, identity and power through performative inquiry/popular theatre in the lives of psychiatric survivors .....	153

## GLOSSARY OF TERMS

### Disability

<i>Glossary Term</i>	<i>Glossary Definition</i>
<b>CITIZEN/CITIZENSHIP</b>	Being a member of and included within a community. Allowed in to a community implies receiving or being granted a set of entitlements to legal equality and justice, the right to be consulted on political matters and access to a minimum of protection against economic insecurity, while simultaneously required to fulfill certain obligations to state and society. (Cohen & Kennedy, 2000, p. 375.)
<b>“CLOSET”</b>	A notion drawn from queer theory whereby an individual with a marked, stigmatized and invisible difference can pass as someone acceptable – usually the prevailing sense of “normal.” The walls become daily performances and utterances blocking outsiders from knowing a person’s full sense of self but also inhibit the person in the “closet” from conveying a more complete sense of being.
<b>COUCH SURFING</b>	The practice among individuals without a fixed home address, when they crash for a night or more at another’s house, sleeping most often on the floor or sofa.
<b>CRITICAL DISABILITY THEORY</b>	A theory seeking pathways of freedom for a particular group, in this case disabled people. Horkheimer (1982) also suggests three attributes for a critical theory: explanations as to what is wrong in society with regard to disabled people; identification of changes in society able to occur for this group and; description of goals for social transformation. There also is some sense of normativity with regard to how criticism is constructed.
<b>DISABILITY</b>	A disability is any restriction resulting from an impairment, of ability to perform an activity in the manner or within the range considered normal for a human being (Blocksidge, 2003; WHO, 1980)
<b>DISEASE</b>	Emanates from medical discourse. A pathological condition of a body part or organ caused by the interplay of external and internal factors (environmental, social, economic, viral, stress and bacteria expressed through a variety of symptoms. Often used synonymously with disorder (Blocksidge, 2003; WHO, 1980).

---

<b>DISORDER</b>	Emanates from medical discourse. Often used synonymously with disease. A condition where there is a disturbance of anticipated or expected physical or mental functioning. In this way, the “cause” is in the reading and relying upon expectations rather than comprehending another’s self. There is not an allusion to “natural order” or “normal” functioning. This concept places the “cause” in the body of the person read as abnormal.
-----------------	--

---

<b>EMBODIED MENTAL DISCONNECTION</b>	This is a more enactivist interpretation of psychiatric “disorder.” A cause for how mental difference is “read” is what occurs <i>between</i> individuals. When one person is performing in a particular way, and the observed action is read narrowly by another, a mismatch of behaviour expectations occurs. Because of the unique cultural, class, gender, sexuality, experiential, etc. attributes of each person interacting, inaccurate interpretations can lead to erroneously pathologizing performances. The <i>cause</i> , rather than residing within an individual’s body emerges through relationships, performance expectations and interpretations of actions observed.
--------------------------------------	---

---

<b>HANDICAP</b>	A physical or attitudinal constraint imposed upon a person regardless of whether that person has a disability. Also, the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical or social barriers. (Blocksidge, 2003, p. 32).
-----------------	--

---

<b>HOMELESS</b>	Three levels of homeless exist: those who are “literally” homeless, move in and out of “literal” homelessness on a regular basis, or “at risk” of becoming homeless. This study draws upon all three because of the fineness of the lines (if they can even be defined neatly). The notion of “literally” has several criteria, being a person who: (1) stayed overnight in a shelter designated for homeless people, runaways, or neglected or abused women; (2) sheltered at least one night in a house, apartment or room paid for with municipal, provincial or federal emergency housing funds; (3) lived overnight in a place not meant for human habitation (e.g., a vacant building, a public or commercial facility, a city park, a car or on the street; (4) has a regular place to stay that is not their own (e.g., people who traded sexual favors for shelter or spent one night in a hotel or hospital); or (5) uses a soup kitchen or emergency food bank for the homeless population (City of Toronto, 1999, 2004)
-----------------	---

---

<b>IDENTITY “ERASURE”</b>	Others have not imagined that a person with mental disorders has a fully functioning and valued identity worthy of understanding, i.e., those with mental disorders are managed as “things,” rather than related to as people with rich lives and experiences. By ignoring a rich interior mental life springing from a defined sense of self, the result is the wiping away of this experience from an individual. Their disorder <i>becomes</i> their identity.
<b>IMPAIRMENT</b>	Does have negative connotations among disabled people because there is attached a meaning of being “devalued,” “weak,” “damage,” and “less effective.” Within this study the word is narrowly defined to mean “inability” to perform in expected ways.
<b>MAINSTREAM</b>	Social values espoused to be “most legitimate and valued” within society are those held by individuals who are male, straight, white, upper/middle classed, youthful, Christian, able-bodied, western, and married ...or individuals who fall into this strata of society.
<b>MARGINS/Borders</b>	The largest human social system is all of humanity encompassing the globe. Innumerable smaller networks and structures exist within, i.e. trade zones, nations, states, provinces, cities, villages, towns, social groups cultural groups, language groups and neighbourhoods, families, friendships, occupations groups, among others. Within each, a small clique possesses most of the power and privilege; others have little. They are either rendered non-visible or pushed to the edges of a particular system. These margins are often socially and/or economically marked by disadvantage. Borders among these sub-systems mark those with advantage and those without. These boundaries are meant to keep “like groups” together. In turn, crossing these frontiers, in either direction, is difficult. Blurring the edges is enforced in subtle and coercive ways. It is with this in mind, that the study is an example of border pedagogy envisioned by Freire (1970) and Giroux (1992).
<b>MENTAL IDENTITY</b>	How an individual envisions how one’s own sense of mental living and understanding contributes to a sense of self. This concept is resonant with various queer identities’ understanding their sexual selves and self-perceptions as they experience society and interactions with others.
<b>NON-VISIBLE</b>	A distinction is made between “invisible” which means something or someone that simply cannot be seen – because of inability. “Non-visible” are things or people able to be seen, but the potential observer “chooses” (intentionally or through habit) not to see, i.e., many passersby “choose” not to see panhandlers on the street.

<b>NORMAL</b>	The concept of “normal” is offensive when used in a context comparing “disabled people” with “normal people” since it implies that disabled people are abnormal. The opposite of disabled is non-disabled (Blocksidge, 1995, p. 50). Narrowly, the word “normal” describes the “anticipated” or “expected.” This places the concept within the body-mind of an observer rather than in something “out there.” See embodied mental disconnection.
<b>NORMATE</b>	The constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them (Garland-Thompson, 1997, p. 8).
<b>OTHERING</b>	To distance, silence, deny or dismiss aspects of selves that are deemed peripheral, marginal, unimportant or worthless from within cultural expectations and expressions (Pickering, 2001).
<b>SOCIAL CENTRE</b>	Related to margins. A powerful group of institutions and/or individuals who exert economic and social authority upon a society for all members to conform to a constellation of beliefs, values, practices, morals, standards and habits deemed to acceptable and valuable to the interests of this central influence. The processes used may be either hidden, observable or “non-visible.”
<b>POWER</b>	Within a systems-oriented, enactivist conception, the notion of “power” is one of having the ability to make decisions that affect one or more within a social system. Power also is defined by the ability and opportunity to gain entry and change mechanisms of social system decision-making (Wartenberg, 1990).
<b>PSYCHIATRIC SURVIVOR</b>	There is no attribution as to who coined this term; however, it arose during the late 1960s and the work of Howard Geld and his founding of the <i>Insane Liberation Front</i> . Those who state that their human rights were violated by mental health systems use the term. (MindFreedom, 2003; World Network of Users and Survivors of Psychiatry, 2001)
<b>VOICE</b>	An intentional way to give expression for a person’s or group’s existence, needs, desires, identity in order to achieve a particular goal, including legitimacy and acceptance.

## Rural Sociology

<i>Glossary Term</i>	<i>Glossary Definition</i>
<b>AGRI-TOURISM</b>	The act of visiting a working farm for the purpose of enjoyment, education, or active involvement in the activities of the farm (Lobo, 2005).
<b>COMMUNITY</b>	A group of individuals who inhabit some sense of similarity together and who identify themselves as such. This concept can evolve through some common geography, interest, experience, network, occupation and so on.
<b>FACTORY FARM</b>	An agricultural enterprise that is corporately owned where there is: separation of ownership, management and labour and in some cases full or partial vertical integration. Also, these operations are marked by hundreds or thousands of head of stock housed in crowded buildings that are highly mechanized for efficiency of “manufacturing” “animal units” ready for “processing” (Bechthold, 2005).
<b>FAMILY FARM</b>	An agricultural enterprise owned and operated by an informal system - either family or family corporation. Some or all of the family live on or near the farm they operate collectively. Also these concerns are usually much smaller than factory farms, with fewer animals, more use of pasture and a more relaxed regime for raising livestock. (Bechthold, 2005).
<b>“JUST-IN-TIME AGRICULTURE”</b>	Comes from corporate re-engineering discourse whereby the matching of production and service delivery processes to sales is done to maximize resources without the danger of having stockpiles of unsold merchandise tying up money. Within the agricultural sense, it is one of matching farm production dates (meat processing, farm produce, growing seasons, etc.) to when corporate or institutional buyers want to purchase to maximize quality and efficiencies of the farm system with the grocery retail system (Dial, 1997).
<b>RURAL</b>	For the purposes of this study the following all were used to determine whether Cowichan Valley could be considered “rural.” <ul style="list-style-type: none"> <li>• Most postal codes in the area have a “0” in the second position from the left indicating a rural area.</li> <li>• Most people live outside settlements larger than 1,000 people.</li> <li>• Most people live outside the commuting zone of larger centers (larger than 10,000 people)</li> <li>• Most people live in areas where there are fewer than 150 people per sq. km. (OECD criterion)</li> <li>• More than 50% of people live in rurally designated areas within the region.</li> <li>• There are no urban centers with 50,000 people or more in the region. (de Plessis, Beshiri, Bollman &amp; Clemenson, 2001)</li> </ul>
<b>URBAN</b>	Regions where at least half of the criteria listed in “rural” do not apply.

## Adult Education

<i>Glossary Term</i>	<i>Glossary Definition</i>
<b>ANDRAGOGY</b>	The art and science of teaching adults (Knowles, 1980).
<b>CODIFICATION</b>	Identifying part of larger theme into smaller parts and turning these aspects into problems to be resolved. These are usually daily representations presented in some visual manner. Usually there are two phases of this in a <i>cultural circle</i> . The first is problematizing, the second one is turning new learning into action by identifying what needs changing. (Freire, 1970, 1997).
<b>CONSCIENTIZATION</b>	An ongoing reflective practice that gradually moves an oppressed person or group toward critical consciousness. (Freire, 1970, 1997)
<b>CRITICAL CONSCIOUSNESS</b>	A never-completed goal that is always strived toward through a process of conscientization. This aim is marked by ability to interpret experiential issues in complex ways: test one's findings, open to changing directions in resolution, avoid influences that distort and ability to hold both the old ways alongside the new ways of knowing (Freire, 1970, 1997).
<b>CULTURE CIRCLES</b>	A discussion group where educators and learners use a cycle of codifications and decodifications to identify social issues. Once done, then these aspects are interpreted or analyzed with a view to finding ways to change, through collective social action (Freire, 1970, 1997).
<b>CULTURE OF SILENCE</b>	Freire describes oppressed and alienated people as living within an environment where dominant or powerful groups do not recognize, hear or see these groups. Authorities choose what disenfranchised groups will speak through the control of social institutions. This influence silences the voices of excluded people from fully participating and being recognized citizens (Freire, 1970, 1997).
<b>DECODIFICATION</b>	This is the pulling apart or teasing open a codification to look at the various influences that support the part of a generative theme being examined. Also, as more codifications are identified, decodification interprets how the relationships among parts of the theme work together to create social oppression and disenfranchisement. In the culture circle, the discussions are the process what helps to expose the sources and exercise of repression (Freire, 1970, 1997).
<b>DIALECTIC</b>	A dynamic tension existing within a system and the process of change that occurs as a result of the unease. While Freire envisioned a discussion, Boal drew upon the interaction of bodies in theatre to portray performatively the dialectics of oppression. (Boal, 1974; Freire, 1970).

<b>DIALOGICAL METHOD</b>	A process marked by the acceptance and collective roles within learning whereby teacher and learner are blurred and often interchangeable among participants (Freire, 1970).
<b>FIRST LEARNING</b>	Often thought of as something children engage in. When a person takes in new awareness or a “stopped moment of recognition,” there can be experienced a sense of disbelief or hesitation before allowing the knowing in, but then there is wonderment and fascination to explore more deeply.
<b>GENERATIVE THEMES</b>	Freire uses generative themes are complex codifications that are broad in scope and usually identify big issues. For example, in <i>Shaken</i> , a generative theme was “employment” but then codifications that supported the theme included the EI office, the EI appeal panel, trying to fit into work places, being used out and so on (Freire, 1970).
<b>MYSTIFICATION</b>	The process by which oppressive influences are disguised and hidden away in “normal social processes.” Simple explanations, disinformation and superficial myths are used to distort authorities’ exercise of power. For example, in <i>Shaken</i> , the use of doctors stating their failed attempts at healing asylum inmates was only because there efforts were utterly altruistic and in patients’ best interest (Freire, 1970).
<b>PRAXIS</b>	A cycle of action, reflection, action. As an act is performed, the experience of that performance is reflected upon, changes made and additional engagement (Freire, 1970).

### Performative Inquiry

<b><i>Glossary Term</i></b>	<b><i>Glossary Definition</i></b>
<b>AUTOPOIESIS</b>	A self-maintaining unity or system where the component parts are created internally. These are closed systems in that they can stand on their own and can maintain themselves over time (Varela, Maturana & Uribe, 1974).
<b>BODY</b>	The physical and physiological presence of a person in space.
<b>BODY-MIND</b>	Two unities involving an individual co-exist. One is physical, the other is the interior mental life. In much Western thought, these are examined as separate entities, one from the other. While they can be understood as distinct, they both inform one another in a multitude of ways. Enactivist and performative inquirers envision this. As a result, the two unities describing physical and mental are reconnected into a whole.

<b>CHAOS/EDGE OF CHAOS</b>	Many definitions exist that all involve aspects of systems in constant, random change. Within these attributes others are included here: a variety of influences and variables exert their presence in a variety of ways that cannot be predicted. Processes that are evident are themselves open to change so as to appear in disarray or disordered, when actually there is a sense of unity that can arise over the long term, but cannot be recognized in the short term. Because of the constant flux and openness to the addition or taking away of factors, these systems are not stable, but are dynamic to shifts in environments. Even the slightest of shifts can affect dramatically as described by Lorenz's "Butterfly Effect" (Lorenz, 1996)
<b>COMPLEX</b>	Within complexity theory, a complex system is one where the various parts are not linked in a linear way whereby change to one portion results in a counterbalancing shift in another. The two parts come back to equilibrium. A non-linear or complex system means that a change in one aspect does not result in seeking for restored balance, but creates a ripple throughout the system in ways not always foreseen.
<b>CO-SEARCHER</b>	This term was coined for this research. All who participated within this study were actively seeking out something together. The "co" aligns with the notions of <i>co</i> -llaboration and <i>co</i> -operation. These terms are enactivist in sensibility in that all who are engaged are part of the whole environment at the same time.
<b>EMBODY</b>	Something given visible, physical form or expression.
<b>EMBODIED CAST</b>	Participants in this project are multiply "embodied" through their bodies giving concrete expression of its voice, identity, experiences and presence.
<b>EMBODIED CONSCIOUSNESS</b>	The total sense of being fully aware of one's total emotional, physical, rational, psychological, experiential, memory life in, and as part of, the world.
<b>EMBODIED EXPLORATIONS</b>	Examinations that involve the entirety of physical interactions of whole bodies.
<b>EMBODIED LEARNERS</b>	Related to embodied cast with the addition that understanding that participants are realizing in the experience of this study are being physically expressed through how they interact within their lives and changes they perceive to this.
<b>ENACTIVIST (Cognition/Learning)</b>	Sumara & Davis (1997) examine this notion from a desire to understand the "us/not us relation" (p. 415). Their wish is to foreground the ways individuals act out as a way to engage with others. These processes for making sense are often left unnoticed until some event disturbs their non-visibility forcing recognition of their existence. Actions are seen as not reflective of interior motivations, but are themselves understandings. Learning is not an individual act but shared action.

<b>FELT EXPERIENCE</b>	This concept describes the occurrence of something that is not readily seen but instead is taken in by the body's sensing. There is an interior responding to something by the body, without an immediate recognition of what (and often the brain cannot ever adequately describe what has happened.) The body feels before mental processing. This can be roughly equated to intuition, whereby, for example, the body feels threatened without any apparent reason or an individual senses being excluded but cannot "put their finger on why they 'feel' this way."
<b>FLOW</b>	Occurs when an individual is so completely involved in an activity, that anything else that could compete is excluded (Csikszentmihalyi, 1998).
<b>FRAMED SPACE</b>	This is connected to the notion of "container." Within popular theatre, performances often take place where people are. In order to "carve out" an area to perform, there is a marking out through various means to say: "For the moment this is going to hold an activity a little separate from the everyday." By doing this there is a focusing on what is occurring. Everything that brackets the performance helps to frame the space to hold popular theatre.
<b>HABITUS</b>	An individual's cluster of learned dispositions operating concretely as organizing principles for experiencing, evaluating and living one's daily life. One's habitus organizes an individual's living practice, habit and everyday routine (Bourdieu, 2001; Fowler, 1997)
<b>INTERSTANDING</b>	Awareness that "falls out" or emerges between bodies interacting. Relating and inter-relating creates insights, rather than resides in an individual alone (Fels, 1998; Taylor and Saarinen, 1994)
<b>KNOWLEDGE</b>	Constructed as a verb rather than a noun as in: knowing is being is doing (Davis, Sumara, & Kieren, 1996). Fels (1998) added "creating" and in this study "playing" is added. Rather than something to be found, knowledge is engagement.
<b>LIFEWORLD</b>	Drawn from the writings of Habermas, this concept includes many aspects: one's view of life, dynamics of daily participation, the cluster of implied assumptions to support one's outlook, the stock of shared understandings (interstandings in this study), involves communicative rationality and action, self concept and a sense of "normed" and meaningful living. The power of the assumptions in one's lifeworld is its taken-for granted quality. Rendering them visible and known destroys their efficacy, such as the work done by the cast in this study (Habermas, 1987).
<b>MOMENTS OF RECOGNITION</b>	Likened to an "aha" moment in education. During performative inquiring, an instant occurs when some passing awareness arises within one's body while fully engaged in an activity. Often the effect is to startle one's thinking and actions to stop and reflect. These instances open one's self up to new potential and possibilities for exploration (Fels, 2003, 1998).

<b>PERFORMANCE</b>	Is considered to be both thing and action at the same time and is “an action-space of creative critical interplay realized through imaginative response and action” (Fels, 2003, p. 243). Also etymologically this is described as “through the destruction of form we come to action” (Fels, 2003, p. 233).
<b>PERFORMATIVE INQUIRY</b>	“A (re)search vehicle that embraces performance through creative action and interaction as a space-action of learning and exploration” (Fels, 1999, p. 33).
<b>PLAY</b>	A free and voluntary activity that occurs in a pure space, isolated and protected from the rest of life. Play is uncertain because the outcome may not be foreseen. It is governed by rules that provide a level playing field for all players. Play involves responding to an opponent's action and to engage with the situation as freely as the rules allow (Caillois, 2001). There is an echo here with existentialists who claim humans are “condemned” to be free, so are trapped. Games provide the same: participants are free to play but are condemned to rules.
<b>RESEARCHER-PARTICIPANT</b>	This is my role as the facilitator and author within this study. I am researching a particular experience and am participating within the process. The cast are also included in this role, but from a different vantage point. The group is exploring members’ lives as psychiatric survivors through participating in a performative inquiry. (See co-searcher)
<b>SPACE-ACTION</b>	As the term implies, the combination of two unities brought together to co-create one new whole. One’s action and interactions with others occur within a particular environment. Within this, performative inquiry happens.
<b>STOP</b>	The moments within a performative inquiry when co-searchers often literally freeze when there is an instant of indecision during the course of interactions... when there is both a moment of risk and of opportunity (Applebaum, 1995).

## Popular Theatre

<i>Glossary Term</i>	<i>Glossary Definition</i>
<b>EXTRA-DAILY</b>	A performer's physical and mental presence is modelled according to performance principles, which are different from those applied in daily life (Barba, 1995).
<b>FOUND SPACE</b>	Popular theatre often does not occur in a location specially designed for performing. Instead, performances go to where the people, whose issue it is, can be found. Offerings can be set up in parks, under bridges, in the street or warehouses or as in this case, a poultry barn. Space is “found” that will suit the audience and what is to be performed.

<b>METAXIS</b>	The state of belonging completely and simultaneously to two different autonomous worlds: the image of reality and the reality of the image (Boal, 1995).
<b>POOR THEATRE</b>	A presentation of theatre eliminating all non-essential production elements, i.e., costumes, sound effects, makeup, sets, lighting, and strictly defined playing area, in an effort to redefine the relation between actors and the audience (Grotowski, 1968).
<b>POPULAR</b>	Means relating to people, rather than something admired or known in a widespread way. Theatre that is popular is performance created by the people, with the people, for the people and involves issues directly affecting the people (Kidd, 1980).
<b>POPULAR THEATRE</b>	“a process of theatre which deeply involves specific communities in identifying issues of concern, analyzing current conditions and causes of a situation, identifying points of change, and analyzing how change could happen and/or contributing to the actions implied” (Prentki & Selman, 2000, p. 8).
<b>“SATS”</b>	“In the instant which precedes the action, when all the necessary force is ready to be released into space but as though suspended and still under control, the performer perceives her/his energy in the form of sats, of dynamic preparation” (Barba, 1995, p. 42). It is the moment of both impulse and counter-impulse or holding counter actions together for an instant.
<b>SPECT-ACTOR</b>	A term coined by Boal (1974) whereby more active roles for audience members is created so that spectators become actors within the unfolding performance, and, at times, some performers watch. Traditional roles of onlooker and doer become blurred.

## Existentialism

<i>Glossary Term</i>	<i>Glossary Definition</i>
<b>ANGST</b>	The freedom to choose causes fear – the terror of making the “wrong” choice and was said to comprise anguish, forelornness, despair with responsibility (Sartre, 1948, 1979).
<b>ALIENATION</b>	Alienation or isolation is said to be the essential existential state (Sartre, 1948). Existentialists construct the private self as closeted from public view. The closet, itself, is significant in its assertion about the solitary condition of the individual (Camus, 1989, 1995).
<b>AUTHENTICITY</b>	Authenticity defines a condition on self-making. Do I make <i>myself</i> (being an autonomous subject), or will I become a reflection of the roles I find myself in through circumstances and people making me (a dependent object) who I am (Camus, 1989; Sartre 1948). The “making” is what is important.... What I become is less important than how.

<b>BAD FAITH</b>	Consists of an individual assuming a false sense of self. This taking on is not imposed from outside, but is a willing act of accepting a situation as fact on what the individual knows is faulty evidence: By treating oneself as a free person, s/he is no longer seen as an object (Sartre, 1948).
<b>BEING</b>	One's perceived sense of self, existing within the larger world.
<b>EXISTENTIAL AND EXISTENTIALISM</b>	Refers to the being of an individual as one enmeshed and implicated with the larger lived world. Related to this notion is that of "free will" whereby an individual is left in the world and that person is left to "choose." Each choice made reverberates throughout social systems that can "feel" the change. Each person has the ability to decide what to do with his/her life, but these can become hidden through the use of various authorities' performances of intimidation and coercion. These actions "hide," but do not erase, life decisions.
<b>FREE WILL</b>	The perceptual, cognitive, and emotional processes engaged in when presented with a choice. This choosing results in an intent to engage in one or more actions including inaction. Sartre stated that we are "condemned" to freedom, so how can it be called free?
<b>HYPERREALITY</b>	When an event or object is constructed as a simulation of experience to avoid the fact that the copy was of something that never really existed. (Baudrillard, 1995)
<b>MEANINGLESSNESS</b>	Through the action of living the notion of everything being carried out holds no significance. There is no "cause" for this, but is said to simply be. This sense is thought to be permanent and affects every part of one's life. Even structures used to create meaning collapse (Tillich, 1952).
<b>POSTMODERN</b>	A philosophy emphasizing the importance of power relationships, identity and voice in the "construction" of meaning and perspectives toward life experience.

## Absurdism

<i>Glossary Term</i>	<i>Glossary Definition</i>
<b>ABSURDISM</b>	A philosophy, usually incorporated into various art forms, contending any attempt to understand the universe will fail. The absurd is a result of confrontations between human desires for order, meaning, and purpose in life and the silent indifference of the universe (Camus, 1955).
<b>BLACK HUMOUR</b>	The dissonance between action and topic create a tension within the observer because the bleakness of an experience is taken to an exaggerated level as to create laughter, but the subject matter remains depressing.

<b>CARNIVALESQUE</b>	These are themes relating to the circus, dramatically changing expectations, and inverting taken-for-granted social relationships. The world turned topsy-turvy, destruction in order for creation to occur. Seen as a form of resistance to the standard social order (Bakhtin, 1984).
<b>DECONSTRUCTION</b>	“Texts” create a one-dimensional view of the world and in so doing silence various voices that are present. The result is one of audiences becoming tyrannized by a narrow view. Deconstruction is a reading of “texts” to tease out these hidden presences (Derrida, 1989).
<b>DISHARMONY</b>	Being that is incoherent, out of harmony, or in disarray. A state of affairs out of balance for taken-for-granted expectations.
<b>SATIRE</b>	Usually a style of writing with an aim to highlight the short-sightedness, weaknesses, or extravagances of another. The target is often someone or group that has power. This study takes satire into the theatre to perform, rather than write, about particular groups of power affecting adults living with psychiatric diagnoses.

## PREFACE

This is an invitation to you, the reader, to enter a project involving a group of people largely unimagined within society: psychiatric survivorship. To capture the journey of working performatively with individuals diagnosed with psychiatric disabilities, this thesis is constructed in a particular way.

This project is concerned with a small group of psychiatric survivors and counsellors performatively exploring issues that related to the relationship between mainstream society and being perceived as “mentally different.” A show, entitled, *Shaken: Not Disturbed... with a twist!* was performed initially in a chicken barn and, again, at a local fringe festival to strong reviews. Language is always important, but in this case I feel it is most critical because of the interdisciplinarity of the work. In order to narrow the definitions of key terms used within the text, a lengthy glossary immediately precedes this preface.

There are two parts to this dissertation. The main text contains the particularity of the context and the practice relating to what occurred between September 2002 and September 2003 in the town of Duncan on Vancouver Island. You will find in the appendices, in detail, the theoretical underpinnings, namely, broad methodological considerations, critical disability, rural sociology.

A variety of approaches can be used when reviewing this dissertation. One can start at the beginning and read it from front to back, as it is provided here. Another path involves starting with the theoretical discussion in the appendices before proceeding to with the main text. Finally, a third is flipping between the body of the work and material at the back, as impulses are evoked. Perhaps as one engages physically and mentally with this text and the openness with which to read it, new meanings will arise.

## ACKNOWLEDGEMENTS

People are always in the background helping and supporting a project of this nature. Above all I have to – I want to sing out my praise to the best, most animated, dynamic, warm, fun, and lively bunch of actors a popular theatre worker could ever hope to work with – and a group of the most understanding teachers in the area of mental disorder a fellow learner could ever wish to learn from. Each of you has become such an important part of my own changes as I explore my own sense of place within this social world. My only hope is pathways remain open for you to continue growing, speaking out, engaging with life, and working toward a future of your making. With great hugs of thanks: Lynn, Angela, Tamaira, Dale, Quentin, Marlene, Heather, Julia, Sherry, Jenny, Sam, Sarah, Donna, Aurora, Jay, Greg, Golda, and Diane. Also, many thanks to the staff and members at the Open Door Program in Duncan, BC, for allowing a stranger into their midst. I appreciated how welcoming and inclusive you were through the years of my “hanging around.” Thanks to Peter Rusland at the Duncan News Leader and Pictorial for being such an unabashed fan with the countless news stories and reviews of our progress and work. The town of Duncan British Columbia on Vancouver Island, thank you for being the ideal location and the most hospitable town, and for allowing me to enter and carry out my research. Of course, thank you to the Cowichan Fairgrounds for lending us its poultry barn.

Thank you to my committee who slogged through drafts of this work. Even while I resisted at times and complained perhaps too much....I was learning... I have learned greatly from your collective experiences. Thank you: Jan Selman, Lynn Fels, Leslie Roman, Stephen Heatley, and Roger Boshier. I have to acknowledge some people who, from the shadows, quietly supported my work and cheered me on: Brian O’Neill, Mary Petty, and Cindy Patton, who always asked how I was doing through good times and not so smooth. My dear friends Cynthia Andruske and Valerie-Lee Chapman, in body and spirit, informed my writing in countless subtle ways. Even during some of your darkest hours, Cynthia, you were extremely helpful when reading over chapters and giving suggestions. Valerie’s passing just prior to presenting this to my committee is bittersweet, in that we had plans to celebrate together one of the last of “our group” of students moving on from Adult Ed/Ed Studies. Valerie is being missed everyday....

And lastly, and most importantly, I want to thank Vincent – who has lived through my masters and now through years of driving carloads of props and cast members to rehearsals and shows, navigating mountains of paper, helping in the panic that is backstage, and months of writing: my doctoral journey. Whose relentless love and persevering devotion and support has been the single greatest constant through this work and its frustrations, loneliness, joys, laughter, successes, and the process of living. This work is as much yours as it is mine because you were always simply just you....just there....and just patiently waiting in the .....wings.

## **DEDICATION**

*This work is dedicated to the cast,  
their caregivers and loved ones.*

**CHAPTER ONE**  
**CONCEPTUAL OVERVIEW OF THIS INQUIRY**

*“...then all of a sudden people came and they sat around the garden and then we were standing by what we had planted and then there was a show and it was like nobody realized it until the end and we were like how’d that happen?”*(Tallulah, Interview 6, p. 4).

**Introduction**

This report reflects a performative inquiry in Duncan, British Columbia (BC) involving a group of psychiatric survivors, counsellors and me putting on a play entitled *Shaken: Not Disturbed.... with a twist! (Shaken)*. This popular performance depicted the experiences of living within a small town with psychiatric diagnoses. The work began in September 2002 and concluded with performances, including one in a local poultry barn and several at the town’s fringe festival. Twenty adult participants (between the ages of 28 and 62) explored their lives of mental marginality. The men and women participating were: two counsellors, two counselling students, one adult with some theatre background, fourteen adults diagnosed with multiple mental disorder(s) (all from within the local mental health system) and me as a researcher-participant. The adults within this work were embodied learners (see glossary) as well as performers and people searching to be full, participating citizens. Approximately 500 (out of a town population of 4500) attended the four shows. The following report includes theories supporting the work, the research process, occurrences and insights gained. This writing is an interdisciplinary work incorporating theories from critical disability, popular adult education, performative inquiry, absurdism and existentialism. To help the reader, a glossary is provided following the Listing of Tables and before this main text.

## **Purposes**

The purposes of this study were to (i) *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and (ii) *create* better relationships between psychiatrically diagnosed and other people. These purposes were achieved by staging a theatre production in a chicken barn. This study examined the relationship of othering by exploring mental diversity. Specific intentions supported these aims, namely:

- *revealing* the basic capacity for power, expression of identity and need for voice a group of psychiatric survivors embody when performing their lived experience;
- *humanizing* individuals and their experiences relating to living with and being labelled as “mentally disordered”; and
- *bridging* different identity positions through commonality of experience.

## **The Question**

Keeping in mind the challenges of living in a rural setting and the distorting influence of authorities, mentally marginalized individuals are often seen as “things” to be manipulated by systems, rather than engaged *with* as part of society. Professionals impose practices into the daily lives of the cast members restricting opportunity and expression. The potential for this study was its anticipated ability to interrupt and question taken-for-granted performed privilege. If a group enters a space to explore freely, in a performative manner, its collective meaning from its own perspective, what awareness arises? Could exaggeration, or “farce,” be used to absurdly deconstruct social messages and influences? In turn, could satire be a form of empowerment within an experience of theatre making? The following query is an engagement of these underlying questions and guide this study:

*What shifts occur within a group of rural adults living with mental disorder(s) as it develops and presents an absurdist popular theatre community production?*

So... *shifts in what?* Three notions emerged through the research: identity, voice, and power. How were each of these notions envisioned within study? How were they shaped as a result of the theatre work?

Voice is an aspect of relating to others and a dynamic through which identity emerges. Within this study, the notion of uttering and naming one's own experience relates to the qualitative performative act of speaking, as envisioned by feminism. Traditionally, voices to be heard have qualities of "authority" and "authenticity." Often a reason for silence experienced, by some women and men on the edge of society, is they are constructed by others, and at times see themselves, as not possessing influence. Feminists suggest that voices heard typically are male ones: authoritative, power-full, force-full and strong (Belenky, Clinchy, Goldberger & Tarule, 1997; Estrem, 1997). Within this study, voices in all their diversity found space to speak from the authenticity of lived experience.

Identity, historically, was something traditions, family relationships, occupations and stories helped to shape. Often, in the case of psychiatric survivors, these forces are minimized or removed. To replace these absences, often the media, medical authorities and experience shape a mentally diagnosed person's view of one's self. Identity is a reflection of how a person is treated by others and is a response to this. Knowing one's self is inherently found through and within relationships.

Power, as it was understood within this work, relied upon the work of Foucault (1980) and his connection of power with knowledge. Broadening the definition, he

examined both overt and covert dynamics of power. For example, rituals can be considered as overt symbols, which signify power (Bell, 1995). Less considered is that these rites serve additional purposes: ways of creating and maintaining authority. Medical professions and institutions, in particular, mould the lives of psychiatric survivors. Rituals and their relational power are key aspects for the maintenance of the roles of powerful psychiatrist and disempowered patient.

Throughout this research, opportunities arose to deepen the understanding of voice, identity and power, in relation to one another. These underwent shifting and reshaping through experiences of intentionally performing. The relative safety of the theatre space provided an opportunity to open up relationships of identity, voice and power.

### **Mental Diversity**

The World Health Organization (WHO, 1980) has claimed 450 million people are affected by mental, neurological and/or behavioural “problems” at any one time. As of 1990, five of the top ten “burdens” of disability (for established market economies) were psychiatric disorders: uni-polar depression, schizophrenia, bipolar disorder, alcoholism and obsessive-compulsive disorder. As the world’s entire population continues to age, WHO expects the incidence of mental “disorders” to increase. Canadians living with mental “illnesses” form one-fifth of the country’s population (Statistics Canada, 2002a). Compared to other social issues, mental health has remained one of the most under-researched areas.

Mentally disordered people, living in rural areas, face challenges; some issues similar to those of their urban counterparts, others unique. First, deep conservatism is

prevalent in small towns and among farming families. Rural people tend to be cautious because of the immediate effect and unpredictability of nature. Many traditions tied to climate and the land, have existed for generations. These individuals use their customs as a way to forge stability. Prudence, related to nature, has over centuries, translated into social conservatism.

Transportation networks remain inadequate or non-existent in rural areas. Many people living with mental disorders are not able to drive. It is for individuals diagnosed with psychiatric disorders to work because many of them do not travel far by themselves. Many are not allowed or able to drive. The predominant employment in the local area is within the low-waged retail and hospitality sectors. These jobs are generally part-time and involve shift work. Many employers stereotype disabled people. Their credentials or work experience becomes suspect as less legitimate than “normal” people’s. Landlords block adults living with mental disorders from stable housing, so that many are forced into transitory housing and homelessness. Shelter is a chronic issue for all mentally disordered individuals; however, greater concentrations of social housing and related services exist in cities. In Duncan, BC, for example, few social housing units exist. Study participants pay the prevailing rents. Due to the relative lack of emergency shelters (currently none exist in Duncan), those without homes sleep outdoors or sojourn among friends’ homes. Accurately understanding the extent and dynamics of homelessness and inadequate housing remains difficult because of “couch surfing,” whereby otherwise homeless individuals “crash” on friends’ floors.

Government disability payments are below the poverty line and these rates are under attack (Roman & Salmon, 2003; Zingaro & Tom, 2003). Food banks and soup

kitchens are more commonly found in cities. Duncan has one food bank expected to service the immediate area of 30,000 (This local food bank has experienced a doubling in those reliant on its services from 2001 to 2004 (Bainas, 2004). Intermittent “soup kitchens” are set up, predominantly around holidays. Pawnshops experience a cyclical pattern of buying and selling. Psychiatric survivors buy possessions from these stores after disability and welfare payments are received and later sell them back in order to stretch money through a particular month.

Financial supports for local poor populations are minimal and spotty at best. The Cowichan Valley has one of the highest rates of reliance on the social safety net in BC (Ministry of Labour and Citizens’ Services, 2004). In addition, a large, local First Nations population also is experiencing high levels of poverty. Within cities more and wealthier people donate to charities. In Duncan, the town relies on fewer and relatively poorer people to support non-profit agencies. The town’s volunteer centre had much of its provincial funding cut during the project, severely hampering people in need (Cowichan Citizen, 2004).

Authority for managing the dependency of those who are psychiatrically diagnosed rests with professionals who “gate-keep” opportunities that could lead into corporate, government or not-for-sector opportunities. Control of individual cast members understood his/her identity is held by others. The exercise of coercive power marks these relationships and silences the voices of the repressed. Participants said they were commonly told by experts and those with influence that steps taken for their were done “for their own good.”

### *Mental Identity*

Central to the construction of mental identity is the fiction of mental “illness.” To date, no definitive biological causes for mental disorders exist (Szasz, 1994, 2000). Histories documenting mental diagnoses suggest an evolution in the identity of adults living with mental diversity. From ancient times to the Middle Ages, mental “difference” was identified as a sign of divine intervention. Later, in the Middle Ages, “abnormal” people were viewed as “possessed” by demonic spirits (Porter, 1987, 2002). In the early 1700s, “abnormal” people were viewed as “animal-like.” Not until the 1800s was there contemplation of psychiatric labels. It would be a hundred years after that, that these labels would be theorized as significantly informing and attaching themselves to people’s identities. This evolution transpired with the creation of asylums and emergence of “mad doctors.” Prior to this, “blame” for mental disorder arose through a combination of divine forces and character “flaws.”

Through the late 1800s, particularly influenced by Galton’s (1883) eugenic “science” and Freud’s (1986) psychoanalysis, a person’s identity as mentally impaired was constructed by biology instead of divine intervention or weakness of character. With the rise of statistical analysis, the cultural artefacts of “normalization” and “social deviance” came into being. The dynamic of psychiatry drew upon physical medical science for a source of legitimacy. As a result, a biological focus for the determination of “mental deviant” emerged. The biological model defined mental disorders as “personal tragedy” or pitiable identity (Foucault, 1965).

Throughout the 1970s and 1980s, thousands of asylum and hospital inmates were released for compassionate, but largely financial reasons (Turner, 2004). Moving a

population, after spending decades in a “protected” environment into another threatening and foreign one without support, put individuals in significant upheaval and turmoil. Now, individuals with mental diagnoses often live non-visibly (By that I mean, despite these individuals living in doorways passers-by choose not to “see” these people).

After social liberation struggles led by women, Blacks and sexual minorities during the 1960s through the 1980s, a new struggle emerged: disability rights movements. With this shift arose critical disability theory, discourse and writing. However, much theorizing focussed on *physical* impairments, disabilities and learning. Psychiatric impairment was subsumed under physical disability and, therefore, silenced. In 1993, in Toronto, Ontario, the first MAD Pride or Psychiatric Survivor Pride Day took place. The million plus Gay Pride Day celebrants in Toronto that year inspired the Mad Festival to take place a few months later. From a small beginning of 200 people in Toronto, by 2005 MAD Pride Day was celebrated on four continents (MindFreedom, 2003). Being reflectively seen by the individual *and* read as legitimate by others was a more recent occurrence.

For many people living with psychiatric impairments, their families, friends, caregivers, social workers, and psychiatrists, in particular, manage and construct their worlds and perceptions of self. Those living with psychiatric impairments face severe repression because of non-conformity to what “sane normates” wish (Garland-Thompson, 1996, 1999, 2002). Ever-increasing numbers of medical and social work professionals reduce a psychiatric survivor’s “being” to the workings of his/her brain. Many authorities deem having a rich interior life irrelevant. To erase unique identity, the universal application of “sick” is now the defining attribute. Labelling of mentally diagnosed

individuals as “different” or “abnormal,” often leads to pathologized and devalued senses of self. With this deep “lack,” individuals experience low self-esteem and confidence. Furthermore, they do not believe in their ability to live as fully functioning and valued citizens. Today’s critical writers and theorists focus on mental pride, while encourage mentally diagnosed individuals to move beyond survivorship toward full citizenship (Barton & Oliver, 1997; Garland-Thompson, 2003; Shakespeare & Corker, 2002; Shakespeare & Watson, 2001). Recognizing one has merit goes part way toward the goal of full acceptance and inclusion. The missing factor is the ability to vocalize and perform one’s identity within the public realm.

### *Mental Voice*

There are many Canadians who are told by policies, institutions, laws, rituals, and people that those with mental difference ...

*Do not fit*

*Do not belong*

*Have less value.*

(Noble Notes, p. 93)

Disempowered social groups include women, sexual minorities, First Nations, visible ethnic minorities and most disabled people. The participants of this study are a subgroup of the last category: people living with psychiatric diagnoses.

Research is done *about* people living with psychiatric diagnoses. However, scant research exists about these individuals living active roles within the community. To counter this gap, disability theorists increasingly demand a more active voice for those studied (Beresford & Wallcraft, 1997).

Experiences and histories of “hiddenness” exist within those rendered non-visible. This has blinded society’s awareness of the identities of psychiatric survivors.’ Like the “sexual closet,” the “mental closet” has emerged because of individuals’ reaction to becoming known as “stigmatized others.” Like the “sexual closet,” walls of social stigma are reinforced by self-imposed shame. Speaking out often creates an expectation of stigma. Rather than face ridicule and shame, many people prefer to remain silent believing the closet is a “safer” place.

Those surviving psychiatric care have largely had to struggle alone. However, since the late 1970s, organized groups living with disabilities have given voice to their histories, stories and futures. One of the most important spaces has been within the arts – notably theatre. Most of these artistic efforts rested with theatre companies that were working within disabilities or targeting physical or learning and developmental impairments. Until the late 1980s and early 1990s, no theatre company had dedicated itself to psychiatric impairments. Today these companies include: since 1987, Toronto’s Workman Theatre Project (2005) and since 2004, Ottawa’s Stigma Busters (2005) Productions. The most recent addition to the MAD Pride Celebration is the Mad Pride International Theatre Festival (MindFreedom, 2003). The celebration is run by an international coalition of mental survivor organizations. From celebration of one’s “mental pride” comes a moment to develop research investigating diverse lives of mental minorities. This thesis reflects a continuation of recent initiatives.

The group coming together for this study inadvertently became part of a much larger gathering voice speaking out about its own stories of oppression. MindFreedom’s

(2003) mission statement maintained: psychiatric survivors want to help themselves by helping disempowered others through larger coalition systems...

*In a spirit of mutual cooperation, MindFreedom leads a non-violent revolution of freedom, equality, truth and human rights that unites people affected by the mental health system with movements for justice everywhere (p. 1).*

*Shaken: Not Disturbed...with a twist!* marked a small episode of finding voice within a mainstream filled with vested interests. Like many disempowered groups, psychiatric survivors work together to develop the confidence to speak with others.

### *Mad/Mental Pride*

By coming together and exploring their lives, psychiatric survivors can find ways to be heard. A sense of personal and group power unfamiliar to them evolves through this emerging identity and rising voices. This newfound autonomy can then create uncertainty and sows seeds of disempowerment for fear of disturbing mainstream relations. The cast of this study decided to meet this challenge by performing publicly. This group's transgression, "coming out" of the "mental closet," was more profound because it chose to speak directly against authorities: psychiatrists, social workers, family members and the general public. These people have the power to commit, decree (ab)normalcy, withhold care and support and enforce drug taking. This cast pushed against the status quo using its lived stories. Through re-enactments of their moments of social exclusion, stigmatization, and oppression for being "different," the cast's message was simple: The stigma had to end. The play's lessons deconstructed the mainstream's values about people with mental diagnoses. The group's embodied stories carried its own authority.

Speaking from a place, formerly of silence, renders a voice a blaring trumpet. The cast's message was powerful.

The individuals in this study were survivors. Within the disability movement, *survivor* is the preferred term. To survive means to live beyond... but to outlive or live outside what? A barrier?

*The handicap is*

*the attitude of a persistently ableist society.*

### **Rural Life**

Thirty percent of the Canadian population and 15% of British Columbia's (Statistics Canada, 2001, 2002b) live outside urban and suburban settings. Despite this, much social theory remains within an urban bias. When researchers rely on conceptions contrived within "the metropolis" as common sense across all experiential settings, imagines country and city environments as interchangeable. Urban messages that can confront rural sensibilities include: "(hu)man over environment," money as a measure of success, progress at all costs and abstract thinking over traditional practice.

The importance of focussing on rural environments and perspectives on theory is significant for broadening notions of "community" and "society." Today, rural areas still have a largely intact social fabric (Carter, 1999). Their compactness can magnify the effects of events. As a result of our theatre group's play development and performance in Duncan, BC, wanted to talk to the cast members frequently about our work. From these conversations came new opportunities to inform their work on the play. Through the intimately interconnected nature of the small town, many opportunities for dialogue and expanding relationships occurred. Unlike the anonymous hiding away of individuals in larger urban centres, the population of a rural town knows one another. Because of close

relationships, change within a country setting can be challenging, yet it generates responses quickly. Outsiders are often not welcomed, so cultural workers coming to “fix” local issues are not generally well received.

In times of strife, a rural population often pulls together in quintessentially human ways (Fellegi, 1996; Miller, 2001). A strong sense of home, belonging, interconnectedness and reciprocity among neighbours exist: these values buoy periods of trouble. This ethic of care occurs in cities as well. The difference is that in the country, friends, neighbours or family members are likely to be tending to one another, whereas in the city often it's strangers helping strangers. Emotional distance is more likely to be much shorter, more intimate and strongly felt within a rural setting. The rationale for working there, in a more rural setting, was to illustrate how a country environment influenced and informed experience. Like much in this research, the locale was hidden within unimagined margins. Focussing on the rural environment and the effects of country thinking on theory were keys to broadening and deepening the ideas of “community” and “society.”

### *Transitions*

Historically, an important reason for supporting farmers and rural people was populating the large expanses of Canada. Within the past 15 years, rural regions have experienced major social, economic and political transformations. For decades, Canada's countryside relied on government subsidies and other financial supports to moderate the unpredictability of farming (Boyens, 2001). However, within the last decade, driven largely by international trade agreements, financial supports to farmers were declared

unfair. As a result, payments were dramatically reduced. Canada leads the way in these reductions (Boyens, 2001).

Simultaneously, as resource sectors experienced bankruptcies and foreign competition, price shocks and labour disruptions followed. This economic turmoil affected small towns dramatically as they were built to service the stable workforces in the resource sectors. Depleted fish stocks, lumber tariff wars, incursion of the mountain pine beetle, forest fires, Mad Cow disease, Avian flu, closed mines: these were some of the reduced economic and social supports for rural areas. Local populations continue to struggle to survive.

### *New Country*

Small towns are now wired into a global marketplace. New influences creep into the countryside. Minimum-waged, low-skilled retail and tourism positions flourish, instead of old high paying resource sector jobs. For farmers and migrant workers, intermittent, minimal and constantly tightening government support is all that is available. Global forces prey on local markets. Niche marketing, “just in time” service delivery and multi-use products are the norm (Drabenstott, 2004). The local valley is now a global market brand. The region’s logo is meant to be synonymous with its rural products and “agri-tourism” destination specializing in culinary tours and farm vacations. Increasing reliance on the Internet marks the need for creating “experiences,” services and products. With diminishing populations in rural areas, small towns once needed to service agriculture are dying. Unlike elsewhere in British Columbia, no ghost towns exist in the Cowichan Valley because mountains and hilly terrain keep farming ventures small. These

“boutique” farms specialize in rare herbs, emus, bison and alpaca. Local wineries and cideries offer culinary tours, lodging at farms, sightseeing at local farmers’ markets and dining.

While all seems well in the region, some significant challenges have emerged. Crystal meth is entering Cowichan schools. Break-and-enters and high levels of vandalism are due to increased drug addiction. Tugs of war abound between new and entrenched ideas. The local valley’s population is split between those with progressive ideas, represented by recent arrivals and those with more entrenched conservative from deep roots of local tradition. Tension tears at the social and economic structures and resources. A way for those spoken *about* needs to be found so their needs, ideas and desires can be expressed. Lost in the struggles are the experiences of psychiatric survivors.

### **Methodology: Performative Inquiry**

A method of expressing identity and experience, through “voice,” that would fit a rural setting had to be found. The research approach relied on was performative inquiry (Fels, 2003, 1999, 1998). According to the systems-oriented work of Varela and Shear (2000), Varela, Thompson and Rosch (1992) and Maturana (1988) and enactivists Sumara and Davis (1997a, 1997b), performative inquiry focuses on the body-mind (Hocking, Haskell & Linds, 2001) connection within the process of generating new awareness. Through spontaneity, as found within random and intentional play, knowledge is in the inter(re)acting of bodies. “Interstandings” are those insights emerging through relationships (Fels, 1998; Hocking, Haskell & Linds, 2001; Taylor & Saarinen, 1994). To generate embodied consciousness, individuals are in motion: creating, performing,

being, doing, becoming. I add playing. Complexities are embedded in each of these actions, especially when each person engages interactively and holistically with another complete individuals. Interpretation occurred. Within performative inquiry, it is expression and interpretation that inform acts. This research process relied on play as acts of knowledge.

Performative methodology lives with ambiguity. The result of individuals' daily interactions is often not readily available in articulate thought. What is stored, hidden in bodies, is teased out through motion and the expression of emotion. Within the complexity of living bodies remains a degree of uncertainty and randomness. Further, complexity is added when the number of interacting human beings is increased. A heightened sense of risk opens up the need for a broadening of the flow of power among the embodied learners. Taking "leaps of faith," which is not what I expected, requires fostering an environment of exchange, collaboration and risk (Sumara & Davis, 1997a). A process of knowledge and shared insights emerged through the group's performative explorations. Transformations created interactivity and involvement among cast members. As Fels (2003) explains,

*If we imagine imagination as cognitive action-interaction, a birthing and rebirthing simultaneously within form and the destruction of form, then we find ourselves in an unexpected space between structure and chaos – a space which complexity theorists call the 'edge of chaos'... (p. 234)*

As embodied explorations deepen, sporadic and seemingly disconnected "turnings" or "aha" instances emerge as "moments of recognition" (Fels, 2003, p. 235). During these moments, insights are sparked. At times, the value or recognition of the insight is not clear until further reflection. A pathway of experience is traced through discrete clarifying moments of "aha" or "recognition." These turning points are moments

for gathering clues leading to further options for exploration. Rather than narrow to an answer, performative inquiry continues to open options for new awareness .

As can be seen already, a few bits of performative inquiry exist in this writing...with the use of active and performative prose. In order to capture the unexpected moments within performative inquiry ...

### **Ping!!**

.....there are twinklings of instances that are recreated among these pages to give you a sense of those insights as though they occurred for the first time. These “moments of recognition” are shown in both italics and word placement on the page, in order to facilitate reading and thinking in more engaging ways. Through playing with words and space in a play-full way at key spots, the normative reading of the page gives way to unpredictability, which is what occurs in an embodied way within performative inquiry. One’s imagination is critical within this work. And as the cast found out, so is the ability for playful spontaneity.

Knowledge shifts to being a verb, not a noun (Fels, 1998, p. 30), and an act of conjuring awareness among individuals. Learning by doing, through performing, allows knowledge arising between bodies to inform past practice, while enabling rehearsals for future action.

### *Adult Education*

*Every social action group should at the same time be an adult education group, and I go even as far as to believe that all successful adult education groups sooner or later become social action groups (Lindeman, 1945, p. 5).*

Lindeman’s (1929) view of education falls outside formal instruction within institutions.

Many later popular educators resonated with what he wrote. As one of the earliest adult

educators at the turn of the twentieth century, Lindeman imagined adult education as *being* life. All of living is a constant sense of learning and understanding. Individuals cannot stop the act of “taking in.” He saw adult education as being non-vocational in nature. Nor is it driven by subjects, but by situations. Because of this latter point, adult education’s chief resource is experiences. Education is life; life is education.

Twenty-four years later Knowles (1950) wrote about informal adult education as informed by Lindeman’s earlier theorizing. Knowles examined informal adult learning. He believed adults needed to fully understand themselves. At the same time they needed to accept and respect who they were as individuals and their daily adult roles. To be mature, people needed to develop an attitude of acceptance, respect and love towards others. Many diverse people inhabit this world. If individuals cannot empathize with dissimilar beliefs or approaches to living, then a lessened ability to truly take in the complexities of the social world occurs. A constant in living and life is change.

In adult education, curiosity and what I call “first learning” (as in seeing something in awe for the first time) is a requirement. Rather than be satisfied with seeing symptoms, society needs to understand causes within social relations. Individuals need to dig deeply beneath the surface of interactions to get at the impulses behind actions. This excavating is a key strength of performative inquiry.

During the late 1960s to early 1980s, popular and critical educators wrote prolifically in order to highlight schooling’s “neutrality.” Freire (1970), most central of all, spoke of cultures of silence, cultural circles and teaching with an aspect of love and hope. Like Lindeman (1945, 1929) and Knowles (1950, 1980), Freire wrote about informal adult education (1970, 1985, 1997). This radical and anti-oppression educator’s

purpose was to liberate disempowered people through more balanced power within participant/facilitator relationships. While learners' situations were studied, they identified their own needs. Other aspects of Freirian consciousness-raising education include group participation in the planning process, addressing social action and recognizing the community where learning occurred. Isolated from daily routines, a ritualistic separated space is entered into for engaging in popular adult education. The Freirian cultural circle is an example. Generative thematic work carried out in these spaces explores the surface of social life to awaken a critical consciousness. Freire (1973) focused on praxis, or reflective action. This practice, guided by reflection, brought about through raised awareness for one's improved life circumstances and potential.

For centuries, part of theatre's focus, particularly folk dramas and popular theatre was to lay bare social power and interests being played out within society. A number of critical educational writers continue to tease apart sociological understandings relating to social and economic inequities. For example, Illich (1973) was critical of the institution of schooling as noted by the following: institutionalization of learning and the need for conviviality, which is the "*autonomous and creative intercourse among persons and the intercourse of persons with their environment*" (p. 24). Today, 30 years later, performative inquiry re-envisioned these concepts. The impulses of other critical educationalists, including Shor (1987, 1992, 1996), McLaren (1995, 1999), Giroux (1997, 2001), hooks (1994) and Apple (1999), resonate with the view of adult education taken within this performative research.

### *Popular Theatre*

Within this inquiry, the practice of popular theatre and the symbolism of absurdism were included to deconstruct taken-for-granted community beliefs, values and elite power, particularly relating to the experiences of psychiatric survivors. Satire played, ironically, within lives lived through mental diversity and disorder. By reversing the traditional research relationship of the social centre examining marginalized circumstances, non-visible distortions in taken-for-granted relationships were revealed. The study's co-researchers found the process of critiquing the mainstream a source of strength to form and deepen group and individual identities. Marginalization, based on psychiatric diagnosis, has historically constructed an opposition to prevailing notions of "normal" sanity. "Madness" and "sanity" created oppositional versions of the other. Mental norms are products of demographic and experiential backgrounds and beliefs of prevailing social, economic, legal and medical powers.

Drawing on popular theatre, this production placed embodied learning among the people. In popular education's fashion, explorations of disempowerment and oppression were carried out by the people and for the masses (Filewod, 1987, 1989; Kidd, 1980; Selman, 1987; Spry, 1994). Rather than focussing on an end product, this process of popular theatre raised critical social awareness through theatre making, (Prentki & Selman, 2000).

Within this study, the cast sought an increased engagement with and enactive form of citizenship. Popular theatre, and its attachment to oppressed people, lent itself well to a group of psychiatric survivors, as they had lived through regimes of categorizing, measuring, closeting, controlling, reducing and erasing humanness. Bodies

and selves are reconnected through performance. Moreover, co-searchers can learn to communicate and make sense with and through relationships. Part of the process of popular theatre is the performing of group discoveries to communities (Bappa & Etherton, 1983; Selman, 1987) to deepen the process of learning for the cast. At the same time the cast educates others about marginalized lives. Frequently, popular theatre draws on an ethic of poverty (Grotowski, 1968). The concept of “poor” does not mean impoverishment of aesthetics, ideas or lived experience, but a lack of extravagant production elements for performances. Elaborate theatre staging is thought to limit the imagination, rather than free it. Limited numbers of props, sets and costumes are relied on in symbolic ways. Meaning emerges through relationships of a few objects and people on stage. For this reason, popular theatre relies on the audience’s and cast’s imaginations for the negotiation of meaning. This type of theatrical experience is drawn from the stories, experiences, awareness and insights from “the people” as the cast represents (Kershaw, 1992).

### *Absurdism*

The roots of absurdist forms stem from Dadaism and surrealism. However, notions supporting disharmony stray further back to Kierkegaard’s (Malantschuk, Hong & Hong, 2003) ideas of living aesthetically or of living ethically. Essentially, this means that living according to duty inevitably results in the compromise of one’s “true” self and so is ultimately meaningless. Sartre (1946, 1948, 1976) and Camus (1955) support much of what absurdism tried to make concrete. Existentialist thinkers suggest humans have free will. Daily living involves choices. Making decisions creates stress. Each time individuals choose, negative consequences occur. Sometimes these are known, but often

they are hidden. Not everything encountered in our lives can be explained. Rather, they appear absurd or off-kilter. When an individual makes a decision, he or she must carry out what is decided in order to work toward living authentically. Because humans, often, do not follow these decisions, once made, lives often end up lived in bad faith or inauthentically. Living is ultimately without meaning and, so, absurd. Postmodernism and its hyper-reality serve to make life decisions more frenetic and out of control and, potentially, more meaningless.

Artaud (1970), a key impulse for absurdism's evolution, spent much of his life in asylums. However, it was Esslin (1961) who coined the term "theatre of the absurd." He did this to "lump" together disparate artists (playwrights, actors, directors). These people rarely collaborated, socialized or interacted. Absurdism is included within this study because of its ability to make assumptions held by mainstream authorities visible. In turn, performative inquiry and popular theatre can play with and open these presuppositions further. Absurdism is a deconstructive reading of a seemingly pointless world from the vantage point of outsiders looking in. However, it is within chaos that order is found. Absurdism, like performative inquiry, lives on the border between order and mayhem; it "violently" (Artaud, 1970) pokes fun in a "carnavalesque" fashion (Bakhtin, 1984).

Disharmonic theatre forms include an anti-realistic aesthetic filled with harsh sounds, darkness, music and no overriding plot. Snippets of life are strung together in apparent randomness. "Meanings" are left to the audience. Everything holds potential significance: from the location and structure of the building, to the space, the action and other audience members. Nothing in the performance suggests a specific place, time or space to contextualize the action. To heighten the sense of mundane awareness, much of

the action is ritualized and repetitive; there is a sense of being is locked in with no escaping. Black humour, or the dissonance between action and topic, creates tension as the bleakness topic is exaggerated to evoke laughter. As a result, the subject matter remains depressingly stark. All of this fits comfortably with lives trapped by the mental health system.

### **Procedures**

From the theory briefly described in the previous pages, a set of procedures unfolded while carrying out this research. The “trapped” quality of living with mental diagnoses can lead to lives filled with cycles of unending negativity and oppression. How can this group of co-searchers “open” these repetitions to inform their senses of self?

During nine months, the cast met once a week for approximately two and a half hours. The time was split three ways. During the first half hour, members mutually checked in with one another (including me) and engaged in movement exercises (including yoga and/or dance). The middle period, approximately 90 minutes, involved playing theatre games, learning about theatre, or creating performance pieces for a show. The closing moments of each session were spent “cooling down.” This involved guided meditation and reflective thoughts.

The period leading up to the performance was split into roughly equal thirds. The first three months developed a cohesive group by playing theatre games and engaging in exercises. The second period blended playing with learning about theatre and elements of performance. The last period involved creation of performance elements and a public production in May 2003. The work was remounted in September of the same year for the local fringe festival.

Throughout the time spent with the group, research activities within this performative inquiry included writing reflective field notes after each session. Occasional pictures were taken at rehearsals (Figures 1 and 2). Two sets of interviews with individual cast members were completed at the beginning and end of the process. Audience members were interviewed shortly after the first show. Videotapes of the main show and fringe production were made.

Recording rehearsals, interviews, performances, casual conversations and taking field notes captured experiences as they unfolded. Themes emerged within the performative inquiry as they related to the three key elements under study: identity, voice and power. These notions slowly appeared through role playing, dancing, telling stories



**Figure 1: The cast rehearsing in the gym.**



**Figure 2: The cast rehearsing in the barn.**

and slowly crafting together pieces of experiences shared by the co-searchers.

Connections among these three aspects of agency came forth in the following way. As members felt more comfortable speaking and showing their memories, their interactions grew stronger and more certain. As talking became more confident, their sense of self stood taller and more self-assured. By the time the show, *Shaken: Not Disturbed... with a twist!* was mounted the third element appeared on stage: a collective and individual sense of autonomy or power. Within Chapters 5-7, each of these concepts are discussed in

relation to key locations within the inquiry, starting with cast members' awareness, to audience perceptions, to my own understanding, respectively.

### *The Researcher-Participant*

Within each person there are tensions between aspects of identity that can be read by observers. What is often taken in is a public image, but what is usually not understood are hidden aspects of a person stowed away in the physical body and memories, or the private self. What happens if there are private markers that can be read but are ignored or devalued? This dynamic drew me into this research: the struggle of tensions that is visible, yet but remains unnoticed.

My life has carried a number of "identity tensions" informing my view of experience. I described these sources of unease by comparing the public's understanding of my selves versus my personal understandings of me. The differences between the two are described as tensions. Publicly, I am considered to be an urban, educated, straight, middle-class, White, western Canadian male – what I would describe as mainstream. However, my life contains experiences of living as a rural, gay, poor, Jamaican/Irish, educated, eastern Canadian male. This superficial manufacturing is similar to the construction of identities relating to mental disorder. The "illness" diagnosis becomes the "master" identity because the markers of difference lying on the surface (clothes, physical appearance, behaviours) are easier to "read" than the underlying complexities of making one's thoughts, feelings and stories visible. The non-visible aspects of identity and their roles in creating difference are a particular research focus for me. In the practice of living, I am less anchored to one fixed notion of self. Instead, I am constantly negotiating among various dimensions contained within my public versus private senses

of self; I am left wandering among the frontiers of difference. Admittance into the mainstream is largely foreclosed; therefore, much of what is studied takes place within the margins. I wrote extensively about my liminal position during my master's research.

To help frame the work, my personal philosophies and approach are important and elaborated. My perspectives are shaped by circumstance and ability to incorporate experience with what is brought forward through my history. As with most educators, I prefer to teach the way I feel I learn best. Space is important; the environment is one of heightened flexibility, spontaneity, comfort and openness. This is why I, as often as I am able, find myself working within community settings, away from formal institutions. Where individuals work and play is a critical element in the ritual of learning. Education is a rite of passage, containing relationships of teaching, learning and interactions of change. This study included significant transitions as co-searchers looked to themselves and each other to create a deeper awareness of their place in society, starting with how the cast operated. Everyone in this cast negotiated decisions and the creation of the learning atmosphere in an effort to share the power within the group. Throughout the early part of the inquiry, this opening up of power dynamics by the participants was a constant "push-of-war." Participants were deflecting authority and decision-making to me. I would turn the reaction back. By the end of our time together, the group was more comfortable making decisions affecting both themselves and the larger group.

I am in the research. Popular theatre, adult education and performative inquiry anticipate this. What is presented is a reflection of the writer in conjunction with those reflected. Bodies and their performances come together to construct the "data." Other

voices are implied, even though my voice as the writer is the most apparent among these pages:

*vocalizing*  
*dancing*  
*singing*  
*talking*  
*creating*  
*being*  
*becoming*  
*playing*

### **Overview of the Dissertation**

In *Chapter One*, I stated the problem was mental “difference’s” construction through prevailing mainstream notions of psychiatric disability. The manufacturing of social margins, as illustrated through a cast of psychiatrically diagnosed individuals and its stories, connects to the main purpose of this research: (i) *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and (ii) *create* better relationships between psychiatrically diagnosed and other people

Intentions supporting this aim include:

- *revealing* of the basic capacity for power, expression of identity and need for voice a group of psychiatric survivors embody when performing their lived experience;
- *humanizing* individuals and their experiences relating to living with and being labelled as “mentally disordered”; and
- *bridging* different identity positions through commonality of experience.

Bringing the problem, purpose and intention together, the following question began the inquiry: *What shifts occur within a group of rural adults living with mental disorder(s) as it develops and presents an absurdist popular theatre community production?*

The methodological framing of the study is discussed in *Chapter Two*. The broad frame of radical humanism is described. The link with critical popular adult education

and Freire is highlighted. The process carried out within this study was a performative inquiry (Fels, 1998). The techniques of popular theatre were employed and absurdist theatre forms were incorporated.

*Chapter Three* outlines the procedures that were taken within the study, namely, describing how participants or co-searchers joined the study, the steps taken to carry out the research and the means through which “analysis” or reflective interpretations emerged.

*Chapter Four* delves more deeply into concrete practice by describing particular incidents. Experiences of the presentation and post-production follow within the three chapters proceeding from this one. Following the popular theatre process undertaken, the “interstandings” within two groups are described: the cast and the audience.

*Chapter Five* concentrates on what members comprehended from the experience. Rather than the more traditional qualitative thematic discussions found in ethnographies, the performative inquiry lens seeks out critical “moments of recognition” arising from embodied (inter)actions. Aspects of new understanding included evolving cast members’ notions of identity, voice and power.

*Chapter Six* investigates the audience’s reactions to the play. Like the previous chapter, this one looks at power, identity and voice from the spectators’ perceptions of the cast. Also, the audience’s shift in awareness regarding individuals living with mental disorder is examined. This chapter helps to create a counterpoint to the cast members’ “insider” status by hearing from the community’s “outsider” position.

*Chapter Seven* serves to create some level of bridging between the two. This second to last chapter is of my own reflection as the bridge between someone “inside” a

group of adults living with disorder and as an “outsider” from within the broader community.

*Chapter Eight* examines the significance of this study. This moves the discussion from the current research into missed or lost strands I will investigate in the future.

### **Summary**

This chapter provided the background for this research including the central “problem” and concepts this dissertation relied on. Guiding the reader into this research, the chapter opens with a concise description of what this study involved: a group of psychiatric survivors creating a play about their experiences of living within social “difference.” From here, the study’s purposes and intentions were described, leading to the guiding research question. To provide a quick landscaping of the research, the theoretical scaffolding of mental/disability theory, rural sociology and the interdisciplinary methodology of performative inquiry were outlined. Much greater detailed discussions centred on critical disability and rural sociology can be found in the appendices with the former in Appendix B and the latter in Appendix C. My social location, as rural gay researcher and a brief overview of my philosophy of education were introduced to provide some framing of this dissertation. And lastly, an overview of the flow of chapters was provided. The next chapter recounts the evolution of how psychiatric survivors have been constructed historically through to the present.

## **CHAPTER TWO**

### **PERFORMING INQUIRIES OF (IN)SANITY**

*“...as I exist in the world and with the world, the reading of my body, as well as that of other bodies, implies the reading of space” (Freire, 1997, p. 52)*

#### **Introduction**

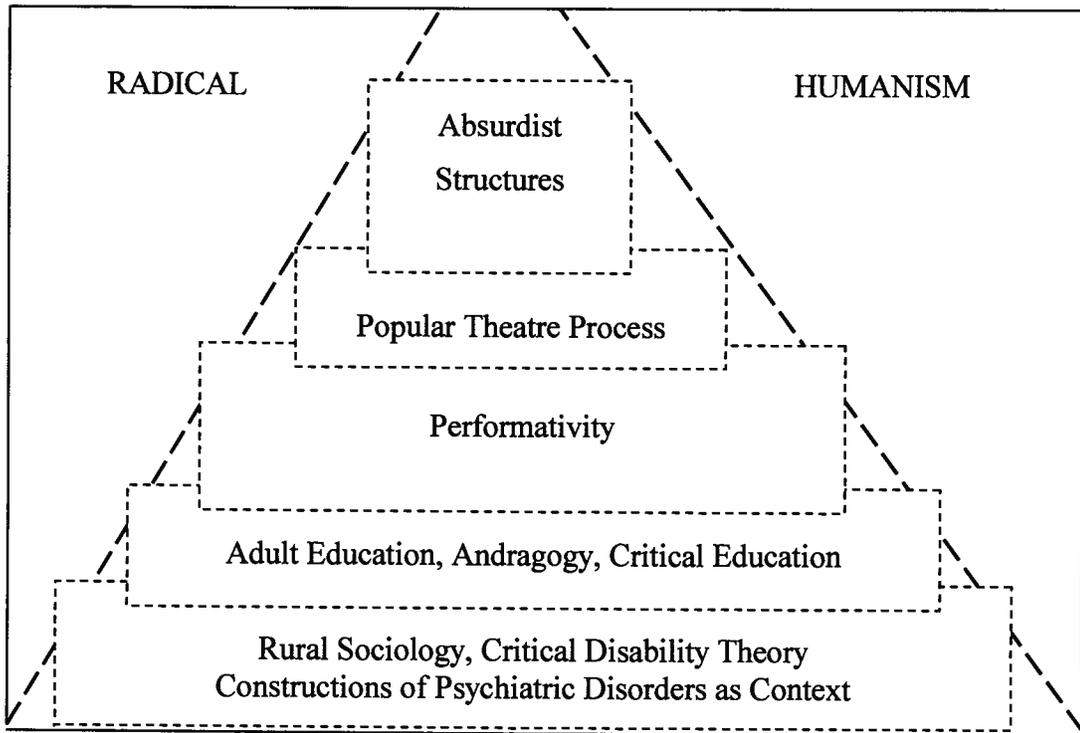
In the previous chapter, the context and theories supporting this study were reviewed.

The current chapter examines the interdisciplinary methodology used within the research.

Radical humanism is the broad conceptual framing within which this study resides. The focus of this research is to transform oppressive relationships into something more empowering as viewed by people, themselves. Popular adult education is the field this exploration took place in. Education is a tool by which learners can critically examine how power is implicated within the processes of freeing or limiting life opportunities for a particular group. Performative inquiry is the methodology. This question-driven inquiry allows for individuals to start with a large question and slowly, through performative actions, open the initial query into smaller controversies that lead into more novel and hidden connections. Through exploration, a greater sense of awareness arises through probing unfolding questions as they emerge. The methodology remains open for further queries.

The method for this study was a blending of the processes of popular theatre and forms from theatre of the absurd. Theatre exercises and games allowed for chaos, ambiguity and serendipity to be fostered so novel insights and connections were conjured through playing, doing and creating. Absurdist forms and themes including “dark humour” (whereby serious and negative experiences are portrayed in ways that evoke laughter), circularity, unending aimlessness, routine, exaggeration, and contradictory relationships (that render invisible power relationships visible) were all used in the play

that unfolded through this process. Performativity and reflective observation link, conceptually, the disparate pieces together into a more complete story. The results of the methodology are discussed in Chapters 5 to 7. To start, popular adult education is presented as the first piece of the picture (Figure 3) created throughout this chapter.



**Figure 3: Theoretical relationships incorporated within the study**

### **Radical Humanism**

Mapping of educational and social change theories, carried out by Paulston (1996), created a broader view of how educational theory and philosophies connect together in relation to one another (Figure 4, on page 33). The horizontal line in the diagram marks a continuum of ontology or how theories view “reality.” The right side relates to those views that suggest there is an outside, knowable, detached sense of social functioning, whereas the left side suggests that each individual constructs or makes sense of society in his or her own, unique subjective way. The vertical line marks power relationships within

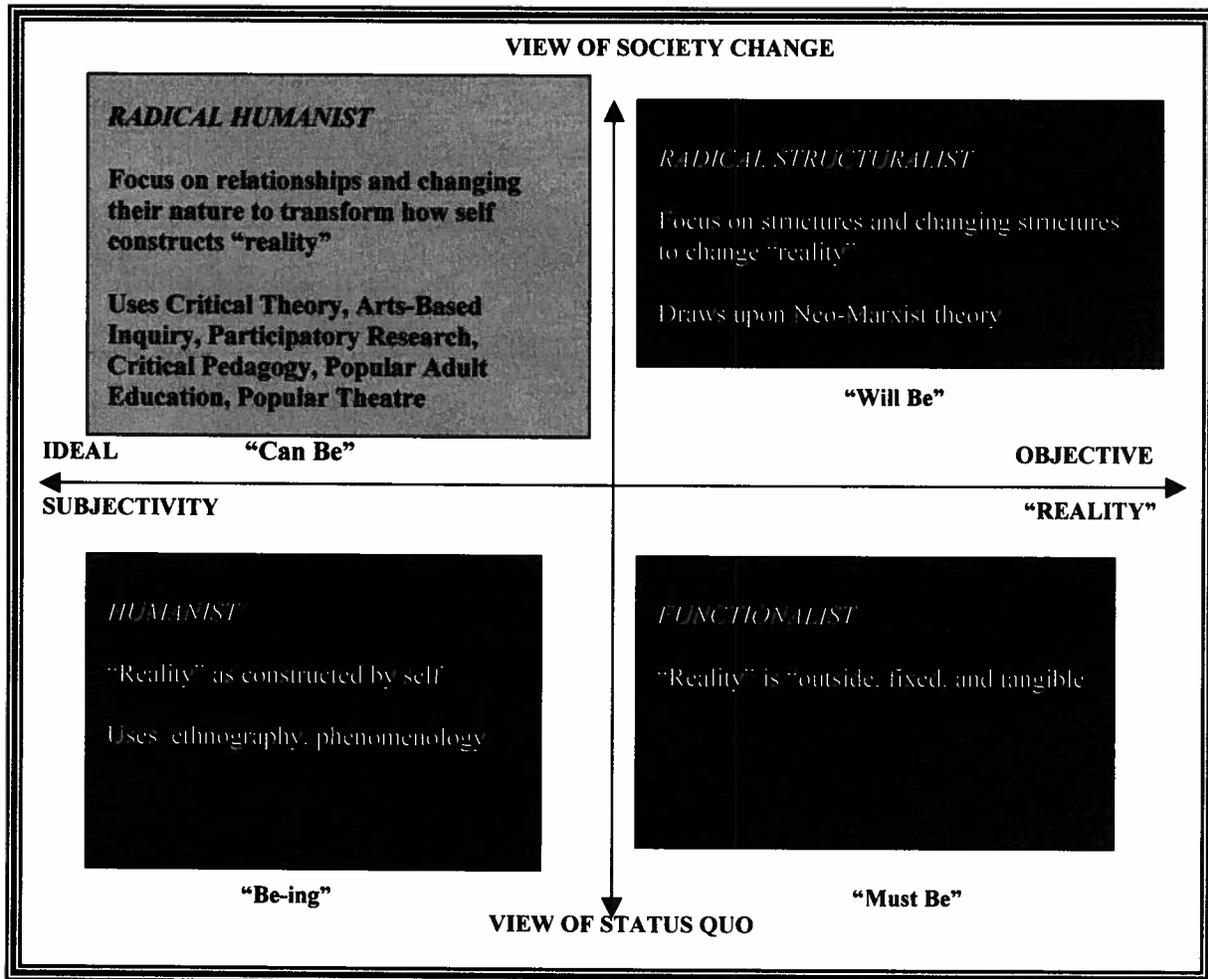
society and how they are used. The topmost point views the focus as being social transformation, whereas the bottom-most point is interested in the maintenance of a status quo.

Briefly, each quadrant takes a different view of the world and what education sets out to achieve. Functionalism establishes what “must be,” or education sits within a sense of objective realities and power that maintains equilibrium of current social and power relations. The humanist also resides within a sense of status quo in that the aim is one of “being.” The difference between the functionalist quadrant and this one is the humanist views the world as not “out there,” but is constructed through the subjective interpretations and viewpoint of each individual. There is no threat to wanting to change the current structure or relationships found within society.

The next two quadrants are not interested in maintaining status quo, but of social change. The radical functionalist views society as being objectively “out there” and is interested in changing the structures because of inequities and contradictions found within social systems. The last quadrant, radical humanism, is where this study resides. “Realities” of the social world are rooted in where each individual lives within society. Knowledge is shared and found within interactions. The focus within this last quadrant is to change social relationships that are found to be oppressive and unequal with regard to power. Transformation, emancipation or freedom, and critical analysis involving the subjugation of individuals or groups are the project of educators with this view.

The current research sits comfortably within the radical humanist (Figure 4) sense because of its focus on investigating how individuals and this group, from their subjective vantage point as psychiatric survivors, understand their experiences. Once “coded” in a

subjective way, the shift is on changing the nature of the relationships in which these individuals find themselves. The transformations that occur are done from the viewpoint of the participants, rather than the researcher. Amendments to social relationships are subjective. By comparison, key relationships experienced by psychiatrically diagnosed



**Figure 4: A map of social change and education theory and philosophy into four broad approaches and the relationship among them. (Paulston, 1996)**

individuals, namely the medical ones, run diametrically opposite to the aim of this research. Doctors tend to be within the functionalist paradigm, whereby medical science of bodies is something outside individuals and their focus is on "fixing" or bringing health back to a status quo.

## **Popular Adult Education**

Increasingly, structured and negotiated adult education is taking place within educational environments. Briefly, in North America, much adult education began outside formal institutions. In the United States, during the early to mid twentieth century, both Lindeman (1929) and Knowles (1980) began their work in the “community” institution of the YMCA. Similar to Lindemann, other adult educators, like Cameron and Corbett in Canada drew on the thinking of Grundtvig and his conception of Danish folk high schools and Dewey’s pragmatist philosophy (Leighton & Leighton, 1982). In Canada, at the turn of the twentieth century, and through the 1960s, the focus was on rural education, Canada’s country population and building a nation. Notable adult education initiatives included Moses Coady and Father Tompkins’ work in creating the Antigonish Movement (Alexander, 1997), the Banff School, Farmers’ Radio Forum, Women’s Institutes and Frontier College. In the United States, the focus was on social justice and broadening democracy.

Adult education entered its “golden era” from the 1960s until the early 1980s when a number of adult educators and educationalists offered a variety of views about the role, form and process of educating adults. While many adult educators of the time operated within the non-formal arenas of adult education, Freire’s and Boal’s focus was on popular education. Their work situates my project. I draw on the writings of these education theorists, in part, in order to dovetail with the framework and focus of performative inquiry. These popular educators were participatory and non-formal,

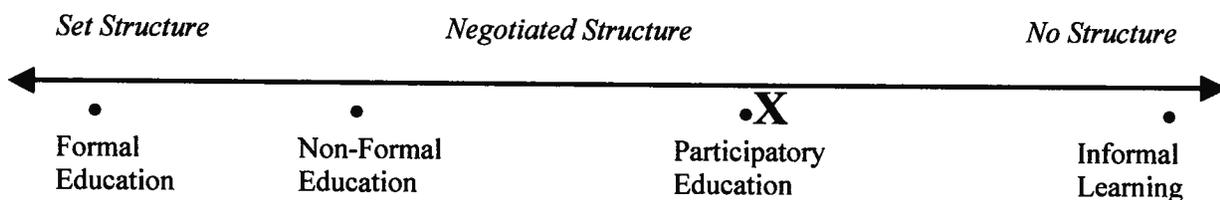
placing themselves among the people to co-create grassroots access to educational experiences.

### *Andragogy*

Drawing from the writings of Knowles (1950, 1989), Table 1 synthesizes the assumptions of andragogy in relation to the general approach taken within this study. The experience of cast members within the development of performance, rather than on the resulting production, was the research focus. Merriam and Brockett's (1996) definition of adult education guides this study:

Activities intentionally designed for the purpose of bringing about learning among those whose age, social roles, or self-perception define them as adults. (p. 8)

This project resides in the realm of andragogy (See Table 1 on p. 36). Adult teaching and learning focus more on process than on content. Even though Knowles (1980) popularized a specialized theory for teaching adults, Alexander Kapp coined the term "andragogy" in 1833. He had, in turn, drawn from aspects of Plato's learning theory (Nottingham Andragogy Group, 1983). Adult education and performative inquiry's goals coexist comfortably. (See Table 1) Within the broad definition of adult education, a number of terms connected to the project of teaching include formal, informal and non-formal knowledge. A continuum illustrating the co-existence of a range of educational structures is shown that relies on Rogers (2003). This research is located somewhere close (Figure 5, marked by X) to Participatory Education:



**Figure 5: A continuum of structure in adult education**

**Table 1**  
**A Comparison of Knowles' Andragogy to the Current Research.**

<b>KNOWLES' ASSUMPTIONS IN ANDRAGOGY</b>	<b>EVIDENCE FROM WITHIN SHAKEN: NOT DISTURBED</b>
As adults mature they move from a dependent to independent personality	Cast members were living in dependent circumstances because of the influence of medical and social work authorities, yet all of them lived independently within the town.
As a person matures a greater accumulation of experience is realized being a rich source for further learning	The accumulation of lived experience was evident as the group explored various issues of living with a psychiatric label. An added dimension was everyday life experience felt more deeply than would be expected, i.e., small talk is supported by pronounced levels of animation, or being told to do something rather than being asked generates feelings of anger.
Maturity fosters an increasing desire to focus learning on the development of social roles.	Within <i>Shaken</i> and the exploration of lives, the focus was on understanding how roles are "read" and changed of others influential in their lives.
As a person matures, the role of time shifts to learning tasks for immediate application so the focus also changes away from content-driven, to process-centred	There was no content per se provided to cast members. Process drove the learning and was the outcome, in particular popular theatre and the frame of performative inquiry.
As a person matures the motivation to learn becomes internalized.	This became evident when interviewing cast members at the end of the project, when individuals shared their understanding of shifts in their self-concept.
<b>PRINCIPLES OF ANDRAGOGY</b>	<b>EVIDENCE FROM WITHIN SHAKEN: NOT DISTURBED</b>
Adults need to be involved in the planning and evaluation.	While the initial planning did not have a particular group in mind, when decisions were made the group shared in them. Notably at the beginning, the group drove the decision to find a new meeting place and time. They also had final say on whether the poultry barn worked for the performance.
Experience is the basis for learning.	Theatre is experience-based and process-based and it's from this, learning occurred.
Relevance to everyday living.	The context of each cast member's life was placed centrally in the explorations and learning occurring within each weekly meeting.
Problem centred.	A central problem the cast faced was the cycle of unemployment being common among psychiatric survivors. This was transformed into a cycle of forum theatre. This process has, at its heart, problem-posing performance engaging an audience.

Formal education occurs within a relatively fixed structure where the group is considered unchanging, even though individuals within it may come and go. Negotiated structures are affected by the comings and goings of participants because group energies shift according to personalities present. As members change, dynamics become renegotiated ensuring a cohesive group. Non-formal education, as portrayed in Figure 5, includes structured educational projects falling outside of institutional arrangements. Non-formal “schools” fit here. They are more egalitarian and have a temporary, casual approach to education. Participatory education is much more than that affected by individual group membership and, often, process can be more important than the content of what is taught. Table 2 illustrates how each complements the other.

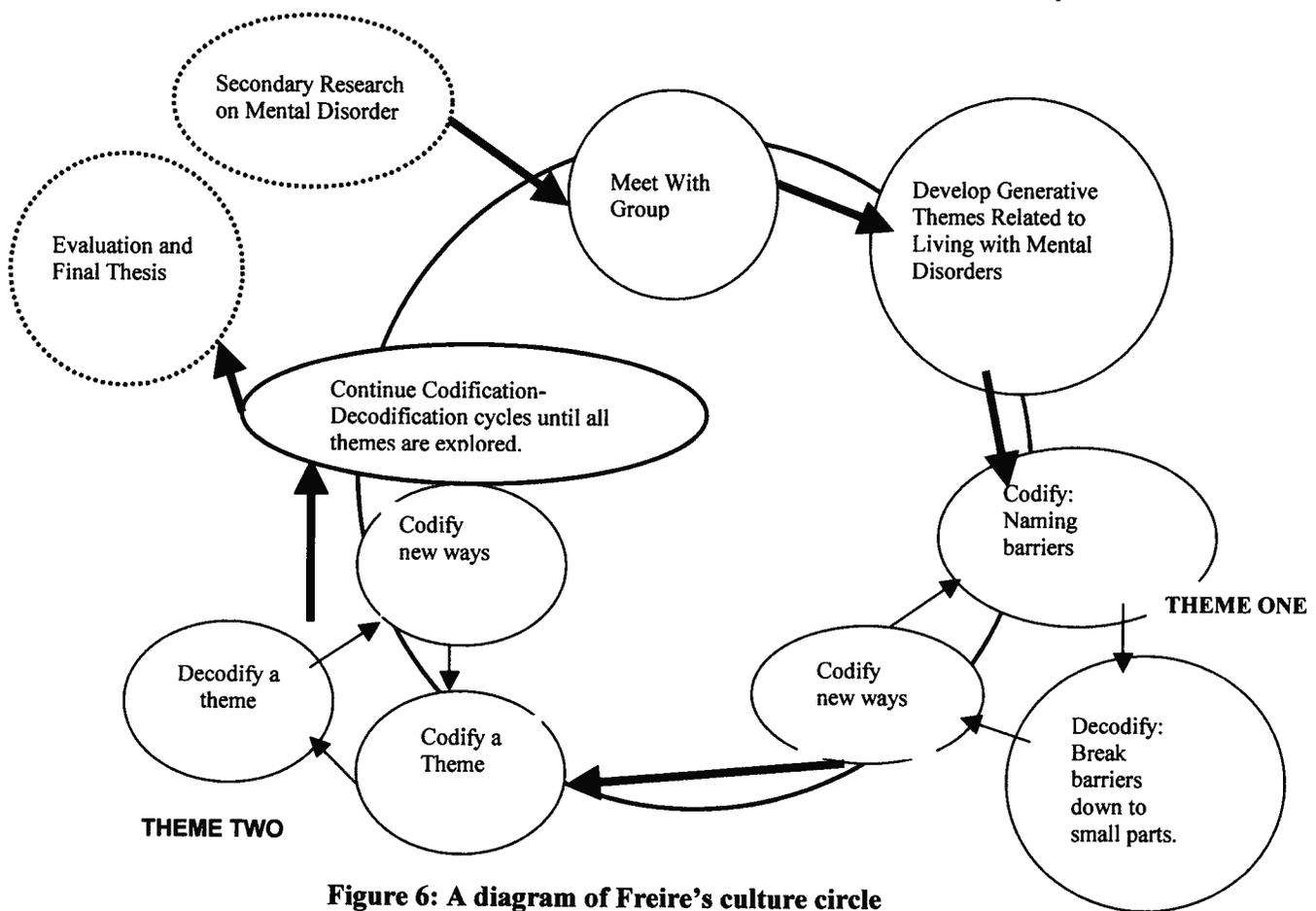
**Table 2**  
**Why Do Adult Education and Performative Inquiry Co-exist Well?**

ADULT EDUCATION	PERFORMATIVE INQUIRY
Shared Planning and Evaluation	The group determines what will be explored and how.
Experiential Learning	Embodied performance and interacting with others is the basis for experiential learning.
Everyday Life	Everyday issues and problems the group is interested in are explored.
Problem Centred	The process of performative inquiry is about problems and the generation of deeper questions, rather than complete and whole answers.
Social Roles	Working in a group develops group roles within it and from there these can become transferred into the broader lives and social roles.
Internalized Learning	Actions and interactions taken within performative inquiry are reflective of internalized learning. Reflections and thought guide a person’s behaviour.

Much community education and development work sits within the position of participatory education on the continuum. The current arts-based educational project resides within participatory education and informal learning of the adult education. The early definition of *informal education* described learning as being wholly constructed and negotiated by the individual. The person's lifelong learning project is the focus of the research. By splitting "informal" into *participatory education* and *informal learning*, the slipperiness of the term "informal education" can be reduced (Rogers, 2003).

*Popular Education*

Freire (1970) suggested breaking down dynamics of oppression by opening up space to make things more visible (Figure 6). By facing one's location within society and



**Figure 6: A diagram of Freire's culture circle**

recognizing the invisible forces locking out-groups in place as powerless, Freire envisioned “cultural circles.” These spaces were where oppressed groups worked outside the pull of prevailing norms (Freire & Faundez, 1989). Within these constructed openings, while remaining in the affected community, a cycle of community learning and social awareness is embraced. Through being taught concepts, experience-based meanings behind ideas help illustrate freedom’s reduction, removal or rejection. Within this current project, theatre training replaces Freire’s literacy focus. The group engaged in systematically creating *codifications* and *decodifications*. Through their performative explorations and creations, the co-searchers explored topics of oppression, describing, naming and deconstructing barriers to living more freely. This dynamic resonates with performative inquiry’s *praxis* that “through form and simultaneously the destruction of form” emerges creative action (Fels, 1998). In other words, through systems and patterns in living and the changing (which involves destruction of these pre-existing arrangements) these as new awareness arises, imaginative new potentials for being unfold. Issues relate to people’s lives in the community (Freire, 1970, 1997). A key to the entry into this learning space is the willingness to engage in an improvisational practice.

As each process of raising themes and pulling them apart repeats (Figure 6), the ongoing project of increased critical consciousness toward *conscientization* is strengthened (Freire, 1970; 1997). With the inclusion of performative inquiry and popular theatre, novel insights occur through the improvisational theatre process as bodies learn through inter-reaction. This is a variation of the Freirian theme. The ultimate goal is creating a liberatory education for those feeling they can neither alter their worlds, nor feel they have the right to change.

**TABLE 3**

**Connecting Freirian Adult Education Principles to Performative Inquiry Methodology, Popular Theatre Methods, Absurdist Forms to *SHAKEN: NOT DISTURBED*.**

<b>FREIRE/LIBERATORY ADULT EDUCATION</b>	<b>PERFORMATIVE INQUIRY</b>	<b>POPULAR THEATRE</b>	<b>ABSURDISM</b>	<b>SHAKEN: NOT DISTURBED</b>
Preliminary Investigation: Target a group to work with and then understand the situation of a group	Look for a group	Announce my availability within a community and then wait to be invited in to work with a group	Interest is in an alienated group and seeks a sense of meaning for itself.	Found the group first, then researched psychiatric survivors and mental disabilities
Investigation: Observations Decodify and Evaluation “report findings”	Open with initial questions for exploration opening out into further and deepened questions – problem pose rather than find one solution	Meet with group, develop group sense, identify group issues, explore issues through theatrical exercises, and theatre “training”	Look for contradictions in life experiences – extend reasoning to absurd or satirical levels – develop black comedic moments	Have cast members bring in experiences so we can explore the myths and power rituals – to report through a performance
Culture Circle	“Container” within which chaotic and open performative explorations occur	“Rehearsal Process” to explore performatively life experience	“Structures” of contradiction and hyperbole	The “ritual” of our weekly meetings were containers for our process and developing performance structures
Generative Themes –Create a complex picture of experiences being political	Key Questions to keep in mind when exploring process and structures	Key Processes that support questions and structures	Key Contradictory Structures	Employment, Psychiatric Power, Poverty, Death
Codification – identify smaller parts of themes	Sub-questions; probing questions emerge through performatively exploring larger question	Look at pieces of myths and process rituals that construct the larger issue and the powers that keep them in place	How do smaller pieces contradict one another and still remain in a cohesive form	Employment theme: broken into Looking for work EI Appeal Panel Faking It Filling the Gap New Job Unemployment The ritual repeats

<b>FREIRE</b>	<b>PERFORMATIVE INQUIRY</b>	<b>POPULAR THEATRE</b>	<b>ABSURDISM</b>	<b>SHAKEN: NOT DISTURBED</b>
Decodification: problematize a theme	Opening the question performatively through: What If? So What? Who cares? What matters? Questions drive the exploration deeper in the issues, processes and structures – as this is done old forms are destroyed to make way for new ways of being	Alter Ego exercise, Body Guard movement, Hypnosis exercise, Mirrors, Forum Theatre, Newspaper Theatre, Invisible Theatre	Serious and Comedic Forms Exaggeration of movement, facial reactions, clown-like characters, Factual Overheads in comedic scene	Hypnosis game as drug dependency, Body Guard exercise as automaton work world, Alter Ego scene depicting the tension between patient care and drug company salesmen and bonuses “Buster” character in Employment
Reflective Learning in Action	Moments of recognition; the Stopped moments when insights are sparked	Play with myths and social rituals supporting broader issues	Play with social and institutional structures	Emotions can be controlled by individuals rather than emotions controlling one’s behaviour; Who is an economic drain on society? Publicly paid professionals or psychiatric survivors?
Conscientization: a deepened awareness of social issues and one’s place in society are not as fixed and permanent as previously thought	Ask deeper questions looking at smaller and smaller constituent parts creates a stronger understanding of social questions	Through creating and performing processes of oppressive relationships comes a greater understanding of how power and oppression operate	Examine structures contradicting themselves to create openings for using satire, humour to highlight the absurdity of superficial appearances	Repressive reactions more reflective of others’ fear than of any impairment – suicide is a construction based on false consciousness – killing one’s self creates stress for loved ones rather than alleviates it as in the Suicidal Sally scene

<b>FREIRE</b>	<b>PERFORMATIVE INQUIRY</b>	<b>POPULAR THEATRE</b>	<b>ABSURDISM</b>	<b>SHAKEN: NOT DISTURBED</b>
Social Action: ways to change society once a cycle of popular education has been completed	Further questions to keep in mind should further social action be considered	The act of performing as a social action falls out of the popular theatre process during exploring issues – including additional popular theatre cycles	Find ways to rethink structures.... Change contradictory structures	The cast offered recommendations for action at the end of the play (Chapter 5)

Freire’s work unlocks the field of popular education allowing pedagogy and andragogy educationalists to focus on critical learning projects. Freire (Facundo, 2003; Ohliger, 2003; Taylor, 1993) did not focus specifically on gender, race/ethnicity, sexuality or disability. Popular education exposes critical examinations: the use of power to shape various in- and out-groups, the moulding of interests and authorities within a society and those “owning” language and speaking for others.

Boal, through Freire’s work, opened up the field of popular education, allowing critical education and cultural workers to focus on creative education projects (Boal, 1974, 1992). Within this study, there was an affirmation of collective popular theatre process and critical emancipatory perspectives of art. In this project, the creation of the play, *Shaken Not Disturbed with a Twist*, made concrete the issues of the group’s oppression to interrupt, disturb and, ultimately, transgress experiences of powerlessness. This research moved the discussion into new directions, namely, disabled people’s performativity and theatre. Table 3 connects Freirian Adult Education Principles to Performative Inquiry Methodology, Popular Theatre Methods, Absurdist Forms as unfolded in *Shaken Not Disturbed with a Twist*. Popular adult education is conversant

with performative inquiry and popular theatre (Table 3) and with what transpired within *Shaken: Not Disturbed*.

### **Performative Inquiry**

This study relied on performative inquiry centrally as its research methodology (Fels, 1998). The study's approach employed both popular theatre processes and absurdist forms to explore in co-creative ways their experiences of living with psychiatric diagnoses (Fels & Meyer, 1997). The "action-interaction" space is where "interstanding" occurs (Taylor & Saarinen, 1994).

Fels (1998, 2003) etymologically pulls apart the word performance or per/for/mance, to arrive at what is at the heart of performative inquiry:

*And the prefix per  
suddenly takes on  
a split-personality*

*...when juxtaposed*

*with form*

*meaning "utterly, throughout and through" form  
but also*

*"to do away, away entirely or to [the]destruction" of form*

Is performance action both within, through and without form?

*In our reading of performance  
we imagine  
a creative action-interaction*

*a birthing and rebirthing  
simultaneously within form and the destruction of form*

*and suddenly find ourselves  
in an unexpected space  
between structure and chaos [bolding mine] (Fels, 1999, p.48)*

Thus, suggests Fels it is “through form and simultaneously through the destruction of form that we come to action”(Fels, 1998, p. 234), in which action is understood as “doing, being, knowing.” This etymological play, as Fels describes, locates us in the theoretical playground of complexity theorists, “the edge of chaos,” a generative space of learning, creating and re-creating. Within this enactive and interactive environment of performative explorations, questions help frame the inquiry: *What matters? What If? So what?* (Fels & Meyer, 1997).

- *What matters?* The methodology focuses on complex dynamics at an embodied level in order to deconstruct experiences important to individuals
- *What if?* The uncovering of new questions through initial inquiry is about the opening of possibilities.
- *So What?* A sense of empowerment, control and the exploration of identity. All of this occurs in a “framed space” (my term) apart from, but connected to, the lives of the individuals involved. In this environment, a ritualized “container” for learning begins to emerge (Fels, 1998, p.33).

The learning, which emerged from within this performative inquiry, was teased out through combinations and permutations of body-memory, emotions, experiences and senses. Examples of unfolding awareness occurring among the cast are described in Chapter 5. Fels and Meyer (1997) indicate performative inquiry assumes knowledge is “embodied in creative action and interaction” (p. 76). Knowledge is a verb rather than a noun (Fels, 1998). This methodology is, at a fundamental level, a physical and concrete approach to experiential learning. As interactivity occurs, collaborative interpretation simultaneously unfolds. In a new group, the function of power has to be negotiated. For some individuals, a span of time may elapse before a sense of freedom of “letting go” flourishes. Expectations of “being told to perform something” are replaced by motivations of “wanting to” and “needing to.” The co-searchers’ evolving sense of

performance mirrors the shift from being externally guided to being internally motivated to explore one's self.

### *The Biological Roots of Performative Inquiry*

Performative inquiry relies on the intricate systems model provided by biology (Maturana, 1995; Maturana & Varela, 1992; Varela, Thompson & Rosch, 1992). Several key terms from enactivist literature apply to performative inquiry. Embodied knowledge is collectively created as cast members experience the yet-to-be-discovered. Of particular interest, are concepts of drift, flow, and autopoiesis because they were evident in the unfolding of experience when working with the co-searchers.

*Drift* occurs through letting go of preconceptions, of presumptions of knowing and what it means to "be" (Maturana, 1988). Accustomed ways of being, thinking, interacting and experiencing open out to what is offered and to what is given back in return (Varela, Thompson & Rosch, 1991).

*Flow* describes the total involvement of the mind-bodies of all involved, to the exclusion of everything else (Csikszentmihalyi, 1998; Maturana, 1995) or to be lost in the (inter)actions and focus of the moment. Opening one's self up to others, increases the possibility one's self will be opened to understandings about the world. This goal also moves people toward one of the goals of existentialism (to be discussed later): to accept others knowing others accept you. Being vulnerable to another's perspective creates an experience where all worldviews of those present are susceptible to change.

*Autopoiesis* (literally meaning "automatic /self production") (Mariotti, 1999), indicate the processes whereby living things are understood to be systems continuously reproducing themselves, just as this group continually did each time it met. Translating

this concept into society is the notion various social groups, systems of power and individuals perpetuate their existence through continual engagement as part of an environment. The untangling of an individual from the society becomes virtually impossible.

### *Enactivist Roots*

Enactivists believe learning is shaped by interactive and embodied structures of existence. The shift in insight results in changing perceptions of the world (Fenwick 1999). Complexity. Complicity. Structures can contain system shifts but these structural restrictions do not automatically cause change. Through raised awareness, interstanding during a performative exploration helps illustrate experience as being of one's own making in conjunction with others. Interstanding arises from co-creation. This shared awareness becomes important as a reflection of the co-searchers' emergent learning (including the researcher's) and comprehension of voice, identity and power. Cast members' interactions within the larger social world are implicated by unfolding new interpretations of experience.

Enactivism is dependent on "interstanding" (Fels, 1998; 2003; Hocking, Haskell & Linds, 2001; Taylor & Saarinen, 1994). Also, this theory envisions individuals deconstructing various aspects of life stories. Interrogation of form was exercised among the co-searchers while seeking new awareness. Group members worked from within repressive systems of medicalized power. In turn, the effects of oppression were implicated in the performative work of the cast. As a collective finds its senses of identity changing, echoes are felt within systems of power and control (Reid, 2002). As new knowledge unfolds, old insights are revised by being destroyed or changed. Within

enactivist research (Reid, 1996), “analysis” is conceptualized as being a co-evolution of ideas born through active interpretation. Here is another place where Freirian culture circles resonate with performative inquiry (Table 3).

Theory and “data” (acts of interpretation) co-emerge through the interactions within the group. As this study’s explorations deepened, the theoretical anticipations of performative inquiry were made manifest through the practice of popular theatre.

Awareness of experience was located within the inter-relations among co-searchers and new understandings emerged. Performative inquiry, through popular theatre (in an absurdist mode), ensures an enactive, interactive and shared process with others.

Enactively co-creating moments of comprehension are complex and ambiguous. Many “stopped” moments carry births of interstanding as a whole kaleidoscope of associations collide, are played with, turned inside out and brought together within the process of co-evolution. Over time, “moments of recognition” can be brought together to *form a structure* through action. Collectively, these turning points become “mapping in reflection” or a coherent “laying down a path in walking” (Fels, 1998; Machado, 1983; Varela, 1987). Within the play, *Shaken: Not Disturbed*, various scenes and movement pieces were the cast’s own version of reflective, thematic mapping of its explorations.

### *Knowledge Reconceptualized*

As the learner co-creates new and emerging knowledge and experiences in the immediacy of the moment, an experiencing of “losing one’s self” or “finding the flow” in the action occurs (Csikszentmihalyi, 1998; Maturana, 1995). This focussed experience is the ultimate opening up of the context to new learning within a collective. As learners raise their awareness, the context they are a part of also changes to reflect new insights,

creating ripples across a broader spectrum of social networks. As changes are felt more broadly within the larger context, the identity of learner(s) also changes: something which occurred within this study. Performative inquirers, like enactivists, understand social knowledge is conjured through complex and complicated interactions (with)in the world of lived experiences; through an engagement within relationships (Reid, 1996). Just as the notion of what “counts” as “knowledge” is reconceptualized through enactivism, performative co-searchers re-envision the concept of insight, or moments of learning, occurring within performative interactions. This is where popular theatre’s process intersects with the theoretical underpinnings of performative inquiry: “knowledge is creating” (Fels, 1995, p. 37) (Table 3).

The co-mingling of body-minds within this work shifts the focus of the researcher from looking at the parts (individuals) of a system (society) to focus on relationships within it. Learning is examined within the in-betweenness among people rather than individuals themselves. Because of an intentional delving into relationships previously ignored, a sense of something “non-visible” slowly emerged as recognizable and concrete. To bring forth the not-seen or not yet known, something needs to jar the perceptually peaceful order of things. By doing so, what was hidden by taken-for-grantedness is dislocated into being noticed as unfamiliar. For example, recognizing awareness as shared action, rather than simply an individual’s sole responsibility was a memorable moment within the group. A key moment occurred when the cast, collectively drafted the “Mental Seeking Mental” (Appendix G) romance advertisement for the show. As words were played with and mainstream concepts were transformed into

psychiatrically laden experiences, the profound sense of sexuality and mental disorder emerged within the group.

Performative inquiry views knowledge as an act of *knowing, doing, being, creating* (Fels, 1995): the power of *playing* is added within this research. Within Chapters 4 and 5 there are examples of serendipitous and novel connections that arise through fun. While playing is seen as something done to alleviate stress from ordered and structured work, games are important because of their spontaneity and conviviality. The apparent frivolity allows an individual's awareness to covertly make experiential connections outside of taken-for-granted attentiveness. By "letting go" of daily ordered expectation, new potential associations, relationships and non-visible directions to explore emerge. Creatively interstanding involves, both, the initial destruction of taken-for-granted forms in order to create new potentials of possibility. Approaches to performative inquiry can involve diverse arts processes which call into play the embodied thinking, experiences, emotions, dreams, prejudices, yearnings and desires for becoming (Fels, 1998).

Because of the "open" nature (meaning information can come and go freely blurring individuals' boundaries) of the co-searchers' workings, creating a "container" to house the chaotic work of play and performative explorations was important. The smaller "social system" of the cast was continually implicated by a variety of larger ones, including, psychiatric staff, social workers, loved ones, the media, and government among others. Even while the group explored, recent experiences percolated into current explorations. New questions emerged and were sent out to inform the lives of the members. While the group tried to keep everything within the "container" isolated, what occurred was a constant "bleeding" back and forth between the performative inquiry and

larger society. Within this study, for example, a ritual was constructed to “contain” the opening and closing of time and space to sharpen the border between our process of popular theatre and its “nesting” within the broader systems of the cast’s lives. The rituals of the group meetings allowed for the “edge of chaos to unfold” (Fels and Meyer, 1997). Having ritualized beginning and ending points for each session gave a sense of order, yet the space was filled with random and intentional interactions. The two, in part, allowed for the creativity and novelty of insights to occur (Bell, 1995). Performance requires individuals to come together in random, ambiguous and, at times, chaotic motion and relationships of action around a central impetus (question, topic, quote, picture, story, experience, or process) (Fels, 1998; Freire, 1970; Prentki & Selman, 2001).

Using one’s body to communicate hidden memories and experiences opens acts of remembering through embodied actions and increased awareness. Too many oppressed lives fall into a vacuum of silence of being “never-known.” Those participating in this project were among those often non-visible to many individuals in society.

Performatively inquiring does not explore what is known about the world, but dares to seek out what is not known or recognized. Guided by illuminating questions, the light can fall more clearly on the question this project began with in its desire to excavate increasingly complex queries. The study began with the following question: *What shifts occur within a group of rural adults living with mental disorder(s) as it develops and presents an absurdist popular theatre community production?*

This query reflected a general direction into the complex and complicit unknown. What becomes revealed is known as the single, stopped instant of its revelation and in a way unique to the group of co-searchers. Within performative inquiry, momentary

instances or “stops” transpire (Applebaum, 1995) when a flash of insight occurs within a particular space and time. In the search for connection space-moments, or “ahas” of insight, *ping* into embodied thought. These moments emerge when co-searchers least expect them (adding to the power of the “stop”). Examples of “the stop” are described in Chapter 5. In an instant, new awareness emerges: participants momentarily experience the shudder of meaning as bodies take in fleeting experiences. Rejecting a moment of “stop” closes a particular action; taking it in allows for the exploration to go further.

This inquiry involved elements of “risk,” the involvement of embodied action, anticipation of possibility and shared meaning of people’s experiences. What can assist in mapping awareness “falling out” from a performative inquiry is the development of a performance as was done with *Shaken: Not Disturbed*. The continual improvising within popular theatre performance allows for the initial exploration to continue, evolution to deepen and incorporation of dialogue with audiences to:

*deepen the playing....the jig of life in the margins of living...the chaotic “ah-has”  
...the revelations.*

Reflection within performative inquiry occurs both in moments of creating as well as through group and individual contemplation that follows. Time plays a key role for the emergence of new insights. Mapping in reflection creates an opportunity to review instances when popping of awareness may have occurred but was not recognized as such at the time. By reflecting back over the experience to connect when insights occurred creates a sense of whole and meaning, despite the project remaining open and contingent. Even after the collective recounting of the experience, a shared meaning-making exercise, further understandings may emerge through ongoing conversations and

explorations over time. The openness of the process anticipates this playing with experience to continue even outside of the inquiry itself.

### **Popular Theatre: Collective Meaning-Making**

Popular education's philosophy supports popular theatre practice. The process used within this research is one based on popular theatre. The project of popular education, exemplified by Freire's (1970) work, was the enhancement of capacity for communities to affect material social change, to (re)shape for themselves their own sense of history, place, identity and most importantly: autonomy. The critical libratory adult educator, Freire (1997, p.108), lists several attributes required to carry out popular education and theatre projects.

*Generous LOVING heart*                      *RESPECT for others*    *TOLERANCE*

*HUMILITY*                      *JOYFUL disposition*                      *LOVE of life*

*COURAGE*                      *COMMON SENSE*

*OPENNESS to newness*                      *welcome CHANGE*    *PERSEVERANCE in*  
*struggle*

*REFUSAL OF DETERMINISM*                      *spirit of HOPE*

*OPENNESS TO JUSTICE*

Each of these elements was found in the group, with cast members as co-searchers expressing the same values to one another. When participants experienced gaps in understanding, they learned through the cast's shared stories and experiences. Because of this sharing of similar values among the group, the project was ultimately quite successful. Each new project contains varying combinations of these characteristics, but

centrally the container holding them all has to be the educator's central, critical curiosity for lives lived outside the norm (Freire, 1970; 1997).

### *Contemplating Popular Theatre*

In an effective popular education project, an animator or cultural worker is invited in by the community to work with it. Citizens explore social, economic, identity, power or other local issues, while analyzing dynamics, evolving plots and emerging changes. To be effective as an adult educator working within social justice, the cultural worker needs to be attuned to the social, historical and economic life of the local community (Freire, 1970).

The power of giving testimony and being witness to the telling is a powerful relationship. The aim is to uncover misunderstanding, as well as awareness, while disrupting "other" imposed limitations: to empower. In the midst of wanting to get "the good stuff," the risk of over-exposure of one's self to the public leaves the individual feeling vulnerable (Salverson, 1996, 1997). This dynamic of encouraging over-exposure of personal stories can be exploitive or empowering, depending on the intent behind the sharing and the individual making the request.

Numerous systems of popular theatre abound. However, most include the role of facilitator working with a community group by providing process tools, approaches and guidance for the overall work, while loosening the hold (ideally letting go) of the lead. Popular theatre envisages the facilitator versed in process. The direction of the work rests within the revealed path resulting from embodied processes within the whole group (Bappa and Etherton, 1983; Bates, 1996). Incorporating a popular theatre cycle within a performative inquiry allows for complex play of chaos to open up aspects of ignorance.

Mining risky life episodes allows conjuring of a co-emergence of tales. Through explorations and embodied interactions with characters, thoughts, emotions and senses, the richness of what becomes known appears and is continually reformed and examined. The aim is opening the group to richer, deeper explorations of past life episodes while creating new life imaginings. Popular theatre and performative inquiry resonate with where the facilitator is located. Both can have the cultural worker “outside” the immediacy of the group’s interactions. On the other hand, the worker may be located within the process, performing alongside the cast as with this study. In this role, I worked from within the group as a fellow traveller to prod, challenge, experiment and offer proposals. When the group disagreed with my suggestions, co-searchers were encouraged to veto. Within popular theatre, power shifts in fluid ways among members. The facilitator’s responsibility also bestows on him or her a degree of power, to be used to open up exploration or oppress and stifle creativity. The potential to exploit is ever-present. The ability to encourage or foster empowerment is equally pervasive. What fosters empowerment versus oppression is the facilitator’s love, respect, awe, openness, trust, humour and intuition toward the group.

Within Canada, two predominant approaches to popular theatre practice exist: the use of story and character to describe histories or communication of information and ideas (Barnet, 1987). This study relied on both. Much popular theatre remains within “theatre by the people, for the people, with the people and about the people’s issues” within a particular community (Prentki and Selman, 2000). Performative inquiry also begins where the players or cast members are located in their experiences. Performative

explorations move participants into unknown or unremembered regions of experience and being. Thus, the process and learner co-evolve. Everything is in flux.

### *Barba's Approach*

Barba's approach to popular theatre is instructive for this research (1979, 1986, 1995, 1997). He focuses on actors teaching one another and themselves about using bodies to communicate. Under Barba's guidance, each actor develops an individual regime of physical movement practice and warm up. A person's approach to training is about exploration of physicality, thought, emotion and voice, rather than simply acquiring skills. Unlike Boal's theorization, methodological approaches and his presumed splintering of body and mind, performative inquiry envisions a stronger reliance on an inter-relationship between the two. A training cycle, with Barba, occurs when each participant uses a variety of improvisational exercises to focus on an area of development. This continues until a personal "system" is created and used until no further benefit is gained (Barba, 1995). Once this process is exhausted, a new cycle of exploration commences. Working repetitively through exercises embracing body-mind, to remember 'extra-daily', or theatrical behaviour (Barba, 1995), the actor develops a repertoire of movements to be called on quickly for more random and dynamic exploration. One of popular theatre's strengths, as it is within a performative inquiry, is the importance of group reflection and dialogue for reaching conscientization (Freire, 1970). Both performative inquiry and popular theatre "speak" to the learning process in newer and more complex ways.

"Sats" or the moments just before action and the intention supporting them are used as an entrance into understanding unfolding experiences (Barba, 1997). These

motions are examined to elicit potentially different outcomes. Using random chance for connections to create new insights in a broader sense allows for working through more narrowly defined, concrete issues seen as repressive by group members. Performative inquiry looks with a predetermined sense, preferring to play within and among bodies while keeping an eye out for accidental physical, social, political and relational associations pointing the way into life in the margins. The more focussed the flow of exploration and less inhibited the play, greater potential existed for opening more insightful queries.

### *The Popular Theatre Process*

In popular theatre, a cyclical process usually occurs in six stages: group formation, theatrical expression exploration, performance development, presentation, post-production and social action and preparation for a new cycle of popular theatre engagement (Figure 5). While defined boundaries for each period are described, in practice each container in the process pours itself into the next. Also, back-splashing to earlier stages occurs. Occasionally, a need arises to rebuild the group because of new members joining (Mastai, 1987; Prentki and Selman, 2000; Spry, 1994).

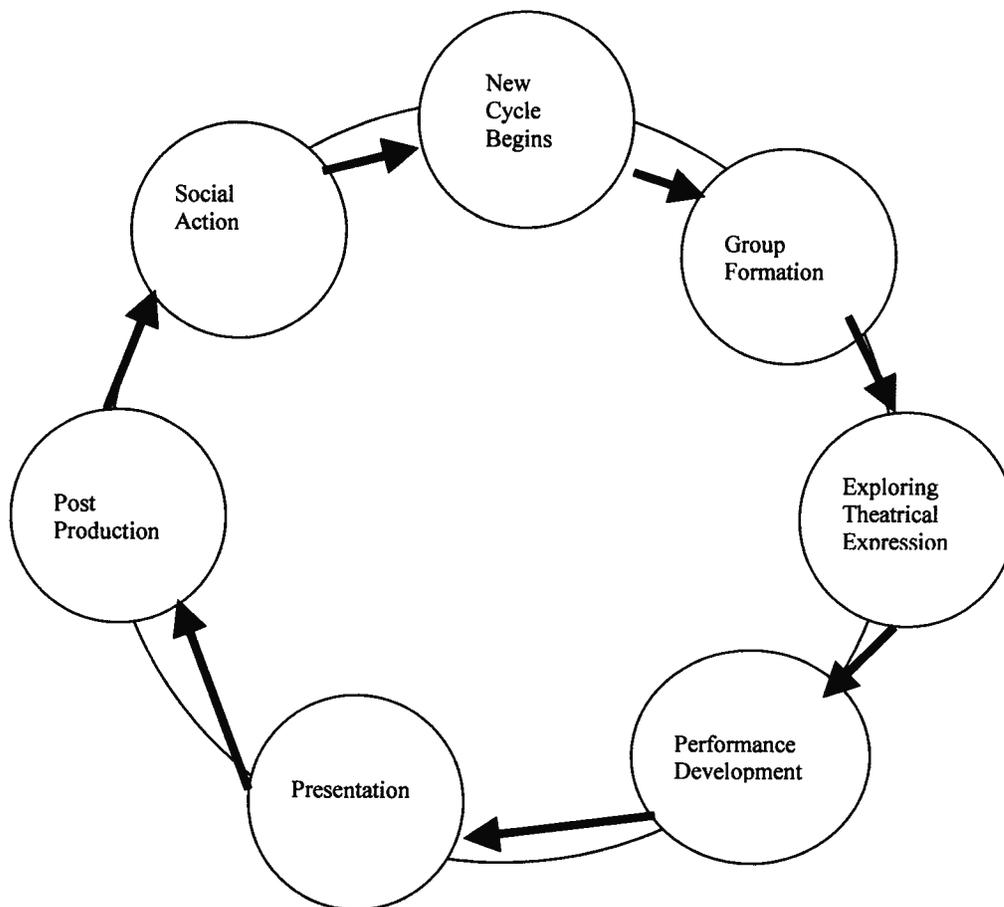
The first stage, group formation, the goal is for the facilitator and community group to co-merge as one through play, trust and, ultimately, risk-taking. The cultural worker informing the community often initiates this coming together. Once the existence of the performative adult educator is known, continual contact is maintained with the community, while the facilitator waits for the invitation to work with a particular local group. When the practitioner is allowed in, a period of group development and cohesion follows. This includes a period of games and exercises. Their aim is the formation of trust

within the group, acquainting all participants with (inter)acting among bodies and through physically relating with one another (Salverson, 1996). Exploring theatrical expression involves a process whereby the facilitator offers ways for non-actors or those unacquainted with the arts to play with these processes.

Coupled with the previous phase, this second stage commences when the facilitator feels more in the “lead, “ and is in a position of offering to the co-searchers various aspects of theatre: voice, movement, improvisation, story-telling, interactivity, working with image, emotions and other elements of interest to the group for its particular project. As the risk of one exercise is played out, various tools and exercises are introduced so participants grow to understand what theatre “feels like” and what art can do to aid members in forming their public voice. Exploration of co-searchers’ stories through initial theatre exercises, imagery, and short scenes is similar to Freirian codification. Further exploring issues and interpreting questions through additional story investigation and development, like decodification, opens up possibilities for disrupting oppression while creating avenues toward empowerment. Performative inquiry envisions similar tools and processes as well (Fels, 1998; Saldana, 1998; Selman, 1987).

The third stage, performance development, begins once a degree of comfort within the group and with processes of theatre making emerged. Some practitioners have a narrow view of what a production “looks like.” Other cultural workers leave the development open to the needs, desires and interests of the group as it develops a public, collective presence and voice. This is where the difference between facilitator and co-searchers exist: in a subtle power differential. This is a period for many emotional, shared stories. As past experiences are retold, story ideas and ways of presentation emerge.

Within *Shaken: Not Disturbed*, the group imagined what it would be like for each of them to be seen as any other person in society: as “normal.” *What if people with psychiatric diagnoses were treated like anyone else, what would their lives look like? Feel like? What meanings and opportunities would they have that they don’t now?* Imagining “what if” was a powerful moment for the cast. It was this impetus that moved the group to explore the first of its key themes: employment. So much of society is implicated by one’s employment status. This group was no different. Each popular theatre group or project is unique. It requires the flexibility of a gentle, guiding hand of the popular theatre worker.



**Figure 7: A popular theatre cycle**

A key within this process's stage is the exploration and transformation of vulnerable and victimizing stories into universal ideas, metaphors or signposts of oppression. These windows for exploration and growth are sources to find power in the telling. Investigations supporting popular theatre performances are hidden from public view, but they are critically important because workshop explorations directly inform and shape the presentation's ultimate structure and content. Within the Freirian (1970) perspective, this is a period of codification (the telling of stories), decodification (pulling the experiences apart) and (re)codification (reshaping the elements into more universalized fictions of empowerment and performative elements) (Table 3). As parts are conjured through interactions and carried out among group members, a penultimate moment is the construction of a performance.

The fourth stage occurs when a particular group feels ready. During this stage, the cast presents their explorations publicly. Arrangements for a public presentation are made to perform in front of an audience. Of great importance is where a presentation takes place. The importance of a show's framing, through the physical location of the building and performance space, influences the reception of a popular theatre experience (Haedicke, 1993; Read, 1993; States, 1996; Wellworth, 1971; Whitmore, 1994).

The fifth stage, post-production activities, follows the performative experience. These include receiving feedback from the audience and fellow cast members, to understand what insights were gleaned from the experience. Feedback encompasses debriefing sessions immediately following performances. It also entails, as was done in this study, conducting individual interviews with cast members without the influence of the group as a whole. Spectators will also be canvassed to understand their insights.

While at first glance this seems like individualism, the popular theatre process does not reside at a personal level because all stages are explicitly collaborative. However, learning and integration of the experiences can be individualized.

Finally, the sixth and last stage of the process is the movement of the theatre experience into social knowledge through community action. Imagining one theatre-making experience will suffice for creating any sort of prolonged social action is short sighted (Bates, 1996). For many communities, the notion and processes of popular theatre are unknown. As a result, making connections within the larger community often takes more than one occurrence for sustained local actions to transpire.

Popular theatre is the process. The forms incorporated within the work were drawn from notions of “carnavalesque” (Bakhtin, 1984) and the theatre of the absurd (Esslin, 1961, 1976). Meaning emerges between what occurs between audience and cast, while absurdism places the relationship of spectator and actor centrally in its effort to play with symbols and relationships to meaning.

### **Forms of Absurdity To Inform Life**

*I may not lead*  
*Don't walk behind me,*  
*Don't walk in front me*  
*I may not follow*  
*Just walk beside me and be my friend (Camus, 1955)*

### *Existentialism*

According to writers like Camus (1947, 1955, 1976) and Sartre (1946; 1948; 1976; 1979) our being precedes anything else to do with the presence of individuals or the idea of “existence precedes essence.” How individuals come to see themselves is done through their interrelating within and as part of the worlds they inhabit. By “freely” acting within

their experiential environments, their human awareness comes to be, through this interaction, in a way similarly envisioned by performative inquiry. Simultaneously, individuals independently choose their interactions. Concurrently, they are also interconnected to the choices of others. Because of this intimately (inter)acting world, persons are said to be “thrown into a world” (Sartre, 1948) not of their design or making. Once in society, individuals try to ascribe and inscribe meaning onto aspects of living having no innate essential qualities. We, as individuals, put significance into experience where none exists. Faced with this lack of outside determinants for interpreting, existentialists say individuals are faced with angst in having to choose our own human nature, principles and values.

*You will never be happy if you continue to search for what happiness consists of; You will never live if you are looking for the meaning of life.*  
(Camus, 1956, p. 23)

Existentialists suggest in order to be authentic human beings, the kind of person an individual imagines him-/herself as being is central. Responsibility accompanies this choice. What is chosen has an effect on others in the world and decisions for one’s self. Everyone matters because each influences others within a group or society. Therefore, by just letting our selves be, the responsibility is one of simply allowing everything and everyone else the freedom to naively be in their projects of living and “becoming.”

Bad Faith or “falling” is when individuals give in to pressures to conform to what others want. In this case, *to fall* means a “breaking away” or “estrangement” from what it is to be authentically human (Sartre, 1948). To live in an authentic manner is living with the responsibility of free will, while taking into account other individuals. Another instance occurs when individuals completely disregard the existence of others and are fundamentally focussed on their interests, as an island in a sea of society. Much bad faith

emerges in social relationships as individuals strive to be like their idol (whether media, academic, sports or any category of elitism). By doing this, the individual's authenticity becomes erased; what is left is a caricature of someone else's vision. This, in turn, is the reflection of yet another and so on. This is one source of absurdism: the desire to construct a false image of one's self in order to be accepted by another. In turn, the first observer is simultaneously reflecting the image of still another and so on. All of this is perpetuated for the sake of acceptance, belonging and meaning. This illustrates feelings of an existential anguish because along with free choice, there is striving toward authenticity. The responsibility for genuineness is also borne in through "making the right choices." As selections are made, existentialists ask the person to keep in mind: As one individual chooses a way of being, actions of responsibility directed toward others in the world must be acknowledged. Because humans are alone with each other, they must exist with one another in harmony. If this is incorporated into the processes of performative inquiry, bad faith does not exist easily because of the deep attention each participant has to offer up into the project of co-creating meaning. This meaning is not of some thing as in the typical notion of knowledge, but through a process involving others as each shares aspects of their selves to a larger collective project.

Existentialists speak of a forlornness arising when individuals come to the understanding "God is dead." Humans are in the world alone and the consequences of this realization is one of feeling lost, disconnected and forlorn (Sartre, 1946). No otherworldly entity guiding the fate of people exists. People carry out acts alone without the omnipotent guidance of an invisible being. Related to this is the idea of existential despair because each person's place in the world is uncertain. The consequences of

actions are never assured beforehand. One certainty is death. All efforts, while alive, are implicitly aimed toward eventually leaving this life. Everything carried out has to be done in relation to one's ultimate leaving. Groups of people live in this way where death is omnipresent yet unforeseen: individuals surviving oppression and poverty; the constant experience of death in agriculture, those whose employment puts them in constant jeopardy and those individuals constructed as targets of violence. Ultimately, with this demise is the utter lack of meaning in terms of one's living. This is the source of another absurdity. Individuals put great stock toward constructing themselves in all sorts of elaborate ways: possessing expensive things, being connected to the "right" people, believing what current "gurus" tell them and so on, all in an effort to find meaning where there ultimately is none. People live; people die. Any meaning arising is done within the immediacy between or among individuals' interactions. Meaning is fleeting.

Figure 8, on page 67, brings all the pieces together. Everything occurs within everyday life. Adult education is almost as large and encompassing as living is because most of the time adults are engaged in some aspect of learning. What is demonstrated visually is how this study could be placed within the lives of the cast. In a more defined way (the thicker broken lines), the co-searchers worked broadly within andragogy and relied upon the framework of performatively inquiring. With these two pieces framing the work, popular theatre aided in narrowing down the exploration into the realm of absurd art, in a sort of bull's eye form. Arrows indicate the study is fairly defined within the lives of the group. Pathways for awareness are realized in the group to make it out to their broader lives and vice versa. Art and life seep into one another through the porous character of the performative inquiry "container."

Within the environment the group developed for itself, over several months of working together, the labelled scenes also indicate how the explorations unfolded. We began with our time together by playing and learning to know one another. This work is basic to adult education, which is why it remains surrounding and holding the study. As the sides of the container became more known, through theatre exercises and the weekly rituals, the group began to turn inward more to understand the issues. We started with performative inquiries using the popular theatre process of stories, through tableaux and short superficial vignettes, to further engage with the material. Just as performative inquiry both contained the work and opened explorations up more fully, so did popular theatre. As the focus moved from strictly inquiring into how to present our experience, we drew increasingly upon popular theatre approaches. To concretize our work more fully with an audience in mind, popular theatre processes opened into absurdist forms. The practice in this group had them looking at their lives more critically. In some instances this occurred.

### *Absurdism's Forms*

*The universe seems to me infinitely strange and foreign. At such a moment I gaze upon it with a mixture of anguish and euphoria; separate from the universe, as though placed at a certain distance outside it; I look and see pictures, creatures that move in a kind of timeless time and spaceless space emitting sounds that are a kind of language I no longer understand or ever register" (Ionesco, 1959).*

The word "absurd" originated from music-making to indicate *being out of harmony* with surrounding tonality. Later, its means transformed to *being out of harmony with prevailing society*, to being *illogical*. Currently, it is defined as being *ridiculous* (Hoad, 1993, p. 125). A mainstream theatre academic, Martin Esslin (1961; 1976), reflecting

back from the 1960s to the 1940s, coined the definitive term in order to critique the work of a group of playwrights (members include Beckett, Ionesco, Pinter, Genet).

Playscripts are not always used. Instead visual images, objects, soundscapes, improvisation, disjointed language are production values this theatre form relies on. Absurdist playwrights write in a similar style. Grouping together writers disconnected from one another was more for the purpose of ease of working with a label, rather than constructing any real sense of dramatic “movement.” In 1948, Artaud theorized the impulses and aspirations absurdist art sought out. Absurdism’s target is assaulting and undermining entrenched rational and existential assumptions of society, while eroding away collective social illusions (such as meritocracy, democracy, equality, charity, justice and fairness). Absurdism relies on an open, heightened appeal to emotions in order to affect the body-mind of the spectator. Protest and resistance are the underpinning elements of absurdity through the making of fun by extending commonsense reason into exaggeration. Efforts begin by defamiliarizing the world, while deconstructing the assumptions fixing status quo perspectives in place. The absurdist strategy is one of creating a dream-like, nightmarish state (Gaenbauer, 1991). The grotesque occurs in a state of disconnection while responding to a perceived lack of meaning and order in the lived world (Bakhtin, 1956). Ugly distortions serve to shake spectators’ confidence in their ways of understanding the social world, but the foundation of truths and values supporting beliefs remain. Absurdity shifts values and truths into strange and unfamiliar territory; curiosity defamiliarizes taken-for-granted relationships.

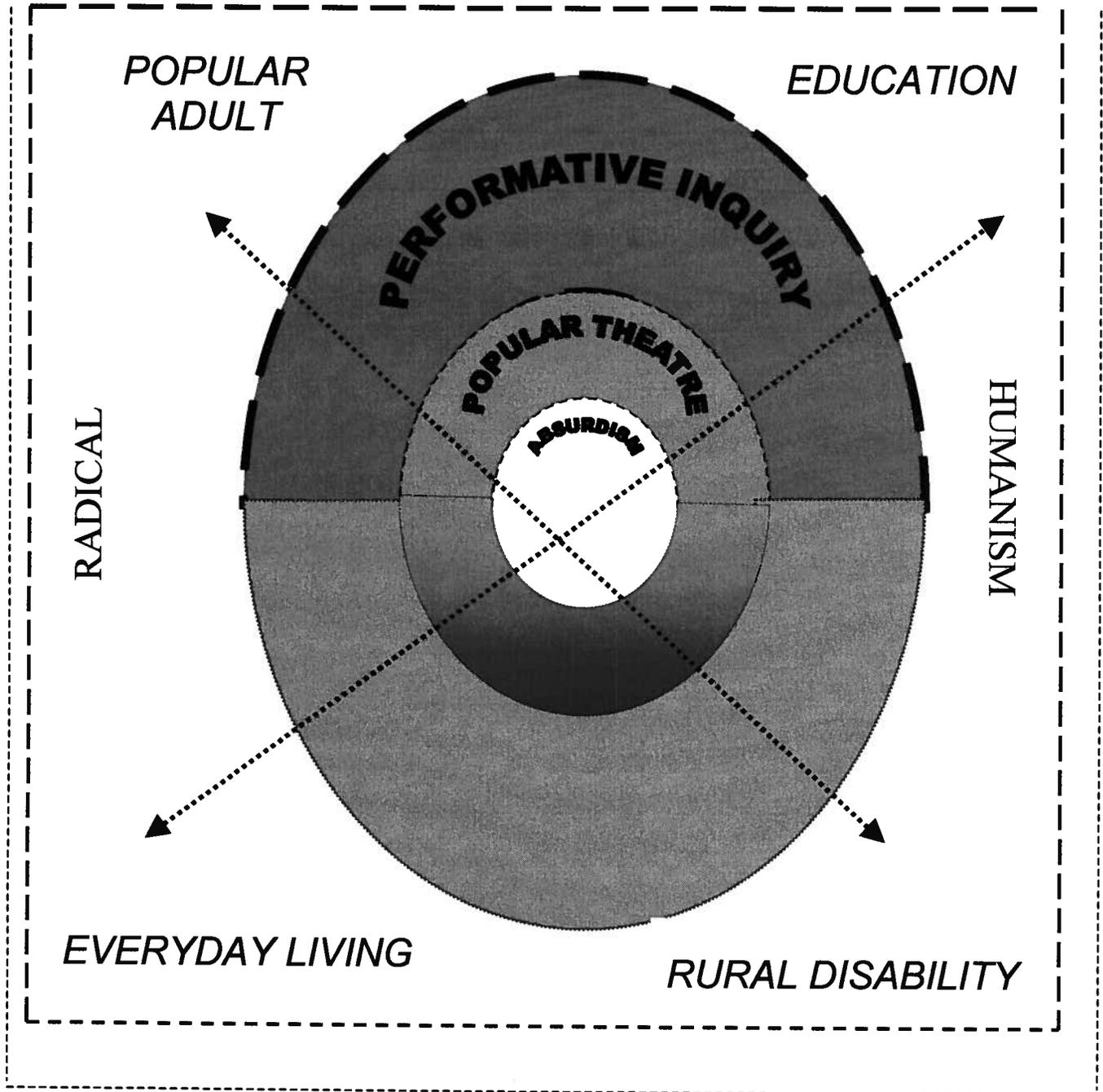
Carnival (Bakhtin, 1956) is conceptualized as sites for freeing previously repressed and marginalized desires, expressions and identities. The world is seen as a

“hall of mirrors” (Brustein, 1964, 1971), with reality merging with fantasy. Absurd performances are about episodic contradictions, or disharmony, rather than rational causes/effects of plots. The structure is either circular or one gradually increasing in intensity. Absurdism is a theatre of situation rather than consequence, so it fits well within Freire’s notion of problem-posing education.

A non-linear, decentred, unbalanced, sceptical, abstract, ambiguous, “unclosed” atmosphere is the prevailing aspect of the absurd ritual (Innes, 1993). Discord does not use dichotomy by separating and elevating rationalism over emotions as with Brecht. The preference is a unified emotional body. Movement in juxtaposition is critical for this theatre. This is likened to the shamanic trance of sound to move beyond the apparent into the previously unknown (Schutzman, 1994). Reliance is on symbolism used to highlight elements reminding spectators that signs of oppression exist in ways experienced actions or contexts do. Borrowing from Brecht (1972), absurdists defamiliarize taken-for-granted habits of being through alienation rituals of distorted repetition, separation of actor from character and ability to embody both oppressor and oppressed within one person or role and movement such as rhythm and mirroring. The fourth wall is removed within some absurdist works to both remind audience members the play is real and the real is play. Also, breaking through this theatre convention reconnects theatre as a centre of community learning and activity: mixing the real with the artificial, as was done within the performance of *Shaken: Not Disturbed*.

Characters are constructed as caricatures to show how flimsy our selves are. Posing and masquerading are hidden parts of the human condition. Actors play their characters by playing themselves and through expressing their portrayals as fact, the

fiction of their narratives (Grotowski, 1968) take on a pronounced sense of authenticity. Players living the experiences portrayed carry the weight and responsibility of legitimacy of their actions to a public not able to refute experiences they have not lived. The point of



**FIGURE 8:** Showing the relationships of key theories during the weekly rehearsals in connection with co-searchers' lives.

rehearsing is self-realization by more clearly connecting selves as characters born out of experience. To be one's self is to be one's entire body-mind-experience. The goal is the destruction of predetermined and fixed social roles so actors and spectators achieve self-realization (Grotowski, 1968) in order to open up new forms.

Plot is replaced by an atmosphere of ritualistic repetition of exaggeration and rhythm to apparent pointlessness (Artaud, 1970; Mayberry, 1989). The everydayness of life is stretched and contorted to find new ways of seeing life: searching for meaning through and among bodies interacting. More importantly, absurdism unearths values, beliefs, perceptions and practices others have imposed and promoted as having natural meaning in a world without pre-existing essence (Esslin, 1961).

Absurd plays probe audiences to motivate them to ask questions so they can construct, for themselves, possible meanings. Spectators contribute significantly to the message of the performance. Experiential and historical understandings of artefacts illustrate the leakage occurring with symbols, generally, and language, specifically (Zepetnek, 2002). Absurdists throw signs up, leaving understanding them open for spectators to "read in" as in Barthes' (1978) notion of "readerly" text. Meaning often is discovered or changed after leaving the performance and on further distant reflection, talking and interaction. Audiences remain in a somewhat passive observing role, but in a persona specifying a type of spectator (Grotowski, 1968; Richards, 1995). Demanding an audience "perform" can create a psychic block "shutting down" spectators in fear and nervousness, rather than remaining open to what is occurring around them (Grotowski, 1968). Theatre brings together private and public truths to confront one another, while generating a new social reality. Bleeding life into art allows the benefit of both to blend

into a new, richer way of being (Figure 8). Not recognizing, welcoming and engaging with often-silenced worlds perpetuate Grotowski's concern of abandonment occurring in society by the centre, of the margins (Wolford, 1996). Absurdism questions the blind spots of the status quo, while disrupting surface harmony.

### **Summary: Adult Popular Education Performatively Inquiring**

The broad conceptual framing for this research is radical humanism. Within this, the transformation of relationships within subjectively constructed worlds is key. Within this perspective, the philosophy and use of adult education as developed and fostered by Freire was drawn on. Popular adult education's practice, principles and assumptions of andragogy, as initially formulated by Lindemann, and later on Knowles, help inform adult learning. Within the continuum set out by Rogers (2003), this study fits within the negotiated and flexible structure of participatory education.

A key aspect of popular education is drawing on the histories of learners within an experiential atmosphere. Because performative inquiry's focus is on the cast's interactions and creations, it too relies on experience as a process for learning. As within radical humanism, performative inquiry works within relationships as sites for learning and social transformation. Within this study, performative inquiry is the research methodology and popular theatre process is incorporated alongside absurdist forms. As with popular theatre, performative inquiry blends physicality (knowing one's body, making the body expressive, theatre as language, and theatre as discourse) with memories stored within one's body. The psychological, emotional, experiential, lived, spiritual and mindful wholeness of what comprises a person is brought into play. The final piece, absurdism, is the most abstract of the four (performative inquiry, popular theatre,

existentialism and absurdism). The framing of performative inquiry creates openness, while incorporating individual selves, their life experiences and the larger society. This correspondence deepens explorations of performance to point out disempowerment and unfairness within society, particularly around non-visible oppression and inequities of power, identity and voice. The ability to freely associate, to create new knowledge through performative interactions, opens doors for possible new growth and (re)generation of identity and awareness. These opportunities are why the purposes of this study were achieved, namely, to disrupt “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and create better relationships between psychiatrically diagnosed and other people. For an understanding of where performative inquiry would fit into the continuum of quantitative-qualitative research paradigms please see Appendix A. The next chapter provides a brief outline of details as to how the research was carried out: finding participants, the procedures taken, and how awareness was tracked.

## **CHAPTER THREE**

### **PROCEDURES: FOOTPRINTS OF THE STUDY**

#### **Introduction**

The previous chapter explores the methodological framework within this research. This study was fixed within a radical humanist view. Also, the exploration linked popular adult education to performative inquiry and popular theatre process with absurdist forms. This chapter is a description of reflective practice. A brief description of the steps taken to create the theatre experience is described within this procedures section.

There is no “recipe” or “formula” for carrying out a performative inquiry or popular theatre performance. The “footprints,” described here, were revealed in their treading. The process was marked by chaos and ambiguity. Flexibility to adapt to change in the midst of the process was critical. By outlining, in an overview, what these co-searchers did in this inquiry does not suggest that if the same steps were followed, similar things would occur. Many abilities, dynamics, circumstances, experiences, stories, individuals and interpretations came together to create this experience. What follows is, but one unfolding, from an infinite number of possibilities.

#### **Gathering the Co-Searchers**

Before starting the study September 19, 2002, I moved to Duncan early the previous year. I took a teaching position at a local college. Living and working within the town served two purposes: first, I had an insider’s view of the local culture and second, I was, hopefully, known and approachable when I began my performative inquiry.

I placed a newspaper advertisement inviting anyone in the Cowichan Valley feeling socially excluded to explore the project of rural marginalization (Appendix E). My initial community contact meeting (set up as in Figure 9 on page 77) the week prior,

resulted in more than 25 people attending. Individuals experiencing addiction, childhood abuse, poverty, and disability arrived to hear about the project. At the second meeting, a group of members, with a counsellor from the local Open Door clubhouse, of Duncan's Mental Health Department, arrived at the community centre. One person in that group, Buster, came to the initial recruitment get-together, the week prior. Going back to tell other members about the initial meeting and the prospect of creating theatre, brought out many individuals from "the house" the following week. While people from the Cowichan Valley came out to explore the project, it was a group from Open Door that adopted the process of performative inquiry being offered as a way to make known their voice, stories and lives.

Over nine months of meetings, 20 psychiatric survivors experienced the theatre workshops supporting this research. Cast members came from a variety of backgrounds. Taking various paths, they journeyed their way to this small town. A few had lived here all their lives; others came from large cities. All found themselves within this one place, in this tiny theatre group. Throughout the study, several people from Open Door took in some of the workshops. Seven stayed through to the end. Six joined part way through and seven participated for three to thirteen sessions and never returned. Everyone participating in the workshops is included in the list of participants. Of the thirteen presenting in the performance, seven had come the full way through the project from the beginning. The list, that follows, includes both co-searchers in this performative inquiry and cast members in the theatre production that followed:

***"Buster"***

*(Keaton)*

Buster, in his late 30s, had been a client of the mental health system for many years. Prior to his entry into the system, Buster worked for Ontario

Hydro as a lineman. For many years, Buster was not diagnosed, or labelled, with a particular disorder because he did not seek help. He knew something was not right, but left his situation undiagnosed. Eventually, he was diagnosed with schizophrenia a decade ago. More recently, Buster was diagnosed with bipolar disorder. He worked at odd jobs around the town in an effort to remain off the disability system. Buster was one of the first people to join the group and stayed with the cast through to the main performance and the fringe festival in 2003.

***“Tallulah”***

*(Bankhead)*

Tallulah, in her mid 30s, had been a mental health services client for many years. Prior to her entry into the system, Tallulah worked as an executive assistant and was married to a successful and wealthy husband. In her mid 20s, Tallulah was diagnosed, or labelled, with obsession compulsion, bipolar disorder and depression. Tallulah was one of the first people to join the group and stayed with the cast through the main performance and the fringe festival performances in 2003

***“Amelia”***

*(Earhart)*

Amelia, in her late 30s, had been a client of the mental health system for many years. Prior to her entry into the system Amelia worked in restaurant management. Eventually Amelia was diagnosed, or labelled, with obsession compulsion, agoraphobia and depression. Amelia joined the group a month after it had started and continued on through to the main performance and the fringe festival performances in 2003.

***“Cary”***

*(Grant)*

Cary, in his early 60s, and had been within the mental health system for many years. He has a dry wit and razor sharp observation of people and life. Cary’s diagnosis, or labelling, of schizophrenia occurred during his first year of university when he was studying for his B.Ed. Cary joined the group early on and stayed with the group through the main performance, fringe festival performances in 2003 and a new project in 2004/2005.

***“Sandy”***

Sandy was in her late 30s and one of the first people to join the group. Sandy did not stay long as the energy the cast expended during the early sessions of games and exercises proved too much for her. She left after a few weeks.

***“Bette”***

*(Midler)*

Bette was in her early 40s and a stay-at-home mom raising 2 children (one child was diagnosed with autism). Bette was a world-level competitive athlete in her 20s. During her marriage and the raising of her family, Bette was diagnosed, or labelled, with bipolar disorder. The effect of this diagnosis, or labelling, on her life included a divorce, raising her family alone, and living on disability payments. Bette arrived later in the first part of the process and then was absent due to some major drug adjustments going on. Bette, however, did return just in time to participate in the main performance and the fringe festival performances in 2003. Bette, shortly after the project, was decreed, or labelled, healthy and normal. Since the project she has worked at a university as an administrative assistant and speaker on mental health experience issues at local colleges.

***“Joan”***

*(Baez)*

Joan, in her late 40s, had been in the mental health system for many years, diagnosed, or labelled, with a slow cycle bipolar disorder. Joan was someone identifying strongly with the 1960s era, particularly with the music of the times. Joan used to work in administrative management and lived comfortably prior to being diagnosed, or labelled, in her early 30s. Joan arrived as one of the first to join the group in September 2002 and stayed through the process, including the main show and the fringe festival in September 2003. For Joan, being a “slow cyclist,” her depressive periods were quite long, so an issue was timing the show before or after one of these low episodes. She was quite thrilled with the way things worked out.

***“Jimmi”***

*(Hendrix)*

Jimmi, in his 30s, had been in the mental health system for many years and was diagnosed with schizophrenia and an addiction (brought about through the combination of alcohol and marijuana). Prior to appearing in the play, Jimmi grew up in the U.S. Jimmi’s passion was his music. He wrote and sang his own songs. The week before the performance Jimmi came to a rehearsal and asked if he could play his guitar during the performance. He provided transitional music during the poultry barn and fringe festival performances. Jimmi’s focus was to get his songs out to the public to hear. During a second project following *Shaken: Not Disturbed*, Jimmi wrote a number of new songs for our follow-up show.

***“Sidney”***

*(Poitier)*

The writer of this study, a co-researcher and a cast member within this experience: I, as Sidney, wrote about the research. Just as I have

described the cast, I drew on responses from interviews with cast members to have them describe their perception of me. *You're gay – I'm not – that's the worst thing to be called - but you're okay* (Buster, Interview 7, p.36); *hehehe you're like the big guy in Mary Poppins – drinking tea on the ceiling with those kids.... You laugh a lot* (Tallulah, Interview, 24)...*You really needed to have a lot tighter control on things and we needed to know what to look for....* (Katherine, Interview 10, p. 18). *How do you get people to trust you so well – you definitely have talent* (Amelia, Interview 6, p.35). *Social workers want to talk, they don't want to listen – you listen Sidney* (Jimmi, May 14, 2005).

***“Glenda”***

*(Jackson)*

Glenda was in her mid-30s and a student in mental health studies. Because she was unemployed, she returned to school for upgrading. Glenda arrived in our group in January for the play development process and was interested in theatre as a community and therapeutic intervention. Glenda performed in the main performance and the fringe festival performances in 2003.

***“Jean”***

*(Seberg)*

Jean was a social worker in her early 40s working with many in the cast. She had some background in dance and theatre and was a self-described feminist in her beliefs and perspective. Jean was with the group from the beginning. Jean played important roles in both the main performance and the fringe festival performances in 2003, as well as our project work in 2004-2005.

***“Joni”***

*(Mitchell)*

Joni was an artist and educator in her 40s, with some training in popular theatre as envisioned by David Diamond of Headlines Theatre in Vancouver. Joni was an immigrant from South Africa and lived with limited financial means. Joni arrived in January, in time for the play development process leading up to the performance. Joni participated in the main performance, but she did not participate in the fringe festival performance.

***“Katherine”***

*(Hepburn)*

Katherine was my early 30s neighbour whose background was in behavioural counselling. She was invited into the group as the embedded counsellor to assist with counselling and therapy issues coming up from

time to time during the work within the group. Katherine was the first person in the group and was involved through to the main performance, but not the fringe festival.

***“Lauren”***  
*(Bacall)*

Lauren was a masters’ student in her 30s in the field of counselling and was focussed on narrative (readers’ theatre) therapy and somatic counselling. Lauren arrived in January in time for the play production phase, participated with the technical aspects and acted during the performance. Lauren stayed through the main stage and the fringe festival performances in 2003.

***“Ron”***  
*(Howard)*

Ron was in his 20s and from Victoria, BC. He had been diagnosed with schizophrenia and was looking to re-enter the workforce. Because of distance, season, transportation, and his re-entry into employment, Ron left the group just prior to the play production process.

***“John”***  
*(Belushi)*

John was in his 20s and was one of the first people to join the group. John’s background included having family members with a diagnosis, and label, of bipolar disorder: he was similarly identified. Though this is unclear, John did mention he had been a user of crack-cocaine; a link may exist between this substance use and the triggering of his mental health issues. John left immediately before the play development process began.

***“Sally”***  
*(Field)*

Sally was in her early 40s and one of the first people to join the group. Sally did not stay long because the energy expended during the early sessions of games and exercises proved to be too much for Sally. She left after a few weeks. Sally was very politically aware and brought some very innovative ideas with her.

***“Shirley”***  
*(MacLaine)*

Shirley arrived after Christmas and was part of the earlier play development process. She had emigrated from Toronto, Ontario and was experiencing culture shock since moving to rural Vancouver Island. Shirley was in her late 40s and diagnosed, and labelled, with schizophrenia at the age of 28. This was early in her marriage. Since being diagnosed, and labelled, she was abandoned by her family, including a

divorce from her husband. This changed recently. With her daughter asking Shirley to return home, she took up the invitation; however, this meant the cast lost Shirley's potential contributions.

***“Bea”***  
*(Arthur)*

Bea arrived mid way in the early portion of the process and stayed for about two months before leaving.

***“Georgia”***  
*(Engel)*

Georgia arrived mid way in the early portion of the process and was shy. She participated in two or three sessions.

### **How Insights Emerged**

The meeting following the initial community contact, at the community centre's rehearsal hall, was filled with hope and optimism. I thought through, for days, how to form the group. Drawing on popular theatre exercises as my set of resources, while keeping in mind performative inquiry's approach, pieces gradually emerged as the group of co-searchers slowly developed. Assembled in the room, the first evening of our rehearsals, was a group living with a variety of single and multiple psychiatric diagnoses. Under the mental “illness” umbrella, labels included: schizophrenia, agoraphobia, substance abuse, social phobias, obsession-compulsion disorder, uni-polar depression and bipolar disorder.



**Figure 9: The opening circle**

### *Stages In The Process*

The general moments the group passed through, in chronological order, were:

- Group Formation – A local group of individuals invited me in to talk about process and determine whether there was a “fit” with what the potential co-searchers wanted to experience. Theatre games and exercises were used to foster cohesion and familiarity among members. (3 months)
- Exploring Theatrical Expression – An exploration of expression through acting including voice, body movement, story, sounds, visual pictures, dance and use of space. Codifying or telling stories and “unpacking” narratives or decodifying performatively. (3 months)
- Performance Development – Exploration of life experiences dramatically with a focus on creating some sense of “production.” The blending of theatre with remembered stories for some form of retelling. (3 months)
- Presentation – All aspects of moving a sense of whole into a showing for an audience or witness the work. This period included rehearsals, constructing physical elements for the production, the performance itself and whatever immediately followed. (2 weeks)
- Post Production - This period followed for some time after the show when cast members were brought together to talk about their experiences, spectators were interviewed to gather their responses and I reflected on everything that had occurred in order to get a sense of the holistic quality of the performance. (3 months)
- Social Action – Sometimes the cast and/or the audience determined that a collective response needed to occur. This reaction was based on the experience of the popular theatre production. The aim was an improvement in the social, economic, political or life opportunities of the group. This included another experience of popular theatre, which was meant to be cyclical rather than a singular or once-only experience. (1 month)
- New Cycle – Based on what had come before, there was a period of joining what had occurred in a prior popular theatre offering to an anticipated experience of additional theatre making. *Shaken: Not Disturbed*, with its linking between adults living with mental disorder diagnoses was connected with youth at-risk behaviours, notably crystal meth in local high schools, through the performance of *Crystal Diagnosis*. (2 months)

## **Entering the Liminality of Our Work**

The sanctity of our ritual grew as it developed into four phases: entering in, being in, exploring in and closing out our ceremony of learning, or:

- Checking in and a period of yoga and movement (30 minutes)
- Theatre games and exercises (30 minutes)
- Main idea for exploration (60 minutes)
- Closure: Final thoughts and guided meditation (30 minutes)

Each session began with a “check-in” to find out who was present, and comprehend each person’s energy level and connectedness to the space and each other. This was done to help shift way from learners’ preoccupations rooted in everyday living to our enclosed, ritualized and contained space. Sometimes this check-in was formally done in a circle; other times it was done more casually, depending on moods and energies. Following the more social period, the group focussed on yoga and dance. During these early sessions, the second episode involved theatre games and exercises to reconnect physical body to relatively unstructured play and physical communication.

The mid-section of our evenings together was the main “container” for our work. This period held our performative inquiries for a particular evening. Once time was taken to connect bodies and their presences in the space, aspects of theatre were rehearsed. After the initial three months of games and exercises, explorations into what theatre included were added to what the group did for an additional 11 meetings.

## **Closing Our Threshold World**

Through the use of quiet instrumental music, nature sounds, a guided meditative process and deep breathing and reflecting, our weekly meetings came to a close. Each evening,

the process began by moving individuals' focus to inside the space. For an intense period, there was much collective interaction and learning. Gradually, the concentration returned to individual mind-bodies' preparation for rejoining their day-to-day lives. Occasionally, as co-searchers focussed on breathing and feeling, I asked them to sense their bodies pressing against the floor. When ready, they were requested to roll on their sides. Continuing with their eyes closed and finding a pen and paper beside them, each envisioned the imprint of their body on the floor. Through a process of elimination, each person's sketch was identified. Observations made about each person's sketch were interesting. For some, pieces of bodies were "missing." For others, shapes were reminiscent of the fetal position (a dependence) or of a silhouette of defiance. This was done several times with diverse responses. Cast members realized shapes reflected people in a particular session, rather than a consistent vision.

### **Sources of Understanding**

Interpretations within this study were from:

- Field notes taken throughout the process (audio taped, each lasting, on average, 30 minutes of reflection for a total of 17 hours of audiotape or 200 pages of field notes).
- Two sets of 45-minute interviews with regard to mental health clients and one set of 30-minute interviews relating to the embedded counsellors (total taping time was 15 hours or 250 pages of member interviews)
- Fifteen one-hour interviews with audience members (total taping time was 15 hours or 250 pages of audience interviews).
- Documents constructed during the process included 45 flipchart pages, the three versions of scene descriptions; 7 newspaper articles/reviews done with regard to the play, and letters and notes from participants.
- Three video tapes of the two different performances: the first was of the 2-hour dress rehearsal carried out on May 10, 2004; the second

was the 2-hour recording of the main May 2003 performance; the third was one of the 90-minute fringe presentations in September 2003.

With all the information constructed and gathered, the reflecting and interpreting for this writing emerged into the following process. The first stage of reflection came from cast members' understanding of life within mental diversity. Through much of what was discussed, a show presenting the group's performative inquiry was displayed for community "reading." As the production evolved, the view of scenes and acts (Appendix H) were conjured through the deciphering of understanding to deepen the symbolism and meaning of experience.

#### *Thoughts From the Field*

The words, jointly constructed through conversation, interaction and performance were recorded. Repetitively attending to each word of an interview and performance video co-creates a strong understanding of language and meaning. Repeatedly listening to and reading the text, co-created and performed in the field, is an opportunity to peel back layers of awareness. Each block quote was numbered so I could refer back to it, if needed. As I engaged with the words, phrases, metaphors and stories of cast members, I wrote various interpretive, process, and notes about meaning (Figure 10). A search continued into understanding the experience of making popular theatre through reflecting upon "moments of recognition" in the story.

#### *Conceptual Interpretation*

The last phase of my interpretation moved from the level of questions to the emerging relationships around the connections of identity, voice, and personal power. Lastly, interconnections informing the guiding question (*What shifts occur within a group of*

rural adults living with mental disorder(s) as it developed and presented an absurdist popular theatre community production?) and purposes (to disrupt “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and (ii) create better relationships between psychiatrically diagnosed and other people) framed this study.

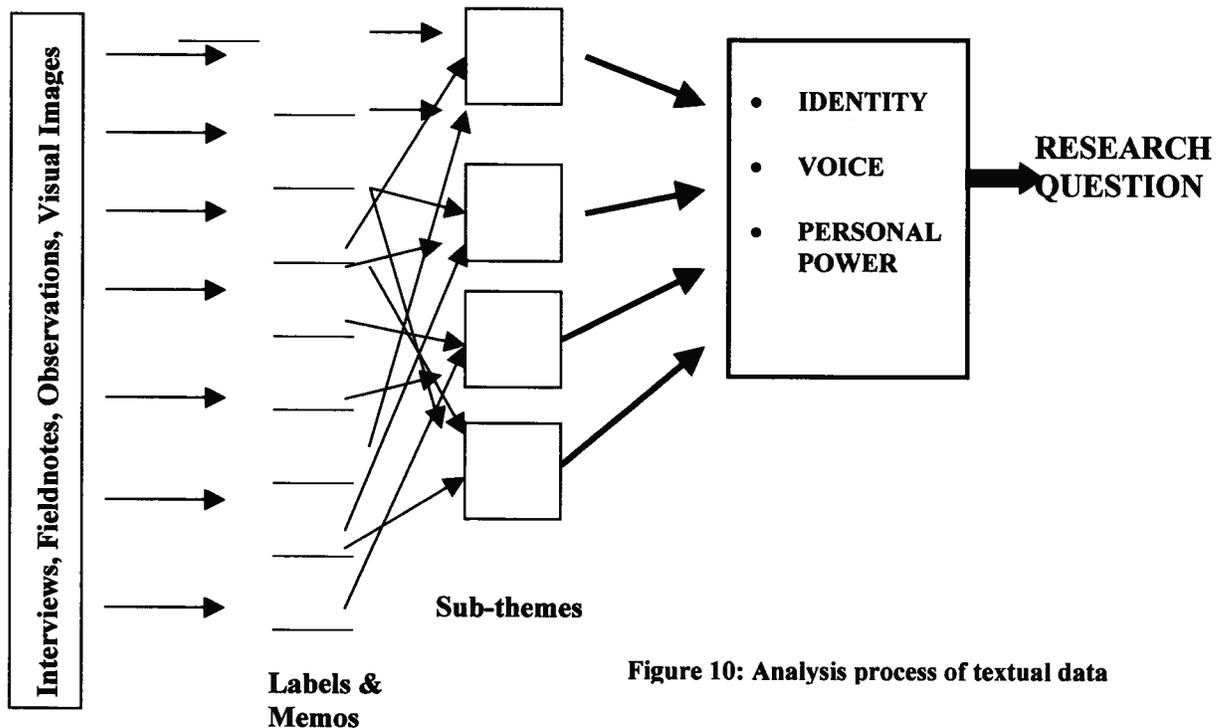


Figure 10: Analysis process of textual data

### *Cast Reflections*

A key source of “analysis,” or reflective interpretation, was the cast members. Through telling their stories, performative inquiring within theatre created opportunities for embodied interstanding of narratives. Most notable was the relationship of psychiatric survivors within the mental mainstream. By interpreting responses of others around them, considered as “normal,” the group became aware of parts of themselves previously hidden. Interpretations of experience revealed by this research were the performance. Twenty-seven scenes covering topics including: (un)employment, caring relationships,

politics, money, and futures of people diagnosed, or labelled, with mental disorders created an album of clearly focussed vignettes of life.

### *Audience Reflections*

Between two and twelve weeks following the main show, a series of 15 sixty-minute interviews (one on one and focus groups) were carried out. Interviews were semi-structured with much of the conversation remaining open for audience members as they reflected on the show. Typically, spectators covered initial expectations, impressions, what was and was not liked, key moments of insight and general comments.

### *A Bare Wall for Enactive Interpretation*

Once the notes and ideas were made and gathered together, finding a large surface to work on was critical. Living in a large, old house our upstairs hallway ran for twenty feet and was nine feet high. Surely 180 square feet was enough! I transferred all the reflections, ideas, and thoughts (numbering 347) to index cards and taped them up on the wall's expanse in a chaotic and random way. I used time to let those pieces of insight to literally sift into some sense of whole. Occasionally, a reflection changed as it resonated with similar ideas on the wall. When I made amendments, I went back to the original interview or performance to pull the quote from where the original notion emerged. In this way, words from the field were gradually "pulled through" my interpretations and reflections into this writing.

### *Facilitator Reflections*

Time played a central role in making sense of bits of concepts scribbled on paper. During this period of my reflecting, I brought in three key ideas emerging from the work: *voice*,

*identity*, and *personal power*. As I read and re-read the index cards organized on the wall before me, I slowly moved ideas I felt fit under one or other of the three concepts. Sometimes notions appeared within more than one category. In these cases, copies of themes were made so they appeared under more than one label; sometimes all three received the same card. At times, papers shifted back and forth several times among reflections because of ambiguity. This uncertainty continued even as later processes began.

After each week's session, I used a Dictaphone to record immediate thoughts, impressions and process ideas for future meetings. Once orally noted, these were transcribed to deepen my reflections. Included were emotional moments, tensions, doubts, successes and connections, which led profound theoretical reflecting. Initial reflections involved notions of identity, voice and power within the conceptual framework of critical disability theory and psychiatric impairments. From these reflections, my writing began to make further connections resulting in this report.

### *Emerging Possibilities*

Once all the interpretations were distributed among the three anchoring concepts of *voice*, *identity*, and *personal power*, questions were created. Within the main theme of *identity*, additional queries emerged, for example, *why are cast members continually perceived as scary like those portrayed on TV, and not capable, creative, able to contribute to the town, and as having skills?* When one considers the suggestions the cast made for society to help them live better (Table 7), it is clear, more listening to their stories and advice needs to occur. The same exercise was carried out within *power* and *voice*. Questions emerged to deepen the interstanding of mental diversity by the co-searchers, audience

and me. Once queries were found, each grouping was interpreted. It was to these new reflections my attention shifted. I was curious about how these questions related to one another and to the overarching direction. What were the relationships supporting *voice*, *power*, and *identity*? How did fear and new awareness of capabilities support or negate *self-concept*?

### **Summary**

This chapter lays out steps taken within this study over a one-year period. My purposes were to *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and *create* better relationships between psychiatrically diagnosed and other people. To achieve these aims, I had to focus on bonding with the local community before any research could take place. Each stage within the process was described, as were divisions within weekly meetings. Sources of “data” construction were highlighted and the reflections that drew on these interstandings described. The importance of cast, audience and personal reflections drew this chapter to a close in preparation of a more detailed exploration of what occurred within this inquiry. Chapter 4 explores how and where connections were made within the inquiry. These *moments of recognition* supported the popular performance involving psychiatric survivors’ life experiences and reflective “reading” of the mainstream.

**CHAPTER FOUR**  
**CHAOTIC COMPLEXITY:**  
**CO-SEARCHING IN THE CROSSROADS**

*“...then all of a sudden people came and they sat around the garden and then we were standing by what we had planted and then there was a show and it was like nobody realized it until the end and we were like how’d that happen?”*(Tallulah, Interview 6, p. 4).

**Introduction**

The previous chapter discussed procedures used within this performative inquiry. In this chapter, the focus is a reflective composition of what we, as a group, did and how dynamics of relationship and learning co-evolved as members explored histories and experiences among cast members. Associations of meaning and processes for making sense of what occurred are also covered. The first part of the chapter reviews the cast’s development and the co-researching it conducted. The gradual evolution that emanated from the weekly inquiries led to the group’s uniquely heightened understanding of the world. As within an enactivist mode, the environment of the group affected the emergence of learning, while broadening potential for opportunities on the horizon (Sumara & Davis, 1997a) as described in Chapter 2.

Grounding ideas create relationships supporting three themes. Power, identity, and voice are woven together from a particular vantage point: Chapter 5 explores the perspective of the co-searchers, Chapter 6 offers views from audience members and Chapter 7 are my reflections. Like any process where individuals previously unknown to one another come together, the evolution was not easy, smooth, or predictable. This process was tentative, open, flexible and, yet, bounded within a particular context.

### *Emergent Chaos as Home Place*

I arrived in this project with my own biases about mental “illness.” Through the education I received, working with the group, my awareness grew as to how much of my own understanding drew from the pervasive influence of media characterizations of individuals with psychiatric diagnoses. In those early days of working together, I subtly learned to change my demeanour from speaking softly, being over-cautious with my use of language and standing just a little farther away, to being up front and open with my own experience and what I did not know. As group members shared their experiences of everyday living, framing everything within mental disorder gradually made sense for me. Co-searchers explored life issues, not mental ones. Initially though, I was guilty of what society, generally, did when faced with someone labelled as mentally “ill.”

*I've been in Duncan for a long time, and I lived with General Delivery for ten years. At the post office - the post office in town. A lot of people with mental illness get their mail there. There was general delivery. ...There was ...people who...some people who find them scary. Some people like Cary...find people ...find him scary looking 'cause he's very tall and big and he's got wild hair and at first he had the wild beard. But you see I have known Cary for twenty-five years or more. So it's easier. Like I said some of these people [in the cast] I've known or met before. (Josette, p. 5)*

I had to understand key issues before supporting the group effectively. Members live with impairments. More profound is society's handicapping attitudes because it forecloses a person's identity and opportunity. Within those first few meetings, much was open to negotiation. Jean, a social worker accompanying many in the cast, pulled me aside at the end of the first evening to ask if I could change the rehearsal structure. From my notes, I gleaned the following points:

*The four hour blocks*

*.....too long.*

*We need to shorten them... ..to two hours.*

*Oh....and twice a week*

*.....too many.*

*Let's aim for once a week...*

While energy levels for most people dissipate later in the day, many living with psychiatric disorders experience a more pronounced drop in stamina. Four hours was a long time to be active during this low-energy period. The beginning time of 6:30 p.m. was well suited as it was shortly after dinner at the Open Door and early enough for the group to engage in physical activity. However, Jean suggested sessions be cut to two hours and once a week. As the group became more accustomed to the activity, the time was extended to three hours or more, but months later.

Another issue raised, by Jean, was the necessity to find another space for our meetings. Within the community centre (our first meeting location), the rehearsal hall was also the “green room” for incoming professional arts companies, which required constant shuffling of the group to other rooms in the building whenever a road tour was in town. Adding to the initial chaos, the group shifted the days it met in a given week because of scheduling conflicts. While it was not the best situation, confusion was reduced with a printed schedule. Changes to routines were not handled well by individual group members. Inconsistency had to be minimized.....

*Oh....and switching rooms and some days.....too complicated.*

*The group needs consistency... ..predictability.*

*Let's move to another space ...*

And so a new meeting place was found, which allowed us to establish a set schedule. By moving to a new location, relational power was transformed because all members entered a new space together. No one had a past attachment to it, yet all of us “owned” the future of our new place. Within the new location, everyone took part in the development of the group’s ritual of meeting weekly. So began the perpetual shifting, shaping, and opening up of the process used within our explorations. The experience of learning to work together, collaboratively, was found through the group holding hands as one; all leading and being led by one another, no individual in complete control of the process. The research project quickly stopped being *my* venture; it became *our* collective experience and *our* ritual. Yet, one other major obstacle existed, which I had not previously anticipated. Prejudice does reside within all individuals, including a group such as this, and was presented during the first round of cast interviews.

*...I'll tell you now... I'm homophobic...yeah to a certain extent and ....the voices kept calling me queer... and for some reason ... call me queer, faggot and stuff. And for some reason ... it was the most hurtful thing that they could say to me. And ...and ...and it ...and it would hammer at me day and night. ....you know ...and then I tried to commit suicide with ...pills... so you know ...so it was something along those lines...you don't have to use that exact example but ...you know ...you know ...when you get that negative voice in your head ... you know it can really ...really ... get to you ... you know. Like it was ...for some reason ...it was the worst thing that ...that someone could call me. It still irritates me you know when somebody calls me that today. Like it's ... I don't know why I ...but that's the button that I got. The worst thing that you could call me....like I've got nothing against any... you know... whether you're ...straight or gay or whatever but for some reason it pisses me off....when people call me that ...so ...you know and ... I wasn't taking medication for years and ...and this woman's voice kept calling me gay or queer or whatever you know. And ... for some reason it was the worst thing that this ... voice in my head could call me. And therefore you know ...so you know ...you*

*could use whatever you want to you know...just I guess everybody's got a soft spot for something negative and that happened to be mine soft spot. And you know ...you know ....I ...that was a bad experience (Buster2, p. 9).*

Buster, the first member of the group, discussed what he described as the worst insult someone could throw at him: faggot. He readily stated he was homophobic. When someone placed the label on him it would “*hammer at me day and night*” (Buster 2, p. 9) to the point he tried to commit suicide. Initially, I worried that Buster’s homophobia would negatively affect the group, or in his relationship with me. However, having others in the group being gay or lesbian did not seem to matter throughout the life of the cast. Despite Buster’s struggles around homophobia, everyone in the cast became friends. Through our own uniqueness, members learned something of the “other,” because of our similarities as well as our differences.

### **Ordered Chaos: Where The Study Resides**

Popular theatre and performative inquiry begins with the body-context. The physicality of marginality was where our work began: in the murkiness of biographies, expectations, comforts and risk. The first eleven meetings of our exploring, were spent becoming acquainted with a room full of strangers: to transform our assembly of individuals into a collective. Our physical, interacting, emotional, cognitive, spiritual and psychological beings within the emergent ritual were in flux continually. Space was often messy, tentative, questioning, risk-filled, and chaotic. The air contained much laughter, sensitivity, encouragement, support, animation, playing, and fun. As time progressed, the structure evolved through a ritual being called forth each time the group came together.

Early in the process, the power of physical communication and meaning making became evident. An early exercise was the Boalian “Hypnosis” activity, whereby one

person held up a hand in front of the face of her/his partner. The person staring at the hand became “hypnotized.” This person followed wherever the hand “led.” The “hypnotizer” was effectively in “control” of another. A variation of this activity was when one person was “hypnotizing” two people simultaneously by having each participant use both hands to guide the faces of two people. Everyone took turns leading and following. The marked sense of power over others was profound for group members.

*It's awesome to know that I can have this much power over someone else. I always thought that I had to follow orders. (Amelia, Interview 20, p. 4)*

Within our performance, pill bottles replaced hands guiding the face of a person; they became a symbol of psychiatric control over bodies and thoughts. This experience was the first of several exercises evolving into production elements because of its relevance to members.

### **The Vessel Holding Our Explorations**

The process that unfolded was elusive. It is impossible to point to any particular activity or series of drama exercises and say this is what created interstanding. Naming our shared performative experience was not as important as “feeling” that something was occurring. Our inquiries into physical expression “contained” our weekly play-full and creative efforts. Tallulah described the group’s evolution like planting a garden.

*it was as if nobody knew that you were planting...like a garden right. Like it was as if ... it seemed to me ... I don't know about everybody else but it was like ...you know you were like ... you were like ...okay everybody come and run on the mud and then it was like you know you'd ...you'd be like here ...and you would put seeds in our pockets... like the socks in our pockets for playing tag ... that's what it was like. And so the seeds were there ... and then all of a sudden ... you know ...the sun would come and the rain would come and the sun would come and the rain would come and that would be the therapy. When we were talking about our good days and our bad days ... and we didn't realize that all of this ... you know*

*everything was growing in the garden. And then all of a sudden people came and they sat around the garden and then we were standing by what we had planted and then there was a show and it was like nobody realized it until the end and we were like - how'd that happen? (Tallulah 2, p. 11)*

The metaphor Bette used was baking.

*I think what you did was you helped bring it together ....you were the flour in the cake mix ..... you know we were all a bunch of little eggs and milk and all those other kinds of things but you were the solidifying agent ... in all of that ... you helped ... so like ... okay you know we were dripping over the edges ... you would bring us back into the bowl and mix us together and get us baked you know ... that was kind of the idea right (Bette, p. 7)*

Reviewing the early sessions and the mid-point of our time together, games and exercises that I introduced to the group involved playing with rhythm, blind games, trust exercises, fast games such as tag, listening exercises like *Ha*, observing as within *Falling*, slow motion tag and foot races, the ability to physically work together in the *Circle of Knots*, *Person-to-Person*, *Sticky Paper* and so on. The intent was to keep the atmosphere alive and fun with games, both physical and sensory, while working from the individual toward group work. Also, during the second and third stages when the group was exploring theatrical expression and developing a performance these exercises reappeared. The middle hour of our weekly time together allowed for this burst of energy and animation to occur. The middle six of our nine months were more performance oriented. Theatre processes became the focus for the mid hour. For about eleven meetings, games shifted to include practicing using emotions, interacting within imagined situations, dance and movement, telling stories, voice, and working with bodies to create meaning. Some early discoveries within this work included the realization by participants that emotions can be controlled.

### *The Emotional Walk*

During this exercise, (Figure 11) members wrote words containing labelled emotions on large sheets of paper and scattered these on the floor. The object of the exercise was to work in pairs, carry on a conversation and work through a variety of emotions as the twosome spoke about favourite movies, food and so on. Each pair suggested a topic of conversation and walked around the room chatting. As they stepped on or over a sheet of paper with a particular emotion, the conversational tone shifted to reflect the feeling.



Figure 11: Emotional walk

The first phase the couple walked slowly around the room, shifting their emotions. The second phase was a fast walk around the room carrying on the same thing, and finally the couples ran through the space shifting emotions rapidly as they went.

Amelia found the experience to be a “moment of recognition.”

*I discovered that I can control my emotions – I always believed that emotions controlled me and that’s why I always feel out of control...now I can just tell myself what I want to feel (Amelia, Interview 20, p. 7)*

She believed emotions were out of her control; they managed her actions. For Amelia, this became a significant shift in her understanding of herself. To find she could turn feelings off and on was novel and powerful for her as well as for Joan.

*...okay that reminds me of that ... recently we’ve done it twice. When you ...you know run around...first of all we write down different feelings. You write down ...you know ...happy, sad, or whatever ... love ....and learning how to portray it. And then seeing which ones you can really do. For me it was which ones I could do convincingly and then learning something*

*about myself ...you know ... I think there's a lot of anger around ... having to have this illness for me. Yeah ...dealing with it ... and ... then I thought oh gosh I can ...I can either do like the really angry people ...and the .. really happy ...you know ...but the in-between emotions ...I found really hard to portray ...you know. Like ...I don't know how other people do it but you also feed off the person you are doing it with too...(Joan 1, p. 8)*

Joan experienced emotions as part of relating between people, so feelings were not solely embodied in one person or another, but arose from within interactions among members. Nor were emotions the result of one person. Two or more people engaged together were responsible for one another's moods. Both Amelia and Joan created deeper awareness around this leading up to the popular performance.

### *Bodyguards*

Another exercise involved a group of five. One person stood with four others; one on either side of the first person, one behind and another in front, all looking in the same direction. The middle person began to move with the others acting as bodyguards, mirroring what the middle person did, turning their heads as little as possible. Tallulah found this exercise powerful because one person had control over four other bodies.

*That exercise we do in fives – that mirror exercise – that is so awesome – without saying a word other people follow what I do – that's powerful (Tallulah, Interview 12, p. 8).*

Jean thought the bodyguard exercise could be used as a dance piece for the show. The *Bodyguards* exercise ultimately did become a robotic movement piece in *Shaken* depicting the automaton-like nature of employed society.

*We've got to do this in the show – I love doing the bodyguards – it really is connected to movement and how worlds get constructed through movement and how bodies get positioned to serve particular needs – Tallulah and I can work on a movement piece (Jean, in field notes, page 45)*

### *Have You Seen My Friend*

The game *Have You Seen My Friend* was played many times and was *Fruit bowl* with the name altered. The idea and action of searching for allies and friendships struck a chord for everyone in the group. A turn was carried out through a person walking around the circle of group members (all are looking inward to the centre of the circle), then stopping, and tapping one of the members on the shoulder. The person turns around to listen to the individual outside the circle. The player outside the circle asked the tapped participant, "Have you seen my friend?" The person singled out responded, "No, what do they look like?" The answer from the seeker was, "Well, they wear .....(blue jeans, red, glasses, shoes, sandals, etc.)" Everyone wearing what was described in the circle had to run the circumference of the circle and get back to a spot before other people running the circle took all available places. The suspense-filled cue of "Have you seen my friend?" coupled with screaming, laughing and joy was not lost on any member of the group. We were among friends: we could stop looking. This was the humbling power of working collectively.

### *Bombardment*

This exercise explored relationships captured in phrases combined with physicality. A person selected a role or person to name. Group members thought of possible people in a fictionalized person's life and developed a phrase likely to be spoken within a particular relationship. Lastly, a physical shape or posture to reflect the inner personality of each relationship was portrayed through a frozen image. The central person to all the relationships stood in the centre of the circle of the group. One at a time, and randomly, group members in their "roles" walked in, held his/her posture, said a phrase and returned

to the outer edge of the circle. This allowed each person to try out a role briefly and return to him-/herself. Gradually, and with increasing intensity the “cast” went in twos and then threes to speak their phrases and hold their positions before returning to the outer circle. Eventually, the entire group was huddled around the central person, and bombarded the person with various phrases and postures all at once. Each person received an opportunity to try it out, not everyone did. Contrary to other exercises creating a sense of power fullness, this exercise created the opposite. Often the centre person put him-/herself in a position of subservience and powerlessness.

The exercise was a depiction of their collective erasure within society. They were spoken to or about, rather than with. This feeling, coupled with the bombardment exercise, was an incarnation of the reality of schizophrenia for those living with a label and disorder. Rather than leave the exercise in what could have been a negative experience, I asked if there was something instructive in this, to turn into a moment of performative excavation educating an audience. Immediately the response was “yes...turn the audience into a type of schizophrenic brain...turn the exercise outward toward the spectators.” So began an early element within the performance; what would ultimately turn into the opening act: “Freak Show” (Appendix H). Quickly, the group realized two important lessons: The first lesson was they learned to stop asking me, handing their power to me, “*What are YOU looking for?*”

The second was they took control over the process as they contributed to the making of the performance, “*I don’t like that, let’s try this.*” No notion existed for what was sought, so there was no idea what the result was. The search had to be co-created and carried out collectively. This meant all had an opportunity to contribute. Everyone’s

offering was equal to any other person's. At times a unilateral decision had to be made (but what the decision was and its rationale was discussed with the group), but as much as possible, opportunity existed to veto if the group did not agree. Dissent was encouraged. Through working together, the question evolved to, "*What is THE GROUP looking for?*"

The emotional exercise was typical of this, as were voice projection exercises and our practice in breathing and use of vocal resonators. The separation of our voice work from physicality was important so speaking did not mask or reduce the powerful effects of bodies. With regard to physicality, members began their work with sculpting, initially through mirror exercises earlier on.

### *Complete The Image*

From general mirror exercises participants moved to an exercise called *Complete the Image*. This process is a series of frozen sculptures, whereby one person stands in the centre of a circle in a frozen shape or posture. A second participant steps in and adds to the first person, "*completing*" the image. The first person drops away and a third person enters, adding to the remaining person and so on. Nothing was labelled. Everything was simply responded to. When striking something occurred in the shifting images, the person who noticed was encouraged to speak about it or describe it. What thoughts and emotions had the sculpture conjured?

A key moment occurred during our Halloween meeting when fewer than usual people participated. We were playing with *Complete The Image* (Figure 12) ideas and the shift moved from a heavily religious moment with a priest in a communal pose to a devil with a knife in a stabbing pose. The group froze in silence. Then, it dawned on all,

why name it? Why reduce it to words? Let the contradiction exist in a “stopped” moment. Let it disappear, but hold on to its emotional, mental, and experiential meaning-moment that had united all profoundly.



Figure 12: Completing the image

From general exercises group members moved into thematically completing the image, as was the case with Amelia’s poem, *The Soul of an Artist*, in which she compared suicide to a blizzard. To finish the story of these sculptures, the poem Amelia had formed through words cut from magazines, *Soul of an Artist*....being likened to a blizzard the whole episode was tied to the theme of her past attempted suicide. The people pulling and helping in the tableaux were aiding others through pangs of wanting to kill themselves. She stated people read her poem and thought, “oh that’s nice,” but did not understand the meaning and impulse behind Amelia’s writing: her suicide attempts.

*I was so enthralled with suicide ... I mean it was like a fantasy to me suicide was a fantasy and I was going through all the magazines cause they’ve got tons of magazines out there and I was cutting out words and so when I cut the words out ... then I kept moving them around and until I finally got it to how I wanted it ... and glued it on a piece of black paper ... and ... but and ...and I but I was so surprised that nobody knew what it was ... they’d read it and go that’s nice ... you know and or that’s poetic but nobody knew and that’s kind of sort of how it is with suicide ... nobody knows the kind of pain and then when you’re told ... then it’s whoa...(Amelia 1, p. 13)*

The first stages of physical work incorporated static symbols, using these to capture meaning, information, and interstanding. The latter part of performative learning shifted from static imagery into interactive performance. Through these interactions, this performative inquiry incorporated popular theatre. Before the ending of our rehearsals, the final stage of our weekly ritual involved a cooling down and wrapping up period (see the previous chapter).

### **Making Sense Of Where Lives (in Rehearsal) Traversed**

Bridging between the earlier phases and acquiring tools for a popular performance involved an exercise incorporating language, physical movement and spontaneity. The *Delphi*, involved reaching consensus through movement and negotiation in silence. In simple form, the Delphi process is described in Table 4.

During our two-week break for the holidays, the group shrank: one member was travelling 50 km from Victoria, but winter driving proved difficult over the mountain between the city and the group meetings in Duncan; another member experienced a medication shift and turned to self-medication; and another found the two-hour sessions, once a week, fatiguing. The group's number needed replenishing. Advertisements appeared in local newspapers. Several people joined as the cast began to engage with theatre making. While recent joiners did not have a history of working together, most had known some of the group or knew of the process. Connections aiding in integrating new members were made. Also, supporting these new people was the warm, generous and supportive nature of the group. An openness and recognition others benefited by being in this group were realized. In order to move ahead, while creating a "new" sense of group,

January was spent on bonding exercises from earlier in the process. This also helped the original members reconnect after some time away from the group.

**Table 4**  
**Delphi Technique Procedure**

THE DELPHI TECHNIQUE	
1.	Have each person write one word/phrase, one per index card, up to about 10 to 15 per person - related to the broad topic being investigated. For our group, the topic was mental disorder.
2.	Collect and shuffle all the cards
3.	Randomly display the cards on a wall or floor
4.	Have the group read all the card ideas without talking
5.	Have the group slowly begin to cluster similar ideas together without talking
6.	Once the large grouping is clustered have the group go through one more time and shift cards around if they see any needing to be moved, again no talking
7.	Once the clusters have been finalized, have the group connect the card batches together so the first one is the least important and the last bunch is the most, without talking
	Once steps 1-7 are complete, then open the group for dialogue and discussion. What usually transpired remained even after people had a chance to speak. The most important cluster became the topic or overarching idea from where the performance grew and evolved.

In preparation for the performance Jean, a counsellor with a dance background, offered to lead the group through movement exercises. Yoga continued, but dance (modern and ballet) was included. Working in a large school gymnasium, the group felt lost. The space was too big. To limit the space, members decided to “corral” one corner with six gym benches where people could sit facing each other, while exploring topics within the cordoned space. Through January and February 2003 (eight sessions), the cast

identified topics they wanted to explore for possible inclusion in the popular performance. All discussions during this time were put on a flipchart. Occasionally, one or more members worked through scenes in the space. The more intense improvisation flowed from the group openly talking. The co-searchers uncovered the pervasive use of rituals in their lives:

- Families construct *rituals of exclusion* promoting mental diversity as a “burden” and source of embarrassment to friends and neighbours.
- Diagnosing as episodic *identity rituals of passage* spanning years whereby an individual goes through shifting and multiple categorizations labelling, without ever knowing what condition one’s body contains.
- Prescribing drugs as *rituals of experimentation* involving tinkering with prescriptions and exchanging psychotropic drugs in the hopes something “takes.” A survivor’s body “tells” the psychiatrist when things are “correct.”
- Calming “normal” people in social situations through a *ritual of safety* involving protecting “sane” people from their fears involving individuals with mental labels being dangerous and threatening.

One evening, with a new person’s arrival, co-searchers were engaged in a round of mental health-related topics. A new person just beginning working with the group declared she didn’t feel “sick.” Other people labelled her in ways with which she did not identify. Why was her perspective “wrong”? She expressed pride in being “different” to others. For her, this was normal.

This began a discussion about “mental pride.” Why is this never allowed? Why must it be illness or tragedy?

*With all this talk of mental illness. I disagree. All I hear is mental illness that needs curing. But I don’t feel sick! Why can’t we be proud for being different. Not less important. I don’t even feel sick. (Sally, 2003)*

If gays and lesbians can create power with the word, “Queer,” then they are able through a word used to punish them, regain a sense of power through language. This

resulted in the discussion of the word “mental.” They were proud too. Many great artists and thinkers lived with so-called mental “illnesses” and were celebrated.

*Celebrated...*

*Why couldn't we celebrate?*

And so began in earnest our road toward a community celebration.....

*All people are worthwhile.* (Bette)

*All lives are worthwhile.* (Tallullah)

*We are worthwhile.* (Bette)

*The mad wealthy go to Switzerland for talk therapy.  
The mad poor go to Riverview for drugs and ECT.* (Cary)

*Living without hope.....that's mental illness.* (Amelia)

*Illness is created....Victims are constructed.* (Sally)

To help propel the mood forward the cast decided they would show how “normal” society behaved. To illustrate their point they looked to the ritual of modern romance. The centrepiece was a “romance advertisement,” which spoofed mainstream pieces they saw in the media. The *twist* was the title: “Mental Seeking Mental” (Appendix G). From this black humour exercise arose a series of related topics members experienced or had heard about:

- Psychiatric survivors are constructed as “non-sexual” people.
- Women with a psychiatric diagnosis are told to not have children, raising the history of sterilization among mental “defectives.”
- Sex between a “normal” person and a psychiatric survivor raises the notion of “infecting” the “healthy” population with “pathogens.”
- Sexual and romantic relationships involving one person with a psychiatric diagnosis and another without, is perceived by “normals” to be full of potential violence and harm.

- The lover of someone with a diagnosis is said to be the “strong” one taking on the “burden” of care giving. Love is considered to be a chore.

A thunderclap – a stopped moment - of awareness erupted when Sally arrived but could not stay. Shortly after she had been diagnosed with a mental disorder, her family disowned her. Nearly twenty years later, her daughter called to say she needed her mom. One evening on the phone with me for ...well...a long time ....Sally choked back tears as she relayed her message.

*Sidney, I'm so sorry. I've finally found a place that has welcomed me, wants me, values me and I have to say good-bye. Please say good-bye to the others and I wish them well. If I had money I would gladly give it to you to keep going on. Because you have to keep going on. You don't know how valuable what you're doing is for the group, do you? Whatever you do...just keep going. After all these years, my daughter needs me. I have to take this opportunity to go back to my family because they need me. Now. I'm going home. But you must go on – I can give you some money if you want help... (Sally, field notes, p. 67)*

We talked more about the group's plans as well as her future and joy with regard to reuniting with her family. I was happy for Sally, but sad for not having her in our group. She was the one that gave a most important present to the group; the gift of prodding, thinking about individual and group pride and enactively shifting the way the group looked at itself and its relation to society. It is fitting to end this part of our journey with her words:

*What is all this talk about illness? I don't feel ill. Why do we have to be ill? Why does everyone treat me as though everything about me is sick? Mental illness is a source of support and is a positive support of pride. I'm proud to be different in one way – but I'm the same in far more ways. Why can't people notice me – see me for who I am... we are? (Sally, field notes, p. 58)*

### *The Poultry Barn*

Dynamics changed when our work moved to the poultry barn, our performance space.

The shift in location and space created a different work atmosphere.

*The floor was poured concrete. The walls and high peaked ceiling inside were all whitewashed. Both ends of the barn had large twin doors that ran on a track completely opening the barn outward into the fairgrounds. There were power outlets evenly spaced along both sides of the wall. A small power room was in one corner with a potential performance area on the roof of that space. We had one half, lengthwise, of the barn. The second half was normally locked, though we would end up using the locked half as our storage space for props, costumes, lights, and set pieces. There was no washroom facility – that was had by walking several hundred yards away to a concrete washroom facility that was locked – out in the middle of the parking lot - there were also some stacked wire poultry cages beside the barn...perhaps we could hang signs reading “Solitary Confinement” for the waiting audience...(Field notes, p. 43)*

The building housed prize-winning poultry during the annual fall fair in Duncan. Like most barns, the floor was made of poured concrete. The walls were heavily whitewashed boards. Numerous electrical plugs were found and the open-raftered ceiling held lots of lights. The cast bought a number of halogen work lights as the stage lights for the popular performance. The barn was split into two with sliding doors opening up both sides. We performed in one side, while using the other as a big storage for props and costumes and as a change room during the show. We moved to this location in early April, when evening temperatures would fall to 50 degrees Celsius. We dressed warmly and continued in the “blank canvas” of space (Figure 13).



**Figure 13: The cast setting up in the barn**

While the building worked well for a location, it was less conducive to lying or sitting still on, particularly during the first month when the cast began rehearsals. The

barn was not heated and our meetings occurred during the evenings. If members kept moving, most people endured the cold. Poured concrete, constituting the floor, emanated coldness. To lie on this and meditate was impossible. As a result, our closure process was amended. Instead, the group discussed the performance's progress and what lay ahead. Cast members "closed" the "container" of our times together by linking the end of one rehearsal to the next through discussions of what occurred in a current evening and what needed to be done. It paled in comparison to our previous closing process when we met in the school gymnasium and was missed by some participants when the shift was made. The absence of the more pronounced closure during the final stretch of our overall time together reinforced the power and necessity of this dynamic when constructing a ritual of learning and insight (Figure 14). The play was recorded twice. A fringe festival recording is attached to the back cover of this document.



Figure 14: "Feeling" the barn space

### **Reflections, Interpretations, Possibilities**

The research methodology of this study involved performative inquiry. Table 5 summarizes the themes and performative questions the group explored that assisted with developing and putting on the performance. Within the group's meetings, various queries emerged that the group wanted to explore more fully. From these experiences, dramatic

**Table 5**

**Cast's Results of Their Performative Inquiry as Illustrated in the Show "SHAKEN: NOT DISTURBED... with a twist!"**

SHOW'S SCENE TITLE	DESCRIPTION OF THE SCENE	CAST'S RATIONALE FOR INCLUSION
Freak Show	Dark Space, Hysterical Screams, Hospital Sounds, Actors roam among audience members as they set up their chairs	Have to throw audience off-balance to be open to the play; remind people of the history (and from where attitudes come). How far has society come? <b>Theme: Role of History</b>
Fantasy of Dreams	Blue Light, darkened room, Kate Bush song "Under Ice"... Working in Pairs – Mime tensions and being trapped.	Attached to some of those contemplating suicide is the idea of fantasy – being disconnected and of being a burden to others. Why does a feeling of burden exist? Is leaving the solution or a bigger problem? <b>Theme: Suicide</b>
Travelogue Through History	A monologue by character in a lab coat about the entwined history of mental "illness" and psychiatry. Featured are the series of "attempts" at curing madness. Ends with speaker being summoned for his medication.	Who is mad? Is it possible to serve two masters: curing illness, becoming legitimate and powerful? <b>Theme: Construction of Power</b>
Diagnosis Dance	A music number set up as a jig danced by doctors in lab coats. Song used is "Jig of Life" whereby doctors begin austere and solemn and then when the jig begins dances out to audience and makes diagnoses and prescriptions in a flurry of merriment.	How is illness constructed? Do doctors understand as medical labels are assigned, so are identities? Why is diagnosis so inexact? Is diagnosis the lifeblood of the medical profession? <b>Theme: Labelling</b>
How "They" Talk About "Us"	Precursor to the "Buster" series of scenes – takes audience through the major challenge of finding employment. Monologue in the form of Job Interview.	Why do people speak at others perceived as different as though they're not human? What is the fear? <b>Theme: Employment</b>
Looking For Work	Inside an EI office and how Buster gets either laughed at or ignored.	Why do those meant to help, hurt people so much? <b>Theme: Employment</b>
EI Appeal Panel	Ritual of an Inquisition to root out Others... the perpetuation of Normalcy – again labeling as being lazy or not committed or not prudent.	What are the forms of normal? The use of power to control normalcy <b>Theme: Employment</b>

<b>SHOW'S SCENE TITLE</b>	<b>DESCRIPTION OF THE SCENE</b>	<b>CAST'S RATIONALE FOR INCLUSION</b>
Faking It	Forced back to work, Buster finds another job where he has to "pass" as "normal" or fake it.... But as the pace of work quickens Buster can't keep up. This is done as a movement piece showing the automaton nature of the employment.	How can we believe in diversity when we don't allow mentally diverse people be themselves?  <b>Theme: Employment</b>
Filling The Gap	Ending of the movement piece when Buster runs in frustration off stage leaving a hole. This position is replaced by another knowing how to watch the others – but is he passing?	How disposable are we as humans?  <b>Theme: Employment</b>
New Job/New Stress	Buster is given more and more responsibility until he "burns out" and collapses – in part because the employer knows he has been diagnosed with a mental disorder.	Why do those seen as "different" are expected to do more to be accepted?  <b>Theme: Employment</b>
Unemployment	"Fairy Drug Mother" comes along to offer drugs to cope. New drugs bring "normalcy"	What is worse – the treatment by "normal others" or the drugs?  <b>Theme: Employment</b>
The Ritual Repeats	A shortened repeat of the previous ritual in a piece of forum theatre – questions are asked of the audience for suggestions.	How much does larger society understand the issues connected to mental diversity? Can they help? Will they help?  <b>Theme: Employment</b>
A Family Gathering	An evening of playing scrabble.... Parents, son and girlfriend with a psychiatric diagnosis.... All the fears and stereotypes of parents toward "what others will think" and spoiling the family genes.... And the over care/smothering of care	Why do loved ones not trust? How can love be destructive? How is dependency materialized?  <b>Theme: Family Relationships</b>
A Doctor's Concern	An Alter Ego exercise whereby egos speak to the audience as a doctor and patient discuss medications. The doctor alter ego wishes to please the drug companies, but to the patient it is an ethic of caring.	How can an ethic of care be present in the midst of the financial ties to big drug companies? How is expression of oppression experienced when this happens? Will psychiatrists accept this portrayal?  <b>Theme: Doctor Relationships</b>

<b>SHOW'S SCENE TITLE</b>	<b>DESCRIPTION OF THE SCENE</b>	<b>CAST'S RATIONALE FOR INCLUSION</b>
Late Night Phone Call	A monologue done in the fashion of a late night radio talk sex help line show.... A slide shows a romance ad entitled "Mental Seeking Mental".... And a shadow box of action occurs demonstrating the letter being read out to the audience.	Why is sexuality, identity and mental identity not considered as co-existing? Why are sexual lives of psychiatric survivors erased? What is the fear? How can this get talked about?  <b>Theme: Intimate Relationships</b>
Double Ceremony of Normalcy	Two ceremonies in one: when a person becomes labeled as different, a new identity of difference replaces a taken for granted self of normalcy – the ritual demonstrates this.	What is normal? Why can't a broader range of normal exist? Why can't having a psychiatric diagnosis be another form of accepted normal?  <b>Theme: Normalcy</b>
Gallery of Behaviours	A bus tour (audience) of personnel professionals arrives to take in office behaviours – but are they mental health workers – the signs individuals wear are flipped so the same behaviour becomes labeled differently – from accepted (work) to unaccepted (diagnosis)... ie. Attention to Detail becomes Compulsive Obsessive	How much does context play in labeling? What is accepted behaviour and why? Does who labels matter? Where is the limit between normal and not normal and how is this determined?  <b>Theme: Normalcy</b>
Hoops For Money	A scene showing a survivor trying to navigate various hoops to receive subsistence disability payments –to be ultimately pushed out by a Disability Review.	Acceptance of a label is limited depending on current politics. How can survivors have greater influence in this?  <b>Theme: Politics of Identity</b>
A Day at the Grocery Store	A scene showing a clerk lucky enough to work for the below minimum wage training pay as various customers are checked out: doctor, lawyer, social worker, psychiatrist –the people spending large amounts of money on groceries paid for by the state.	What people have the larger dependency on society for money? Psychiatric survivors or the various mental health and social work professionals? How is this dependency constructed?  <b>Theme: State Dependency</b>

<b>SHOW'S SCENE TITLE</b>	<b>DESCRIPTION OF THE SCENE</b>	<b>CAST'S RATIONALE FOR INCLUSION</b>
Government Office of Silly Answers	A quick scene built on the Silly Questions exercise involving serious questions but silly and evasive answers provided by government bureaucrats	Who owns the language matters. Appearances matter. Why does this perpetuate? In what ways does this harm psychiatric survivors?  <b>Theme: Language of Power</b>
BC's New Era	Political Satire with Premier Campbell dressed as a used car salesman selling off the province to the harm of those needing help	How can the short-term focus of political office be changed to a longer term of helping society? What is government's role? Why has government turned into a business?  <b>Theme: Government</b>
Blind Leading the Blind	Scene of a deaf mental patient being labeled as non-compliant when psychiatrist did not bother to understand patient – another patient clears up the problem but is told to mind her own business.	Why is the mental disorder label much larger than other aspects of identity? Why do psychiatrists become disconnected from patients? Why can't patients and doctors work together?  <b>Theme: Doctor Care</b>
Office Overload	Scene of over-stressed social worker eventually burning out from a variety of demands to be replaced by a recent graduate full of idealism.	Why has social caring become less? Who will pick up the overflow? What will happen because of this lack of state care? Where is help coming from if not the state?  <b>Theme: Social Care Cuts</b>
Bedtime Story	Scene whereby a tired psychiatric nurse falls asleep as a patient plans out loud how she will commit suicide. Nurse wakes up to believe the "problem" has been solved.	Why does so much disconnection exist between patients and medical staff?  <b>Theme: Professional Disconnection</b>
Family Tug-Of-War	A Red Rover game turned into the pros and cons of loved ones finding out someone has become recently diagnosed – ends with bombardment exercise	How can the experience of psychiatric survivors get out to educate society about what is needed? How can an individual become so isolated at a time they need others.  <b>Theme: Family Disconnection</b>

<b>SHOW'S SCENE TITLE</b>	<b>DESCRIPTION OF THE SCENE</b>	<b>CAST'S RATIONALE FOR INCLUSION</b>
Pep Rally of Pride	A chant about mental pride is yelled out to the audience	<b>Theme: Emerging Mental Pride</b>
Finding A Way Out	Play Ends With a Series of Tableaux and cast members shouting out what they need to live with pride, while being a valued, productive citizen	What can we tell the audience we need in order to improve our lives? What if the list we provide could all come true..... what are the possibilities? <b>Theme: Developing A Future</b>
Debrief	Discussion between cast and audience about the show, the topic, or process.	What will true dialogue look like? What can be achieved by talking together? <b>Theme: Move Art and Life Closer Together.</b>
Celebration	Food, drink, laughter, talking – mix between cast and audience.	Can art be moved into life? Can we make things happen? <b>Theme: Social Action</b>

moments and scenes emerged, which the group felt illustrated new awareness or interstanding. Themes that were performed illustrated relied-upon techniques of popular adult education and absurdist performance styles. Popular theatre methods draw upon lived experiences in the creation of everyday situations in order to reformulate them into new codified (absurdist) and dramatic opportunities. The scene titles emerged as the “themes” or “codes” the group identified them and were instances of “naming their world” in relevant ways. Popular theatre techniques and performative inquiry as research methodology created this awareness in more intentional ways through the use of dramatic and theatrical processes.

Key “aha” moments emerged from early on, through to the performance. Table 6 illustrates the impulse for each conjuring of insight during the group’s explorations and the awareness raised. Some of these exercises were transformed and incorporated into the performance as in the cases of Bombardment, Forum Theatre, Alter Egos, Body Guards, Rite of Passage, Silly Questions and Red Rover.

**Table 6**  
**A Listing of Aha Moments and the Exercises That Evoked Them**

KEY "AHA" MOMENTS	EXERCISE FROM WHERE INSIGHTS EMERGED
<p>The notion of having multiple voices with contradictory demands resonated for some in the cast. The impulse was to turn what occurs within one body outward to the audience to increase awareness relating to experience of "mental disorder."</p>	<p>Bombardment</p>
<p>Suffering transforms bodies into vulnerable and closed positions fighting for a breath of recognition and viability: a sense of entrapment.</p>	<p>Complete the Image</p>
<p>Emotions don't automatically "control" people, but by being consciously aware there can be some control of emotions.</p>	<p>Emotional Walk</p>
<p>How various forms of power influence and oppress the fortunes of others, particularly those who are seen as "not belonging." Also the ritualistic quality of authority that often allows it to work invisibly.</p>	<p>Forum Theatre</p>
<p>Regimentation of society – especially the work world. How the need to conform can be more "maddening" than the desire to be individual.</p>	<p>Body Guards</p>
<p>Individuals "wear" masks... or they are not who they appear. There are hidden motivations and interests that control interactions.</p>	<p>Alter Egos</p>
<p>Labelling involves both the taking on of new perceptions and the destruction of old ones. When named "not normal," there is a passing of status or the taking on of "outsider" – and the taking away of something known, familiar and comfortable on the inside. This related to each disorder label being attached to a particular notion of identity.</p>	<p>Rite of Passage</p>

KEY “AHA” MOMENTS	EXERCISE FROM WHERE INSIGHTS EMERGED
Individuals don’t always say what they mean or hide their true message to protect themselves or exclude others from knowing.	Silly Questions
The confusion of intentions of those around us. Some individuals mean well but don’t have our interests at heart and others just don’t know but don’t realize this.	Red Rover

A document, with regard to care giving and wishes for society, emerged during a session where we were all just sitting around one evening and talking about “What If?” If society could reduce its prejudice of psychiatric survivors and allow greater inclusion so citizenship was a reality, what would that look like? How can co-searchers find greater independence? What can be done? We started small in constructing a wish list by looking at the care giving relationship and some of the assumptions that support it. Not all of these dynamics are healthy or positive for psychiatric survivors. Others foster great support.

Table 7 reflects a central piece within the cast’s message: assisting psychiatric survivors through care giving, supporting and creating opportunities for greater independence at a social level. This was provided as a handout within the show’s program to all audience members.

From the microcosm of mentally diagnosed individuals, and their loved ones, the discussion moved to the larger community. As the list evolved, there was a realization that what would help this group, and others with disabilities, would help many who are also socially and economically marginalized. The list of social assistance suggestions has

**TABLE 7**

**The Handout Provided in the Show's Program With Recommendations for Helping Mentally Disordered People Live Better Lives**

<p><b>THINGS NEEDED TO IMPROVE LIVES FOR PEOPLE LIVING WITH MENTAL DISORDER</b></p>	<p><b>WHAT ATTRIBUTES MAKE A GREAT CAREGIVER</b></p>
<ul style="list-style-type: none"> <li>❖ CHANGE MASS MEDIA IMAGES DEPICTING PEOPLE LIVING WITH MENTAL ILLNESS</li> <li>❖ CHANGE EMPLOYER ATTITUDES</li> <li>❖ IMPROVE TRANSPORTATION SERVICES</li> <li>❖ LEARN MORE ABOUT MENTAL ILLNESS – DON'T HIDE FROM PEOPLE WITH MENTAL ILLNESS</li> <li>❖ VALUE HEALTHCARE AND SOCIAL WORKERS</li> <li>❖ INCREASE FUNDING FOR: RESEARCH, EDUCATION, AND INCOME SUPPORT</li> <li>❖ AFFORDABLE HOUSING</li> <li>❖ LET US SIT ON POLICY-MAKING BOARDS THAT DETERMINE HOW WE ARE TO LIVE AND EXIST</li> <li>❖ REHABILITATION CENTRES</li> <li>❖ INCREASED FUNDING TO VOLUNTEERS</li> <li>❖ BECOME MORE OUTSPOKEN AND POLITICAL AROUND MENTAL HEALTH/ILLNESS ISSUES</li> <li>❖ CREATE SELF-EMPLOYMENT FOR THOSE LIVING WITH MENTAL ILLNESS</li> <li>❖ CREATE A BARTER SYSTEM FOR GOODS AND SERVICES</li> <li>❖ GREATER ACCESS AND ACCOMMODATION TO TRAINING AND EDUCATION FOR THOSE LIVING WITH MENTAL ILLNESS</li> <li>SUPPORT ALL CAREGIVERS, ESPECIALLY FAMILY</li> </ul>	<p><i>The cast has asked that this listing of what makes a great caregiver, for them, be included within this program. Given that this is Canadian Mental Health Week and the nature of the show is, in part, about care giving around mental health – and given, most importantly, the hand knowledge of the group here are some wise words from those who know most! Caregivers need to:</i></p> <ul style="list-style-type: none"> <li>✓ Be non-judgmental</li> <li>✓ Be educated in the issues around mental health</li> <li>✓ Be consistent</li> <li>✓ Be broad-minded</li> <li>✓ Give unconditional love and support</li> <li>✓ Be perceptive</li> <li>✓ Give and maintain clear boundaries</li> <li>✓ Have a clear sense of the “big picture” i.e. be networked into the local community</li> <li>✓ Give of themselves – emotionally, spiritually, psychologically, experientially</li> <li>✓ Know when to let go of the person living with mental disabilities so he/she can walk on his/her own</li> <li>✓ Be adaptive and able to change as the person with the mental disability grows, changes – don't treat the illness, support the person</li> <li>✓ More public and community-wide initiatives around people living with mental health issues</li> </ul>

the potential to resonate with other groups not reflected in the mainstream, i.e., changing media images is something demanded of sexual minorities, larger people, rural citizens and so on. The notion of the “closet” is hinted at here through changing attitudes and becoming educated on the issues and people involved. Inviting psychiatric survivors to take part in activities that directly influenced their lives, from research to employment is a strongly felt by the co-searcher. This notion came from other marginalized people demanding the same.

The key within this study is the translation between physicality and written language. The early portion of this chapter was grounded within concrete, physical means for communicating and making meaning. Mapped “moments of recognition” generating the show appears in Appendix H. This report is based in the experience of the cast; writing about what occurred created the slipperiness of translating embodied performance into text.

### **Summary**

This chapter moved beyond Chapters 1 and 2 to illustrate, through the work of the cast, how insiders to the mental health system have started to rethink their role and place within society by creatively and enactively playing with taken-for-granted relationships within their lives. Disturbing how they think of themselves to generate a greater sense of autonomy was discovered through the games and play that involved the use of exercises that scrutinized relationships of authority. The performative inquiry drew out more similarities than differences, moving the project closer to achieving its stated purposes: to *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing

notions of mental “illness” and *create* better relationships between psychiatrically diagnosed and other people.

The first connections made were between counselors and mental health clients within the cast. What occurred, in the leveling out of hierarchies, provided promise for the potential in the larger social world. A key piece was how the co-searchers considered the guiding research question: *What shifts occur within a group of rural adults living with mental disorder(s) as it developed and presented an absurdist popular theatre community production?*

Self-concepts became informed by how they experienced theatre exercises that asked each co-searcher to look at his/her role through psychiatric disorder diagnosis. The popular theatre process co-created over time was described. The first part of the chapter explored the concrete and material social processes experienced by everyone participating. Aspects of ritual, exercise dynamics, shifts in membership and the road leading to performance were outlined. While the performance was not within the main part of this writing, the scene listing and video are provided in the appendices of this work. Relying on physical interactions was a process for making sense of this experience.

The latter part of this chapter reviewed the way insights were reflected through physically working with words. As language, reflections and meanings came together, new awareness slowly emerged. Even though the co-searchers were not close by, their words were. Reflecting through text linked the concrete experience of performative inquiry with the relationships found through voice, identity and power. The next chapter takes the reader into the interstandings or awareness of cast members as they proceeded through this process.

**CHAPTER FIVE**  
**CAST MEMBERS'**  
**EVIDENCE OF PERFORMATIVE INQUIRY**

*...this is the best experience in my whole entire life and love it – I love it – but not just like – like – not just physically and mentally and emotionally and about the mental illness and about who I was but personal – but about friends and groups and relationships and helping and about commitment and I could go on and on– the list is enormous–it's like the biggest, biggest, hugest thing of my entire life.....like ever....(Tallulah, about the project experience)*

*...if we reflect upon our experience as observers, we discover that our experience is that we find ourselves observing, talking, or acting, and that any explanation or description of what we do is secondary to our experience of finding ourselves in the doing of what we do (Maturana, 1988, p. 26).*

**Introduction**

The experiences of a popular theatre process as performative inquiry informed the previous chapter. This section describes opening up space for *comprehension of voice, acceptance of one's identity and development of power* among cast members. These moments of recognition form part of what “fell out” of the performative inquiry. In later chapters, the audience's and my reflections are covered. To end this chapter, I draw on a passing comment made by Jimmi and how this translated into a structure relating to performed voice, identity and power within rural social margins. The guiding question: *What shifts occur within a group of rural adults living with mental disorder(s) as it developed and presented an absurdist popular theatre community production?* Part of the exploration emerged in Chapter 4 and through the show, *Shaken: Not Disturbed....with a twist!* The remainder will flow more directly through this chapter. In Chapter 6 is the audience's reaction to the performance and my responses to the process are in Chapter 7.

The purposes of this study were to *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and *create* better relationships between psychiatrically diagnosed and other people. People can find

ways to treat one another more justly and fairly. Acquiring one's voice leads to the uncovering and (re)discovery of identity and the unfolding of power to act.

### **Comprehending Voice**

*Actress Tallulah says Stirred has given her a voice to express feelings about her condition....Through the play Tallulah's gaining confidence to deal with society. "I've learned it doesn't matter what other people think, Tallulah said. It's been highly therapeutic, almost like a steppingstone.... I wish there was a program like this that could go on forever....." (Tallulah, Cowichan News Leader, May 7, 2003, p. 19)*

*This play's an opportunity to talk about things that really aren't talked about in public, like suicide. It brought me out into the open rather than being a hermit (Amelia, Cowichan News Leader, May 7, 2003, p. 19)*

Tallulah said the process gave her an opportunity and space to express and voice her feelings about her situation. She suggested she was the "odd one out" because all around her were "normal" people. Few identified with her. Within the cast, she found others wanting to hear her and valued what she had to say. Experiences lived within this project were rare in Tallulah's background. She added it did not matter when people ascribed negative aspects to her self, as a psychiatric survivor, because she had more confidence through being more vocal. Further, the theatre work was a stepping-stone for finding more spaces to speak out.

### *Suicide*

Amelia said the project was an open space to talk about things rarely spoken of in public. For her, an important topic was the myth of suicide fixing everything. The exercises moved beyond speaking, allowing co-searchers to express in more embodied ways the "feeling" of suicide. This bridging was the relationship of "experience-inquiry-performance," or "performative excavating," described in Chapter 2. Explorations within

rehearsals found ways to communicate descriptions of killing one's self and the thinking and feelings behind the act. To do this, Amelia suggested she had to be more physically exposed to society by coming out of her home. She needed to intentionally move away from a safety zone, through an act of risk, in order to speak out. Finding her voice was not as scary as experiencing the social world.

An example of performative inquiry generating enacted knowledge, through creative acting and interacting, was Amelia wanting to demonstrate through words *and* emotion individuals' suicidal feelings. In particular, commonly believed among psychiatric survivors is the idea they are burdens to those around them. She decided this was inaccurate and wanted to "teach" this to other mental health survivors. Current thinking involves loved ones being better off without a psychiatrically diagnosed individual in their lives. From this false consciousness, Amelia found a way to emancipate her thinking. Amelia stated playing the scene *Bedtime Story* was a powerful experience, or "moment of recognition," with the psychiatric nurse who fell asleep as Amelia relayed how she was going to commit suicide. Replaying the scene, she felt, would help others in the audience. This was an enactivist effort to change the nature of the world. What she also discovered was her effort helped her put this topic into perspective. Notably, through opening up the story she asked if she had killed herself, how would she have hurt, not helped, her loved ones? This created a pause for reflection.

*"The Suicidal Sally scene ...I mean that was so real for me... and I-I in the performance I added the words-that I would just be a burden to the rest of my family because I wanted people to know that when somebody's thinking of committing suicide-that they're-like my brother said to me when I did that-said-well what about your nephew, what about him, and I said-I said he'd be better off without me-and that's the way I felt-everybody that was close to me-that I loved that I wasn't thinking that I would be hurting them-I was thinking that they would-that they were-that*

*I would be alleviating them so that was my-I added that in because I wanted to as well—to try and get that point across that – that that’s what people who are suicidal think – that you know I’m a burden so the world will be better off without me—so and—and I felt when I was saying it—like I felt right back—like I was right back in that room with that nurse you know cause I had my head down and you know so I wasn’t looking at anybody—I was basically talking to myself and it was all quite and so you know ... ”(Amelia, Interview 6, p. 38).*

Was suicide the answer or did it create unforeseen problems for people she wanted to help by ending her life? This moment of uncertainty she wanted to perform in the show to help anyone watching and who was in a similar place she’s been in herself.

### *The Pull of the Closet*

Group members began to understand their voices. During various scenes, particularly during personal episodes, individual cast members grew increasingly aware that who they are matters. Self-worth is a key part of critical consciousness. This realization arose though the interplay with others in their lives. As they relayed past experiences to each other, similarities and differences were topics of discussion.

Through the form of exploring stories, came the destruction of old ways of thinking. To achieve this came the simultaneous action of developing a popular performance. Exposing a person’s story rendered one’s self vulnerable because after aspects of experience are released a complete returning to anonymity is never achieved (Salverson, 1997). Merit to such a position is acknowledged; however, those familiar with aspects of invisibility and the “closet,” hiding can be both an act of protection and a force of entrapment and further silencing. Within the play, three scenes uniquely and determinedly personal were included. Keeping Salverson (1997) in mind, I began, when working with Amelia and Tallulah, to suggest the scenes (*Bedtime Story, Family Gathering, Blind Leading the Blind*) needed to be revised to protect their stories and,

therefore, their identities and lives from public scrutiny. Their responses were quick and definitive. They had to remain as they were because they were powerful stories *needing* to be told.

### *Struggles of Voice*

Tallulah stated that if I trust and have faith in her and she in me, then it was the basis for her believing in herself and what she had to say. Encouraging each co-searcher to speak up allowed the story's power to become emancipatory for him/her within the community. Encouraging each cast member to find voice in his or her own way allowed the story's power to become vocally effective within the community.

*but those were the best scenes—but that was the most important—that's what I loved about this whole thing—and you [Sidney] and everything—you went on whatever you call it [intuition] you know what I mean—you [herself] were like I'll just do it because people don't take risks—you [Sidney] took risks in me so now I can take the risks and Amelia can take the risks and everybody at Open Door can take the risks cause you and oh to do that was important because if we didn't do all those scenes—then I wouldn't have been as happy with the whole program—cause the reason I was happy—because you [Sidney] were taking things and we were taking things and making up all these things and doing all these things- but you [Sidney] weren't—you [Sidney] weren't taking out the ones that you thought were risky—but you were saying they have to fit—I'm going to give them—we may turn some of these around but I'm going to drive the point home cause you know what Tallulah deserves it, Amelia deserves it—all these people I think deserve to you know—you did the one thing that nobody else—everybody else is trying to hide our lives—and you were like—you said—you took dynamite and you said you deserve this—here—here it is cause it's real—run with it—and you know—that was really—that was honourable—like that was heroic in my eyes—you know what I mean—like you don't understand though—we've got to have somebody like you [Sidney] to you know otherwise everybody else is like sssssshhhhhhhhhhh... (Tallulah, Interview 6, p. 45).*

Tallulah spoke about the many scenes (27 in the two-hour popular performance). Some co-searchers wanted to edit the play to an hour. She said each scene reflected a piece of someone's voice and to cut episodes was removing part of a co-searcher's ability to

speak. Was it more important to have a nice, neat and tidy production? Or was it more valuable for the performance to be an open space for all voices to express? Tallulah reminded the cast that it took a lot of courage to announce one's non-visible presence. She stated Sidney took risk in organizing and running the group and continued to believe in the process. Cast members noticed the effort. This allowed group members to take "leaps of faith." Tallulah reminded the group, many loved ones in the cast's lives were trying to hide co-searchers' experiences from the public. This project was a space and process for each member to take small steps to speak their stories.

Self-deprecation and self-silencing occurred; co-searchers had a perception they are worth-less somehow. This is the Freirian notion of a "culture of silence." Speaking before the community, they discovered their senses of self and personhood are important. Amelia spoke of missing a rehearsal because she was depressed. This absence added to her loneliness. She called her mom to talk about her feelings. The response received was theatre was helping. What she and her mom talked about was, "What happened in acting this week?" Amelia said it was a space to be a kid again, play, let go and just be one's self. Through play comes a sense of self. The space was where stories hidden away were pulled out and worked with through bodies destroying old forms to open up possibilities in creative action and interaction.

*it was maybe two-thirds the way through um I was kind of in a bit of a depression—and I did think about not coming—and I missed one and I felt so lonely that night—I was at home—and um and then I—and then I talked to my mom on the phone and um she brought me back up like she usually does and she just said to me – promise me you'll go to acting—cause she just- every time I phone her she's like tell me about acting—tell me about acting—I love it I love it—you know—it's so good—this is what you need—you know this so she encouraged me to continue going and um and so I went through a ah like I dipped a little bit deeper and went through a really rough patch but I forced myself to go because I wanted to be there and I*

*wanted to be a part of the group and like Tallulah said, you know it was like you could go and just be yourself and um and be almost—act like a kid again really let go and to be able to tell our stories and um things that you know were only inside before and to bring them out and to work them out in an acting process like that um—I think was really therapeutic you know (Amelia, Interview 6, p 35).*

Jean, one of the counsellors, suggested her role as part of the cast and its function to give voice to stories of disempowerment was one of conduit. Her function, she saw, was to be a mentor and role model. A key aspect of voice was being present. Her value for the group was as a witness to listen.

*I'm at a developmental stage that doesn't—that there is not a lot of unexpressed stuff or that say when I'm expressing on stage it's not a very different state from which—how I express myself you know in—in my regular walk—and I could see that with yourself [Sidney} as well—you're—you're very, very, very good at—you express yourself very well [Sidney] so you touched audience members because of that ability but it may not have been extremely you know moving – moving necessarily for you – you have the ability to move the audience by virtue of being there—like being present is the biggest—the biggest— necessity to move others – like I can stand on a stage and be present and put forth that which you know I want to express – and that's what moves the audience right—it's not the words and it's not the content as much as it is the— the being present and being the conduit and being there...(Jean, Interview 14, p. 4).*

It's one thing to want to speak, but equally important is to have an audience hearing and taking in what is heard without judgment. For counsellors, Jean suggested, the act of listening is critical. The process of the project reminded her how key this is to any relationship. Cary reminded the group, the cast spoke and dreamt from inside creases of society. By their nature these folds are dark and hidden. These boundaries extend into other spheres of living and life.

*...do we dream inside of cracks...that is the thing...what is partly disturbing is the darkness of the crack you know ....living dreams you know....add technical stuff you know we can't dream that way...it's all hard to formulate you know but I think it was important...going around....how thin is the border between madness and sanity...you know how close are you to the edge – these are the questions it [the play] brings*

*up- a personal introspection—then they take their mind off the play....(Cary, Interview 17, p. 19).*

What he found was with regard to voice was the play, itself, was an introspective process for both cast members and spectators. He suggested once spoken, the audience reflected and then shifted attention away from the play for the narrowness between sanity and “madness” remained shockingly thin. This space of interaction between performers and onlookers allowed audience members and actors to interstand how alike everyone in that chicken barn was.

### *Speaking As Dangerous Practice*

The power of voice is different from the voice of power as Bette hinted occasionally. To speak out is a dangerous practice. Voices of power, as evidenced by psychiatric professionals, wanted to shield cast members from repercussions, most notably not obtaining employment. Doctors, including Bette’s psychiatrist, wanted to know why cast members had to do this play. Why did cast members have to speak out? The effect was one of silencing by one in power through an exercise of oppression. This was implied when a question in the mind of Bette went unasked. Her psychiatrist asked, “Why tell everybody?” The question remaining unsaid for her was,

*The problem arose when the fact of the— it was realized by some people that you know in the professional area that perhaps people are going to speak out and then they might—that it might harm those people’s possibilities of getting employment for example or fair treatment or whatever— that that was exactly what the play was about to ensure that irregardless of where you are in your mental health—you get fair treatment—that people treat you with respect and that you have just as much opportunity as anybody else— I didn’t really realize that until I spoke to my psychiatrist – and he was like – he says well why do you have to tell everybody—but I didn’t ask the question at that moment—why not?—which is probably what I should have said—Well, why not? You know what difference does it really make—it does make a difference – but I think the*

*difference would be less if people were more aware...* (Bette, Interview 26, p. 14)

She said a great fear exists by others of someone speaking out about his/her psychiatric diagnosis. The danger was unemployment and other opportunities being foreclosed. She spoke out and currently works at a university as an administrative assistant. She said many opportunities in life were ruled out and still people did not speak up. By opening up space for silenced voices she believed this would break down the fear and ignorance. Bette found that the play and process did.

The popular performance created awareness, dialogue and exposure to difference, through continually codifying and decodifying topics of oppression. Sometimes speaking out is not what matters, but becoming familiar with embodied strangers. This occurs through interstanding. Bette found the more she spoke to people following the show, she discovered individuals with no previous understanding of mental diversity responded more positively than those in mental health industries. During, and as part of, the show, interactive discussions with the audience occurred. These chats involved talking about how to help psychiatric survivors be more independent. As Bette experienced the show as an actor, she was struck with the level of ignorance. Learning occurred in multiple directions.

*...if I had to say between the people who never saw the play who were mental health professionals and people who saw the play and are not-having nothing to do with mental health—I would say that we got a better reception from the people who had no idea what was going on—than people who are supposedly educated in the whole field and they had come to see the play...* (Bette, Interview 26, p. 18)

Through the embodied act of speaking, physically, emotionally, vocally, spatially, interactively, all repeated acts help in the performative construction of identity (Butler, 1990). The more one speaks and, most importantly is listened to, reacts with and against

the greater understanding of others....the more critical the individual becomes of one's self. A growing interstanding of relationships among cast members emerged, implicating how each person responded to others, while setting one another apart as individuals. Joan spoke of a key word arising within rehearsals as reflected in: *it's just so simple like three letters – t-r-y. And there it is* (Interview 4, p. 5)... And then she goes on to say in *through trying if you heal it you might destroy something else – that is creativity* (Interview 4, p. 8). This is the crux of learning supporting performative inquiry. Tallulah spoke about how she shifted from working from others' expectations and how she thought they wanted her to be, to looking inward to herself. Interestingly, she distinguished between living up to another's expectations and seeing another (me) believing in her. From another individual, she understood she was someone to be believed in. That knowledge evolved through our interactions. Remnants remained of past practice even after a shift in understanding.

*you just believed me and I could come and be myself – and- and it was fun and we did it and I think that's why—cause when you're—when you're living a huge lie – it's hard to commit to anything – when you're trying to be somebody you're not—like whether it's a relationship or a job or anything – when you're trying to be somebody you're not—how can you commit—it's it's—you're acting! It's like—impossible—it's horrifying* (Tallulah, Interview 6, p. 7)

While the source for being rendered powerless and, then, regaining empowerment were outside of Tallulah, the act of seeing another accepting her is seen as a relationship of interstanding used to create new internal awareness of her self. This seems to be a needed step toward finding autonomy. The next move connects one's voice to a sense of self. Emerging awareness of identity within the cast is next.

## Acceptance of Identity

*We're trying to show everyone that despite our disabilities we're still an asset to the community...when you're schizophrenic, you hear voices; sometimes they're positive and sometimes they're negative...we're expressing what happens when these things happen (Buster, Cowichan News Leader, May 7, 2003, p. 19)*

### *From Make-Believe Comes Experiencing Self*

The shift between “real” and “fiction” was blurred for some. Tallulah said she found her “true” self on stage, when she found herself while acting in make-believe. She discovered, when on stage, she did not have to be the “me” everyone demanded of her. She was at ease with how she wanted to be. Tallulah realized she put up barriers in her daily living. Many of these disappeared when working within the group and on stage. Through this project, she said she met herself for the first time in a long while and was happy with that.

*“I think that I learnt that having mental health illness – that it doesn't – it wasn't so negative after – I didn't feel like that it was such a negative thing right – that people with mental illnesses are the same- and saw myself personally I felt that I – that it was just a big negative thing that could happen to me – and before this there was the diagnosis and I saw that I am just like everybody else – When my psychiatrist asked me – talking about the play – and I told him – I said that I was proud you know having a mental health issue – well he – he always – he gives me this look – that says I don't think that – they think that we need to tell anybody that we have a mental health issue- I think that they – that we don't need to tell anybody – and that's just the way to deal with it but – I don't agree with that...” (Bette, Interview 26, p. 5)*

The freedom experienced within theatre allowed cast members to explore complex identity structures. Tallulah expressed this powerfully when describing meeting herself in the “fiction” of the stage. How others received her explorations was important. A serious audience Tallulah seemed to gauge was my own reactions to her explorations. As she played, I followed to see where she was going. Through playing with the cast,

Tallulah saw this as not judging, but simply being in the moment. In the make-believe emerged concrete experience.

*...it was the very first time I could actually be myself – other – cause the rest of my life was just a huge lie – a huge lie – cause that was the only time I could just be myself – I said stuff and you believed me – you didn't sit there and judge me or go – that's not true – you're not feeling that* (Tallulah, Interview 6, p. 24).

In believing in what Tallulah had to offer, the cast was with her. The group did not react in a way that said it did not believe her. The response was *show us more*. This reaction percolated through the group. In a sense, this had a feel of “anarchy” to it. By this I don't mean chaos, rather that there is no fixed sense of “leader.” Instead, each member looks after the needs of others in the group without judgment, knowing that all are similarly supporting one another.

*“...you made me meet who I really was again and that made me feel like I do love Tallulah....like I – I do love me ...for me...if I do run or whatever...that's okay you know and that was the best thing you brought out in me.....was that it was okay to be me....the whole process I mean – yeah ...when I say you I mean the whole group.....it's interesting....you go to acting to find out who you are ....the real you....it's interesting....”*(Tallulah, Interview 6, p. 29).

Within the working of the group, individuals developed their own sense of self. As Joan (letter, p. 2) suggested, “*We developed a family.*” A big family meeting of sorts was the “frame” used for the period of talking sessions where individuals brought out various issues and stories, placed them in the middle of the group for playing with and engaged with them from many angles...to help one another while developing material for the play. Through destructions of old forms was a coming to action. Particular psychiatric diagnoses were accepted, by each group member, as *part* of identity, but were not its defining aspects. Within the safety of the group, the cast constructed itself like the “container” described in Chapters 2 and 3. Individuals commented on ordinary people

“acting” as part of their living, so they demonstrated how they learned that part of living is acting. Space and distance were maintained between selves and living, so they could manoeuvre during difficult situations. This is an example of shifts in interstanding occurring during the process of theatre making. Through “aimless playing” and developing characters, “*acting made me figure out myself*” (Tallulah, Interview 6, p. 29) was something taken away by many cast members during the experience. Performative inquiry is about destruction of form, creative action and interaction. To find a sense of self, each cast member worked in characterized bodies of others: psychiatrists, social workers, other clients, family members and nurses. It was through the “eyes” of others, participants saw themselves.

Once they performed their public reflections, embodied actions allowed each to work on their identities. Co-searchers played from within the group experience, to see out into society and develop further their understanding of whom they were. Shifts in understanding about one’s sense of self were conjured through actions and interactions of individuals-in-space. As experiences were re-imagined, retold and re-enacted, new interpretations were conjured in co-creative ways. Freirian codification and decodification of fragments of larger themes were at work. Performative inquiry continually inspire questioning and playing. An individual’s sense of self was reshaped. So as newness emerged, more established forms were destroyed in creation. In *Shaken: Not Disturbed* this was ritualized in a piece called the *Death of Normalcy*. When a person’s identity is labelled as “mentally ill,” there is a simultaneous death (of normalcy) and birth (into difference). It is in this realization, or moment of recognition, the show’s cast portrayed a collectively important instant in each member’s life. Connected to these

adjustments is the parallel amendment to other social systems each person is a part. Notably, the challenges to power in a performative inquiry often resonate and reverberate along the connections to other social networks affected by the changes in the individuals acting as co-searchers. The death of normalcy ritual, the cast performed, registered within the audience as one of the most striking moments in the play. These pivotal points highlighted the complex nature of labelling and how each individual is complicit in the act of naming. Through the development of self-image, came eventually, self worth and self-pride. Being proud was reflected by the chant in the play with, the word the cast played with to make its own as symbolized emergent pride....

*Go mental...Go mental.....Go mental....Go mental....*  
[chant from *Shaken: Not Disturbed... with a twist*]

### *Mutual Support*

Related to family, the idea of the cast becoming a group of friends was powerful. Katherine suggested, “*The cast was performing with one another, not at one another*”(Interview 28, p. 32). Support existed for people to stand out before the audience and speak, knowing the cast was standing behind each person. Family members, friends, students and mental health workers comprised most of the initial 350+ audience. As a result, friends and loved ones came to hear unfamiliar voices speak out from familiar bodies. For some in the cast and audience alike, this public presentation was their first time engaged in a live performance. For others, many years had passed since they last tried. For all, the experience was empowering. To hear the support of loved ones was humbling. Enjoying the gifts cast members brought in the packaging of their bodies was amazing for spectators to take in. People enjoyed the ability to laugh, play and learn through those moments without it feeling like “therapy.” The attention of each cast

member remained on the group and one another as described in a scene Tallulah recounted during the celebration following the performance. She was talking with a group of spectators. As they spoke Tallulah was slowly backing up until she backed into Sidney. Tallulah was talking about the process and Sidney organizing the project.

*I thought it was really cool because I had someone ask me how - how it all came about and I was talking to this lady about how it all came about and I was talking about the process that you – Sidney – oh Sidney had this process – first he came in and we did the yoga and then we all these different games and then we did this and we did this – talk therapy – and then it came to this and all that and I was talking talking talking and there was this big group and I was going backwards, backwards, backwards, and all of a sudden I would back into Sidney who was right behind me and he was talking to somebody else – and he was talking about the actors in the show so he was talking about us and I was talking about him and we turned around and we were like [laughing] remember that (Interview 6, Tallulah, p. 29).*

Some in the cast, like Jimmi, were seeking a role within the larger community; many have acted on this desire following the project. Receiving affirmation and acknowledgement from peers, professionals and strangers was important. Their stories mattered and through their tales, their lives were valued. The beginning of community recognition created legitimacy to their emerging identity. This awareness of identities being shaped by reflections that are sent back to us highlights just how much we put stock in others' views of ourselves. At the same time, individuals play a role in developing themselves through responses in others. This shift in identity plays out in subtle, yet marked ways, within the cast. Katherine, with a behavioural counselling background, reminded Sidney many of the cast arrived withdrawn and unsure.

For those members with agoraphobia or major depression, who sat against the wall when they nervously stepped into the rehearsal space for the first time, to standing and acting in a large barn with 350 people was striking. For Katherine, the regular contact

in engaged playing allowed her to see people before diagnoses. Labels fell away and complete people stood before her. This realization spilled over into her personal life because Katherine was in the process of adopting two children. On the adoption form she had marked she did not want kids at risk or with psychiatric diagnoses. Speaking with her after the project, she wondered why she did this and changed her decision. Katherine reminded Sidney the cast would not have performed over 27 scenes in 2 hours if they did not feel empowered. They did and this marked their sense of self in positive ways.

*...the blossoming of a few of the participants...to me was just....and people who had anxiety disorders who were out on that stage....that to me that was really striking to me – it kept blowing me away... I mean I had a lot of fun...I really enjoyed the relationships...I kept wanting to know people’s stories..... I mean granted we saw people healthy – you know we did not see people who were – who were in acute phases of mental illness – but it normalized just the fact that every day–some–you know like someone would come in and say my god they changed my medication and dededededede–that would just – it normalized it all – it took the stigma away–it –it made living with mental illness that you could maintain a sense–a sense of – a semblance of normalcy – everyday life – when it comes to the consequence of that for me was when I got my application for adoption [in process of adopting two young children] and I finally got my copy and I looked at things I was willing to accept and not– initially I had put no for risk of depression, personality disorders and other mental illness – and then went–why did I say no? I think if the group had not felt empowered–they would not have seen the process through–they would never have agreed to be on stage–including Buster who dropped out at one point in time and decided to come back–that couldn’t have happened if they hadn’t felt empowered–and it was the empowerment that they got out of the process that allowed them to continue... (Katherine, Interview 7, p.6).*

### *Normalized Identity*

As more stories were told and psychiatric experiences shared, personal histories and identities grew increasingly normalized. Pride emerged within the process and was included in aspects of self, as indicated by Joan.

*“I became aware that a lot of people suffer the same way I do and there are ways of dealing with it. Better to talk about it than hide from it or*

*cover it up all the time (mental illness) and yes mental illness are just like everyone else – just especially special no just kidding! All of us are individuals and are people and for that – there is commonality mental illness or no mental illness. At the same time I can really relate to Tallulah, Amelia, etc. as our experiences cross each others [sic] path. We are not our jobs, our illness, our religion, we are people that encompass experience that I feel should be shared”. (Joan, letter, p. 2).*

She found engaged within this process were a lot of people sharing similar experiences with her. The experience normalized her history and identity. *“We are people that encompass experience that I feel should be shared”* (Joan, personal letter, p. 2).

The ability to present their selves and abilities out to the community also provided an avenue for creating a public face and entry into the local society. Extending risk and trust was important to the group because members saw me as not judging, but encouraging and having fun and taking his time. Since I took risks and trusted the group, the members, in turn, ventured out to dare and believe. Like many clients in the mental health system, much of their lives are controlled, dictated and watched by various people: family, employers, medical profession and social workers. The need to develop self-confidence was in the control of others. Cast members were aware that any action that did not fit others’ expectations was often pathologized. This performance was unexpected by the public and was supported, creating a new sense of possibility.

*“...I felt the most comfortable like I feel the most comfortable on there – when we were like on stage or whatever – that’s when I feel most comfortable for some reason – when I’m – it’s funny okay – when I’m supposed to be living for real – so I’m feeling totally like I feel totally not normal at all – but when – but when I’m on stage – like when we do that thing – I think it’s because I’m – I pretend that I’m not myself because we’re acting – so I feel totally at ease like I feel – I feel more human and more alive like when I’m there because I feel like it’s – I don’t have to be me – I guess – so I just – I don’t know what it is but I feel so – it’s like – it’s relaxing – it’s like – oh good – it just feels so good – it’s nice – it’s like a break ...”* (Tallulah, Interview 6, p. 37).

### *Positive Self To Integrate Life*

Jean mentioned the experience of the show and the immediate positive and supportive response from the audience invigorated the cast members with a heightened sense of “life force.” A greater connection with and in the world evolved. Amelia, the morning after the performance, was at Open Door and humming as she prepared Sunday brunch for the members. She was a smile personified as she said, “*Last night was so awesome. I’m just skipping on cloud nine*” (Field Notes, p. 452). Jean indicated the embodiment of new energy was taken in deeply and a part of their experience of their physical selves. She described cast members returning to Open Door after the performance as being more alive. Their skin, eyes, facial expressions and interactions with one another showed an animation not seen by the staff for some time. Jean described the cast as being more present in their lives.

*“...as soon as we had finished the performance and coming back here [Open Door] over the next few days and having some feedback from the audience – and stuff like that – this is a very ephemeral term or whatever but their life force was showing – they were more alive – through the eyes, the skin, through the expression of the face, all the clients that were involved were more present....if you are more present in life you are more empowered....it’s because it comes from within – so it shows in a brighter skin tone – a lifted expression – a happier expression in the face – a brighter twinkle in the eye – it’s a visual – that you – that you feel and see more present – more life force –and- and it’s a not an elevated mood to mania – but it’s more like a lifted – other thing that – has shown since the performance again – is like Tallulah walking from that job – different examples – standing for themselves in different ways – stronger – Joan has joined in to work out for the hike – because she is someone that – that is still probably still struggled with illness enough that her presence couldn’t be a hundred percent – so that’s another huge thing to commit to – Amelia was saying that Tallulah was moving to Victoria – for Buster it’s maintaining health and energy and being true to himself about what his boundaries are regarding work and this kind of thing” (Jean, Interview 14, p. 23).*

Cast members were beginning to act in ways highlighting more self-confidence by trying new things. Joan went on a hike. Tallulah *quit* a job at a beer and wine store because psychiatric survivors were self-medicating with purchased alcohol. Rather than play a role in this self-destructive behaviour, she left the job. For someone previously living on meagre disability payments, this decision spoke loudly of how she saw herself within society, not at its edge. Buster decided to monitor his health more closely by limiting how much he worked.

Jean said the experience affected her sense of self, through the reactions of her professional colleagues within mental health services, through “...*getting affirmation and the feedback and recognition and the acknowledgement from peers, from other professionals you know...*” (Jean, Interview 14, p. 20). Still, while the focus of this study was about voice, identity and power, the strength in marginalized stories affected those witnessing the play. When faced with a voice historically documented as being repressed, some mental health professionals did not agree with the experiences portrayed (Porter, 1987, 2002). Psychiatrists stated the history of mental health performed in the play remained in error, rather than prevailing constructions implemented by professionals. Jean relayed her own thoughts as to how psychiatric disorder was constructed. The manufacture of mental diagnoses has defined and patrolled limitations, particularly as monitored by mental health professionals.

*“I think there’s three – for me personally – yes social....within the medical realm the pull has always been psychotherapy versus psychiatry - just give them the pill and they will be okay...or you don’t medicate we will counsel you – there’s brain chemistry – there’s no doubt – that someone with bipolar, schizophrenia can be stabilized on medication but the psychotherapy or counselling aspect of it needs to be there too – the social stigma and all the power and authority which we were putting forth in the play – there’s three – there’s learning – interpersonal learning and*

*history and dealing with stresses and coping skills and cognitive stuff – all that stuff that needs to occur alongside the medications- then the social also needs to also – you know get on board – or be educated or you know whatever so but....when [ a social worker and psychiatrist in the audience] heard anti-psychiatry type history it's it was – it was just like slapping them in the face – because you know without medications their son Jimmi would you know he's - Jimmi – he's not well and he never will be you know as far as functioning and all of that ...” (Jean, Interview 14, p. 28).*

### *Co-Searchers' Response To Negative Reaction*

A psychiatrist discussed the play in the weeks after and was not happy with the history portrayed. He also knew the show was being remounted for the local fringe festival. The point of his meeting with me was to outline his demands:

- History passages being removed from the play because the negative and destructive past experienced by most asylum inmates does not carry forward to today's regimes of treatment. Psychiatrists in their past exercised an ethic of care when working with patients.
- When the response was that the history-related material would remain he said it needed to be rewritten in a softer more compassionate form toward psychiatry.... *and he would come to the next show to hear the revisions to see if he was fine with them.*
- History needed to be “kept in its place” and had no bearing on today.
- The general history contained within historians' accounts had to match his specific personal experience.

His response was one of interpretation. His suggestion was psychiatrists, historically, invented treatments through altruism, humanitarianism and compassion in efforts to heal and alleviate pain. There was no other agenda. The cast, hearing of this response, was delighted that the group, the performance and its message was being taken seriously, but they disagreed with this physician's response.

### *Straightforward Success*

With regard to Bette and her voicing of mental disorder, she believed talking about psychiatric experiences within the environment offered by the performative inquiry, was a way to broaden perceptions of mental diversity. Through this, she changed the meaning of her own history, as well as how others viewed her. By doing this, she amended her sense of self and identity. Bette, after the popular performance, saw she was similar to everyone else with, perhaps, some uniqueness from others. But she stated, "*Aren't we all just a little different? And this is a good thing.*" Diversity is normal.

The last quote around identity involves Cary's view that he was creative again, and that he had accomplished something. He also hinted at the barriers that many in the cast faced when involved with the project: the powerful effect of medication, and its side effects. Despite the hurdles, he accomplished something and it was in the completion of the project that he found a level of autonomy. For many within the cast, the ability to commit and complete the work added to their sense of capability and functioning.

*...I was happy with it definitely...you know I have the public's general view— you know the pills are turning people into vegetable machines...and that's what the Americans call tranquilizers—the vegetable machines....I did all right you know—I lived up to my expectations—you know—I accomplished something after years of nothing—you know some people accomplish things and gain power—and other people gain power and accomplish things and sometimes it's together... (Cary, Interview 17, p. 12).*

The combination of finding voice and reconstructing identity was a source of (re)emerging sense of autonomy (Etymologically this has meant to "live by one's own laws or customs" (Hoad, 1993, p. 213). Within this work, I include living within one's own habitus as well). Having discussed "voice" and "identity," the third aspect, "power," follows.

## **Power to Influence**

With the three aspects of the work emerging (voice, identity and power), individuals' senses of autonomy played itself out in interesting and dynamic ways. Much of the struggle was among the counsellor cast members. Cast members from the mental health system, too, explored among themselves an opening sense of autonomy. The ability to present stories created the capability of participants to influence audience members. The power of the cast's collective was in reaching out with stories others in the community, often isolated, felt connected with. Working from within a group provided a sense of protection in that each was within something larger than him-or herself; however, voices could contribute toward the broader group identity. Power in finding one's own effectiveness emerged within the workings of a broader project. Through a relationship with transferring arising awareness from within the group to daily lives, the cast exercised influence in different ways.

Lauren, a student counsellor, informed the cast the play moved an 18 year-old woman in the audience to find therapeutic help. The play let the spectator know she was not alone. Portrayed by the cast were experiences she endured in her life as well. The popular performance's power was in its ability to normalize experience for clients in the audience as well as among cast members.

*...I have a counselling relationship develop as a result of somebody being there [at the play] and she sort of approached me and the whole presentation of the play had just moved her so much– she felt so isolated until she saw the play ...at the age of 20 she was feeling very isolated – with a lot of things that we were just out there doing right and she said 'wow'–holy shit if they're doing this – that means I'm not alone– and that's huge–I mean at 18 to have that lifted- and they're already feeling marginalized too... (Lauren, Interview 24, p. 13).*

For the counsellors engaged in the process, power seemed to be continually considered. Jean mentioned both her own location within the broader mental health industry and the work of popular theatre. Being directly involved with clients of the psychiatric system gave her the greatest direct contact because it grounded access to people needing/wanting support. While this has concrete influence over individuals, relative power within the mental health system was low. What resulted was a trade off. She had intimate contact with clients as part of the system, but no way to change it to address psychiatric survivors' needs. If she were a member of management she would have less influence on an individual level, but more opportunity to change the system. In fundamental terms, psychiatric survivors exist within the mental health *industry*. Jean felt caught in this through being directly connected to the members of Open Door, but with relatively little institutional power to effect change. The machinery of mental institutions captured and held Jean. She eventually left because of the disempowerment she felt.

*... I've got - you know - sixteen something an hour you know - no benefits and causal work and this kind of thing- but I have the greatest access to people at the human level-I mean I'm sure that I could still maintain being a human in another capacity - but you start adding on all the things that separate you- doors and appointments and you know this that and the other thing-it's very difficult-I mean certainly continuing to be involved in the theatre project will keep me there-will keep me there-but you know I go and become a case manager and it's one on one and you make appointments and yeah you might go out on the ward and do some help with them individually and whatever but mostly you arrange that- you're like the social arranger ...I just wanted to point out that on the scale of the power continuum my job is closest to the client... (Jean, Interview 14, p. 43).*

Power also played out through tensions. While the psychiatric survivors within the cast were more accepting of the process, the non-clients/counsellors were not. One counsellor strongly mentioned she was “ *more comfortable with rehearsals having a clear purpose and motivation and with more of the lines memorized*” (Katherine,

Interview 8, p. 7). She remained the one person throughout demanding order, control and direction from beginning to end. Less faith was held by the counsellors toward the cast being able to work through ambiguity in their own way. Interestingly, when Katherine took on the activity of timing scenes and transitions, she became “in her element” of measurement and having control over something. Time measurement was concrete and known for her; at the end of each rehearsal she reported various times and deviations from previous rehearsals. She was tracking our progress with regard to the production’s run time. This was the same person having a strong response to the group trust exercises. Did a connection exist between her demand for order and predictability involving the group and her lessened ability to trust? This question remains unanswered, but my belief is that there was an experience of transgressive interstanding that occurred. For others among the counsellors, they found the tug of wanting to take control strong, but they learned to trust the chaos of the process. Katherine was puzzled when, like a light switch, it all fell into place. The same thing occurred at the fringe festival. Chaos ensued when cast members arrived at the performing venue for the technical rehearsal; performances were focussed and ordered. The technical manager later said privately to me he was afraid, while watching the technical rehearsal, the performance was going to be a disaster. However, he marvelled at how from ambiguity emerged an ordered, articulate and emotionally powerful show.

#### *Acceptance of Risk Opens to Sense of Autonomy*

As was described in Chapter 2, both the Freirian and popular theatre models work in cycles. Parts of the process repeated, as is anticipated within popular education, to facilitate engaged learning. The reiteration of rehearsals provided a deepened sense of

groundwork to carry out the group's inquiry. A need arose, occasionally, to guide the cast through the teaching of theatre games and exercises. Rather than experiencing unlimited space and freedom to explore and wander, some loose boundaries arose. In being less controlling, deeper ideas and experiences bubbled out. If the process were overly directive throughout, a result would be early pathway foreclosures and a taking away of power from the cast members. In standing back and encouraging meandering, non-client members discovered how flexible the facilitator's role was.

Cast members took risks, particularly the clients among us. One person, Cary, felt uncomfortable dancing and initially did not want to participate, but wound up in all three dance pieces because he decided he wanted to try. Bette, Buster, Joan and Amelia wrote poetry, when they felt they had nothing to say or couldn't be creative. Some took on roles that symbolized authority, and with which they were uncomfortable, initially, but worked through their feelings and found some interstanding between character and themselves. They performed these foreign roles with sensitivity and virtuosity.

### *Tenacity As Power*

One of the key lessons learned from within the client cast was they could commit to something over a long period of time and complete it. What helped hold participants to the process was the continual evolving and shaping of what unfolded through key parts of the popular theatre cycle. As the co-searchers shifted from group formation to playing and learning about theatre and onward to play development and performance, something was always waiting for the group beyond the next horizon of activity.

One of the challenging aspects, while working with psychiatric survivors, is that attention spans tend to be quite short and energy levels tend to ebb and flow dramatically.

Sticking to something and finishing it was the biggest achievement some in the group experienced. This lesson influenced their interactions with others in their lives. Rather than be told they were limited to small projects they now had the belief they can do more. This experience was an impetus to influence others in what a particular cast member was capable. This was one of the important “moments of recognition” felt among the co-researchers. The realization the group remained with something for many months was profound. While this may seem to be a small thing on the surface, many clients in the audience during post-performance interviews did not think the cast would last through a year and four community performances. Seeing this, psychiatric survivors outside of the project wondered if they could do the same thing.... this seemed to offer hope. Beginning with nothing, through to the creation of a two-hour production, was an important lesson. The cast felt confident and successful in finding an empty space, making it their own and creating something unique to them. In committing to this project, they discovered power existed in seeing something through, despite a few bumps and the aura of uncertainty.

The drift and flow of play created an animated energy often coming with “first learning.” This feeling and experience was something they anticipated each week. Amelia and Tallulah spoke of getting their “theatre clothes” all cleaned and set out a couple of days before “theatre night.” The act of getting ready created the links to the ritual and energy within our container each week. They found power in perseverance. Equally, power existed through the confidence in accomplishment, particularly something creative. For some in the cast, it had been years since they had taken on anything large or creative and completed it; to see something produced through their efforts. Collective energy. Working as a group was in itself quite empowering; no longer

did each feel alone. They, through their joined work, forged strong relationships and friendships ... cooperative power....group presence.

The popular theatre process created was a respectful one, as indicated by one of the counsellors, Lauren. She said this did not happen in her life. Also, as a student counsellor, she came from a traumatic past where she often found herself in destructive and powerless situations. Within much popular theatre, power is diffuse and spans in multiple directions, where each participant is encouraged to seek autonomy.

*...it was an affirmation to keep believing in that which makes you respectful of an individual—I think that was it for me—and I think in my case that could be a little misplaced... (Lauren, Interview 24. p. 16).*

*...for myself I saw you trying to give me personal power and I didn't want it— I don't want it you take it— (laughing) I'm not taking it— I'll walk away from it— I don't want it— which is what I do right—go—I get stuck with certain things and then I'm like I'm not taking it—I'll run (laughing) so yeah I don't really stick to my power and the other thing I noticed is because I don't take to—take it or I can be quite passive in that way — and I don't take power—and there can be sometimes when I'm overpowering because I don't have my own kind of power balance—there was a moment when I started to feel getting pushed around by some of the other people that ....so I had to stand up to a couple of people—and I did but it was really uncomfortable for me—so here I go and it always feels way bigger than it is in the moment—so it's like—I have to take my space and I have to say something because I'm passive but I don't them to take charge over me—and so had to do that a few times—and it made—and then it seemed to feel like there was more respect and camaraderie then—and I think pressure played a bit and eventually I had to stand my ground...the big part for me is that people really wanted to open up and express themselves—and any way that worked for them and the discomfort for some of the helping professions that night at the barn [dress rehearsal night—when the helping professionals wanted to postpone the show]—between those two things and then its impact—and the issue of control in the helping professions ... (Lauren, Interview 24. p. 18)*

Yet, for Lauren (and Katherine), even the safety of our constructed place remained a risky “home” because of power’s presence and the sharing of it. The cast guided and helped Lauren express her influence within the group while opening up her

personal cycle of passivity. She found, when working in any group, certain types of personalities took control away from her. While this cast was respectful, she found a counsellor asserting decisions on the group and on Lauren personally. The experience brought back old memories. Lauren, normally more withdrawn, had to assert herself with this other cast member. This experience sparked questions involving issues within therapy and control. How do therapists share authority with clients? Or do they?

### *Power In Labelling*

For Bette, authority was found in labelling and power's manifestation through categorizing identity, particularly if this is done by the mainstream. She described ways naming affected her. She stated if someone had a mental "problem," but was not diagnosed, the person was normal. If an individual has a psychiatric issue and is diagnosed and receives treatment they remain "broken." The "mad" label, and how professionals interact with this, is a strong disincentive for people seeking help. What should be an act of empowerment (seeking aid), results in an embodiment of powerlessness (a psychiatric diagnosis). From the show, Bette took on the word "mental" as a word of pride.

*"I think for the people that came—I think it helped—I think it was an initiation into mental health issues and it was much needed and I think more of this is needed because still there's so much- issues that goes around with it you know—we have issues with professionals themselves not believing that once a patient has been medicated and has been found sort of to be stable and everything's going fine—that somehow there's still something inherently wrong with this individual—whether or not before they had any medication or anything whatever to indicate that there was anything wrong with them basically anyway—they'd never done anything wrong but now that they have a label—and they're medicated well there's definitely something wrong with you – so I think there's a long way to go between—I can have a mental health issue and not see anyone and I'm find but if I have a mental health issue and I see a professional and I do all those other things that 'I'm supposed to do' that there's then—now*

*something really wrong with me—so would I rather be a person with mental illness that's untreated or would I rather be one that's treated – well it seems that if I'm treated then I'm labelled – and then I'm living garbage and I can't fit in—but that that's something I learned from it [the play] too- it made me a little annoyed – if I have one and I don't tell anybody then it's okay—but if I have one and I tell people and I'm medicated and all the rest of it then there's somehow a difference between me then and me now – there's no difference between me then and me now and intellectually there's no difference between me then and now...so I don't care if people know I am a mental you see...but even the whole word 'mental' ..right...we're using that now as a word of pride...” (Bette, Interview 26, p. 17).*

Buster mentioned an audience member was moved cathartically by the play.

However, he was not. Perhaps he was not because of the emotionally deadening effects of psychotropic drugs. The ability to express emotions was something Buster was interested in because he did not know how to work with the “in-between” emotions falling outside of happiness, sadness and anger. He did understand the influence the group exerted in reaching the woman he spoke with from the audience. This spectator re-experienced her own history of mental oppression, through the show, to find a form of catharsis. The experience was a source of affirmation for her.

*One nice lady was talking to me about the play – some of them got a kick out of it you know and one lady told me it brought back a lot of emotions – over what she went through – with the system – said it was like an emotional wringer for her – like the fight she had with the system – it was cathartic for her – to see us work through it – she can at least mentally work through it at the same time – it really wasn't one – that word for me – I didn't get into the emotional part of it – it really wasn't cathartic...(Buster, Interview 27, p. 15).*

The show brought joy, laughter, sadness and anger. Being able to affect another on an emotional level had strong effects on Buster. His label of schizophrenia and his medications stifled the displaying of emotion for him, but being able to provoke feelings in others was moving.

Joan initially spoke of not agreeing with the lives portrayed in the production. She, then, described scenes from her own life, which were portrayed by others in the play. This affirmed for her: we are the same. Joan found she, too, had to negotiate in similar ways to get what she needed from her psychiatrist. He did not listen to Joan's requests, so she yelled at him until he listened. She was supported by her caseworker. Prior to the project, Joan preferred being more passive and non-confrontational. She mentioned she often remained quiet, compliant and non-resistant. Now she asserted herself with regard to her medical needs.

*I wasn't sure I agreed on all aspects of the production – like Dr. Doolittle – because recently I have had good people to help me but to begin with I know I had to argue with a nurse, family, psychiatrist, not to totally fuck me up! To restate this I did have to argue with my psychiatrist last yr. to get him to listen to me. He actually suggested I get another psychiatrist – when I said o.k. I'd go back to Van. And really blew up at him. His cheeks started burning he listened and hoped that I wouldn't fire him with a smile on his face. Why did it get to that point! It also helped that I had my caseworker in the room with me and he totally supported me. We now have a good patient/doctor relationship and he lets me borrow some of his medical book (Joan, letter, p. 2).*

### *Emerging Autonomy*

Amelia discovered she took some of what she experienced in theatre and carried it into her broader life. With her agoraphobia, Amelia did not leave her home often. Before she started the project, she stated she had not left her apartment in the evening for over two years. After the popular performance, she discovered through the *Emotional Walk* she can leave her home by talking to herself, saying,

*...a lot of times just like from walking from home to here [Open Door] – I get really nervous - and I – I hyper-ventilate or I hold my breath and stuff like that and with the acting now I walk along and I 'act' (laughter) I do and I just go and act like you're you know an average person walking down the street and it's like something takes over in me and it's like hahahaha look at me everybody, here I am walking down the street (laughter) and I can do that without being singled out...I mean you look at*

*each situation in your life as an acting – role – cause you – I can say well right now my role is to be sitting here talking with Sidney and Tallulah about the play.... (Amelia, Interview 6, p. 28)*

She said an inner voice would assure her and she would be comfortable walking through the town's streets. One day, she discovered people "act" to get through their lives. Amelia saw these as "masks" on people's faces she talked to. She wondered, "*Do we ever engage with the realness in others?*" (Interview 6, p. 98). She discovered these are not an accurate sense of an individual. She found by doing the same – wearing a mask - Amelia had more autonomy to engage in community life.

Buster was aware he made choices, particularly as they related to the theatre group. When the cast was invited to perform at the local fringe festival, Buster decided he was going to remain on disability benefits and not work at all. Performing was a higher priority for him and the cast needed his presence. He made a decision focussing on others, rather than on his immediate needs. This was reflective of power in the form of making decisions concerning others.

*I can reapply for disability yes but don't tell me – have you filed for EI [Employment Insurance] or were you turned down – did you have enough hours – so the process is get my pay – and get my time and get my EI [Employment Insurance] going–and I'm sill trying to get an ROE [Record of Employment] from my employer and take it from there right – and then I'll go off – if EI turns me down– I should be filing for disability now too – I should go in three today and see if – see if I can get an apartment from J. and go from there too also– tell them I'm going to apply for EI– and if EI– if I don't have enough hours or something then I can go back to disability and we'll go from there but I'm not looking for a job too seriously because the play has got to be hammered up– hammered out this week and we've got to do three performances [at the Duncan Fringe Festival] I'm not applying for work because the play is the priority... (Buster, Interview 27, p. 15).*

For many in the cast, a major step taken was the longer-term project entered into and completed a year later. Committing to something outside of their daily lives was a

struggle for many, but the sense of accomplishment felt by all in the group was overwhelming. Tallulah found power in being able to commit to something so large and for so long. She found being involved for 12 months was a “*huge human accomplishment*” (Interview 6, p. 23) and source of personal pride. Amelia felt the same way. She wanted to “*savour the moment of success*” (Interview 6, p. 43). Being creative and productive generates autonomy.

*I don't even know what the word “commitment” means like I'm horrible with commitment – like two husbands and like two you know divorces and can't commit to like a boyfriend – can't commit to a job or just commitment – I just cannot commit – so the word commitment – but I – this actually committed to – I didn't always make it to every single one [rehearsal] – but from start to finish – and still committing kind of like – kinds – still there – that's amazing – like that's actually something to be proud of – like you don't have to bury your head in the sand – but I did this one thing – so it's a real – it's a huge human accomplishment – a thing of pride for me – huge kind of pride” (Tallulah, Interview 6, p. 23).*

*“I felt like I was soooooo – I was soooooo proud of myself – and I was like – was just like on – like just floating – I just felt so good – and I wanted to just savour the moment – and I didn't need to have people around or anything like that – just being by myself you know and I – and I was just like.....yeah.... I feel good....I did it....I went all the way though....and did it.....you know? (Amelia, Interview 6, p. 43)*

Tallulah also mentioned a story involving her move to Victoria with her boyfriend. She began a job at a beer and wine store but soon quit. As she was serving customers, she noticed several mental health clients coming in to purchase alcohol. Tallulah did not realize the frequency she would recognize others, living with mental disorder, coming in to purchase alcohol to self-medicate. This was a sure road to self-destruction and a road Tallulah, herself, had been on years before. Not wanting to involve herself in others' self-destruction, Tallulah quit the job. This decision to leave was a moral one. This marked a pivotal time in her life around issues of employment. She made a decision going beyond her own life and it was more about the care of others'

welfare. Tallulah moved to other employment involving the care, rather than the destruction, of others and helping...she was moving into areas not familiar to her and as she stated after the project...

*If you stay with the known,*

*I don't think you learn* (Tallulah, Interview 6, p. 43)

### *Emotional Power*

From some of the emotional work done in the earlier part of the process, Amelia discovered she could manage some of the negative aspects within her life and for Tallulah this, historically, involved pleasing others first. In the process she lost herself. This changed for both Amelia and Tallulah as a result of their experience in "acting." After the performative inquiry and theatre-making process wrapped up, evidence of learning migrated out of our circle into the broader lives of players. The most immediate dealt with making choices for one's self rather than pleasing others.

### *Power of Creativity*

Tallulah spoke of creative power involving acts of destruction. To build, something had to be destroyed. She likened this to fixing a chair. This was a metaphor for her life. Rather than try and keep old bits of her life, she wanted to make a clean break and start completely new. Shortly after the project, Tallulah moved away.

*...before you can fix something you have to blow it to shreds—and then you can start rebuilding—you know—you just can't go okay like there's four legs on the chair—take one off and then kind of teeter it and put a new one on—you know and then you've got three oldies—still—and then one new one—like it's better just to wreck the whole chair—get some new wood—then start again – otherwise you still have creaks and— you know what I mean – you can't just – that's what I think anyway –I think you just do it and it's rebuild it –and then it's going to be solid – they'll all be the same kind of wood... (Tallulah, Interview 6, p. 21).*

Both Tallulah and Amelia stated they, previous to the project, let negative things occur *to* them. They, now, had controls to help turn things into positives, while helping to maintain a sense of discipline in their lives. They discovered power in *choice*. They found a safe, supportive and accepting space within the group and were not going to settle for “second best” any more. Amelia and Tallulah felt they deserved better (Interview 6). Rather than place themselves second to others’ wishes, they were going to look after themselves first.

*...that if I– if I can take something and– that has the potential for me to have a negative effect– that I can take it and I have the controls to turn it into something positive for myself–by making the choice to be that– instead of letting it happen to me– if I chose to at the performance to not have that good time and if I chose to I could have been very nervous and you know might have had a catastrophe (chuckle) on stage or something– but I chose–like I realized that I could make the choice to make something go my way I wanted it go to and it did– and that was really, really big...yeah (Amelia, Interview 6, p. 25)*

*I guess the only way you could do that is by doing what you really love and hanging around people that honestly know you and accept you. Now that I’ve got that–I can’t go back and I won’t go back and I – and I – and I–and I can’t- and it’s like–I’m sorry and I might hurt a lot of people along the way– and I might– and I might you know– people – before I would have done – I would have done what people wanted me to do to make the people around me feel good – but now it’s like you know what I’m going to do what I want to do and if it doesn’t make you or your company or you know whatever feel good well I’m not – I’m not you know – I’m not Tallulah the people-pleaser cause I’ve been pleased and I–I want to be pleased – it feels good and I like it and that’s how I want it to be– I still will be myself but I – I have put a– I’ve gone to the next level and I’m not going down – this elevator’s going up...some people just line the way society tells them or the way Earth, this planet, tells them and dictatorship or– or whatever it is – propaganda – and make us watch TV or whatever and they just – they just like to be like robots or however they believe – man once you’ve got the key to freedom it’s kind of nice cause you’re like – that’s great and you go you know I’m sorry you feel that way or it’s great that you think that way but this is how I feel and this is what I’m going to do...when I do things that I–I need to understand that I’m doing them for myself and not for someone else...(Tallulah, Interview 6, p. 44)*

*I had a friend who I– a very close friend– I used to go over and I'd visit her almost every day or every second day – and then when the play started getting really busy I started a little bit less going over and stuff and then the night before the play I was over there and she was all – Oh, yeah, I'm coming...I'm coming...I'm going to be there and blah blah blah and everything and she never showed up– I wasn't overly surprised because I kind of know she does these things and I felt– I actually felt more sad for her– for not coming to the play because I thought this was such an important thing to me and she knew it and she didn't come to support me and .....well I accepted that she didn't come but I– I did it for – in the long run I realized that I did it for me and I wasn't going to please somebody else and we're not friends anymore– well, I hadn't seen her for other things as well like cause like I went to her place after not going for three weeks cause the play finished– and even she said I thought you would have more time now that the play's over but in actuality I was like catching up– on other things and so I didn't end up going over for a few weeks and– and then when I went over I thought we'd at least talk about the play – but any time I brought it up it was not important to her– I was hurt by that and so the other night was the final straw when I– like I said I hadn't see her for three weeks and I came over to visit and in– instead of visiting with me she played Nintendo and then when I asked– or she said if you are wondering why I'm playing this game it's cause I have nothing better to do – and I went– I'm right here and she was – and she just burst out laughing in my face – she laughed – so I took my coffee cup and I said well I'm finished with that and I'm out of here...when I stuck up for myself last night and – and that was something that maybe yeah I wouldn't have done before – and it was only a small little thing but it mean a lot to me obviously because it bothered me so I knew I had a choice of like well I don't say anything and this might happen again and I'll feel bad again – or I say something and the person at least gets the opportunity as well to hear my information and then they can make a choice in how they want to react and if they choose to react - well– live with it– or I'm sorry then that's their choice but I still realize again back to the realization that I make the choice– you're [Sidney] so good for me really good (Amelia, Interview 6, p. 38)*

Despite my suggesting the project be done with them in mind, group members suggested it was about reciprocity or giving back. I helped them through the theatre process and production. They wanted to help me through the interviews and wanted me to let them know when this study was to be presented so they can be supportive in return. In the end, it was not about any one person. It was about cast members getting what each needed from working together.

## Putting The Pieces Together

Among the cast, was a last minute inclusion of a survivor, Jimmi. His responsibility was helping with scene transitions through playing his well-known discordant music. This role meant he had to watch for the beginnings and endings of scenes. This was going to be a challenge because his psychiatric diagnosis and drugs reduced his attention span to short periods. What he wanted to do was play music. Throughout the show he was right on cue.

*Sidney....Sidney....this was great....I have learned a lot like – I watched for your cues throughout the show so I knew when to start...stop.....start.....yeah....so I had to watch the whole show to watch for cues....I watched the show and it was awesome....I watched and I learned a lot ....I watched for two whole hours...yeah....I was right on with the cues wasn't I...yeah....like I wanted it to sound good ....to add to the play....it worked didn't I.... Yeah ....like....I watched the whole play...there was lots there....okay I'm done now....(Jimmi, Field Notes, p. 58)*

The initial question of: *What shifts occur within a group of rural adults living with mental disorder(s) as it developed and presented an absurdist popular theatre community production?* was about relationship. Dialogical experience is critical within popular education work and is embraced within theatre. As I performatively reflected on the initial guiding question at home, it was Jimmi and a “moment of recognition” from him that helped put the pieces of identity, voice and empowerment together. Months after the show, he was talking to the cast about a particular incident in his life. A mental health professional, presumably an expert in mental functioning, had stated to Jimmi that he would never marry because he was perceived as “broken” and not normal. Jimmi was devastated when he heard this comment. This sentiment was something he carried through his life. His rhetorical question affirmed my reflections:

*How can someone who is an expert in mental health not understand how that comment is hurtful? He has the expert knowledge and power about the subject of mental health but I'm a person who has feelings and dreams – his comment took all of that away. (paraphrase from Noble Notes, p. 158).*

*Performing...Understanding*

*Identity....Voice*

*Power....Respect?*

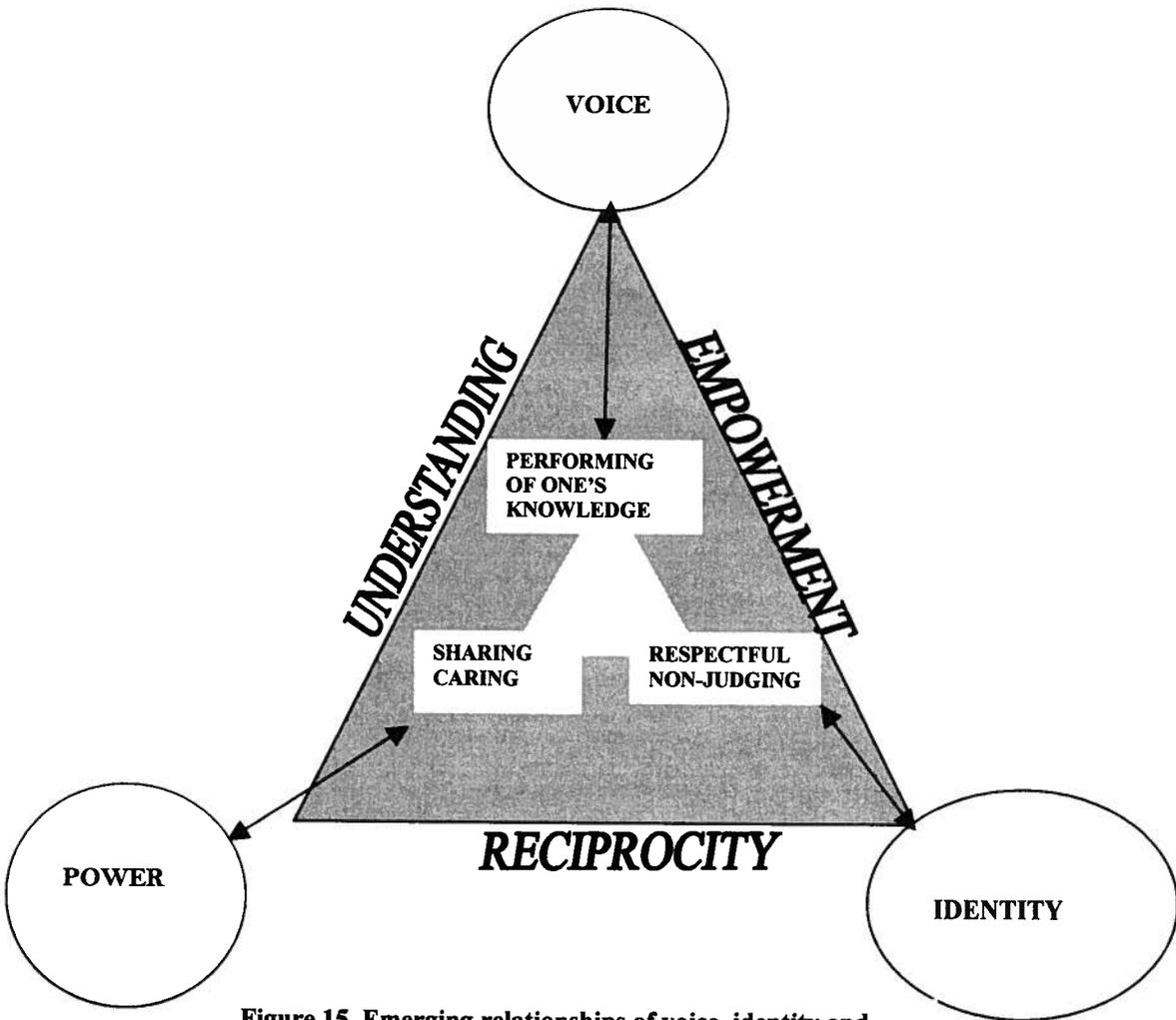
*Reciprocity?*

*Empowerment*

A person in authority understood the abstractions of mental health, but did not consider the human feelings, dreams, aspirations and the concrete living of the person bound up within mental impairment. It did not matter whether he had sexual experience, a romantic life, or a possibility for something more. Reflecting on the stories of the cast members, slowly themes and sub-themes emerged, as outlined in Chapters 3-4, helping guide the fitting of these pieces (Figure 15 on page 153). Jimmi's story helped reinforce the direction taken in my reflections was a resonant one.

The inner triangle in the figure underscores the connection of the outside pieces. Having voice and power, alone, suggests an imposition of will and perception on to others, minimizing the possibility for understanding. Having voice and identity, without personal power, creates oppression rather than empowerment. A speaking self is not the making of the marginalized individual. Rather, both are likely to be constructed through powerful others and their abilities of erasure, as has been the instance with this group of individuals living with psychiatric diagnoses. Having identity and power, alone, does not generate reciprocity.

The inner triangle gives a clue as to how these failures of misunderstanding, non-reciprocity and disempowerment can be overcome. Through what was revealed in the experience of this group, three key elements are required to achieve acts of knowledge across difference: sharing and caring, being respectful and non-judgmental; and the space for the performance of one's knowledge.



**Figure 15. Emerging relationships of voice, identity and power through performative inquiry/popular theatre in the lives of psychiatric survivors**

**Summary**

The purposes of this research were to *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and *create*

better relationships between psychiatrically diagnosed and other people. There are strong indications that these have been met. This chapter drew on the stories and experiences of cast members as they reflected through interviews following the project. Interstanding into their own personhood came through with learning being significant on a number of levels. Jimmi learned he takes in a lot of information and experiences in one sitting and so can contribute to a large project through his improvisational ability to link pieces together into a whole. Tallulah, Amelia, Jimmi, Cary, Buster and Joan learned they could commit to a long and involved project – and saw this one through to its end. This, alone, was seen as a large success because each began a new interstanding of psychiatric diagnosis. Amelia learned how to use acting to help with her day-to-day living as has Tallulah. All mentioned they know they can be creative and their efforts have value in the larger community.

Counsellors gained insight as well. Requirement for control and refamiliarizing to the unpredictable and shifting needs of others was a struggle for some, but they grew to understand the need for the process being chaotic and ambiguous. A high degree of flexibility was called for when working with many people in a creative venture where multiple voices all wanted to be heard in their own unique ways. Others also saw the dramatic growth and change among cast members and were witness to the stories of complex emotion. They also interstood more of themselves as counselors in relation to the process of counseling as this is informed by new awareness of psychiatric diagnosis. Differences among cast members diminished until people coming together to create and perform stories remained. The next chapter turns to audience responses to determine how shifts in awareness and relationships emerged as a result of the play.

## **CHAPTER SIX COMMUNITY EVIDENCE OF PERFORMATIVE INQUIRY**

### **Introduction**

Last chapter, the cast's reactions were reviewed, particularly through notions of change in identity, voice and power. As each member reflected on experiences within the process of theatre making, translations were made between learning in performativity and everyday life. This chapter presents the audience's perceptions and the implications of this feedback. Just as with the previous chapter, the key areas explored are voice, identity and power (as the audience saw the cast and how this became reflected among the spectators).

Before the community responses are discussed, an overview of the performance is described. On May 13, 2003, the door to the poultry barn-turned- performance space was opened. Our advertisement was for a show time of 6:30 p.m. The audience anticipated a show running of something less than two hours. The perception was this was going to be a 30-minute piece. The opening pre-act, the "Freak Show," was to planned to begin at 6:15 p.m., when the doors opened, until 6:30 p.m., when the play started. When spectators continued to come after 6:30 p.m., the performance's beginning was postponed 15 minutes. At 6:45 p.m. the main play began. Counting remaining programs, in a town of 4,500, over 350 people attended.

*it was a breath of fresh air – in many ways for me – yeah and as I said I would much rather have this than you know perfect London court production – something like that which I find really boring – it's so clean and neat – I would fall asleep– and I wouldn't asleep in this [laughter] so there you go (Audience Interview 1, p. 2)*

This show was more like a Happening in some respects. An experience was created that brought together and integrated various rural community segments together.

Many in the audience, typically, did not attend theatre with this being the exception because many knew someone in the show.

*I saw lots of people that I know from around Duncan – there were a bunch of my ex-students there that work in the field either in the mental health field or in the or supporting people with um intellectual disabilities in – that I saw there – so I was happy to see them there and - and - and that experience and I saw lots of other people that I knew I recognized – and I - I talk – that I thought about was gee I wonder how mental illness you know touches people – when you see somebody at a - at an event like that – and they're probably looking at me thinking gee I wonder what he's doing here – and I'm looking at them saying gee in wonder what they're doing here and you don't and you know other than saying hi to each other we don't ask each other those questions about what we're doing there um so I think that it kind of um you know from a from a from a community that what it told me was that mental illness can affect – you know that affects everybody (Audience Interview 5, p. 24)*

The audience was not a typical group of spectators. These were not people accustomed to understanding the nuances of watching live acting. Some had a rich experience in this, but many did not. The crowd was unique because many did not know what to expect, while others had their expectations shaken (and disturbed!).

*Looking at the audience, non-typical theatre goers – therefore people/topic not theatre was the focus – mental illness affects everyone (Audience Interview 5, p. 3)*

Onlookers included a number of psychiatrists, general practitioners, social workers, friends and family of cast members in addition to people outside the mental health field, mental health clients and high school students. In some respects the performance “sang to the choir.” Yet, in a substantial way new experiential learning and awareness occurred.

### **The Scream of Silenced Voices**

*I did not expect that there would be such a comprehensive treatment of so many issues. I did not expect such a political stance from the performers. What I found the most striking/memorable was the performers*

*commitment to each other and to telling their stories with no compromising. I think the most successful scenes were the ones that were enacted by the people who were dealing directly with the issues. (Emailed Audience Responses, p. 3)*

### *An Evening's Entertainment*

Before the audience entered the performance space, their anticipation was shaped by production elements. Spectators brought lawn chairs for their seating. Audience members were confronted by a “doctor” “warning” them about “the dangers” they were about to enter. A list of “rules” was posted outside the barn for audience members to read and keep in mind. While this was going on outside, the interior of the barn was filled with a loud soundscape of an asylum of days past, complete with emergency room public address system sounds, telephones, screams, crying, repeated whispers all included in semi-darkness. The set-up was one of “Sunday entertainment” from centuries ago when asylums were opened up for inmates to be put on display for local townspeople. In order to gain entry, a small door was navigated forcing most in the audience to stoop and manoeuvre into the darkness beyond. Once inside, the cast’s voices and pre-recorded sound effects created a powerful, almost overwhelming soundscape as lawn chairs were set up. The audience was taken aback by this immediate awakening into the content. Some liked this; others did not. Regardless, the reaction toward the opening was strong, so the effect was one of bumping people into discomfort.

*by the way I found that first uh – [laughter] – I think I’ll come a little late next time – it ah – it ah – it was definitely powerful – um but it also goes back many years – it goes back many years – you know – it’s not like that – some younger people were um a little disturbed by it (Audience Interview 1, p. 17)*

*I found that part um really powerful – that that first set – that first scene – that kind of where people had their masks on and the music and the sort of what seemed like aimlessness you know – that that lost – their aimlessness or whatever - whatever the whatever it was – that um you know that part I*

*- I found that – I found that really powerful and the guy playing the guitar I liked you know - I liked that - I liked that – I liked that you know that that was sort of free form too (Audience Interview 5, p. 3)*

*the beginning stuck with me – but um in a good ultimately – I liked it - I was a little freaked out by it -by by the end I was glad it was there (Audience Interview 18, p. 19).*

The cast wanted to create a strong beginning to quickly move individuals' attention into the space and stories. The idea was to knock audience members off balance, to shake, but not disturb, to open up their receptivity: this was not typical theatre. Reactions of audience members varied from a psychiatrist stating this was the way it was in the 1960s when he began his career, to anger from a few stating, "*Why did you have to start like that? I suppose it suits Duncan I didn't like it and I didn't hate it...it made me angry*" (Audience email 3, p. 1). Some teenagers needed to leave until the opening had passed. But to many spectators, this was one of the most powerful aspects of the performance.

### *Silenced Voices In A Small Town*

One of the aspects of small town and rural living was in this audience the voice of the cast was felt strongly. Coupled with the intensity, intimacy affords, the "loudness" of silenced voices can be overwhelming, more because of the rarity of the voice than what is said. Many of the cast were regularly seen on the streets of the town as street cleaners, gardeners, movers, or simply living their lives; all were neighbours to many in the audience. Social connections in small towns created an immediately intimate, personal connection. The unfamiliarity in hearing from usually non-visible psychiatric survivors evoked a theatre experience that was both engaging and powerful. The performance

literally grabbed spectators early on. Previously, the voices heard often came from authorities speaking on their behalf, as is also the case within the city.

The opening piece on suicide was striking because many in the audience had lost loved ones this way. Society was too tough, isolating, demeaning, silencing and oppressive for them. Lighting a candle in memory of loved ones reminded audience members about depression and suicide. This was overwhelming. The “ritual” evoked for survivors in the community why the “mental closet” was pried open during the performance: to save people, to enlighten others and to broaden acceptance of diverse mental identities. While performers executed scenes, projections on the backstage wall outlined aspects of being a psychiatric survivor in Canada. Slides conveyed information about suicide, diagnosis, economic statistics and ways to help.

*what struck me the most was that um the thing about um suicide – that um the stuff you projected – that list of stuff at the beginning – I looked at it and it said that um men were over four times more likely to commit suicide than women – that really struck me (Audience Interview 3, p. 3).*

### *Hearing Voices*

The authenticity of the voices, based in remembered experience, created a strength that cannot be achieved if this show were carried out within a docudrama or performative ethnographical work performed by professional others removed from the stories. In these theatre forms, typically, outsiders perform on behalf of those whose experiences the production was drawn.

The majority of this show was an amalgamation of various bits of personal experience blended into a universal tale. The profound power of the actors-as-people-portraying-themselves was felt deeply by many in the audience.

*it was very clear that there was a lot of – a very positive impact for the people particularly because they told me – [chuckle] and they were telling each other and it was just very clear that it was – so me as a person attending it could see that – and then hear – could see pretty well during the production and then definitely after the production – they spoke like it-everybody was – I can't speak for someone in the audience.....for everybody - that everybody was – I talked to at least half a dozen or more people – performers and they were all – they all had sort of bought into it you know they all had a vested interest in - in what was going on and um and I mean that kind of comes out in the play but it comes it comes out much more strongly afterwards when you could talk to people and they can talk about it and what um – how – what issues meant more to them than other issues .....and the way – and people were very forth coming about that – because I was actually asking some of those questions – you know I was saying you know how did you feel you know about saying this or that or doing that part and people were – you know they would talk about it and they – so they – it led to discussion about some of the issues that they were dealing with ... I thought that was a good part of the process (Audience 9, p 22-23)*

Spectators sensed an immediate legitimacy in the performance because the cast's social location was from where the material emanated. Also, the audience felt the ownership and commitment of the actors toward the popular performance. This production was not something imposed on the cast, but the group made the piece through collectively co-creating. The debriefing following the performance was integral to the entire evening. The audience appreciated being able to speak to cast members one on one and to understand more deeply issues of particular interest.

Through a series of 27 scenes, aspects of living with psychiatric diagnoses and of mainstream reactions to marginalized lives were displayed. Each vignette lasted a few minutes before each opened up into another. For one social work student and worker, she likened these scenes to sharp, clear postcards. Even without English fluency, she understood.

*I thought the pictures were very, very intense – but they couldn't be that intense if they were somehow longer – it was just like a just like a slide show you know – like there's something and there's something – like- like I felt it was all messages to the audience – you know and that's how it came across – but I - I really like them – that they were so short and intense (Audience Interview 8, p. 9).*

### *Risky Speaking*

One episode within the show illustrated to the audience the level of risk the cast took to speak out. This was called *The Death of Normalcy; The Birth of Difference*. Cast members, through a rite involving flowers and candles, proclaimed what the transition into the mental health system meant to them. The shift in their identities showed ways the death of taken-for-granted “normalcy” and birth into “difference” has shaped their lives.

*I found the one – with the flowers – where they put a-ah – they died and what gave birth – I found that very powerful (Audience Interview 1, p. 3).*

At the end of the cast's proclamations, a ritual figure turns to the audience to ask if anyone wanted to step forward to engage in a similar fashion. Spectators were offered an opportunity to describe what being labelled “different” meant for themselves or others. No one moved, so the play continued. After the show, audience members were asked about this episode. The answers were many and for some it was a realization of how risky speaking out was for cast members. Those coming from the relative privilege of the mainstream did not understand the transgression being experienced for the cast to speak until that moment. It seems power of voice is not the same as voice of power.

### *Through Humour Comes Self*

The show sparked people to speak privately with cast members during the celebration following the performance to say the show normalized their experience of fighting a perceptually uncaring medical system. These spectators were not referring to living with

psychiatric disorder, but with other health related issues as well, such as cancer. The show also sparked members in the audience to seek help with counsellors within the cast because of their own sources of psychiatric impairment. Relating to those having not entered the mental health system for help, *Shaken: Not Disturbed* dramatically portrayed attributes of clients' experience in the audience without worrying about the sensibilities of the mainstream. Members and staff from Open Door and those feeling themselves marginalized for other reasons appreciated the dark humour. The ability to find funny experiences from an insider's perspective gave the cast something new: an authority through story. The tension between laughing and watching serious material at the same time was difficult for some audience members. Through the spectators' indecision of whether to laugh or not, the substance of the topic was able to take a deeper hold. Tragic and devastating stories were told with an injection of humour or absurd exaggeration. Does one laugh or cry? Or both? This striking awkwardness was something many carried away with them following the popular performance.

*it was it was very funny – I laughed a lot – but I was laughing so hard that I couldn't ah – couldn't stop laughing enough to hear when you were asking the audience questions - I couldn't stop laughing to give a clear answer when – cause I - I - I piped up right – well what could we do – I said well he can go pick cans and bottles – [laughter] you know that's a joke right - cause you don't make any money doing that [laughter] and then it – I was going to say oh well he could go to Alberta – but I didn't say that....the naked truth that was told – um that was the most striking part of it for me – um it was – you guys didn't hold back on how you really felt about things – um – you tried to make it humorous right ah but it was serious at the same time right - right and - and um that was what struck me the most – was you're laughing but then in the back of your mind you're thinking this is very quite serious – as well in a way but it's just being portrayed humorously right - I'm bipolar but I'm not on any medication because I don't want to be on medication ...well during the show I was experiencing laughter – humour plus seriousness at the same time which was kind of a funny feeling – because usually when you are laughing you are laughing at a joke you are not thinking about anything*

*serious – and then because it was portrayed humorously and people were laughing you know and the way actors were acting and – it was humorous and I laughed a lot – at the same in the back of my mind and in the forefront too – I realized that it was a serious subject – right – and ah and....I thought that woman that was ah engaging the audience – that was quite a – quite a twist – a neat twist – I think and ah – it made the audience nervous – that - it made me nervous – and so I thought it made everybody else nervous too – um – that’s good – because it brings it like – it brings it right there right (Audience Interview 3, p. 7-8).*

Within the audience, some read anger coming from the performance. Others experienced humour. Exaggeration was read by some spectators as “attacking” groups and issues. Others saw it as laughing at life. The key to how the spectacle was taken in by an audience member resided with where an observer was socially located. Those not living as a survivor saw the negative, while fellow survivors saw the humour. This was the “ping” of recognition in two groups of people reading life differently. How else in mental health healing, do oppositional relationships manifest?

*a scene that does stick in my mind is- is ah suicidal sally who’s pouring her heart out and ah the doctor is falling asleep - I mean that’s close to home – I’m sure that happens to lots of people - and on both sides – the one trying to stay awake cause they’ve been under a strain and working hard and it it’s three o’clock or four o’clock in the morning - and then the one that finally finds the courage to start talking about how they’re feeling and - and what they’re - they’re planning – to actually tell somebody about it – to gather that courage and then have that person not listening – it was heart wrenching and sort of funny at the same time – because they did it so well – and the other person seemed to fall asleep so quickly (Audience Interview 5, p. 36)*

Some scenes were simple, sharp and focussed as with *Suicidal Sally*. The “punch line” being that Sally was telling her plans for committing suicide. Finding the nurse had fallen asleep throughout the details and having the “patient” help the professional by waking her was striking. When the nurse asked if everything was okay, Sally said, “*Yes, everything is fine now.*” The scene ended, leaving what followed hanging. The story was metaphorical for how disconnected medical and helping professionals can be in times of

greatest need. The moment was universal in its simplicity because many spectators mentioned this as a key memory of the performance.

The self-deprecating kind of humour used allowed other marginalized insiders to break some of the oppression they experienced. Those feeling outside survivor stories could not laugh. Presumably this hesitancy was because to laugh at the margins could be construed as condescension. Humour targeted mainstream attitudes directly. There was difficulty experienced when spectators realized their potential for prejudice toward mental diversity. Discussed next is this interstanding between self and other through voice into identity. How does being spoken about reflectively shape others and self?

### **Recognizing the Other in Ourselves**

Whenever a showing of marginality appears, a fear of what is being portrayed may also reside within the self of the onlooker. This is particularly true with regard to disabilities and psychiatric disorder. If a person lives long enough, a strong likelihood exists psychiatric impairment is faced. This potential is difficult for many to recognize as a potential within themselves. To take in the “strange” in others reflects back on the self. The other is recognized in our being. Elements of this dynamic were realized through the audience’s comments and feedback during interviews.

*you made me think a bit more about the individual – because we get stopped at the outside of the person – um – yeah just to be more aware of what the person is made of you know – I like the part where you know he was dumb or – if you do not have a place to live and you do not money that’s all how it all starts – the issue of time – well doesn’t he get a job – well he can’t because he’s sick and you know and it’s like a whole chain reaction – that they have to deal with.....to be more open and look at the person first and not the illness – and then my own biased view I guess – and you know like at the beginning – that made me – yeah – and I think that’s part of being open and being caring – they need contact – they need to be with people – they don’t need medication first – I mean that’s what I took out of the whole thing (Audience Interview 8, p. 13).*

### *See The Human Beyond The Label*

Audience members said they took from the show a need to understand the inside of unfamiliar others rather than interpreting outside physical markers *as* identity. When people “read” one another, they were decoding the effects of living in homelessness, poverty and isolation, not the humanness of struggling to survive. In order to help another person, awareness of the other individual from his or her perspective is imperative. Shocking for some spectators was watching the play and talking to the cast after. Psychiatric survivors *are* just like other people. There is diversity as with all people, but the expression of human nature varies widely. Spectators saw (current or potential) aspects of the cast in themselves.

The audience experienced a number of stereotypical images relating to psychiatric diagnoses come under challenge. In part, thought-provoking stories related to the humanity of psychiatric disorder and mentally diverse people containing hopes, fears, dreams, desires, values and successes. One audience member was upset watching other spectators around him because he interpreted responses of people as ignorance. This reinforced the importance of theatre work for the cast and clients in the crowd.

### *Reaffirming Belonging In A Rural Community*

This show, more like absurdist environmental theatre, created an experience bringing together and integrating various rural community segments together. Many in the audience typically do not attend theatre. An exception was this experience because someone they knew was in the performance. Then, coming to the show, spectators saw people from diverse backgrounds sitting around them. This perception had some wondering *who* was a survivor, mental health professional, neighbour, curious

theatre-goer and so on. Further, some in the audience were wondering if others in the audience were imagining, also, who had a mental disorder. What was the motivation for people attending the show? Finally, a realization was made by many. *Mental “illness” does affect everybody*. The experience of the performance demonstrated this was part of the diversity making up life.

This was an episode of theatre by the people, for the people, with the people and about the people. Added to this were the elements of rural living injected into the portrayals throughout the show, through some local place names, organizations and people in the town. There were many moments when there were no identifiers creating a sense of being anywhere.

Loved ones in the audience were publicly validated for their efforts through some of the “wish list” the cast posted and distributed in the program (see Table 7) of what makes a support person. Deeply felt, by these nurturers, was the sincere public *thank you* given to friends, family and caregivers near the end of the play. Speaking with advocates after the play, their response was they, too, are an often-silenced group, particularly within the mental health and medical systems. The cast’s coming out to thank their supporters illustrated an alliance and a public respect for their value within the broader system. The cast experienced validation being returned from the audience. After the show over 350 people came up to the actors to describe the power of the performance. Each performer was good. *Good*. For some in the cast, it had been a long time to hear publicly they were admired. Power through community affirmation was strong.

*the cast were – um were - were important – they were the most important people – and I think for a lot of those folks that they don’t often get to be in that situation where they are important people ... they got they got um – applauded – they got appreciated – they got you know people - people that*

*ah they didn't even know were coming up to them and telling them that it was good* (Audience Interview 5, p. 12)

### *Creating Creative Identities*

Audience members were amazed at the level of creativity displayed within the show. Spectators were struck by the performance being largely improvised rather than scripted. Halogen work lights were set up in “footlight fashion” on the floor in order to create an absurdly horrific and nightmarish feeling of shadows dancing along the backstage walls and ceiling. Symbolism, through prop and costume elements, telegraphed relationships quickly. Several movement pieces were included as illustrations of: 1) historical constructions of “madness,” 2) being trapped by disability and social handicap, 3) finding one’s self out of step within employment and 4) the celebration of mental pride.

The size of the show was something unexpected by spectators. Some among the audience did not realize psychiatric survivors were able to create something so large and complicated with everyone fully participating. These responses came from professionals within the mental health industry. Support workers and caregivers often place preconceived limitations on clients because of neither imagining them having abilities nor wanting to help survivors seek their full potential. Concepts of disability assume need, rather than ability.

Also, the show illustrated those with mental diagnoses were capable of creative achievement. By extension, these were not “throw away” people, but individuals with significant contributions to make. Most importantly, for psychiatric survivors in the audience, was they realized they contain the potential for what the cast did and most significantly, if given the chance they wanted the same.

*I mean how did you – get those folks – I mean – you showed everybody something because it was so big so long so large you know I mean - and everybody was involved ...I mean you showed all of us what is possible (Audience 18 Interview, p. 19)*

*for me I think that and the beginning were really powerful because there weren't words and there weren't a lot of details but all those – but all those – those – the movements and the actions – the symbolism of it all I was able to reflect on it all and it really um hit me – individual – each individual having their own particular story – but with similar movements (I think) with people who were performing for us had similar struggles but they were also – um had – their particular struggle – particularly the dance – cause – because I relate to dance – and - and having someone out of step – I thought – so I thought that was really powerful – the whole notion of being out of step – but then – there's everyone – and so that – I really got that –that was one message that really sticks with me – conformity – and not conforming and not – have – knowing that – kind of wanting to conform but also knowing that you don't have to conf – you don't have to conform – I know – there's lots of information in that – in that ah – in that ah – that I thought was powerful (Audience 9, p. 22).*

Clients in the audience also commented the play portrayed their experience and perceptions where a lot of workers are more interested in their pay cheque than they are in people. Importantly, the portrayals of mentally diverse people were not distorted mass media myths. Lives shown were human and rich in their complexity.

### *Being Positively Committed*

Survivors in the audience were amazed the cast committed itself for the year and performed through four shows. They said it was common knowledge attention spans for many psychiatric survivors were quite short, lasting no longer than a month or two on a project. For other psychiatric survivors coming to witness the show, much in their experiences and struggles with bureaucratic systems appeared on stage. The show normalized their experiences, selves, frustrations, hopes and possibilities. All in a rush, some found they were not alone. One of the cast's counsellors developed a helping relationship with a high school student facing some of the portrayed experiences on her

own. The play helped her “come out” and seek help and support. Through the play, she realized it was okay to feel the way she did.

*the message came through to me um but I think that there are a lot of people that think that they're above- mental illness and I think these people are in denial maybe they're not mentally ill – but they – I think everybody has issues concerning – like everybody has a mental – everybody has a brain and a heart right and the world affects that right and so you can't – you can't get away from that – it 's it's our ah – it's our human condition*

*it's not something that's over there – it's right in your face type of thing – what would you do to help this person or whatever – I – and putting the onus on everybody else in society instead of just the workers or whatever – which is good because we're all here – we're all here together right and um – we should be helping each other instead of helping ourselves only right – (Audience Interview 3, p. 5)*

#### *Ableist Fear Ableist Denial*

Reactions commonly felt included individuals believing mental “illness” did not affect them. This form of disability was perceived to affect, “the poor” or “the uneducated” or those “deserving it” for some reason. There were echoes of morality as being the root cause of mental impairment. A few spectators said people were in denial if they had no feeling of being “insane.” *If we are all denying the potential or existence of a psychiatric diagnosis, then what is “normal”? Is all that is between “sanity” and “madness” someone applying a label?* (Interview 23, p. 37)

For those with no attachment to mental health issues, the show humanized the cast as “*just like them.*” The fear felt, with regard to mental “illness,” began to be lifted when the performance showed the harshness of mainstream indifference and ignorance. Efforts were made to create parallels between depicted stories with others’ life experiences, such as living with breast cancer, being unemployed or living as gay or lesbian in the community. Insights went beyond “their stories” to “our stories.”

*- the play brought back memories of people who were in my healing circle when I had breast cancer, some are not here today, and of so much of the "red tape" we all have to go through - it's so easy to become a statistic, as I now am - it's degrading and demoralizing. If an individual is not prepared/able to look after their own destiny it can be disastrous, as in the young women who was continually being misdiagnosed....just a confirmation that doctors are too busy looking after their own needs.... hopefully it will assist people living with mental illness/health issues to take a hard look at what is happening in our health system*

(Audience interview 2, p. 7)

*There were times in the play that I could relate to experiences portrayed – being unemployed and unable to get help – feelings of anger and helplessness – I loved the sense of humour that permeated even the starkest reality. I guess that is what keeps us going (Emailed Audience response, p. 1.)*

While the cast focussed on the over-reliance of psychotropic drugs to heal, clients in the audience pointed out “treatments” had to move beyond simply supplying medication. Some spectators felt the cast did not want medication, or less of it. The performance illustrated the pervasiveness of a whole medico-pharmacological complex needing financial “feeding.” Rather than helping relationships being central, stories from the show illustrated the common self-interest of doctors and corporations. Pills seemed to replace the healing therapeutic relationship within the medical realm, particularly for psychiatric survivors.

*again the alter ego and the pill pushing scene – that really changed my perception – also the um scene with the psychiatrist who fell asleep - that really changed my perception – maybe not so much of ah someone with a mental illness but of the psychiatric profession - because again it's one of those situations – where these people are being paid to listen but they don't really care or it seems like they don't really care and you have to wonder about the sincerity of actually what they're doing – when it's so much easier just to write a prescription – and say okay there's your – time is up – or to fall asleep and not even be paying attention and from what I understand that was a personal story (Audience Interview 15, p. 17)*

They also connected the over-prescription of drugs to how class is played out within mental health:

*rich people get counselling;  
poor people get drugs*  
(Audience Interview 3, p. 2).

The audience experienced a number of stereotypical images relating to mental disorder coming under challenge. In part, these depictions related to the humanity hidden by psychiatric disorder. That reinforced how important the theatre work was for the cast and clients in the crowd.

*for me what I saw was how little the audience appeared to know – in terms of the concrete stuff of how people get through – the obstacles - because they weren't answering with suggestions that made much sense – and the you know and they were drawing blanks...I mean that was good because it made you realize how - how difficult it is for people – so that sort of I think that that was – I mean obviously it's not – people don't always speak out....but it gave me some idea of - that people don't really know – that the situations that people do need and what - what the solutions are – it was you know....like I said before I was able to pass that sort of primary fear and um look at them as people – that was my biggest aha - to just get rid of that (Audience 18)*

This also served to normalize experiences of clients in the audience, particularly when they heard the “Mental Pride Cheer.”

*I had no idea so the whole stereotype that I had in my head as to what somebody who's mentally ill is like has totally changed- because they look like anybody – they could be anybody – and you have no idea – when I think of mental illness I think of the Jack Nicholsons you know in One Flew Over the Cuckoo's Nest – and the raving lunatics and I think of those and the psychotics and the - the schizophrenics you see on Law and Order who are walking down the streets killing people and those are the ideas that I have because they look like they're mentally ill – you can see it – with the people who were on stage .....they look deranged – unclean – unkempt – their hair is long – they are living out of garbage cans – they are the street people – you know it's- it's more those physical things that markers that one would think and that's not what I saw at all – so that totally changed for me – um also I couldn't believe that this was all improvised – I didn't – it just was so good that I thought it was scripted – and then what amazed me about being mentally ill was the fact that they were able to read and memorize lines because they were so good I thought they were professional and I had no idea (Audience Interview 15, p. 4)*

Spectators also learned from fellow audience members. During the popular performance, interactive moments between cast and audience were included. A “joker” figure asked those watching for helpful suggestions during the cycle of (un)employment scenes. Responses given indicated to others in the audience the level of ignorance held about psychiatric disorders. Solutions were not addressing the needs depicted on stage, adding to the portrayed frustration of the actors. This shared experience resonated back to those observing too. The humanness of the frustration felt by the survivors-as-actors seeking help from those assuming to know was a “moment of recognition” for many. The lesson learned was: ask those living the experience. Get to know strangers to lessen the fear of strangeness.

### *Struck By Pride*

*Shaken: Not Disturbed* also served to normalize experiences of clients in the audience, particularly when they heard the “Mental Pride Cheer.” Most striking for audience members was the constant wanting to know who had a mental diagnosis and who did not among cast members (and audience). One spectator thought “ringers,” or professional actors, were brought in to play the leads. Survivors performed all the roles, including the more central roles. This inability to recognize the clues of mental “illness” was unbalancing for some. The invisibility of mental diversity implicitly throws up the questions “Am I?”...”How can I tell?” The play and the after-performance celebration served to create an opening for cast members, and others living with mental diversity, to experience pride and increased self-worth, to be more included and integrated as part of broader community dialogues. Art spilled out into everyday life.

*I think two things – I think one – it helps people by allowing them to see that they’re not alone in those kinds of situations – and the feeling that I*

*feel inside here – the other thing I think – on the detriment side I think it could also bring up issues in people who may be suppressing those kinds of things and not dealing with them and having um you know they hadn't succeeded in doing the normal thing which is ignoring and having it brought to the surface and having to deal with it (Audience Interview 9, p. 11)*

This play reflected the simultaneous push/pull of mainstream with the social edges by keeping one another at bay in mutual, dread-filled fascination. Mental health workers remarked, “*Wow, is that me? Do I do that?*” “*As I watched I learned more about myself as a professional*” (Audience Interview 8. p. 22)

*what I found most striking about it was sort of some of the anger – you know that came from you that came from the - the ah story it came from the characters themselves – about - about you know anger with - with the system – anger with the status quo – anger with how you get treated – that kind of thing and I and I kind .....well initially what happens to me with that stuff – is that I - I start to feel a bit embarrassed or I start to feel a bit you know I know they're not talking about me but - but It's it just made me a bit anxious at first until I kind of sort of processed it out a bit – and realized it – that you know theatre often is- is exaggeration, is over the top – a bit to make a point you know (Audience Interview 5, p. 8)*

Some among the audience noticed the judging by mainstream society, the cast portrayed, and wanted to be aware of listening and accepting. At the heart of many relationships are the emerging interstandings that come from body-mind connections. Most notably, the stereotyping of mental diversity and what “counts” as *familiar* forecloses expression and living possibilities for those people seen as “different.” The imposition of a narrow scope of “normal” shuts out the breadth of understanding.

### *Confronting Normally -Normally Confronting*

The bravery of the show was shocking for some attendees because the non-visible identity of this impairment no longer took into account the need to “protect” the mainstream from having its senses offended. The cast’s intent was centred on the

margin's ability to speak, not on the prevention of having the mainstream not feel challenged. Rare, is the opportunity for those "on the edge of normal" to let go and be themselves in a public fashion. The status quo has the privilege of doing this every day.

This theatre event allowed the cast to speak out in a relatively unrestrained way.

*how we - we as the wider society um have - have a blinders and a code of silence when it comes to dealing with a public face- of-of mental illness um and how it's not only-I mean you know like this - the - the hear no evil, see no evil, and what is it-speak no evil.....hear no mental illness, see no mental illness, speak no mental illness and um it really showed for me the despair of- of the people who are shuffled from one bureaucratic post to the next in the cycle of - of futility or frustration or um it's- it's very much um a kind of parallel - there's a parallel experience in-in First Nations world in dealing with um a similar bureaucracy in Indian Affairs - and I mean it's like - there's- there's an hierarchical relationship that sets itself up for being authoritative and domineering and paternalistic and meanwhile what's best for them.....yeah - so it really-that was shown very graphically for me with the um where the um - where the actors were going from the unemployment or-going to the unemployment - centre and looking for work and you know coming up against walls um and um yeah so it's - it's increased my awareness for sure- um of just-or brought it home a lot closer.....respect and dignity comes up for me from how this and power and control again-like we all have it but how many of us across the spectrum across the human race really have a handle of who we are and - we know we have choice but not really-and it is so easy to misuse the power-and that-the best intentions are the best road to hell in some ways (Audience Interview 13, p. 19)*

The audience reacted to this strong statement of self being expressed. By describing reactions to being treated unfairly and the fluency in what was presented, many among the spectators captured what the cast's main message was: Equally important, people are all the same. The thought was now why does it matter to society mental diversity be sequestered and maintained within a narrow sense of mental functioning? What is average? Why does it matter everyone subscribes to "normal"? Professionals in the audience said they had no idea clients were capable of doing

something so involved, complicated, creative and risky. How was it possible? How did the group pull together something so big and well?

*To see people have the ability....*

*to do things I didn't think they could do*

*We saw what was possible*

The central issue and big lesson for “normates” (Garland-Thompson, 1996) was in the end a simple thing:

*We are all the same.*

*I am I*

*You are you*

*The fear becomes*

*I am you*

*You are me*

(chant from *Shaken: Not Disturbed*)

### **Relationship of Power**

Once notions of voice and identity permeated the audience, the power of the performance also shaped and influenced spectators. The compelling opening and strength of the imagery and stories created a receptivity to change the views of onlookers, or as some commented, reinforced what they knew or believed about mental disorder. However, many in the audience continued to use the words *disorder* and *illness* interchangeably. Within the production, certain aspects were influential: the interactions of the key characters and actors, the symbolism used and the reliance on dark humour.

*Power In Political Satire*

*That awkward awful feeling  
of serious material  
that is funny  
I wanted to laugh  
but felt ....*

uncomfortable

Following the discussion in Chapter 2 with regard to absurdism, a key “weapon” in this genre is the use of hyperbole and distorting contradictions to create dissonance within the spectator relating to a particular issue. This was mentioned earlier when speaking of “voice,” but the power of speaking simply informed shifts among audience members.

A key political scene portraying the current premier of the province, Gordon Campbell, as selling the common wealth off under the guise of a used car salesman was included. The character piled up money from selling off various infrastructure pieces (highways, schools, railway companies and so on). At the same time there were those in the province continuing to do without, notably disabled people. Watching and hearing all the pieces of the province being sold off was informative for those having not put all the smaller issues into one picture. News media agencies had not pulled together the incremental sell-off into a sense of whole. Placing the profit taking against the need of many highlighted how easy it is to forget groups because they are not noticed.

*the BC Premier – um scene where you were tossing out all the things that he’s put up in BC for sale and the things that are sale in the province and I really had no idea that all of those things were being sold off – and until I saw all those cards and pieces of paper being thrown I really didn’t have any idea – you don’t really pay attention per se – you hear about BC Hydro’s gone or BC Gas is gone or but un – until I actually saw the visual I didn’t put it all together – so that stood out ...another one of the acts that stood out was the – alter egos scene – [laughing] – talking about um how easy it was to push pills and - and when the ah I don’t know which actress it was – had come in – Amelia maybe – who had come in to see – it was Tallulah and with you kneeling in the background saying okay let’s make*

*it like eighteen and next time bring in the family and bring in your brother and your sister and your mother and your father and again you don't really realize how easy it is to push pills on to somebody as a quick fix for something – so I thought that was really cool – that stood out – the um – unemployment line only because I've been there – I know how frustrating it can be for someone who isn't mentally challenged and to have to deal with the bureaucracy knowing that they really don't want to devote the time to you – because they don't think that you're able to really handle it – they just want to get you in and out of there without really as – answering any of the questions and I thought that was quite good and ...I thought that Buster did a good job of ah portraying not knowing anything about the system and - and having to deal with that – that was good ... (Audience Interview 15, p. 11-12)*

Power in relationships involving psychiatric survivors, through the “pill-pushing scene,” and the “cycle of unemployment” created awareness. Questions were provoked including, “*What role do I play?*” “*Is it that bad?*” “*What can I do*” among spectators.

#### *Power In Silence – Bodies Speaking*

The power of not speaking, but of relying on movement to tell stories struck many among the onlookers. In particular, there was a robotic dance describing the challenge of trying to fit into the lock step of society faced by many living with psychiatric diagnoses. Often the result is being pushed out by society and considered “useless.”

*I just thought of another interpretation of that that I never thought of before – the people who were coming in were the government workers – like the psychiatrists, etc. – who made the big – large sums of money and when those prices were given that their grocery bill was or they were having a party catered for two hundred people or whatever and it was going to cost this – there – there was no hesitation in just giving the money that it was costing however for someone who has to live on Ichiban noodles for a month these are things that you wouldn't even consider – I mean you have to try and make the dollar stretch and I never thought of it in that respect – but yeah for those who have the money it's like price is no object - both groups – live off the taxpayer - but the only group that we ever negative stuff about are those people making five hundred dollars a month – not those people making five thousand dollars a month (Interview 14, p. 14).*

This scene was a powerful indictment of the status quo. Related to this notion was the moment of recognition when it was questioned as to the segment of the population being the “drain on society”? *Were disabled people seeking financial support to survive or the many professionals of the mental health industry demanding large salaries from the government more dependent?*

*Power Through Play... In Play....As Play....*

Also, the playfulness and arbitrariness of diagnoses and prescriptions in the *Diagnosis Dance* created a range of reactions from spectators receiving a “label of illness.” Some were angered. Others, notably clients in the crowd, laughed in recognition of the years of shifting diagnoses they faced while trying to find answers.... and are still searching. A label brought an identity into being, even if it was the name of an “illness.”

The final movement piece in the show was one depicting being trapped. Many survivors shared similar experiences of society’s “cold indifference” with me after the show. This alienation leading to suicide was striking for some witnessing the expression of the slow motion “frantic” movements accompanied by the music of *Under Ice*.

*It changed me because of the experiential nature of it – more powerful than talking to people or reading books* (Audience Interview 10, p. 14)

Imagery and story were powerful influences with regard to perceptions of mental disorder. Some in the crowd wondered whether they participated in the labelling of difference because of the power and ability to label they possessed. The scene highlighting this was the “tour group” scene of putting various psychiatric clients on “display” for medical professionals, played by the audience. The tour guide discovered the wrong group was present. Instead, the tour was supposed to be for human resources people. Flipping over the display signs for each mental “illness” was a corporate

behaviour label, i.e., a obsessive-compulsive person turned into someone with detail-orientation, an addictive personality was converted to a “party animal,” a schizophrenic person was someone “thinking out loud” and so on. Through a shift in context, meanings behind behaviour were amended. As the cast did this change, people recognized individuals in their lives and wondered about the slippage of labels.

*one of the other pieces I really – that I just remembered – that I really liked and it was the um – when everyone was standing around in a kind of a semi-circle with little signs on and being different – people like the job and the office work and all that kind of stuff and talking about their different attributes and then flipping them over and having them all with a mental illness – associated with that – like a compulsive is the accountant and all that kind of stuff – I thought that was an incredibly witty um sort of turn-around on um society because it it’s you know (Audience 9, P. 11).*

*What I saw in the group was a high level of ‘self-actualization’. They also modelled empowerment for other people with mental issues. I would suspect that they challenged the community as well, to rethink personal biases and community biases. Politically there was a challenge for all of us to be accountable for our votes and voice. I think these are all benefits. (Emailed Audience Responses, p. 2)*

Following the show, some in the crowd wondered why the cast *had* to even raise the issues they did and so publicly. Was the cast not aware of the potential resistance? Some cast were told it was better and easier to remain silent. Even though the power to influence was present, the insistence by the status quo for them to be quiet remained. The view that the cast should not perform also came from other psychiatric survivors before the show was staged. There was some pressure from other mental health clients for certain members not to perform. Fear of having the “mental closet” recognized was a threat to some because of the unknownness of the consequences. There was hope among some psychiatric staff for clients to find the “mental closet” door again and re-enter it.

### *Where There Is Power: Resistance*

There were reports of local psychiatric professionals being unhappy with the show, largely because of the depiction of the profession as drug peddlers and “drains on society.” The anger from this group was, in likelihood, stronger because of the small town and the magnified reaction stemming from the town’s intimate social connections. It did not help that these doctors decided to sit in the front row. Interestingly, local family doctors agreed with the portrayal of psychiatrists. When this reaction was discussed among spectators, reactions included “*the medical authorities have taken the work seriously.*” If the work were non-confrontational or “cute,” then an indifferent response would result. The show moved mental health professionals.

*they probably didn't like the Fairy Drug Mother – that was – I loved her [laughing] – she was great – I loved her because you know drugs are what they push at you – it's a – it's a reality – and they aren't always helpful ....and they bring their own problems but you know at one point when the person was interacting and asking about drugs and I said – I called out – Well, they're addictive – and you know what the person behind me contradicted me and said – no they're not....because of the issue of extended leave – I serve on review panels and people can get protected for the rest of their damned life by having their extended leave certification go on and on and on – out in the community where they are forced and can't comply with these restrictions and they've lost their rights – and at some point – I'm challenged with that on the review panel – my point is that at some point you allow people to take risks again – and to make their own decisions – but there's a very protective, paternalistic system too that says that these people were screw-ups and there will be a revolving door so we will keep them under control – even though they have been doing well for the last five years – but they're doing well because we're protecting them – so they can continue to take their rights – but it's entrenched – it's brought to another level – to the system level too (Audience Interview 10, p. 2).*

One of the reasons cited in an interview with a psychiatrist was the show undermined any efforts to attract new clients. The show informed potential patients and clients of what to expect. The cast placed labels on people not normally targeted. Naming

is powerful and is typically used against those who cannot resist. Categorization becomes fixed as “natural” by authorities in society.

*I don't recall after I think you mentioned that there were quite a few people – like professionals in Duncan – they were quite upset about this play and - and like I don't know why – they were feeling guilty or you know - but you know what – if you don't do it – if you are doctor who doesn't do it – it shouldn't make you mad (Audience Interview 8, p. 9)*

### *Emotional Strength*

The source of power this popular theatre production contained was the variety and shifting poignant elements. Audience members described the show as an emotional roller coaster involving laughter, sadness, anger, frustration and shock.

*I have a lot of experience working in the mental health area – and also having my own experiences with my own mental health – I think you hit on a lot of real issues for people – you seem to capture them all – a lot of issues around unemployment, around personal loss of your-your normality –around drugs being the instant fix for everything and just a lot of the struggles that people face came out and came out in a way that was quite moving – in fact you brought me to tears.....the part about the death of normalcy – really hit me hard–in fact I tear up thinking about it – because I think whenever you have to come to terms that you have got some kind of a disability – ongoing issue–chronic thing – you know you're never going to be quite the same – and you lose something and it was quite moving to me to hear what people had lost and it made me start thinking about what you know – just you know what is the real impact on my life you know it means I have limitations–of what - what I can handle and that brought that back home to me–by everybody else talking about how it affected their lives–and for some it's really, really severe loss – and for others – it's minor–well like for me I still manage to have a job and do all kinds of things but I still know in my heart that I've lost some of that strength of what I....what a what a wonderful piece of work that was and I know some of those individuals outside of that and I saw how-how– well I saw just how much they were relishing that experience – how proud they were–I could see it in their eyes then–it was great (Audience Interview 11, p. 8)*

The constant movement in tone and intensity of feeling kept the audience engaged and listening to the group's message. Emotion became powerful in the project of community learning.

*...my boyfriend said he cried with just the—he cried and then he laughed and then there was serious and then he said he cried again—and he laughed and he – he was telling me out of the blue—we were in Victoria on a bus and he just turned to me and said—out of the blue—and he goes—Tallulah that was amazing – that was such a good play – and then he goes – I don't just mean you – I mean like everybody in the play – he said it was absolutely amazing—it was very good – and my boyfriend is not one to compliment – and – and it's – he's not he's not oh you've got nice hair, nice clothes whatever—he doesn't do that – you know and I was like (snort) holy – so it was really, really intensified by that – I was blown away – he said 'I was blown away Tallulah.' And he called his mom and he told his mom all about it and everything so I was really—I think I told you [Sidney] that—I was meaning to tell everyone cause I thought that was just astounding when he said that... (Tallulah, Interview 6, p. 42).*

The last aspect of power within the relationship between the performative inquiry's spectators and authors was the opportunity for audience members living as survivors to join in future work. Several clients, among the spectators, approached the cast after the show to ask if more theatre was happening because they wanted to join. They had things they wanted to say. The cast was a role model within the community for other mentally diverse individuals.

*Shaken: Not Disturbed* had given awareness to the politics of mental health and different ways to present material. The performance did not stick with one style but incorporated dance/movement, metaphor, poetry, stories and vignettes, tableaux, dark humour and political satire. Another theatre troupe living with psychiatric diagnoses, from the northern part of Vancouver Island, came to watch our efforts. Their struggle involved constructing and working with script because, in their view, theatre equalled script. This notion is widely held locally and was part of the initial hurdle in this work. Watching the show, the north Vancouver Island group discovered the limitations it placed on itself during creation of performative stories. This other ensemble discovered they could take the experience of our show to present their own message, without the use of

prescribed text. An episode of knowledge creation opened for new awareness beyond the initial cast.

*The audience was really energized by the show. The empowerment the room felt—the cast will remember the power of the experience—the ability to move people is something not easily forgotten.*

The ending of the play highlighted what the cast wanted to share about care giving and opportunities to give their lives deep meaning and enhanced value. Some of these were noticed and picked up by audience members, days and weeks after the show.

*You made me think a lot more about the individual.  
Often I get stopped at the outside of the individual's appearance or the illness.*

*How little these people are given and then we say – now live with dignity...*

*Showed the despair of the people victimized by bureaucracy*

*Powerful women  
in the cast  
who were so committed –  
strong presence –  
look at the person first....  
the labels just disappeared (Noble notes, p. 238)*

Spectators watched cast members individually and relayed their observations to their own lives. The key was for the townspeople to see people beyond difference and physicality, to inside the distinctiveness of individuals.

Some people from a local college discovered theatre was a powerful rehabilitative tool. They wondered why the medical model was still so entrenched within mental health circles. The efficacy of working theatrically and exploring performatively with a group rarely given the opportunity was powerful for counsellors, social workers and educators.

The medical model.....

to something more

*inter-relational,*

*needs to be moved away*

*socially and culturally ... ..and*

*humanly connected.*

## Summary

*Their [Sidney and his group] passionate play is so insightful about mental health issues and myths, it deserves annual staging. Shaken is a Fringe gem that goes straight to the heart and mind. Fringe satiric drama rating: 9 pills out of 10. (Review of Fringe Festival run, September 21, 2003)*

Every time the production was mounted, the reactions were similar: supportive, appreciative and wanting more. Through the many scenes of short lessons, insights and stories, audiences took in some difficult material and have laughed alongside us. This chapter highlighted some of the lessons taken away from the theatre experience and some of the likes and dislikes of using popular theatre to inform community. The opening moments of the play were described as a way to lead into the three emerging areas to be explored with regard to audience reactions: voice, identity and power. Much of what the group wanted to convey audience members have picked up; regardless of ability we, as humans, are all the same. Some thought the play was funny; others felt the production was angry...the strength of black or existential humour is the creation of dissonance and discomfort. Attitudes and perceptions were challenged. The purposes of this study were met: *disrupting* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and *creating* better relationships between psychiatrically diagnosed and other people.

*Sidney: when you have a lot of things going on with a lot of people – you do have to organize so that the people don’t run into each other*

*Female Audience Member: yeah yes but sometimes when people run into each other wonderful things happen (Audience Interview 22, p. 35)*

**CHAPTER SEVEN**  
**MY INTERSTANDINGS**  
**AND MOMENTS OF RECOGNITION**

**Introduction**

The poultry barn was cleaned up. Audience donations of food, clothing and sports equipment (price of admission) were given to Open Door. The cast continued to revel in its well-deserved success. Costume, prop and set loans were returned and the work-lights-as-stage-lights were safely stored away until next time. Spectator and final cast interviews were transcribed and analyzed. What remained were reflections from this experience. Did this research *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and did it *create* better relationships between psychiatrically diagnosed and other people? What were my interstandings of relating from a space of in-betweenness? *What shifts occur within a group of rural adults living with mental disorder(s) as it developed and presented an absurdist popular theatre community production?*

The focus of this chapter discusses my role as popular theatre worker and cultural researcher. What was my growth in awareness through this process? From the beginning, the group existed within change. This was an aspect of identity I had awareness. When disclosures were made about limited energy levels, longer time required for mental processing, reduced ability to memorize, my “home” place of “teacher” changed. The “place” of the group was where I became a part. In hindsight, this was a good thing. As the cast moved into spaces of discomfort, risk and unfamiliarity, it was fitting I was pulled in similarly unexpected ways as well.

*how can you possibly take a group like that – especially one whose – like in the ad who are – who are – people who are agoraphobic...like are paranoid.....so you are taking people that are you know paranoid*

*people...that are non-trusting...you take a group of non-trusters...and having them trust you and then give fully and then talk about things that they wouldn't even tell their best friends – or their parents – you know – so you're obviously giving something out there – otherwise – especially a group like that would not give back like that – which to be able to do that is just – you [Sidney] have a definite- like a definite talent....* (Tallulah, Interview 6, p. 43).

Just as with the cast and audience in the previous two chapters, the focus here surrounds identity, voice and power. In this instance the focus is on my role as a cultural practitioner. The insights I share may help others contemplating similar experiences: sources of satisfaction and caution.

### **Acts of Silence: Stillness As Voice**

Within this experience, our sharing and listening to one another's voice and body allowed each in a group to speak more loudly. As cast members understood, reinforced by their ability to speak, being a lone voice was, at times, lonely. Ability to speak born out of a collective created a stronger group articulation, thereby making the message more focused and expressive. The experimentation and tentativeness of speaking freely and imaginatively was encouraged and supported by one another. Discussions involved ideas and futures. For many within the group, they were isolated individuals often facing silencing effects of authorities presuming to know rather than asking or communicating. In the project, each person found space to say, "No, I disagree, I think the group should do this." Story directions often took many different turns until the final performance was realized. The co-searchers quickly embraced elements of risk and playing, though embedded counsellors were less willing to freely speak of themselves. They were more concerned about goals and of hearing survivors' stories in a space welcoming of everyone's tales. With regard to not hearing non-clients' voices, the fullness of the group

was never completely realized. Part of this self-silencing may have something to do with a “professional” stance fostered within counselling. Demanding “objectivity” be maintained, through listening and keeping control over process, to achieve a goal can have the opposite effect: oppression. Within performative inquiry, many shifting relationships allowed for a type of “subjective-objectivity” to emerge. Focus was borne through the participants. Members normalized diversity so the notion of “mental pride” emerged and was portrayed as if to say, “Look everyone, this is me. I am human. I am proud.” I felt my own “gay pride” being carried along in those moments. Through social difference, members learned about diverse experiences and a deeper meaning to be human, to exist with a little less oppression, silencing and stigma.

### *Respectfully Challenging*

Because of high levels of ambiguity and chaos, an aspect of performative inquiry existed. Voices carried messages of trust and respect. Even during odd moments of verbal “violence,” through unintentional put-downs, reactions were couched in tones of understanding and respect. When boundaries were breached, rather than attack, the reaction was one of informing and sharing in the experience. The person facing the challenge expressed how it felt to be transgressed by one of the group. Through responding to relatively minor exchanges of silencing, individuals spoke out and in performative moments found a level of power. The same, it turned out, occurred to me, in particular, during my conversation with a local psychiatrist. He “requested” aspects of the performance be changed because the particularities of his history were not reflected in the

broader canvas of psychiatry's evolution relayed during the performance. His was an unrelenting focus of getting rid of or radically revising the importance of past psychiatric events.

My preference is to perform ideas in the familiar safety of theatre, rather than to stand alone and speak from sexual margins. The struggles co-searchers experienced, as they gathered the courage to speak, resonated. When Tallulah spoke of meeting herself on stage and liking the experience, her retelling echoed within me. My own comfort with performing and escaping through theatrical explorations of self in imaginative and performative processes is my grounding place.

Having a location as an educator shifted from hiding behind the developmental teaching frame from which I have grown accustomed. Less is revealed of the educator than in the mode of performing as part of a group. In this project, the deeply human and intimate contact demanded relying on the full embodiment of my self. An intense ethic of nurturing for and caring about the whole person permeated the group's sense of collective caring. From watching and interacting with and in the cast, (re)gaining one's voice is an early stage toward developing relationships of power and identity. To speak is to be noticed and creates opportunities for others to interpret others' identities and character. Acts of interpretation are performances of knowledge. And as Foucault (1980) espouses, knowledge is power. However the starting point of knowledge is in the creation of relationships as in the: *voice – identity – power* triad.

How one finds voice is often unintentional. Through the randomness of chaos, is the serendipity of experience. Acts of experimenting and creating, or the creating-doing-being-*playing* embraced by performative inquiry, slowly emerge into the power to speak.

Games and acts of playing had structures, constructed through rules or steps, mixed with randomness. These contributed to the “container” of our weekly rehearsals. Both, however, provide space for random chaos resulting in creating and having fun. *Bodies in awareness*. A striking experiment the group experienced was the accidental, curiosity-filled and fortuitous playing with their embodied voices.

It was important to be heard vocally, but it was critical to be heard through embodied relationships. Much of the performance was not comprised of solos, but it was the result of many collective interactions. Many discussions and physical interchanges, where many single voices were present, created a more powerful communication than if each person spoke alone. When the audience was involved with performance, through lighting of candles and responding to the Joker figure, their actions added to the overall power of the piece presented by the group.

### **Borders and Internal Transgressions of Identity**

Before embarking on this journey, a need to understand the town and community from where the cast members were drawn was needed. Working and living within Duncan for over a year before approaching the people was time well spent. This period was needed to develop more of an identity as insider rather than as a sojourning stranger parachuting in to investigate. The many nuances and sources of contact relied on and my local familiarity were less problematic as elements of our work shifted. The need to be known within the context was something remembered from my own growing up in a small rural farming community. Outsiders were often viewed with suspicion. Assistance from

community members, with regard to production elements, would have been more difficult or at least hesitant in providing things because of my location as an outsider inside.

### *Beginnings*

My background within popular theatre was exclusively as an actor, so venturing into directing and running a project opened my eyes to strengths not considered when working as a cultural facilitator. Foremost, the creation of an inner strength allowing internalized turmoil and worry to churn, while my external persona remained calm and constantly reassuring, was, at times, personally challenging. During a few of the early meetings, when one or two people showed up, words rang in my ears with regard to being able to retain enough participants. The first time two people showed up my heart fell in disappointment. My feeling was the end of the project was near; I would have to return to the academic fold for further instructions. But this was adult education; this was popular theatre. The tides and turns in life happen and are felt more intensely within social margins. I had to be faithful. The fledgling group needed to see my commitment regardless of what occurred.

Then, people continued to come and many returned...through to the end of the project. Two weeks prior to our show most of the cast did not show up for a complete run through. The rehearsal before the performance the key actors did not show up; much of their energies were spent from the dress rehearsal two days before. A family member's death in the family of another actor occurred. She informed the group and then joined her family to mourn. Life happens and can detour a group in unknown ways; the ebb of energies as with bipolar cycles cannot be fully predicted, but had to be incorporated as

best as the group could...and keep going. Never stop. To stand still creates blockage...wind the group forward. Encourage the cast to lead, have trust, show faith, play and have fun. Out of action comes new direction and exciting possibilities.

### *The Aloneness Of The Process*

At times, the feeling was one of you are on your own here... to worry about ‘what if?’ The loneliness, or rather the aloneness, of the work as the facilitator/organizer of popular theatre is something that has received little consideration. As an actor in prior projects, engagement and socializing with other performers and the “director” was typical. In those experiences existed a definite “boundary” between actors and guide. After each rehearsal with the group, the performers left quickly...usually leaving me to clean up and bring the gym back to order. It was during those moments a realization occurred: it was me who initiated and guided the group. The separateness was felt. After every rehearsal, was time to reflect and ponder what had happened each evening.... as equipment was moved around and packed up. On particularly difficult evenings when something had happened to challenge or an exercise had fallen flat... laying in the middle of the cavernous gym, looking at the gym’s ceiling and staring in the empty volume of the space gave great solace. In these periods, the realization how small my sense of self was, when taken within the context of the largeness of the group, was profound. Separateness existed between me and the cast. I knew there was going to be some level of being apart, but I was not ready for how that felt. This “distancing” was, periodically, breached during the performative inquiry and performance. Spreading out power and control was achieved across co-searchers, but the border between cast and me could never be fully erased.

### *“Lightening Rod”*

Much of the time I was in the group little moments members noticed established me as a “lightening rod.” I had no idea about this dynamic until after the fact. Like an actor on a stage, initially I felt I had to be “on” every week, send the right signals, do appropriate things, while also admitting when I made mistakes. When starting out, the pressure can be high. Eventually, I, too, dropped the pretension of performing a role within the group. The location of myself in the group precluded me from divorcing the role from “lightning rod” effect.

The group became identified by the facilitator, both, internally by the group as well as the various publics external to it. The repetitive act of asking me or focusing suggestions in my direction within the group, continually reconstructed me as the centre. An “authority role” is not a position with which I have been comfortable. An audience member pointed out a “difference” existed “between them and me,” even when the group performed as a unit. Moments occurred when the cast waited for my cue; other times when they knew what to do and worked among themselves. My reading of a history-based monologue in the show held echoes of teacher directing a class-as-audience. My role as a doctor opened the performance. I was uncomfortably aware: These are power positions. These were parts others did not want. What was their nervousness? What was left unsaid? Unexplored? My parts also included a minimum waged worker in a grocery store, an alter ego to a doctor, a father, an unemployed person begging for work and a faceless bureaucrat. We play a variety of roles, some with power; many without. Through playing both sides of the privilege equation, a beginning for my own increased awareness, with regard to oppression from a disability perspective, emerged.

When compliments and critique about the group came from the community, the target was inevitably me. Words of support from the town were spoken as encouragement such as when the cast was interviewed by the press. The brightness of their energy as their words were being taken down and published was something to behold (Appendix I). Others' negativity I took on. Why did I take on others' criticisms about the cast? It seemed to have been my habit as nurturer, caretaker, guide; an act of paternalism, perhaps. I felt ... feel I had to continue to take on this role because of the newness of the process to the group and for many of the co-searchers. The play process was an unfamiliar experience for having their opinion taken seriously. Critique was shared, but was softened or framed in less damaging ways. Members discussed what the feedback meant to them, individually, and as a group. Was a need evident to protect? Did the group need this "protection" or was I exerting my own ableist sensibility?

### *The Nature Of Change*

The experience did illustrate what it meant to teach with a profound love, appreciation and respect with and for learners. None of the achievement was the sole creation of one person. In each co-searcher's way, abilities and talents constructed something no one in the group could ever have hoped to achieve individually or with another cast. Group members increased awareness so each was a relationship component allowing for processes of knowledge. Because of interstanding, social change efforts cannot be separated from a facilitator. For social action to result, all participants or witnesses have to be affected in some way by the process. If no change exists in the individual acting as catalyst, as well as by those experiencing evolution, then can what occurs be called social change? No. The guise is one of domestication under a different name.

Because of diverse personalities and the suddenness of changes occurring in lives, when working with “mental” adults, this project highlighted the need to be flexible with regard to what occurs in any particular meeting and how the performance and what followed unfolded: flexibility was a constant. When 12 to 15 people are asking or talking in their excitement, a desire to give each person complete attention is challenging. Also, a mistake was made at the first rehearsal when a planned lesson was brought. I quickly discovered predetermined structures were a hindrance to the required freedom for imaginations to be released and explored. The irony was certain non-clients within the group were clamouring for this predetermination; not realizing the impediment elaborate structures can create. Rather than become “the” authority based on lesson planning, the process evolved into where groupings of games and exercises were brought each week and a choice was made depending on the mood and energy for the group. Often this required a constant shifting of focus or approach as energies and attentions ebbed and flowed through our time together. My own flexibility, co-created with others, fostered more open and playful relationships.

#### *Jack Of All Roles, Master Of None*

Because of relying on counsellors within the relationships, as demanded by the academy, therapeutic aspects crept in to mingle with the process of interstanding. Insights became emergent “moments of recognition” rather than the focus of a “lesson.” Acts of awareness were fostered through interactions. Trust and respect were central. Beyond the project, friendships have continued with many in the group, regardless of whether individuals continued new explorations with me or not.

Within the cast, many were looking toward me as a role model and guide within the unfamiliarity of this popular education work. Their gaze was continually examining aspects I had not given much thought to. For example, while I was worrying when a small number of cast members arrived for a rehearsal, but continuing anyway, others in the group saw this and decided the project was important because my commitment remained regardless of the number attending. For others, it was appreciation for my looking straight at each member as he or she “checked in” each week with no discernible judgement. My focus was on wanting to interstand and empathize with what it meant to go through a medication adjustment, or to run out of psychotropic drugs, deal with multiple and conflicting diagnoses, experience of deep depression, or to interstand mainstreamed people’s relationship with mental diversity. In order to understand another’s perspective, a requirement to not censor or judge is critical. One’s analysis of another forecloses awareness and blocks openings to experience.

Through experiencing the evolution of the work by cast members and receiving personal feedback from audience, the overwhelming reaction was positive. By reflecting back to the beginning, I remember when cast members were nervous and unsure. When I witnessed their growth, as reflected by their “risky” public popular performances and reconnecting to their abilities, confidence and deeper senses of self, the change was humbling. A vicarious sense of satisfaction and accomplishment came from this work. As cast members have stated, power exists in finishing something and in deep ways a sense of autonomy is renewed. This was the common bond emerging from within the group.

### *Seeking Legitimacy*

The last aspect relating to identity was strength when working across social difference. A sense of legitimacy for my marginal location occurred alongside the validation of the cast members' own. A resonance occurred between the group's aspects of psychiatric disorder and my sources of difference. As the cast divulged aspects of living as a survivor, and others' reactions to this diversity, an echo was felt within me. Cast members discussed many social and cultural constructions that affect negatively affected their identities and senses of self. Knowing group members shared similar sources of stigma and oppression allowed for bridges of understanding to be traversed. I had a sense of what it felt like to be repressed because of constructed difference. Through this mutual understanding, arose a collective power to imagine possibilities.

### **Constructing Power During Transgression**

Did I always get it right? Of course not. From the beginning, there were moments when I erred. I arrived with a wonderfully crafted "lesson plan." Quickly that was dispensed in order to allow for the openness of the process to be realized. Early on, I thought with some "minor" inconveniences (day and room changes) the group could work in a space of my choosing. That also was not meant to be and was a good thing in hindsight. I had my own culturally learned biases with regard to "the mentally ill" to overcome. As I write this, I still hear that term from others around me. Thankfully, through this experience, I have, presumably, achieved a greater sensitivity and awareness with regard to the ignorance experienced by psychiatric survivors through the power of others. That alone, is a major shift. I reflect back and wonder, *What if I had stayed with my original biases?*

*How much interstanding would have remained lost and unknown? More broadly, What other social awareness am I missing because of my own culturally blindfolding?*

I did not expect the resistance and need for control from the counsellors and their demands for knowing results before they occurred. Travelling was the goal. Did I handle that the best way? For some yes, for one definitely not.

Luck also played a role. When the group moved our gathering place to the edge of town, transportation became critical for gathering people up and dispersing them after each session. Buster and Jean were significant with driving people around. Lack of transportation was central, but the Open Door program helped us out by providing a minivan each week.

What helped to minimize negative influence was providing space and time. There is no way of doing this work and anticipating every contingency or change in circumstance. The process is built on ambiguity. What matters is that the cultural researcher:

- A) recognizes that adjustments are inevitable and welcome.
- B) is at home in liminality, rather than fixed in one location or another.
- C) to be effective, has to take in and adapt to reshape process: flow and drift are a tension that is carried within this central role.
- D) can be a follower of the group (and at times quite often), rather than its sole “leader or teacher” – this is a dialogical *learning* process for all involved.

The presence of power within many group relationships has to be constantly considered. At times, it may seem easier “to do it” *for* the group rather than with it. These instances present themselves within a group that has as its central history “normalcy” provided for them, and in turn, domesticates and colonizes their experiences into silence.

Being a listener implies a greater sense of following and not being in control. Having faith that the experience will turn out the way it is meant to be, rather than what it *should* be was an early lesson I took from the cast of *Shaken*. What I learned did rattle me, but didn't disturb. Rather it helped reduce the pressure of being "the expert" or of always "being on." Instead, erring and failing were deep moments of interstanding that rippled through the group and beyond it. Each co-searcher witnessed for the others our mutual and individual unfolding.

### *Popular Theatre As Oppression?*

An early danger appeared when beginning to work with this group; something that occurs frequently in this type of work. The act of "facilitating" popular theatre can be a form of oppression. When working with people having experienced, or are currently living within repression exercised by powerful authorities, as within Goffman's (1959) *Asylum*, a culture of indoctrination is the norm. Hints of this existed when cast demands, early on, asked me repeatedly what I was looking for or what my vision was. For counsellors and clients, alike, remained a need for things to be known before group members explored. If the group were told of some predetermined goal (and if this had been known!) any resulting work and explorations would not be theirs, but mine. The show, otherwise, would be my reflection and the cast would continue to be silenced and oppressed. Interestingly, client members within the cast grew confident in exploring and welcomed what they uncovered, offering this up to the rest of the cast for consideration and inclusion.

Over the years, I have avoided being directive in my teaching (except in the rare instance of crisis), preferring to collaborate and work within relationships with students.

Power remains more diffuse than in traditional didactic settings. Responsibility and respect becomes shared. This was the same within the experience and popular theatre project following *Shaken: Not Disturbed...with a twist!*. Greater degrees of power in shared decision-making occurred. Holding the process too closely meant losing everything in the grasping.

### *Internal Power Struggles*

A constant, yet subtle tug-of-war, played out in the background between order and predictability among some counsellors. As the move toward more open, risky and random pathways evolved, the pull was stronger. One of the counsellors (who had a more formulaic or “recipe” approach for creating popular theatre) had commented about the high degree of flexibility needed to work with a group new to theatre. To prescribe direction in isolation of where the members were interested in travelling, created resistance and potentially shut down the process. Others felt a need for an up-front, purposeful, predictable order as to how the group moved through the overall process and individual sessions.

Comfort, in the freedom of working within the rehearsal ritual being negotiated, continued. Some others, in the cast, remained frustrated throughout because of the lack of familiarity with the process. I do not feel they were entirely satisfied with my position of “not knowing.” The process of knowledge was not mine alone. Because of this ambiguity, the counsellors were not automatically placed in a presumed position of power. This placed the counsellors in a location they perceived to be similar to the psychiatric survivors. Perhaps this was too unfamiliar... and therefore risky. The placement of power known in professional practices versus the more egalitarian ability to

influence one another was a struggle for some. I found the social worker from the Open Door program and who had some background in Freire and popular theatre was most comfortable and trusting of the process. Something for me to consider in future projects was the inclusion of support workers familiar with popular education/theatre processes rather than those with a background and framework of traditional counselling methods. I feel my place is not as a gatekeeper of outcomes or overseer of process. As stated before, my role is to create a container and rough structure where a group explores, plays and creates its own pathways through learning and awareness generation leading to the performance and what follows.

### *Control Versus Power*

Having just described sharing power, many of the administrative details were left for me to figure out. Early on, feedback was provided showing some of the project's dynamics needed to change to meet the needs of the clients: these were left for me to resolve. What I discovered was having control over the mundane administration of the project going, was not the same as having power within the group. The cast understood why I was exploring their lives and creating theatre; my goal was this dissertation. But as time passed, they often did disagree among themselves, them with me and vice versa.

Authority among group members seemed to move fairly freely throughout the relationships being formed, rather than simply residing with one person. With a group of professionals and survivors from within the mental health system working together in such contested and emotional terrain, was a success in its own right.

### *A Cathartic Moment*

Moments were many when counsellor co-searchers were frustrated because they were not comfortable working in the chaos fundamental to this methodology. Much of this became played out within the dress rehearsal. Cast members had invited members and social workers from Open Door as a small audience to perform for practice, as well as to iron out snags before the main show. As is typical from my own theatre experience, a chaotic dress rehearsal typically meant a smooth opening night; a smooth dress rehearsal often spelled disaster. Cues went long, lighting glitches, costume changes, etc. all made for a long dress rehearsal, providing a lot of time to go over details for each cast member.

Much was cleared up; however, a couple of counsellors were not happy. One person had stated a particular costume change was taking way too long and should be cut. Tallulah, whose costume change it was, was upset. She demanded she be allowed to make the costume change because the clothing elements she changed into (a role of a street person being “liberated” from the social assistance system) was an important message for her to get out to the people. “Words” were exchanged between her and counsellors. I re-stated this show was for the cast, all of us, to speak publicly. If Tallulah wanted this message said in this way, then it needed to be. To create the time for the change I stepped in with a brief history piece to speak to the audience before Tallulah reappeared and the situation was resolved. Some counsellors, then, demanded I postpone the show because they felt the group was not ready. Other cast members came over to discuss this with me, leaving the clients in the cast to look on. I stood my ground and said the outward appearance of the show was disorganization, but I had faith in the cast. Another rehearsal was scheduled before the show to continue fine-tuning. It was my

standing up for the cast that created the space for group members to come forward and say they were ready. They wanted to do this and if I thought the group was ready and I had faith in them then they would believe in themselves as well and they would be ready. Having someone stand up with (as opposed to for) the cast was a “moment of recognition” in the process, something that struck members in the cast as significant.

As it turned out, the cast did not have a full rehearsal, again, before the show because the “leads” didn’t show up. A cue-to-cue was carried out for those present to reinforce how the (improvisational) show would run the night of our main performance. Nervousness remained; however, the clients and I did our best to reassure the sceptics. For some time, the dynamic of power and resistance was concentrated between the clients and therapists; but most importantly, the survivors saw their ability to “stand up” for themselves achieving what they wanted. In this situation, I felt the group members and I spoke alongside one another rather than for anyone. I believe this because they were with me when I initially spoke and then when they talked up I “backed away.” This did not mean the sceptical and resistant cast members were silenced because ultimately, having stated their concerns, they believed in the work.

### *Transient Power*

Because of the wrangling behind the scenes and within the group, rarely did power sit or emerge from one person, but was evoked through relationships among people. The group’s ability to produce was a cohesive strength coming from a relationship of relative equals. Collectives are comprised of reciprocal bonds. As knowledge emerged within the group, so did its unique collaborative influence.

Based on the counsellors' need to know beforehand was a myth relating to being foretold, is a sense of strength. They would see themselves as elevated. Powers of resistance in ambiguity, risk, silence and chaos were present as well. "Teasing out" of undercurrents is an aim of popular theatre and performative inquiry. Rather than presume to know the end point of each step in the process, and closing out possibilities; the move was to resist this by opening up possibilities through play. Further, the group discovered ritual's power, 1) as it had been constructed for each weekly meeting and 2) through performatively unpacking various "invisible" social rituals victimizing their lives. This was liberating when put in the hands of the co-searchers.

### *Performative Power*

The ripple effects of what occurred in the group washed against community barriers, slowly eroding fixed social perceptions. Power existed within the performance as exercised by the group. As these marginalized people emerged as citizens they offered additional performances portraying lives within mental diversity. Gradually, the normalization process occurring within this disempowered group evolved outward into interactions with the larger community.

Within this performative work, power • authority • control, have all played supporting roles. When first embarking on this performative inquiry and popular theatre, I was not sure how effective the work would be or how the rural town would take to the performance. A large piece of the experience at the beginning was educating potential participants what popular theatre was and why scripts were not required. Once the Open Door group understood, coupled with the opportunity to play and be animated, the work turned quickly into story. During the show, audience participation during select moments

overwhelmed cast members. They couldn't believe that spectators were lighting candles in commemoration of those who had passed on. The power of the movement pieces were moments that spectators remembered most vividly, even weeks later: Diagnosis Dance, Shadow Screen of Romance, Under Ice, Fitting In the Work World and the ritual signifying the Death of Normalcy. Symbolism abounded within the play and each object that held value for the cast figured prominently in the play: pill bottles, Ichiban Noodles, labels, money, the grocery cart, masks, the constant shadows on the walls and ceiling, the white coats and black gowns. All of this was contained in a 27-scene play with a complicated system of 150 character signs. When the Joker figure engaged the audience around issues of employment, responses came... slowly at first, but then more quickly and playfully. The test of the power of performance arrived at the end of the play and the audience rushed the stage in a crowd to talk to the cast. They wanted to know more about the topic of psychiatric survival, to share their own stories or ask for help. A taboo topic had been pushed into the public realm and was welcomed. The cast was validated and their goal of being recognized as a valued citizen had begun.

### *Facilitator As Mentoring Influence*

What I was not aware of at the time was how important my role was within a mentoring context. My power within the group existed within my position as prodder and guide. Through interviews with cast members, I discovered the degree of constant surveillance I was under. When I heard local psychiatrists, having come to watch the show, were deeply angered, I initially felt like I needed to apologize. Through reflection I realized the stories and experiences relayed were the group members' lives. My readings of disability studies had shown disabled people are, by far, among the most silenced and marginalized in

society. Those living with psychiatric disabilities are the most deeply closeted. So to speak out, even quietly, may be experienced as a scream. Our performance was a holler, so the sound must have been deafening, simply because who was telling the story. I left messages with psychiatrists I knew were at the show, but no one returned my contacts for months. When asked about this medical response, by the cast, my reply was to receive a passionate response either for or against meant the voices of the group were taken seriously. Their stories mattered. The answer was the response the co-searchers agreed with because these psychiatrists held a lot of power over their bodies and lives. My response seemed to buoy the negativity coming from professionals. If I caved in and became apologetic, the effect of the whole experience would be disastrous, guilt-laden and regressive.

Over time, as I became more comfortable and confident in myself to the group, my self-imposed stress lifted. While some within the mental health field were reactionary and less supportive, family doctors and the general community were thrilled with our work. The group had been invited to present at the local fringe festival for several performances in the fall of 2003. These resulted in rave reviews from an enthusiastic local press. Having broad-based community support was important for this group and for any future efforts being planned. To live with chaos, trust in one's learners and hold on to faith...well I learned my big lesson from the group.

*It will be what it was meant to be.*

*Have faith*

*In the process*

*In the community or group*

*And in yourself...*

In some ways, this cast was more challenging than I had anticipated. The limitations on energy and longer time to process things, while minor, still had shifted the

dynamics of the journey in substantial ways through change of venue, times of meetings and the overall period the group could commit to the process. What was lacking in time was made up in the delight of the cast's animation, playfulness, spontaneity, risk-taking, openness, trust and willingness to venture. Everyone appearing on stage took shared responsibility for the performance seriously. This became particularly true during the last two weeks leading up to the production's presentation. The cast arrived early to set up and take down the set and worked out a system whereby their visual cues of character signs were arranged systematically and easily in each. The whole group began to quickly come together as an ensemble. Cast members helped one another to change for various scenes. Care being extended to one another fostered the ability to continue taking risks. When I continued to see examples of this I stopped worrying. I understood, in those moments, why it was difficult for caregivers to let go of those they helped. When I found I could step back and have faith, I could join the cast in their sense of freedom and flights into the murkiness of the unknown with them; an experience everyone found mesmerizing. It was then, that I walked the journey alongside instead of out in front.

*Power In The "Non-Visible"*

Through performative inquiry, the depth of emotional investment in the explorations was intense. What is being mined is profoundly personal: experiences, dreams, desires, histories and secrets all contain enormous purchases of feeling. When working within random complexity of lives, moments of revelation were cocooned within emotional senses. This investment was intense for people living with mental disorder because there was a more raw and immediate read of what occurred. Related to the colourings and interpretations of feelings was the complex interactivity of one's embodiment containing

physical, spiritual, personal, cognitive, existential and memory work. How these various systems took in messages through acts of knowledge, to be interpreted and acted on, I am not aware. I remained curious as to how the fullness of one's body-mind and all its systems and situatedness work in concert to develop awareness. In particular I am unsure, in a precise way, how acts of playing can influence understanding through bodies interacting or how embodied and impulsive amusements open up possibilities co-creatively through destruction of form and structures emerging on the edge of chaos.

Throughout this experience, I found working with psychiatric survivors was like always having one more body in the room; one not seen, but could be "felt" nearby: the diagnosis or "illness." Mental disorder was like having another presence among us: neither invited nor uninvited. Present. Each cast member knew it. As the cast took in playful experiences, a silent, awkward presence was felt, acknowledged and engaged with. This invisibility occasionally reached out to us. Perhaps because of shyness or the unfamiliarity of being welcomed, but this "felt" quality insinuated itself in the midst of our inquiry.

### *Subtle Influences Of Rural Space*

The magnifying effect of the rural location was demonstrated through the audience interviews when a number of people had known the people on the stage, particularly the clients. Reactions of psychiatrists were felt through many quarters of the community. This was, perhaps, when my position as outsider helped. I was not tied with deep roots of history to the town and, therefore, extensively known (except perhaps among local college students). This distance did not allow doctors to coerce me through the dynamic of "knowing one's family" that I had experienced growing up in a small farming

community. Threatening retribution through familial or friendship relationships could not occur; I was relatively unknown. How to deal with me became something of an awkward moment for some from within mental health services.

The role of having an agency as an ally is critical in gaining community support and legitimacy. The Open Door program provided transportation; something I had not thought necessary given most of the cast lived within blocks of the initial meeting space. When the group moved to the high school, transportation became critical. Without it participants would not have attended; in this Jean and Buster were key. As Amelia stated,

*Even if I lived across the street, I would still need to get to theatre with someone else. (Interview 14, p. 39)*

Having the agency ally, also opened up avenues to other community groups like a caregivers' society, the Canadian Mental Health Association, school boards and other theatre organizations. And lastly, something Jimmi described one night, after the end of the project, helped me put a central aspect of my own learning, alongside the cast's.

#### *Relationships Found Within Voice-Identity-Power*

Key players in the "community" that developed within the performance were the cast, the audience and me. Spectators were mostly individuals who exerted some form of control over the lives of the co-searchers (caregivers, family members, friends, psychiatrists and social workers). There was still a sense that those present were providing a level of "approval" and this power resided among the onlookers. Instead, what began to emerge were reciprocal dialogues. Those who attended were taking in and listening to messages. Moments of influence occurred and there was power being returned to co-searchers through the relationship of spectator-actor. Between the cast and I, there was a collective sense of emerging empowerment. Through my modelling and curiosity in wanting to

learn the co-searchers' stories, they wanted to understand who I was as well. By sharing our histories connections of insight unfolded among us that gave individuals, and the group, power. There was also a sense of identity and belonging that arose. A marker of this was we all wore the same clothes: blue jeans and black sweatshirts. Some of the cast even created personal rituals around maintaining these clothes.

How does the group know that their stories matter and have power? Some have become regular guest speakers at the local college in its Mental Health Certificate program. Others now speak at conferences about their experiences. A few have continued to make more theatre. In these examples, these opportunities emerged because individuals sitting in the audience felt these were important lives to hear. They share their experiences of what it is like being cared for, their dreams and aspirations for having employment, participating in community and being heard. Their lives mattered. Their voices are being heard and many in the cast are moving closer to what they were seeking: being a participating citizen in the community.

### *Emerging Sense of Power Within Performativity*

Through a diagram I introduced in Chapter 5 I have been able to understand what the cast was, in part, looking for and what performative inquiry sought within its open process. Dynamics relating to voice, power, identity, as three important elements supporting inclusion and empowerment, show a close-knit synergy. Power and voice, alone, do not lead to authentic identity; power and identity by themselves do not provide a trustworthy voice; voice and identity alone do not lead to empowerment. Importantly, how do the three positions within this project relate: cast, audience and me? If the cast, previous to the project, had little power and voice what could be said about their identities? The latter

aspect seemed to be the first thing the cast identified. They wanted to be citizens. The aim of finding identity was a focus for them. Through the use of voice in theatre and power of their stories, the issue of identity and pride emerged. Of the three locations (audience, co-searchers, me) the cast members are in the most in-between place in the rural space of Duncan; existing between the familiarity of the mental health system/their support networks and the place of initiated freedom. It cannot have been a comfortable place knowing they faced the people being critiqued in the show. As a border worker, crossing social frontiers, I find the cracks in society the most familiar for me. Each experience like *Shaken: Not Disturbed* and the Open Door cast provides another layer of understanding to be taken in to the next project where new opportunities for knowledge can unfold again.

### **Summary**

Just as I have worked with adult learners within this project and some members of the audience attending the shows, I reflect on my own experience within this chapter with regard to my own voice, identity and power issues as embarked on this journey as co-searchers. Having a voice does not necessarily mean one has the ability to speak, but through group interactions one's voice is carried farther and with more force: relationships create synergy. As a cultural worker within a group, the strength of one's identity is required because many rely on a guide to help with ambiguity and risk. Power challenges come from both within and outside the process, or the "lightning rod" effect I experienced. Relying on counsellors as allies has to be considered carefully because those professionals relying on traditional counselling processes can become a barrier to group effectiveness; however, those therapists and social workers with a background in popular

arts and performance or a desire to learn within this realm can be strong allies and supports within the process. Their allegiance to the process unfolding can be a welcome and supportive presence felt by all. Within team teaching the same is true: working with an expert-knowledge driven instructor believing all things can be measured will undermine a colleague practicing open-ended, ambiguous and problem-posing education processes and vice versa.

The successes contained by this work far surpass the challenges. The group is embarked on a new cycle of popular theatre and performative inquiry within exploring the linkages between at-risk youth behaviour and entry into the mental health system as young adults. The process continues. The next chapter sums up the study by making linkages between this work and other potential avenues for research and inquiry.



carried forward within this work: identity, voice and power. The focus sharpens on this study's potential influence on other disciplines and related fields of study. I examine community development, notions of citizenship, rural studies, performative inquiry, popular adult education and popular theatre. I have also included a piece on therapeutic praxis because of some of the challenges this work posed for those with a counselling background. Latter portions of this chapter relate to the ways this research potentially can inform theorizations within disability theory and psychiatric disability. The chapter ends with future research directions being pursued.

### *Opening Up Spaces: Opening Up Voices*

As we explored through greater acceptance of one another's "real" identity, finding voice opened ourselves up to embodied engagement within the larger social world. As we re-imagined the stigma and closetedness of identity of those in the cast and finding physical connection to the larger community, many barriers were overcome. We discovered that voice is not just a question of speaking presence, but also involves being confident and conversant in exchanging and reading expression. As I grew more aware of the unique interactions within the group, interpreted and engaged with each member, my own self-assurance and comfort grew as well.

Groups and individuals are erased and silenced through the injustice experienced from not having a voice. Remaining quiet is never seen as neutral. Being mute is read as agreement, acquiescence and "accepting" a devalued social location. When group members discussed the "request" of other survivors and psychiatrists to be quiet and not do the play, this point was raised repeatedly. My role was one of caution and finding ways to minimize the harm of silenced voices speaking out. When long-stifled voices

speak up, as in this study, even a whisper is shocking and unbelievable. In this play we, the cast, went farther. Authorities' actions were aped so the collective voice of the group in this rural community was noticed. However, the study showed even those voices were perceived as not being truly their own. Despite the experiences being portrayed in the play emanating from the lives of the cast, medical authorities assumed the voice represented was that of mine alone. This implied a presumption of mental minorities not able to have perspectives, particularly if the voices are filled with resistance. The power of "voice" was passed to members from another psychiatric survivor clubhouse, also interested in theatre, as a way of being heard. This sharing marked the transmission of culture from one marginalized group to another.

In this project, cast members felt resistance from other adults living with mental diagnoses. A "dance" occurred around the mental closet door. "Safety" in remaining invisible and silenced continued. By muffling the presence and needs relating to one's self, individuals are unimagined. Having a voice and speaking up means perspectives become known. Fear of being shoved back into a closet of stigmatization is a constant possibility and threat. Remaining outside the mental closet means a lifetime of coming out. I learned other ways of comprehending my sexual minority status and presenting it in more animated, upfront and playful ways. Managing one's identity and voice is required: playing both sides of being and performing, for others. Siding with silence means the status quo remains unchallenged in its presumption of social position. Not envisioned was the cast's wrestling with both those living with mental impairments and "normate" others (Garland Thompson, 1997). However, the cast spoke out in its own terms.

Through speaking comes identity. The voice of power is not the power of voice. The power to make known identity, through expression, raises the potential to influence others' and one's own habitus. Possessing language and the means to name worlds are forms of power used to shape experience and meaning (Foucault, 1980). As the group explored together, there were ways of speaking about episodes in their lives, which were initially disempowering, but that eventually evolved into greater empowerment. Within this group were those with selves labelled, constrained, measured and manipulated in ways not theirs. The focus of identity being rooted in emotions, and the ability to control them, rather than have feelings consume one's self, is a critical step to giving voice to one's autonomy. Expression implies an audience and the social aspect of identity. Feedback is read, taken in, interpreted, accepted or rejected and adapted. As both an insider/participant in the group and always an outsider to the status of psychiatric survivor, I was continually aware of how I experienced the stories and voices of participants. As such, how I responded would be seen as a reflection of my participation. Individuals become reflections of others' actions toward them. However, power is in the self-realization of self. What I had not anticipated was what I saw within co-searcher interactions was their experience of me reflected back.

### *Identity Formation*

Change flows as notions of members' identities shifted. In the beginning, each individual's identity and voice was directed by constructions of medical authorities' and family/friends' visions. The effect on performance and play to open up identities for celebration and pride was key to what transpired through this experience. Early on, participants initially asked me, "What are you looking for?" or "What do you want?" A

learned behaviour is indicated when these questions are posed. The responses suggested experiences marked by erasing or subjugating one's identity in favour of those with authority. It took some time for co-searchers to understand that my research "agenda" was to make theatre and understand what it means to be a psychiatric survivor. The relative lack of pre-determined structure helped with this. Over time, group members grew to understand that I did not want to impose myself as "the director." Rather, they saw my role, as both facilitator and learner and they, in turn, could be the same. The openness of process allowed each participant to play with meaning in individually relevant ways. I had no expectation as to outcome. This resonated when the group, just before the performance, assured me that what arises was "meant to be." As was stated during the dress rehearsal, "It will be what it will be – we can't force anything" (Noble Notes, p. 220). Elites' views, in this research, are represented by norms of "helping" professions, family members, caregivers and community interests. What helps illustrate this within our work is the power of role models and the facilitator. People living in the margins are astute in reading reactions from the social centre. Any perception of identities not being taken seriously, or invalidated by me, would undermine the work. Individuals would become disengaged, even resistant, and no longer invested in the work.

A tension between "acting" one's self in the broader world and "being real" on the stage illustrated the constructedness of co-searcher identities the cast of *Shaken* felt. Tallulah recounted "finding" her true self in the "artificiality" of theatre. This discovery she preferred over the enforced identity expected of her by others in her life. She found she was "playing a part" to please people in her life. In the end, she lost her sense of self. This experience helped her regain and reconnect her identity to her self. Environments of

fiction, and the process of rehearsal, helped the group understand individuals often present masks to the world. Having the experience to explore and interstand, through interactions, moments occurred when personae or “masks” were less required. This revelation was voiced after the project when Tallulah said that she would watch my face as she “checked-in” each week and was surprised that I was watching her and reacting to what she had to say. Understanding this lesson was initially uncomfortable, but eventually empowering to me as well. Becoming internally connected demonstrated the relationship between autonomous identity and the ability to find one’s voice. The idea of freedom for authentically living in the social world is an underlying notion of existentialists. The goal is to live as resonantly as possible to one’s own nature. The group of co-searchers were told to live in “bad faith,” or inauthentically, by gatekeepers of normalcy. The “helping” professions coerced survivors by stating that in order to be constructed and read as “normal” they had to learn how to conform. Absurdist drive for constructing narrow normalization and policing the boundaries as inherently pointless (Camus, 1956). The label of “mentally ill” is permanent even when a label of “cure” is placed alongside. Meaning cannot be imposed from the outside in; it has to be understood from the inside of one’s body to be perceived as authentic (Foucault, 1965; Szasz, 1997). Working with the group, I was careful not to impose meaning but to elicit from members through our interactive exploring.

Humour and the sense of play have important roles in reconfiguring identity. As a gay person, I find I experience straight discomfort when my identity is revealed. Managing discomfort becomes my job in relationships. Working with this group, marginalized identities were reduced to sources of difference by status quo observers, but

the group interstands: identity is not pathology. A sense of self is more physically based than often is considered. Personality and identity are believed, by some, to be residing within mental functioning rather than within material and embodied interactions.

However, group members illustrated that the body, physical engagement and performing within one's habitus are key sources for awareness of self: theirs and others.

### *Gaining Power*

The greater the comfort in believing each person has a valuable place in the world and can exercise voice, the more likely there will be a realization of personal and social sense of power. The views of "power over" and "power to" were played out among some cast members. I found myself taking a step back many times into the background to let the group explore. When I made efforts to reduce my influence in the group, wonderful things occurred. By taking experiences of theatre into broader social worlds, there is awareness that the dichotomy of "fiction" and "reality" is problematic. Cast members discover coping in society requires "performing" to function smoothly. Institutions make living authentically difficult because their rules for belonging are for institutional and social interests, not individuals' betterment. Also, the Internet, mass media, advertising and news agencies influence perceptions. Bombardments of images and expectations of social functions are accelerating. Roles are put on like clothing to manage impressions of others' views. Metaphorically, this was demonstrated as cast members played characters bestowed with power and those (themselves) with autonomy taken away. Those living within non-visible marginalized identities feel the greatest pressure through needing to "pass." Excluded individuals are rendered unimagined and, therefore, without direct influence.

Pervasive influence of medical and social work authorities on the lives and identities of the people in the project persisted. The significance of this study was experiencing the power coming from the sense of belief in one's self and message. Initially, my role as outsider played "audience" for the group. But as my own marginalized gayness emerged within the group, there was a level of sharing in the experience of each other's differing sources of oppression. We were changed by one another through talking about and exploring personal experiences. When awareness and empathy emerged, there was a sense of stories being legitimated, rather than simply heard. Through finding a stronger voice, participants were able to stand on stage to face all-powerful medical authorities. They, also, lampooned and satirized the relationship between patient (themselves) and doctor (their psychiatrists). Performing in the community, for many in the cast, was a collective "moment of recognition." A mapping of "aha" moments appears in Table 8. Facing authority in their lives, through poking fun, allowed the cast to see powerful others as a little less threatening and a little more human. Another importance was the power of challenging the community by showing a group of people, long considered "useless," bug that had the power to create, speak and participate as citizens. This project involved the power of communicating difference and a "normal community's" reception of a seldom-heard message. Our group's mental diversity represented a powerful message for "shaking" stereotypes of difference. While much of a psychiatric survivor's identity is perceived as financially dependent and having a "fractured" identity, cast members found a way to speak up as one. By being vocal, each has become known. By being heard, making identity visible and exerting individual power, the concept of citizen emerged.

**Table 8**  
**“Aha” Moments and Relationships to Voice, Identity and Power**

KEY “AHA” MOMENTS	EXERCISE	VOICE	IDENTITY	POWER
<p>The notion of having multiple voices with contradictory demands resonated for some in the cast. The impulse was to turn what occurs within one body outward to the audience to increase awareness relating to experience of “mental disorder.”</p>	<p><b>Bombardment</b></p>	<p>Multiple voices with divergent demands oppress. How can I interrupt all these demands?</p>	<p>Voices speaking over one another serve to erase each. Do I do this to others? How can I stop this with those in my life?</p>	<p>Power works through relationships. How can I find the strength to resist these pressures in my life?</p>
<p>Suffering transforms bodies into vulnerable and closed positions fighting for a breath of recognition and viability: a sense of entrapment.</p>	<p><b>Complete the Image</b></p>	<p>Voice is not always vocal – but is hidden in our bodies. What are the ways I can/do communicate with my body?</p>	<p>We become how our bodies are read and interpreted. How can I be more consciously and physically aware?</p>	<p>Changing how we hold our bodies affects our sense of self. What are the ways I can practice changing how I live in and experience my body?</p>
<p>Emotions don’t automatically “control” people, but by being consciously aware there can be some control of emotions.</p>	<p><b>Emotional Walk</b></p>	<p>Emotions are powerful voices. How are emotions experienced?</p>	<p>Emotions are strong sources for identity and identities are tied to individuals emotionally. How can I disconnect some of the feelings tied to my sense of self?</p>	<p>To some degree, each person can control emotions rather than let emotions dictate what we do. What are some of the ways I can control and use my emotions rather than be led by them?</p>

KEY "AHA" MOMENTS	EXERCISE	VOICE	IDENTITY	POWER
<p>How various forms of power influence and oppress the fortunes of others, particularly those who are seen as "not belonging." Also the ritualistic quality of authority that often allows it to work invisibly.</p>	<p><b>Forum Theatre</b></p>	<p>Related to voice-in-body.... Bodies in ritual action are not just symbolic but are powerful ways of speaking. How can rituals be rendered visible?</p>	<p>Rituals identify who is important. Psychiatric survivors are usually objects in a ritual, not the agent carrying them out. How can objects be turned into subjects?</p>	<p>By changing the nature of relationships within rituals individual and collective empowerment can occur. What are the ways of doing this? How can rituals become interrupted?</p>
<p>Regimentation of society – especially the work world. How the need to conform can be more "maddening" than the desire to be individual.</p>	<p><b>Body Guards</b></p>	<p>Silence and body are strong sources of speaking. Do I blindly fall into another's silent authority?</p>	<p>By not speaking and announcing my presence, I am invisible. I follow the group because it's safe and easier. Can I show how important I am to the group?</p>	<p>It takes a lot of personal power to work against society's expectations, especially as an individual. Can we find ways to do this as a group?</p>

KEY "AHA" MOMENTS	EXERCISE	VOICE	IDENTITY	POWER
<p>Individuals "wear" masks... or they are not who they appear. There are hidden motivations and interests that control interactions.</p>	<p><b>Alter Egos</b></p>	<p>What a person hears from others is not the full message. There are hidden interests and messages. Why are messages controlled? Why are individuals not free to speak?</p>	<p>Just as what is said is partly hidden, so are parts of identity, creating problems and mental stress. How can the unseen and seen be brought back to a more integrated sense of self?</p>	<p>By hiding aspects of who I am, I cannot become all I want to be. Also, I cannot take on a complete sense of personal power because there is a continual inner struggle. How can this inner tension be reduced?</p>
<p>Labelling involves both the taking on of new perceptions and the destruction of old ones. When named "not normal," there is a passing of status or the taking on of "outsider" – and the taking away of something known, familiar and comfortable on the inside. This related to each disorder label being attached to a particular notion of identity.</p>	<p><b>Rite of Passage</b></p>	<p>Society speaks for many. There is a social sorting that goes on and putting labels on individuals is one way of doing this. Society "speaks" and individuals take in the collective will. In what ways can voice be found in these situations?</p>	<p>Labels involve both destruction of previous identities and construction of new ones. Affixing labels of "illness" in multiple and various ways adds to confusion of self. How can the process of illness identity be interrupted?</p>	<p>Whoever has the authority to label holds much social power over groups and individuals. This is often done in invisible ways and in manner that appears to be "natural." In what ways can processes of labelling be disrupted so that individuals can understand themselves to be "normal" in a broader sense of the word?</p>

KEY "AHA" MOMENTS	EXERCISE	VOICE	IDENTITY	POWER
<p>Individuals don't always say what they mean or hide their true message to protect themselves or exclude others from knowing.</p>	<p><b>Silly Questions</b></p>	<p>Related to language used to hide. Euphemisms and "double-speak" create a shell game of meaning. Carefully listening to what is being said is more important than how. Where else does this happen in my life?</p>	<p>I need to have a strong sense of who I am in order to hear what others have to say. One way is to engage with others to learn more about me. How do I do that if I'm being excluded?</p>	<p>It takes a strong sense of self to speak with power and challenge. What can I do to confront languages of exclusion?</p>
<p>The confusion of intentions of those around us. Some individuals mean well but don't have our interests at heart and others just don't know but don't realize this.</p>	<p><b>Red Rover</b></p>	<p>Related to bombardment – people often speak from protecting themselves rather than helping others.</p>	<p>The push and pull of well-meaning people adds to erasure. How can I find myself in the tension of multiple voices?</p>	<p>Knowing who I am and what I want/need is at the heart of relationships with others ... yet the confusion is how others reflect their perceptions of me ... How can I make the conflicting demands stop?</p>

### Implications For Rural Theorizing

#### *New Rural Realities*

Just as within the mental margins, small towns are also being forced into new rural realities. Gone are the days of warehousing mental "patients." Gone are the traditional senses of small town and farming sensibilities and government subsidies. Both groups are

uprooted and disconnected from larger social fabrics. Senses of home have become dramatically changed with neither provided a stable and safe sense of familiarity. Both remain controlled by powerful others: the country run by urban interests and agricultural supply companies; mentally diagnosed people dictated by medical authorities and drug companies. Theory used to describe their plights is borrowed from elsewhere: country life from urban theory and mental diversity from disability studies.

This unique community does play a subtle role in this research. Through Duncan having a high per capita of artists and craftspeople and a strong sense of country identity, the play piqued interest across a wide cross-section of local citizens. The significance of notions of “country” and art was played out among audience members. Some commented they noticed others, casually known among the spectators, and wondered why these individuals were at a play about “mental illness.” The local press’s involvement in the experience became magnified within the community. Tighter social networks, more commonly found within country settings, highlighted urban theory’s lapses: local relationships among citizens-as-popular performers and audience-as-communities listening and learning. What are the dynamics of reception and change in awareness taking place within the context of citizens in a small town as popular education takes place? The rural tradition of helping one another was realized within this experience. Admission of tinned goods for the Open Door kitchen, money, clothing, or used sports equipment to help out the Open Door programming was asked for. The anticipation was people bringing one of something. Many brought one of each item. The cast received a large amount of donations and money from the main community show. The Open Door van was loaded twice to take it away for clubhouse members to use. An overriding

question left behind is: What changes to the interactions among psychiatrically diagnosed men and women and the general public have taken place? What is the lasting effect of this project on and within the bodies of the townspeople?

### *Community Development*

This work is significant in its use of arts-based research and learning within a rural community. When the intimate relationships of a small town are brought into the discussion, all the attributes are felt. Townspeople, from across social difference and age brackets, understand on an emotional and experiential level of what the cast was portraying. Some from the mainstream found the topic discomforting and “angry” (Audience 5, p. 3). Mental health clients laughed in recognition at absurd contradictions surrounding their lives. Disparate responses reflected the disconnections within the audience and, through the spectators, within the town. Local authorities felt anger because they perceived their positions were being directly challenged. Clients captured by the measure, control and oppression of others’ lives, identified with the bleak humour of existence on the edge.

Through adoption into other social networks, the cast became (re)connected in new ways adding to existing relationships within the community. The cast complementing community networks enhanced the town’s cohesion. By adding interconnections, a heightened sense of rural place was created for the cast and audience. The players implicitly illustrated the possibilities for (re)empowering and (re)envisioning selves in empowering ways. Mental health clients among the spectators commented that watching the cast, knowing them and what they have achieved provided a role model. The play expressed hopeful achievements can be made within outcast lives.

The project is significant for the cast. From tentative beginnings, members reflected on the experience. They realized the risk taken for them individually and collectively. The play demonstrated key achievements including: completing a large project and being creative in an embodied manner. Arts and theatre processes have potential health benefits for mental health clients, including heightened self-regard and positive energy levels. Memorization was something I was warned psychiatrically diagnosed individuals could not do well. This play, involving 27 scenes and seven or eight characters for each cast member and remembering each scene, suggests systematic recall can be achieved. Imagery seems to be a much more powerful way of generating memory.

### *Citizenship Roles*

This project reaffirmed everyone living within a community plays an important role as citizen. Striving to be a fully connected and valued citizen was key among cast members. Each co-searcher lived on the social margins. They were told they could do little with their lives, so they had little social value. The experience of the play opened up new ways of achieving citizenship. Entry into sameness cannot be total; psychiatric stigma remains for life. The play suggested each player does have a voice to use, ideas to share, stories to tell and roles to play. The group's role included being an educator of social issues.

### **Implications for Performative Inquiry As Methodology**

#### *Adult Education Praxis*

The experience of this research reinforces the persistent place, need and role for adult education within the informal learning and participatory education contexts of marginal communities. Boshier (2004) suggests the first generation anarchist-utopian approaches

to adult education have “all but disappeared.” The experience of this study suggests a viable place remains within society for the ideas of Ohliger and Illich. Boshier’s second evolution of anarchist-utopia, as evidenced by skills-bases and globalization, implies prevailing social thinking, including adult education, has moved beyond grassroots community action. Those in the margins have been left behind because they have no opportunity to participate in global marketplaces. Society does not consider psychiatric survivors for skills acquisition. Further, disability theorists ask why is paid work or being a consumer the markings for being a citizen? This experience points to other ways.

The increasing abandonment of impaired people by the status quo has left many scattered in makeshift enclaves in the wake of “progress.” This research entered into two such communities: rural lives and adults living with mental diversity. Both have been ignored by the drive for global labour and economic markets. Rather than suggest one anarchist-utopian perspective has erased the other, this research suggests a widening of the gulf between two distinct solitudes: the margins and the centre; the haves and have-nots is occurring. A need remains, more than ever, for a renewed emphasis on counter-hegemonic adult education within communities left struggling because of shifts in economic and social prejudice.

Further, because of the increasing gap between privilege and disadvantage, the historical liminality of many adult education efforts remains a site where urgent work continues at individual/community levels. The political commitment within popular education remains as needed as ever. What continues to be needed is a *sustained* project of social learning, social action and social commitment, rather than ad hoc moments. Existing within the mainstream are non-visible communities long ago co-opted or

ignored. This research suggests the disruptive capabilities of creative social interrogation also transgress power relations. Cultures of silence persist. Marginalized groups are pushing against enforced norms to disturb and challenge the taken-for-granted non-visibility authorities try to invest disempowered groups.

This study's process was about adults raising new understandings in the community to teach and raise awareness farther afield: the calling of adult education. The practice of libratory adult education is practiced with few institutional blockages in informal learning settings. Becoming too closely interconnected with official organizations and their reporting requirements can stifle expression and, therefore, knowledge. Working loosely with the Open Door, with no financial "ownership" of our work, the group's freedom was extensive. Explorations were not impeded by outside influences wherever the group veered. Nor were efforts to perform blocked by medical authorities efforts to control and contain.

Once the cast was comfortable in taking on its new role of (re)shaping its voice and identity, much of the work was guided by all the members rather than by the facilitator alone. When shared negotiation was taken up by the group to develop the work: 1) the performance became focussed on the messages they wanted conveyed; and 2) strong ownership of the process and experience shifted to the cast. When those not living with psychiatric diagnoses tried to block or shift the group, the resistance was strong and the group's resolve to finish was steadfast. Commitment displays confidence and a belief in the message, their work and themselves as humans and citizens.

This experience brought to mind the role and process of adult education. I am reminded of something I tell education classes: Is the role of education to guide society,

or should society guide education? Being led as an adult educator creates a continuation of the status quo, complete with injustices, power differentials and oppression. The courage is to guide society forward in a more engaged manner. Words are not the only way to inform. Emotions, art, bodies, stories and working together toward some goal in a diverse group all can help break down barriers and open up society.

### *Performative Inquiry*

The capability of the body to perform allows for some resurrection of “ruined” identity. When stigmatized people perform eloquently, an illustration of members’ strengths and abilities become known. The art of performance is one crossing diverse social and cultural differences with greater ease, at times, than words alone. Performative explorations and the resulting play highlight the role of rituals in the construction of normalcy, through sanctifying taken-for-granted and finding profanity in unexpected behaviour. Each of the performance’s “acts” contained a number of taken-for-granted rites. Repeatedly portraying customs illustrated how differences become constructed and maintained through the use of language, silence, habits, physical interactions and the use of space. The exercise of often-invisible power is more readily recognizable when individuals can stand back and look at the habitus of their respective lives.

Inquirers come to action through form and the destruction of form. Performative inquiry may be described as “knowing, doing, being, creating” (Fels, 1998) and my addition of “playing.” The experience of this group and the animated nature of the individuals also points to the power of play. The ability to run around, laugh, imagine and experiment, without premeditation as to outcome, is risky. Making novel connections within past experience allows individuals greater future freedom to make choices in

living. For the facilitator to be guided by the work and the group is as disorienting as it is insightful. The use of play to create allows for destruction of old disharmonic, or absurd ways to construct relevant autonomy. Play was central to the work explored and created. As a result, this research extends the nature of interstanding envisioned by performative inquiry.

This study also expands the boundaries with regard to arts-based inquiry. Our performative searching was not in the “fiction” of an imagined world, but lived within the interstices of make-believe and felt life. Bodies took in the concreteness of shared actions, constructed stories and felt experience. “Pretending” can give a false sense of safety because the work is perceived as “not real.” Illusion is not protective; the experience of performing is holistically and intimately embodied and experienced. The result is that using theatre is risky and fraught with dangerous moments (Salverson, 1996). Our group took this work as concrete experience and as something affecting them on many levels. Participants could feel shared dreams, tears and laughter in our rehearsals. Group members they were given the gift of one another’s experience to explore. Co-searchers handled these histories with honour because what was given remained not the group’s, but it was safeguarded by it. I learned, through this process, that it is possible for individuals to play in and with the memories of another as long as they also offer their own in a reciprocal process for others to embrace in space-moments. With this potential, I am also mindful that performative excavation is fragile, fraught with risks of exploiting and retraumatizing individuals who wish to over-expose their memories (Salverson, 1995).

Theatre is not a fictionalized world, but is materially experienced. This notion is more strongly apparent when the lives of members interrelate to others unfamiliar with living with a mental diagnosis. Those in the group, not from the mental margins, were not pretending to be someone with a psychiatric disorder, but did live with other sources of marginality. Each member had sources of disempowerment resonating with what the psychiatric survivors were exploring. I drew on my experiences living with my sexual minority status and struggling financially as a student while caring for a disabled partner. By bringing each of our own constellations of oppression (and privilege), we in a community group built bridges of insight in order to strengthen our relationship of alliance. Others drew on their unique positionalities of poverty, unemployment and immigrant to build bridges of understanding across diverse experiences.

Unlike performative inquiry work that is constructed in classrooms, this project took the process into the community to work through experienced issues. Because of the physicality of our work, none of the participants forgot, when leaving the concreteness of contained space, everyday society continued. No complete cutting off of the rehearsal container from the rest of members' lives was done. Bleeding occurred between the two. The metaxic (the image of reality and the reality of the image) work deepened the engagement of the adult learner within the performative learning environment while working with issues of disempowerment (Boal, 1974).

As Fels suggests (2003), role drama like popular theatre can draw on stereotypes as is intentionally found within absurdism and popular theatre. These superficial characters can be informative if, through the action, the systems of influence that shape them are recognized and critically deconstructed. Some stock characters within the action

of *Shaken* existed. What was depicted was metaphorical and even, at times, whimsical – with an edge. Were group members afraid of offending the authorities? Not particularly. Each week, a lot of frustration in the room existed because of the callousness and indifference in treatment and consideration individuals received. Maintaining mainstream sensibilities was something expected of marginalized locations: outsider statuses should never offend or challenge the status quo. The group’s focus was a counter-hegemonic one because the foregrounding of marginalized living became affected by status quo ignorance and self-interest.

### *Popular Theatre Praxis*

Much popular theatre work involves implicitly working with rituals because of social functioning and the ways cultural power and knowledge are passed on. The process, partially planned and emergent, incorporates the process of ritual and the construction of “containers.” These rites sanctify the operation of popular theatre that occurs through performance development and teaching/learning. The identification of social rites and their use to (dis)empower various groups was a central focus. More important was rendering visible these unseen strategies of power carried out by group members. This conjuring was done by playing with each narrative through teasing apart the configuration of negative forces. The result was a less frustrating barrier. These efforts helped cast members to become more autonomous and confident.

The facilitator’s role as “lightning rod,” within this project, reinforced belief in the need for cultural workers to remain flexible and open. The role of the cast’s guide continually changed from being the “leader” to being led. This shifting allowed the group to move the process and nature of performance where it needed to go. The tugging and

pushing members experienced between “performing for the director” for some “theatrical end” versus having the group take up the inquiry process was tougher for some among the cast than for others. Co-searchers discovered a shift in ritualized and habitualized role expectations. Cast members grew used to the idea of taking control to create. Giving power (an action unfamiliar and unaccustomed) wasn’t enough. The group had to grow familiar with authority or autonomy before moving forward in co-creation.

### *Existentialist/Absurdist Forms*

The attraction for incorporating hidden experiential themes and forms into the work was the study’s focus. Like other groups of people often living intimately with death, destruction and oppression, humour is found in the darkest corners. The laughter of mental health clients, versus squirming audience members in response to what was portrayed, hinted at separate worlds being created and reinforced between a narrow sense of rationality and a broader mental diversity. Absurdism, satire and parody are potential adult educational modes of resistance that can be used by those who are disenfranchised and living with greater intimate clinging to life and death struggles. Knowing strife deeply is to understand one’s place within the world, perhaps to a better degree, than those people who accept mass media, “banking” education and prodigious consumption. Laughing at and in the world can open up possibilities for learning to occur and for awareness of social inequity to spread. However, the playfulness of the margins can still remain “misread” as it was in this case.

### *Therapeutic Praxis*

An implied perception, when working with marginalized people, is the focus needs to be therapeutic: “fixing” rather than understanding. Counsellors often have ingrained

approaches: the need to listen from a distancing point of view, a unilateral process of controlling the relationship and changing something “wrong” within the individual. Society’s structure and responses to difference are ignored or deemed irrelevant. Many in the cast have spent years within counselling relationships, so expectations were assumed that the same would hold true in *Shaken*. Demanding everything is known before starting a rehearsal, rather pre-determining discovery during and after a session, removes freedom to explore within the chaos and ambiguity required in performative inquiry. If “disorder” were introduced into counselling relationships a new array of interstandings, could emerge. Placing control as the centre of the relationship echoes an “expert” domesticating marginalized lives. Establishing expectations within therapeutic relationships forecloses opportunities. By not editing (censoring) scenes or elements from the production gives the group power to include what it feels needs to be expressed. A traditional theatre eye “editing” pieces out, particularly in a directorial kind of way places structure over content. This shift reconstructs a power relationship typical in the lives represented by this cast. Authorities and loved ones have *told* those they care for what they cannot or should not do. Freedom is learned by those knowing repression and those repressing. Letting go and accepting difference in the spirit of freedom is a difficult lesson to learn by someone identifying closely with status quo power and authority. Teaching is about nurturing and changing the world by having people change their own worlds in their own, more meaningful ways. The first hurdle, then, is to disturb the relationship of dependency occurring within therapy in order to learn and open up one’s selves to the world. Openness is a central, yet underlying, lesson understood by the group after the process: To not be afraid.

### **Further Research Program**

Drawing up this study, the experience of the cast, and learning revealed, future research streams number four. These spheres of interest reside within the lives of adults, so all inform my ongoing adult education praxis and theorizing.

The first is further study into *non-visible markers of difference*. Centrally, my research focus is on the exploration of those noticeable individual and group differences overlooked by others. Markers of difference are rendered non-visible (unlike invisible differences, which are those not able to be seen – non-visible incorporates the dynamic of choice and value for not seeing). Dynamics supporting non-visibility include the use of ritual, habit, procedures, rules, laws and other human “performances.” These performative acts are used to hide, suppress and restrict visibility and freedom. Critical theories and the concept of power are central to future explorations. Individuals and groups of particular interest for exploration of “non-visibility” include marginalized and out groups (lesbians, gays, bisexuals, non-visibly disabled people, addicts, ex-convicts, class) as well as how intra-group differences work to form power and resistances (dynamics of mestizo, mulatto, “straight-acting” gays/lesbians, gradations of skin colour among visible minorities and those who do not fit common generalizations of group identity).

Secondly, of interest, are the *uses of performative processes as research methodology* to render visible, repressive social practices of oppression and knowledge or perspectives not knowable to larger audiences. Because identity, to be realized, is repeatedly performed, the centrality of performance as a research strategy plays a key role. Working with groups, either of one group examining another or a group researching

itself, a form of “performed sociology” can be created. Theory and practice are entwined to inform what evolves out from beneath the surfaces of (inter)relationships.

Thirdly, involves the ways notions of *rural* and *urban* implicate one another through forces moulding the manner in which individuals and collectives behave across difference. This is connected to the interest of non-visibility in much sociological theory envisioning city lives. Country sensibilities are either excluded or folded into urbanist thinking. A greater focus on non-urban societies receiving greater exploration and understanding is crucial.

Fourthly, is a research interest of *creating spaces and processes for community dialogue and interstanding* as a process of individual learning and community education, through arts-based processes and performance. One area of non-visibility is the myth of the unified community. Gatherings of people are as unique as the people comprising them. It is through bridging between communities, through art, a significant role for regional development can occur.

## **Summary**

This chapter closes the project; while at the same time opens up possibilities beyond. Future research direction within performative inquiry praxis, in addition to the abundance of questions this study has unlocked, has expanded research efforts into different directions. The interdisciplinarity of performative inquiry and the performativity of popular education and theatre work have placed me within a social location of liminality for many years. The constancy and the stability of constant flux contain much of the double-edged meaning of “asylum” as a place to be feared and for safety and familiarity. Those among the cast remarked at how much flexibility was required to be aware: of

diversity in the group, listening to multiple demands, thinking creatively, being humorous and patient while being play-full and curiously searching.

In a time when commodification is creeping into adult education efforts, there is a reduction in experiential, embodied and full-flesh knowledge-making. The struggle against such an entrenchment creates sceptics and challenges, but the question hovering unanswered is: What awareness would be foregone without embodied knowing?

*I love theatre because illusions repel me. (Barba, 2003, p.4)*

*Not walls*

*Of cement, but...*

*The melodies*

*Of your temperature  
(Barba, 1995, p. 162)*

*We began in the shadows and in the shadows we prefer to live. (Barba, 2000, p. 1)*

*I am I*

*You are You*

*The fear becomes*

*I am You*

*You are me!!*

***GO MENTAL !!! GO MENTAL!!!***  
*(from the cast of Shaken: Not Disturbed)*

## REFERENCE LIST

- Alexander, A. (1997). *The Antigonish Movement: Moses Coady and adult education today*. Toronto: Thompson.
- Amin, S., Arrighi, G, Frank, A.G. & Wallerstein, I (1982). *Dynamics of global crisis*. New York: Monthly Review Press.
- Apple, M. W. (1999). *Power, meaning, and identity: Essays in critical educational studies*. New York: Peter Lang.
- Applebaum, D. (1995). *The stop*. Albany, NY: State University of New York Press.
- Artaud, A. (1970). *Theatre and its double* (trans. V. Corti)(2<sup>nd</sup> ed.). London: Calder & Boyars.
- Auditor General of British Columbia (2004). *Audit of the government's review of eligibility for disability assistance*. Victoria, BC: Auditor General of British Columbia.
- Bainas, L. (2004). Crime wave coming. *Cowichan News Leader*. Retrieved March 15, 2004, from <http://www.warmland.ca/article2343.html>
- Bakhtin, M. M. (1984). *Rabelais and his world* (trans. H. Iswolsky). Bloomington, IN: Indiana University Press.
- Bakhtin, M. M. (1986). *Speech genres and other late essays*. (trans. V. W. McGee) Austin, TX: University of Texas Press.
- Bank of Montreal (2005). *Canadian GDP growth rises in Q2*. Retrieved July 13, 2005, from: <http://www.bmo.com/economic/headlines/caug31b.html>
- Bappa, S. & Etherton, M. (1983). Popular theatre: Voice of the oppressed. *Commonwealth*, 25(4), 126-130.
- Barba, E. (1979). *The floating island* (trans. J. Barba, F. Pardeilhan, J.C. Rodesch, S. Shapiro & J. Varley). Holstebro, DK: Thomsens Bogtry Kkeri
- Barba, E. (1986). *Beyond the floating islands*(trans. J. Barba, R. Fowler, J.C. Rodesch & S. Shapiro). New York: PAJ.
- Barba, E. (1995). *The paper canoe: A guide to theatre anthropology*. New York: Routledge.
- Barba, E. (1997). An amulet made of memory: The significance of exercises in the actor's dramaturgy. *The Drama Review*, (41)(4), 127-132.
- Barnes, C. & Mercer, G. (2001). Disability culture: Assimilation or inclusion. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 515-534). Thousand Oaks, CA: Sage.
- Barnet, D. (1987). Out of the collectives. *Canadian Theatre Review*, 53, 5-6.

- Barthes, R. (1978). *Image, music, text*. London: Farrar, Straus & Giroux
- Barton, L. & Oliver, M. (Eds.)(1997). *Disability studies: Past, present and future*. Leeds, UK: Disability Press.
- Basran, G. S. (1992). Changes in agriculture in Canada: Theoretical perspectives. In D.A. Hay & G. S. Basran (Eds.). *Rural sociology in Canada* (pp. 4-16). Don Mills, ON: Oxford University Press.
- Bates, R. A. (1996). Popular theatre: A useful process for adult educators. *Adult Education Quarterly*, (46)4, 224-236.
- BC Statistics (2003) *Community profiles: Cowichan Valley*. Victoria, BC: Government of British Columbia. Retrieved November 29, 2003 from:  
<http://www.regionalindex.gov.bc.ca/Areas/AreaDisplay.asp?areaName=Cowichan%20Valley%20Regional%20District>
- Becker, H. S. (1993). Moral entrepreneurs: The creation and enforcement of deviant categories. In H. N. Pontell (Ed.). *Social deviance: Readings in theory and research* (pp. 1-7). Englewood Cliffs, NJ: Simon & Schuster.
- Belenky, M. E, Clinchy, B.M., Goldberger, N. R. & Tarule, J.M. (1997). *Women's ways of knowing: The development of self, voice and mind* (2<sup>nd</sup> edition). New York: Basic.
- Bell, C.M. (1995). *Ritual theory, ritual practice*. London: Oxford University Press.
- Beresford, P. & Wallcraft, J. (1997). Psychiatric system survivors and emancipatory research: Issues, overlaps, and differences. In C. Barnes & G. Mercer (Eds.). *Doing disability research* (pp. 66-87). Leeds, UK: Disability Press.
- Blocksidge, D. (Ed.)(2003). *Dictionary of disabled people's terminology*. Singapore: Disabled People's Association.
- Boal, A. (1974). *Theatre of the oppressed*. New York: Theatre Communications.
- Boal, A. (1992). *Games for actors and non-actors*. New York: Routledge.
- Bogdan, R. (1988) *Freak show: Presenting human oddities for amusement and profit*. Chicago: University of Chicago Press.
- Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge, UK: Cambridge University Press.
- Bourdieu, P. (1990). *The logic of practice*. Stanford, CA: Stanford University Press.
- Bourdieu, P. (2001). *Distinction: A social critique of the judgement of taste*. Cambridge, MA: Harvard University Press.
- Boyens, I. (2001). *Another seasons promise: Hope and despair in Canada's farm country*. Toronto: Penguin.

- Brecht, B. (1972). Mental objectivity in acting. In J. Hodgson (Ed.). *The uses of drama: Sources giving a background to acting as a social and educational force* (pp. 107-120). London: Eyre Methuen.
- Brisenden, S. (1986). "Independent living and the medical model of disability." *Disability, Handicap and Society*, 1(2), 173-178.
- British Columbia Coalition for Persons with Disabilities (2005). *In the community*. Retrieved March 23, 2003 from: <http://www.bccpd.bc.ca/text/InTheCommunity.asp>
- British Columbia Liberal Party (2004). *Know the facts: B.C.'s economy is turning the corner*. Retrieved January 23, 2005, from: [http://www.bcliberals.com/EN/news\\_archive/know\\_the\\_facts:b.c.'s\\_economy\\_is\\_turning\\_the\\_corner](http://www.bcliberals.com/EN/news_archive/know_the_facts:b.c.'s_economy_is_turning_the_corner)
- British Columbia Solicitor General (2005). *Police and crime: Summary statistics 1994-2003*. Victoria, BC: BC Government.
- Brustein, R. (1964). *The theatre of revolt*. Boston, MA: Atlantic Monthly Press.
- Brustein, R. (1971). *Revolution as theatre: Notes on the new radical style*. New York: Liveright.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.
- Caillois, R. (2001). *Man, play and games*. Champaign, IL: University of Illinois Press.
- Camus, A. (1947). *The plague*. Hammondsworth, UK: Vintage.
- Camus, A. (1955). *The myth of Sisyphus*. New York: Vintage.
- Camus, A. (1956). *The rebel*. New York: Vintage.
- Canadian Association of Food Banks (2003). *Hunger in rural Canada*. Toronto: Canadian Association of Food Banks.
- Canadian Centre for Policy Alternatives (2000). *Raising the floor: The social and economic benefits of minimum wages in Canada*. Winnipeg: Manitoba – CCPA.
- Canadian Centre for Policy Alternatives (2001). *BC tax cuts give biggest benefit to top 10%*. Vancouver, BC: CCPA-BC
- Canadian Federation of Agriculture (2005). *Farm structure and finance*. Retrieved July 22, 2005, from: [http://www.cfa-fca.ca/pages/index.php?main\\_id=74](http://www.cfa-fca.ca/pages/index.php?main_id=74)
- Canadian Mental Health Association (2004). *Canadians' attitudes towards people with disabilities and mental illness*. Retrieved, July 16, 2005, from [http://www.ontario.cmha.ca/content/reading\\_room/mhnotes.asp?cID=5330#section5331](http://www.ontario.cmha.ca/content/reading_room/mhnotes.asp?cID=5330#section5331)

- Canadian Press (2005). *Unemployment rate slips slightly in September*. Retrieved October 9, 2005, from: [http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20051007/statisticscanada\\_employment\\_20051007/20051007?hub=Canada](http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20051007/statisticscanada_employment_20051007/20051007?hub=Canada)
- Caplan, P.J. (1995). *They say you're crazy: How the world's most powerful psychiatrists decide who's normal*. Reading, MA: Addison-Wesley
- Capponi, P. (1992). *Upstairs at the crazy house: The life of a psychiatric survivor*. Toronto: Viking.
- Capponi, P. (2003). *Beyond the crazy house: Changing the future of madness*. Toronto: Penguin.
- Carter, C. S. (1999). *Education and development in poor rural communities: An interdisciplinary research agenda*. Eric document: ED-99-CO-0027
- Caving Canada (1995). *Caving Canada: Vancouver Island maps*. Retrieved January 15, 2004 from: <http://www.cancaver.ca/maps/bc/vi/>
- Chambers, J. M. & Osgoode, D.W. (2003). *Community correlates of rural youth violence*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Chesler, P. (1972). *Women and madness*. San Diego, CA: Harcourt Brace Jovanovich.
- Citizens for Mental Health (2003). *Housing and homelessness*. Toronto: Canadian Mental Health Association.
- City of Toronto (1999). *Final report of the Peel regional task force on homelessness: The Golden task force on homelessness*. Toronto, ON: City of Toronto.
- City of Toronto (2004). *The Toronto report card on housing and homelessness 2003*. Toronto, ON: City of Toronto.
- Community Social Planning Council of Greater Victoria (2005). *Community reconstruction*. Victoria, BC: Community Social Planning Council of Greater Vancouver.
- Cowichan Citizen (2004). Cuts force retooling of Volunteer Cowichan. Retrieved April 30, 2004 from <http://www.warmland.ca/article1304.html>
- Cowichan Women Against Violence (2002). *Neighbourhood links: Barriers to employment and community participation*. Duncan, BC: Cowichan Women Against Violence.
- Csikszentmihalyi, M. (1998). *Finding flow: The psychology of engagement with everyday life*. New York: HarperCollins.
- Davis, A. K. (1971). Canadian society and history as hinterland versus metropolis. In R. Ossenbreg (Ed.). *Canadian society: Pluralism, change, and conflict* (pp. 6-32). Scarborough, ON: Prentice-Hall.

- Davis, L. J. (2001). Identity politics, disability, and culture. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 535-545). Thousand Oaks, CA: Sage.
- du Plessis, V., Beshiri, R., Bollman, R. & Clemenson, H. (2001). *Definitions of rural*. Rural and Small Town Canada Analysis Bulletin, 3, (3).
- Disability Awareness in Action (2005). *Disability awareness in action network: The international disability and human rights network*. Retrieved June 17, 2005, from [http://www.daa.org.uk/social\\_model.html](http://www.daa.org.uk/social_model.html)
- Drabenstott, M. (2004). A new map for rural America's new economic frontier, *New Directions in Rural Economic Development*. (3), 5-7.
- Edwards, C. & Imrie, R. (2003). Disability and bodies as bearers of value. *Sociology*, 37(2), 239-256.
- Eichenwald, K. & Kolata, G. (1999). *Drug trials hide conflicts for doctors*. New York: New York Times.
- Engstrom, E. J. (1997). *The birth of clinical psychiatry. Power, knowledge, and professionalization in Germany, 1867-1914*. [Unpublished dissertation]. Chapel Hill, NC: University of North Carolina.
- Environics Research Group (2004). *Canadian attitudes towards disability issues: A qualitative study*. Retrieved March 18, 2005 from: <http://www.sdc.gc.ca/en/hip/odi/documents/attitudesPoll/qualitativeStudy/qualitativeStudy.pdf>.
- Environics Research Group (2003). *Canadian values: Country's urban-rural divide widens*. Retrieved June 15, 2004, from <http://www.acs-aec.ca/Polls/Poll41.pdf>.
- Esslin, M. (1961). *Theatre of the absurd*. New York: Penguin.
- Esslin, M. (1976). *Artaud*. London: John Calder.
- Estrem, H. (1997). Both Ursula and Ariel: Searching for a feminist/expressivist theory of voice. *WILLA: The Women in Literacy and Life Assembly*, 6, 13-17.
- Facundo, B. (2003). *Freire inspired programs in the United States and Puerto Rico: A critical evaluation*. National-Louis University: Available [http://www3.nl.edu/academics/cas/ace/resources/BlancaFacundo\\_insight.cfm](http://www3.nl.edu/academics/cas/ace/resources/BlancaFacundo_insight.cfm)
- Fellegi, P. I. (1996). *Understanding rural Canada: Structures and trends*. [Presentation given]. Ottawa, ON: Statistics Canada.
- Fels, L. (1995). In dialogue with Grumet: Erasing the line. *Educational Insights*. Vancouver, B.C. Available: </publication/insights/online/v03n01/fels.html>
- Fels, L. (1998). In the wind clothes dance on a line. Performative inquiry – a (re)search methodology. *JCT: Journal of Curriculum Theory*, 14(1), 27-36.

- Fels, L. (1999). *In the wind clothes dance on a line. Performative inquiry – a (re)search methodology*. Unpublished doctoral dissertation. Vancouver, BC: University of British Columbia.
- Fels, L. (2003). *Complexity, teacher education, and the restless jury: Pedagogical moments of performance*. Proceedings of the 2003 Complexity Science and Educational Research Conference. Edmonton, AB: CSERC.
- Fels, L. & Meyer, K. (1997). On the edge of chaos: Co-evolving Worlds of Drama and Science. *Teaching Education*, 19 (1), 75-81.
- Fenwick, T., Dr. (1999). *Reflection plus 4: Classifying alternate perspectives in experiential learning*. (Adult Education Research Conference Proceedings). DeKalb, IL: AERC.
- Fiedler, L. (1978) *Freaks: Myths and images of the secret self*. New York: Doubleday.
- Filewod, A. (1987). Popular theatre. *Canadian Theatre Review*, 53, 1.
- Filewod, A. (1989). *Collective encounters: Documentary theatre in English Canada*. Toronto: University of Toronto Press.
- Foucault, M. (1965). *Madness and civilization: A history of insanity in the age of reason* (Trans. R. Howard). New York: Pantheon.
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings 1972-1977*(trans. C. Gordon, L. Marshall, J. Mepham & K. Soper). New York: Pantheon.
- Fougeyrollas, P. & Beauregard, L. (2001). Disability: An interactive person-environment social creation. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 171-194). Thousand Oaks, CA: Sage.
- Fowler, B. (1997). *Pierre Bourdieu and cultural theory*. London: Routledge.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Freire, P. (1973). *Education as the practice of freedom in education for critical consciousness*. New York: Continuum
- Freire, P. (1985). *The politics of education: Culture, power, and liberation*. (trans. D. Macedo). Boston: Bergin & Garvey.
- Freire, P. (1997). *Pedagogy of the heart*. New York: Continuum.
- Freire, P. (1998). *Teachers as cultural workers. Letters to those who dare teach*. (trans. D. Macedo, D. Koike & A. Oliveira. Boulder, CO: Westview.
- Freire, P. & Faundez, A. (1989). *Learning to question: A pedagogy of liberation*. New York: Continuum.
- Freud, S. (1986). *The essentials of psycho-analysis*. London: Hogarth Press.

- FutureCorp (2004). *Cowichan visions 2020: Focus on the future*. Duncan, BC: FutureCorp.
- Gaebauer, D. B. (1991). *The French theatre of the absurd*. Boston, MA: Twayne
- Galeski, B. (1972). *Basic concepts of rural sociology* (trans. H.C. Stevens). Manchester, UK: Manchester University Press.
- Galton, F., Sir (1883) *Inquiries into human faculty and its development*. New York: AMS Press.
- Garland-Thomson, R. (Ed.)(1996). *Freakery: Cultural spectacles of the extraordinary body*. New York: New York University Press.
- Garland-Thompson, R. (1999). The new disability studies: Inclusion or tolerance? *ADFL Bulletin*, (31)1, 49-53.
- Garland-Thompson, R. (2002). Integrating disability, transforming feminist theory. *NWSA Journal*, (14)3, 1-32.
- Garland-Thomson, R. (2003). Integrating disability, transforming feminist theory. *NWSA Journal*, 14(3), Retrieved March 12, 2004 from: <http://iupjournals.org/nwsa/nws14-3.html>
- Geller, J. & Harris, M. (1994). *Women of the asylum*. New York: Anchor Books.
- Gill, C. J. (2001). Divided understandings: The social experience of disability. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 351-372). Thousand Oaks, CA: Sage.
- Giroux, H. A. (1997). Cultural studies and pedagogy as performative practice: Toward an introduction. In H. A. Giroux & P. Shannon (Eds.). *Education and cultural studies: Toward performative practice* (pp.1-9). New York: Routledge.
- Giroux, H. A. (2001). Cultural studies as performative politics. *Cultural Studies Critical Methodologies*, 1(1), 5-23.
- Goffman, E. (1959). *Asylums: Essays on the social situation of mental patients and other inmates*. Chicago, IL: Aldine.
- Goffman, E. (1986). *Stigma: Notes on the management of spoiled identity*. New York: Simon & Schuster.
- Gorman, R. (2000). Research that hurts or research that helps? A critical framework for adult education inquiry and people with intellectual disabilities. [Proceedings of Adult Education Research Conference] Vancouver, BC: AERC.
- Government of British Columbia (2005). *Ministry of human resources: BC employment and assistance rate tables*. Retrieved on February 20, 2005 at: <http://www.mhr.gov.bc.ca/mhr/da.htm>

- Grob, G. N. (1991). *From asylum to community: Mental health policy in modern America*. Princeton, NJ: Princeton University Press.
- Grotowski, J. (1968). *Towards a poor theatre*. New York: Simon & Schuster.
- Habermas, J. (1989). *The theory of communicative action, volume 2: Lifeworld and system – A critique of functionalist reason*. (trans. T. McCarthy). Boston: Beacon.
- Haedicke, S. C. (1993). Theatre of the imagination: The creative use of script and space in the work of the Living Stage. *Essays in Theatre*, 11(2), 173-180.
- Hahn, H. (2005a). Civil rights for disabled Americans: The foundation of a political agenda. Accessed February 1, 2005 at <http://www.independentliving.org/docs4/hahn.html>
- Hahn, H. (2005b). Toward a politics of disability: Definitions, disciples, and policies. Accessed February 1, 2005 at <http://www.independentliving.org/docs4/hahn2.html>
- Halseth, G. & Halseth, R. (Eds.) (2004). *Building for Success: Explorations of Rural Community and Rural Development*. Brandon, MB: Rural Development Institute, Brandon University
- Hansard (2003). *April to July 2003 proceedings of Provincial Legislative Assembly*. Victoria, BC: Queen's Printer.
- Hay, D. A. (1992). Rural Canada in transition: Trends and developments. In D.A. Hay & G. S. Basran (Eds.). *Rural sociology in Canada* (pp. 16-32). Don Mills, ON: Oxford University Press.
- Hay, D. A. & Basran, G. S. (1992). The future of rural Canada in an industrial society. In D.A. Hay & G. S. Basran (Eds.). *Rural sociology in Canada* (pp. 267-272). Don Mills, ON: Oxford University Press.
- Hoad, T.F. (1993). *The concise Oxford dictionary of English etymology*. London: Oxford University Press.
- Hocking, B., Haskell, J. & Linds, W. (Eds.)(2001). *Bodymind: Exploring possibility through education*. Brandon, VT: Foundation for Educational Renewal.
- hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*. New York: Routledge.
- Horkheimer, M. (1982). *Critical theory*. New York: Seabury Press.
- Illich, I. (1973). *Deschooling society*. Harmondsworth: Penguin.
- Illich, I. (1975a). *Tools for conviviality*. London: Fontana.
- Illich, I. (1975b). *Medical nemesis: The expropriation of health*. London: Marian Boyars.
- Industry Canada (2004). *Welcome to industry Canada!* Ottawa: Government of Canada.

- Inforoute (2005). *Canadian addressing standards*. Retrieved January 12, 2005 from, <http://www.inforouteinc.com/cas.html>
- Ingleby, D. (1981). Understanding 'mental illness'. In D. Ingleby (Ed.). *The politics of mental health*. London: Penguin.
- Innes, C. (1993). *Avant-garde theatre: 1892-1992*. New York: Routledge.
- Innis, H.A., (1933). *Problems of staple production in Canada*, Toronto: University of Toronto Press.
- International Center for Clubhouse Development (2002). *Our history*. Retrieved October 1, 2003, from: <http://www.iccd.org/article.asp?articleID=2>
- Intraspec (2005). *Homeless in Canada*. Retrieved July 22, 2005, from: <http://intraspec.ca/homelessCanada.php>
- Ionesco, E. (1959). *Rhinoceros*. Skokie, IL: Distribooks.
- Janssen-Cilag (2002). *History of mental illness*. Retrieved October 5, 2002 from <http://www.mentalwellness.com/mentalhealth/about/history.jsp>
- Jimenez, M. A. (1987). *Changing faces of madness: Early American attitudes and treatment of the insane*. Hanover, NJ: University Press of New England.
- Jones, E. & Wessely, S. (2000). Shell shock. *Psychiatric Bulletin*, 24(9), 353.
- Jureidini, J. & Mansfield, P. (2001). Does drug promotion adversely influence doctors' abilities to make the best decisions for patients? *Australasian Psychiatry*, 9(2), 95-99.
- Kaiser, D. (1996). "Commentary: Against Biologic Psychiatry," *Psychiatric Times*, 13(12), Retrieved December 13, 2003 from, <http://www.psychiatrictimes.com/p961242.html>
- Karp, G. (1999). *History of disability*. Retrieved on December 18, 2004: <http://www.lifeonwheels.net/writings/history.html>
- Keating, N. C. (1992). Older rural Canadians. In D.A. Hay & G. S. Basran (Eds.). *Rural sociology in Canada* (pp. 134-154). Oxford: Oxford University Press.
- Kelly, M. P. (2001). Disability and community. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 396-411). Thousand Oaks, CA: Sage.
- Kershaw, B. (1992). *Politics of performance: Radical theatre as cultural intervention*. London: Routledge.
- Kidd, R. (1980). People's theatre, conscientization and struggle. *Media Development*, 27(3), 10-14.

- Kirk, S. and Kutchins, H. (1988). Deliberate misdiagnosis in mental health practice. *Social Service Review*, 62, 225-237.
- Kirk, S. and Kutchins, H. (1992). *The selling of DSM: The rhetoric of science in psychiatry*. New York: Aldine DeGruyter.
- Kirkegaard, S. (1957). *The concept of dread*. Princeton, NJ: Princeton University Press.
- Knowles, M.S. (1950). *Informal adult education*. New York: Association Press.
- Knowles, M. S. (1980). *The Modern practice of adult education*. Englewood Cliffs, NJ: Prentice Hall
- Lasagna, L. (1964). *Hippocratic oath: Modern version*. Retrieved April 30, 2004 from: [http://www.pbs.org/wgbh/nova/doctors/oath\\_modern.html](http://www.pbs.org/wgbh/nova/doctors/oath_modern.html)
- Leighton, D. & Leighton, P. (1982). *Artists, builders, and dreams: 50 years at the Banff School*. Toronto: McClelland & Stewart.
- Lemert, E. (1972). *Human deviance, social problems and social control* (2nd ed.) Englewood Cliffs NJ: Prentice-Hall.
- Lindeman, L. E. (1929). *The meaning of adult education*. Norman, OK: Oklahoma Research Center for Continuing Professional and Higher Education.
- Lindeman, L. E. (1945). The sociology of adult education. *Education sociology*, 19, 4-13.
- Lindeman-Jarvis, T. (2004). *Tent cities and squats in Canada*. Toronto: Canadian Broadcasting Corporation.
- Linton, S. (1998). *Claiming disability: Knowledge and identity*. New York: New York University Press.
- Lobo, R. (2001). *Helpful agricultural tourism definitions*. Retrieved January 27, 2005, from: <http://www.sfc.ucdavis.edu/agritourism/definition.html>
- MacDonald, M. (1983). *Mystical Bedlam: Madness, anxiety, and healing in seventeenth century England*. Cambridge, UK: Cambridge University Press.
- Machado, A. (1983). *Times alone: Selected poems of Antonio Machado* (trans. R. Bly). Middletown, CN: Wesleyan University Press.
- Malantschuk, G., Hong, H.V. & Hong, E.H. (2003). *Kirkegaard's concept of existence*. Milwaukee, WI: Marquette University Press.
- Mariotti, H. (1999). Autopoiesis, culture, and society. Retrieved January 15, 2002 from <http://www.oikos.org/mariotti.htm>
- Maturana, H. R. (1988). Reality: The search for objectivity or the quest for a compelling argument, *The Irish Journal of Psychology*, (9)1, 25-82.
- Maturana, H.R. (1995). The nature of time. Retrieved from: <http://www.inteco.cl/biology/nature.htm> October 31, 2004.

- Maturana, H. R. & Varela, F. J. (1992). *The tree of knowledge: The biological roots of human understanding*. Boston: Shambhala.
- Mastai, J. (1987). Now more than ever. *Canadian Theatre Review*, 53, 7-10.
- Mayberry, B. (1989). *Theatre of discord: Dissonance in Beckett, Albee, and Pinter*. Cranbury, NJ: Associated University Presses.
- McKay, G. (2005). *The disappearance of disability? Thoughts on a changing culture*. Retrieved on January 15, 2005 at: [http://www.gsspl.org.uk/html/disappearance\\_of\\_disability.html](http://www.gsspl.org.uk/html/disappearance_of_disability.html)
- McLaren, P. (1995). *Critical pedagogy and predatory culture*. New York: Routledge.
- McLaren, P. (1999). A pedagogy of possibility: Reflecting upon Paulo Freire's politics of education – In memory of Paulo Freire. *Educational Researcher*, 28(2), 49-54.
- Mental Wanderings (2004). *The gulch!* [Blog entry] Retrieved January 29, 2005 from: [http://www.mentalwanderings.com/gulch/2004/09/the\\_island\\_life.html](http://www.mentalwanderings.com/gulch/2004/09/the_island_life.html)
- Merriam, S. B. & Brockett, R. G. (1996) *The profession and practice of adult education*. San Francisco: Jossey-Bass.
- Miller, J. (2001). Family and community integrity. *Journal of Sociology and Social Welfare*, Kalamazoo, MI: Western Michigan University Press.
- MindFreedom (2003). MindFreedom online. Retrieved March 12, 2005 from, <http://www.mindfreedom.org/>
- Ministry of Labour and Citizens' Services (2004). *Socio-economic regional profiles*. Victoria, BC: Government of BC
- Moynihan, R. & Cassels, A. (2005). *Selling sickness: How the world's biggest pharmaceutical companies are turning us all into patients*. Vancouver, BC: Douglas & McIntyre.
- National Farmers Union (2003). *The farm crisis, bigger farms and the myths of "competition" and "efficiency."* Saskatoon, SK: National Farmers Union.
- Nottingham Andragogy Group (1983) *Towards a developmental theory of andragogy*. Nottingham, U.K.: University of Nottingham Department of Adult Education.
- Ohliger, J. (2003). Taking Freire and Illich seriously or icons and pariahs. National-Louis University: Available at [http://www3.nl.edu/academics/cas/ace/resources/JohnOhliger\\_Insight2.cfm](http://www3.nl.edu/academics/cas/ace/resources/JohnOhliger_Insight2.cfm)
- Oliver, M. (1983). *Social work with disabled people*. Basingstoke, U.K: MacMillan.
- Oliver, M. (1990). *The politics of disablement*. Basingstoke, UK: MacMillan.
- Paulston, R. G. (1996). *Social cartography: Mapping ways of seeing social and educational change*. New York: Garland.

- Pescosolido, B. A. (2001). The role of social networks in the lives of persons with disabilities. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 468-489). Thousand Oaks, CA: Sage.
- Porter, R. (1987). *A social history of madness: The world through the eyes of the insane*. New York: Weidenfeld & Nicolson.
- Porter, R. (2002). *Madness: A brief history*. Oxford, UK: Oxford University Press.
- Prentki, T. & Selman, J. (2000). *Popular theatre in political culture: Britain and Canada in focus*. Bristol, UK: Intellect.
- Ravaud, J.-F. & Stiker, H.-J. (2001). Inclusion/exclusion: An analysis of historical and cultural meanings. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 490-514). Thousand Oaks, CA: Sage.
- Read, A. (1993). *Theatre and everyday life: An ethics of performance*. New York: Routledge.
- Reid, D. (1996). Enactivism as methodology. In L. Puig & A. Guitierrez (Eds.). *Proceedings of the twentieth annual conference of the International Group For The Psychology of Mathematics Education vol. 4*(pp. 203-210). Valencia, SP:IGPME
- Reid, D. A. (2002), *Enactivism*. Retrieved September 30, 2002 from <http://plato.acadiau.ca/courses/educ/reid/enactivism>
- Reimer, B. (1992). Modernization: Technology and rural industries and populations. In D.A. Hay & G. S. Basran (Eds.). *Rural sociology in Canada* (pp. 51-62). Don Mills, ON: Oxford University Press.
- Reimer, B. & Apedaile, P. (2000). *The new rural economy in Canada* [Canadian Employment Research Forum paper] Montreal: Concordia University.
- Richards, T. (1995). *At work with Grotowski on physical actions*. New York: Routledge.
- Rogers, A. (2003). *What is the difference? A new critique of adult learning and teaching*. Leicester: NIACE.
- Roman L.G. & Salmon, A. (2003). The disappeared and disappearing Acts: Welfare cuts and the disability review as Weapons of mass destruction. *Friends of Women & Children in B.C. Report Card*. 2 (6). N. P.
- Rosen, G. (1968). *Madness in society: Chapters in the historical sociology of mental illness*. Chicago, IL: University of Chicago Press.
- Rosenberg, M. (1992). *The unread mind: Unraveling the mystery of madness*. Toronto: Maxwell Macmillan.
- Rosenhahn, D. L. (1973). On being sane in insane places, *Science*, 179, 250-58.

- Rusland, P. (May 7, 2003). Life for the mentally ill gets shaken up. *Cowichan News Leader and Pictorial*, 19.
- Sabbatini, R.M.E., Ph.D. (1997). *Phrenology: The history of brain localization*. Campinas, BZ: State University of Campinas.
- Saldana, J. (1998). Ethical issues in an ethnographic performance text: The 'dramatic impact' of 'juicy stuff', *Research in Drama Education*, (3)2, 181-196.
- Salverson, J. (1996). *The unimaginable occurrence: Story telling, popular theatre, and an ethic of risk*. Unpublished Masters of Arts Thesis, Graduate of Education, Toronto, ON: University of Toronto.
- Salverson, J. (1997). The art of witness in popular theatre. *Canadian Theatre Review*, 90, 36-39.
- Sarlo, C. A. (2001). *Critical issues bulletin: Measuring poverty in Canada*. Vancouver, BC: The Fraser Institute.
- Sartre, J.-P. (1946). Existentialism is a humanism. In W. Kaufman (Ed.). *Existentialism from Dostoyevsky to Sartre* (trans. P. Mairet). New York: Meridian.
- Sartre, J.-P. (1948). *Being and nothingness* (trans. H.E. Barnes). New York: Philosophical Library.
- Sartre, J.-P. (1976). *Sartre on theatre*. New York: Pantheon.
- Sartre, J.-P. (1979). *Nausea*. London: Bentley.
- Saunders, D. (2003). City and country: Still apples and oranges, *Globe and Mail*. Retrieved December 15, 2003, from [http://www.cric.ca/pdf\\_re/new\\_canada/cityandcountry\\_28.06.03.pdf](http://www.cric.ca/pdf_re/new_canada/cityandcountry_28.06.03.pdf).
- Schernhammer, E. (2005). Psychiatry: On the high rate of physician suicide. *New England Journal of Medicine*, 352, 2473.
- Schutzman, M. (1994). Brechtian shamanism: The political therapy of Augusto Boal. In M. Schutzman & J. Cohen-Cruz (Eds.). *Playing Boal: Theatre, therapy, activism* (pp. 137-155). New York: Routledge.
- Scott, W. M. & VanDine, C. (1995). "Family violence" in rural, farm, and remote Canada. Fredericton, NB: Canadian Farm Women's Network.
- Selman, J. (1987). Three cultures, one issue: Popular theatre in the Northwest Territories. *Canadian Theatre Review*, 53, 11-19.
- Serageldin, I. & Grootaert, C. (2000). Defining social capital: An integrating view. In P. Dasgupta & I. Serageldin (Eds.). *Social capital: A multifaceted approach* (pp. 40-58). Washington, DC: International Bank for Reconstruction and Development/World Bank.

- Shakespeare, T. W. (2001). Understanding disability. [Keynote address: Disability with Attitude. International Conference]. Sydney, AU: University of Western Sydney.
- Shakespeare T.W. (2003). Rights, risks and responsibilities: new genetics and disabled people. In S. Williams, L. Birke & G. Bendelow (Eds.), *Debating Biology: Sociological reflections on health, medicine and society*. London: Routledge.
- Shakespeare, T.W. & Corker, M. (Eds.)(2002). *Disability/Postmodernity: Embodying disability theory*. London: Continuum.
- Shakespeare, T. & Watson, N. (2001). Making the difference: Disability, politics, and recognition. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 546-564). Thousand Oaks, CA: Sage.
- Shor, I. (1987). *Critical teaching and everyday life* (2<sup>nd</sup> ed.). Chicago: University of Chicago Press.
- Shor, I. (1992). *Empowering education: Critical teaching for social change*. Chicago, IL: University of Chicago Press.
- Shor, I. (1996). *When students have power: Negotiating authority in a critical pedagogy classroom*. Chicago, IL: University of Chicago Press.
- Simmie, S. & Nunes, J. (2001). *The last taboo: A survival guide to mental health in Canada*. Toronto: McClelland & Stewart.
- Smart, J. (2001). *Disability, society and the individual*. New York: Aspen.
- Smith, A. (1904). *An inquiry into the nature and causes of the wealth of nations* (5<sup>th</sup> ed.). London: Methuen.
- Smith, R. M. & Erevelles, N. (2004). Towards an enabling education: The difference that disability makes. Book review. *Educational Researcher*, 33(8), 31-36.
- Spry, L. (1994). Structures of power: Toward a theatre of liberation. In M. Schutzman & J. Cohen-Cruz (Eds.). *Playing Boal: Theatre, therapy, activism* (pp.171-184). New York: Routledge.
- States, B. O. (1996). Performance as metaphor. *Theatre Journal*, (48)1, 1-26.
- Statistics Canada (2001). *2001 Census of agriculture*. Ottawa, ON: Statistics Canada.
- Statistics Canada (2002a). *A report on mental illnesses in Canada*. Ottawa, ON: Statistics Canada.
- Statistics Canada (2002b). *Canadian rural partnership research and analysis: Rural research note*. Ottawa, ON: Statistics Canada.
- Statistics Canada (2005a). *Canadian economy online*. Retrieved September 10, 2005, from: <http://canadianeconomy.gc.ca/english/economy/index.cfm>

- Statistics Canada (2005b). *The daily*. Retrieved July 21, 2005, from:  
<http://www.statcan.ca/Daily/English/050721/d050721a.htm>
- Stigma Busters (2005). *Stigma Busters Productions*. Retrieved February 12, 2005, from  
<http://www.stigmabusters.org/>
- Sumara, D. J. & Davis, B. (1997a). Enactivist theory and community learning: Toward a complexified understanding of action research, *Educational Action Research*, (5)3, 403-422.
- Sumara, D. & Davis, B. (1997b). Cognition, complexity and teacher education, *Harvard Educational Review*, (67)1
- Szasz, T. (1994). *Cruel compassion: Psychiatric control of society's unwanted*. New York: John Wiley.
- Szasz, T. (1997). *The manufacture of madness: A comparative study of the inquisition and the mental health movement*. Syracuse, NY: Syracuse University Press.
- Szasz, T. (2000). The case against psychiatric power. In P. Barker & C. Stevenson (Eds). *The Construction of Power and Authority in Psychiatry*. (pp. 43-56). Oxford: Butterworth & Heinemann.
- Task Force on DSM-IV (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: American Psychiatric Association.
- Taylor, P. (1993). *The texts of Paulo Freire*. Buckingham: Open University Press.
- Taylor, S. (2004). The right not to work: Power and disability. *Monthly Review*, (55)10. Retrieved March 18, 2005, from: <http://www.monthlyreview.org/0304taylor.htm>.
- Taylor & Saarinen (1994). *Imagologies: Media philosophy*. London: Routledge.
- Tillich, P. (1952). *The Courage To Be*. New Haven, CN: Yale University Press
- Turner, B. S. (2001). Disability and the sociology of the body. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 252-266). Thousand Oaks, CA: Sage.
- Turner, T. (2004). The history of deinstitutionalization and reinstitutionalization, *Community psychiatry*, 3(9), 1-4.
- UPIAS (1976). *Fundamental principles of disability*. London: Union of the Physically Impaired Against Segregation.
- Varela, F. (1987), Cognition without representations, *Biology Forum*, 80, 241-242.
- Varela, F. J. & Shear, J. (2000). *First person methodologies: What, why, how?* Retrieved December 1, 2003 from  
[http://web.ccr.jussieu.fr/varela/human\\_consciousness/articles.html](http://web.ccr.jussieu.fr/varela/human_consciousness/articles.html)

- Varela, F. J., Thompson, E. & Rosch, E. (1992). *The embodied mind: Cognitive science and human experience*. Cambridge, MA: MIT Press.
- Wartenberg, T. E. (1990). *The forms of power: From domination to transformation*. Philadelphia, PA: Temple University Press.
- Wasserman, D. (2001). Philosophical issues in the definition and social response to disability. In A. Brecht, K. D. Seelman & M. Bury (Eds.). *Handbook of Disability Studies* (pp. 219-251). Thousand Oaks, CA: Sage.
- Wellworth, G. (1971). *The theatre of protest and paradox: Developments in the avant-garde drama* (2<sup>nd</sup> ed.). New York: New York University Press.
- Whitmore, J. (1994). *Directing postmodern theatre: Shaping signification in performance*. Ann Arbor, MI: University of Michigan Press.
- Wilde, O. (1892). *The soul of man under socialism*. Retrieved on January 16, 2004 from: [http://flag.blackened.net/revolt/hist\\_texts/wilde\\_soul.html](http://flag.blackened.net/revolt/hist_texts/wilde_soul.html)
- Wolford, L. (1996). *Grotowski's objective drama research*. Jackson, MS: University of Mississippi Press.
- Workman Theatre Project (2005). *Workman Theatre Project*. Retrieved February 13, 2005, from [http://www.workmantheatre.com/#SlideFrame\\_0](http://www.workmantheatre.com/#SlideFrame_0)
- World Health Organization (1980). *International classification of impairments, disabilities, and handicaps*. Geneva: WHO.
- Zepetnek, de, S. T. (2001). *Toward a framework of audience studies*. Retrieved September 30, 2002 from <http://clwebjournal.lib.purdue.edu/library/audiencestudies.html>
- Zingaro, L. & Tom, A. (2003). Cutting social supports in the name of independence, self-sufficiency and choice. *Friends of Women & Children in B.C. Report Card Series*. 2 (2), 1-3

**APPENDIX A**  
**INTRODUCTION TO**  
**METHODOLOGICAL REVIEW**

To remind the reader, the purposes of this study were to: (i) *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and (ii) *create* better relationships between psychiatrically diagnosed and other people. These purposes were achieved by staging a theatre production in a chicken barn. This study examined the relationship of othering by exploring mental diversity.

The potential for this study was its anticipated ability to interrupt and question taken-for-grantedness of performed privilege. If a group enters a space to performatively explore freely its collective meaning in society from its own perspective, what understanding arises? Could exaggeration, or “farce,” be used to absurdly deconstruct social messages and influences? In turn, could satire be a form of empowerment within an experience of theatre making? The following query is an engagement of these underlying questions and guide this study: *What shifts occur within a group of rural adults living with mental disorder(s) as it developed and presented an absurdist popular theatre community production?*

As noted in this dissertation, this section explores the theoretical underpinnings of this inquiry in greater detail. Of particular note are the areas of critical disability theory, rural sociology and the methodological aspects of the study. To help set up these discussions, this current chapter briefly reviews the placement of performance research within the continuum marked by quantitative and qualitative research. From this baseline, follows the rest of the examination contained in the chapters that follow.

**ASSUMPTIONS CONTAINED IN RESEARCH**

Contained within any research project is a set of assumptions that support the approach used. To help place the framework that supports the two key research paradigms most often used, quantitative and qualitative, alongside that associated with performance-based research, a table is provided on page 255. For quantitative research the various beliefs are captured by a positivist view. Qualitative studies often rely on a naturalist position. Performative inquiry, as relied on in this work, depends upon an enactivist perspective.

As described in the table, quantitative or positivistic research relies upon a fixed and singular view of “reality” that can be manipulated for examination. Conversely, performative inquiry that embraces an enactivist view relies upon “reality” that is deeply interconnected and interwoven with popular theatre and absurdism so as to be impossible to truly pull apart in isolation because everything is part of this cosmological thing called “reality.” Qualitative or naturalistic research resides in between the other two.

**Table: Assumptions of Positivist, Naturalist and Enactivist Theoretical Approaches**

<b>Assumption</b>	<b>Positivist</b>	<b>Naturalist</b>	<b>Enactivist</b>
Ontological (The nature of reality)	Reality is single, tangible and divisible	Realities are multiple, constructed and holistic	Complexly and complicatedly interconnected... everyone and everything all part of one wholeness and cannot be segmented
Epistemological (Relationship of knower and known)	Knower and known are independent through dualisms	Knower and known are interactive, inseparable	“interstanding” so that awareness emerges through interactions with other bodies and is one aspect of an environment; arise through and within relationships
Axiological (The role of value)	Inquiry is value-free, biases “absent”	Inquiry is value-bound, biases possible	Biases welcomed and encouraged so all involved can learn and challenge in order to create “stopped” moments of interstanding – bias-free research an impossibility
Rhetorical (Language of research)	Formal, scientific style,	Literary, informal style, personal voice	Body, emotion, movement, arts, interrelationships
Methodological	Deductive, context free experimental settings, predetermined design	Inductive, studies the topic in context, uses emerging design	Mapped moments of recognition; reflecting back upon stopped moments; open ended because of continual problem-posing
Possibility of generalization	Time and context-free generalizations are possible	Only time and context bound hypothesis are possible	Resonance across different experiences, but not generalizable in any prescriptive manner
Possibility of causal linkage	Real causes, precedent to or simultaneous to effects	Mutual simultaneous shaping	Interconnectivity across a variety of constantly shifting dynamics within the environment

The relationship between what is known and who is knowing shifts greatly between quantitative or positivistic research, where the two are independent of one another. In qualitative and performance research there is a greater interconnectivity between the object of knowing and the person. With performative inquiry, however, there is no object of knowing. Instead, there is a process of knowledge that occurs among knowers. The process is called *interstanding*.

Subjectivity and objectivity are dealt with differently among the three research paradigms as well. Performance-based research welcomes subjectivity(ies) of all the co-researchers in the process of coming to know. As such, this view of research critiques the

view taken of positivistic approaches. Quantitative studies believe in a “neutral” and “objective” value system, whereby bias is absent and indeed shunned as devaluing the process of investigation. Yet, what is not recognized is that that subjectivity does play a role within positivistic paradigms, through aspects of selection and interpretation of results. Qualitative research recognizes that biases are present because investigators are “value-bound” through cultural, sexual, experiential, moral and other aspects of being human. There are efforts made to reduce or explain the influences these values have on the study in question.

The language relied upon differs markedly between qualitative and quantitative and performance. The two more mainstream research paradigms are word oriented, whereas performance-based research is physically expressive, relying upon bodies in motion and interaction, as well as the creation of art, music and visual images. The tension and difficulty that is contained within this project is the shift to words to capture the breadth of expression that occurred on stage.

Methodologically, quantitative design removes the experiment from any sense of context with fixed procedures knowable before the study commences. Qualitative approaches emerge from within the field and context within which the investigation occurs. However, the selection of approaches is limited, i.e., ethnography, phenomenology, case study, biography or narrative, or grounded theory. What shifts are the nuances within a particular paradigm? Within performative inquiry the process of research is wide open and is based upon a reflective selection and negotiation of techniques, methods and processes that culminate in something understood only through reflectively reviewing what has occurred before. The process is full of randomness, chaos, dead ends, straightaways, recursions and many corners. The end point is not knowable until it has occurred. Shifting to prose that suggests linearity and steady progression belies what happened within the experience.

Generalizability is the focus for quantitative research: the ability to predict and prescribe tendencies across other contexts and times. This is done because of the extraction of the experiment from any fixed situation. Qualitative research does generalize, but this is limited to similar contexts and times, rather than across a variety of environments. Performative inquiry is particular to what occurred within a given place, with a given group over a specified period. At best, what can occur is the idea of *resonance* in that there may be echoes of general feeling or identification across contexts, but not in any prescriptive or predicting way. All the performances of *Shaken: Not Disturbed... with a twist!* occurred within a few months and within the town of Duncan. There were handouts that were given to audience members about what caregivers could do to improve the lives of psychiatric survivors and what society could do to give a “hand up” to those who are mentally marginalized. This was advice offered by one group, in one moment, in one town. The flyers distributed to the audiences were to spark dialogue, not indicate that all psychiatric survivors wanted the same things.

Anecdotally, the breast cancer survivors, who attended the play, came to awareness of what the cast experienced through a shared emotional sense contained in the experience of medical personnel’s insensitive responses to their illness. This is not generalization, but the feelings contained within living with psychiatric disorder resonating with those facing another medical circumstance. Could predictions arise that suggest this will always be the case? Not likely.

Lastly, quantitative research is seeking out and isolating cause-and-effect relationships in order to predict. This is a linear relationship that is suggested to be irrefutable and fixed. Qualitative research shows that the researcher and participants are mutually affected as a result of the investigation. This relationship shows that there is a closer connection between the investigator and the investigated. Yet, there is still some distance between the two. With regard to this performative inquiry, everyone who participated was a co-searcher indicating that there was a greater emphasis on collaboration and sharing of power. As indicated in Part One, this can never be fully equitable. Within this study, there were interconnections from outside the weekly rituals of performance that informed what took place inside. The co-searchers are members of various social systems (friends, family, mental health, Open Door, and university in my instance, and so on). As a result, forces and processes beyond the project continually shaped our work.

With theoretical assumptions of three key research paradigms reviewed, the next is the exploration of these same approaches with regard to their dimensions or attributes. Once this canvassing is complete, the shift in this chapter will be to provide an overview of the remaining sections in Part Two.

## **DIMENSIONS OF METHODOLOGICAL APPROACHES**

Various aspects comprise a research project, including: the impulse for the work, context, participants, methods, “data,” language, analysis, results and neutrality among others. Table creates a snapshot of the key issues. Some have been alluded to in the previous discussion, so I’ll look at some of the other aspects that Table includes. For example, the impulse behind an investigation is testing a hypothesis in quantitative work that creates a sense of closure through the results, whereas qualitative projects often begin with “how” questions that are open-ended. Performative inquiries often remain open though an initial “what” question and the use of ongoing open-ended probing queries.

Subjects within an experimental design are individuals that are amassed around measures of central tendency. In this environment people are largely objects. Within qualitative work, individuals are viewed and treated as singular subjects. Each is engaged with through interviews, but then the narratives become the thing objectified through manipulation by the researcher. Performative inquiry views subjects as both independent individuals and as a collective. Playing with stories also mark this work; however, co-searchers along with the research are engaged in teasing apart and exploring past experiences, not the inquirer alone.

“Data” in both quantitative and qualitative work is considered to be “collected” through surveys in the former and interviews in the latter. Performative inquiry views this aspect as constructing and reflectively interpreting stories. In a similar sense, interviews in qualitative work are created through conversations. The use of sampling is random in quantitative studies and more considered and intentional in qualitative investigations. This performative work had a random group invite the researcher in. Initially, there was a broad advertisement asking for the community to come and find out about a research process. A particular group, that remained opened throughout much of the time, took on the methodology, rather than the other way around. Results for experimental designs are

**Table: A Comparison of Quantitative, Qualitative and Performance-Based Methodological Approaches**

	<b>Quantitative</b>	<b>Qualitative</b>	<b>Performance</b>
Settings	Experimental setting, often removed from natural setting	Everyday setting or is field focused as source of data	Community or group in context as conduit for storytelling and problem posing
Research Impulse	Testing a hypothesis  Asking a “why” or “how much” question as focus of study.	Open-ended, ask “how” questions.  The research question(s) change(s) as study proceeds	Often stems from current life issues, problems or something potentially in the future. Sometimes a broad “what” question is used to prompt additional open and emergent queries.
Instruments	Numbers (statistics) based, i.e., survey, test for gathering data	Researcher as key instrument of data collection	Performance as key avenue for constructing “data” alongside the researcher; notion of co-searchers
Sampling	Random so as to generalize	Purposeful sampling	Random from a particular larger group, but purposeful based on interest in area of study and notion of performance
Subject	Group, average performance	Individuals	Individuals in a group, both levels are key
Data	Numbers	Words or pictures	Bodies in interaction, art process and forms,
Results	Product – e.g. test performance	Outcome as process rather than product	Process toward a performance and production itself and the ongoing influences of the project in a wider sphere (broader community)
Analysis	Deductive, starts from hypothesis	Analysis of data inductively, attention to particulars	Mapped moments of recognition; reflecting back upon stopped moments; open ended because of continual problem posing

	<b>Quantitative</b>	<b>Qualitative</b>	<b>Performance</b>
Research Vantage Point	Determined by researcher	Focus on participant's perspectives and their meaning	Jointly created among all participants and researcher; one of reciprocity in learning among all
Language	Scientific, objective	Use of expressive language	Body language, whole body-mind expressivities; symbolism; metaphor
Authority	Statistical significance	Persuasion by reason	Persuasion by emotion, psychology, story, experiences, questioning
Truth Value	Internal validity	Credibility – compatibility between researcher's constructions and respondents' reality	Reflections by co-searchers post-performance to continue querying into experiences – truth is not fixed but continually open ended and multiple
Cross Context Applicability	External validity Generalizability	Transferability – enable researchers and practitioners in other contexts to make tentative judgments about applicability of findings	Resonance – Because experiences performed are of emotional and psychological and intuitive natures, not looking for generalizability or transferability but how deeply is story felt in others' bodies and minds
Ability for Replication	Reliability	Dependability – the stability of findings if study repeated, coupled with ability to explain any variations	Because every group of individuals is unique, there is no requirement for consistency. Contrarily, there is a resistance to formulaic approaches. Co-searchers have to be flexible to capture uniqueness of each performative project. Passage of time, life and experiences would not create the same performance with the same group.
Neutrality	"Objectivity"	Confirmability – providing sufficient data-based evidence to support interpretations	Subjectivities of all co-searchers are welcome and encouraged to be present and questioned and challenged by the performance group; the group determines reflective interpretations

products; for qualitative work it's process as product. With performative inquiry process is most critical with products flowing out of the exploration.

The research vantage point is different among the three. Experimenters determine the perspective, which is usually as strictly an outsider. Qualitatively, the investigator is most concerned with the participants' perspective. Performative work brings inquirer and participants together to create a group of co-searchers, whereby everyone's perspective is important in order to join in a full conversation.

Authority is constructed differently among the three. Performance places greatest focus on experiences, stories and the emotions and expressions that can be used to evoke these. Qualitatively, the shift is toward a persuasive reasoning through interviews and narratives that can be generated from these. Quantitatively, authority comes from statistical significance, or the strength of the predictive quality of results.

Lastly, is the notion of truth-value. The internal validity, or that the results quantitatively measure what they say they are, is of prime importance within experiments. Qualitatively, the issue is credibility. Are the researcher's constructions of participants' experiences, and the meanings evoked, compatible with how members of a study views them. Performatively, truth-value comes from the reflections from the co-searchers themselves after the performance and as part of the process. Also, truths are neither fixed nor closed. The continual probing that is a central aspect of this work continues to keep the work open and tentative.

## **Summary**

This chapter, the first in Part Two, introduced the reader to the more theoretical dimensions of this thesis. The chapter opens by revisiting the study's purposes, the intentions, and the initial research question, which propelled this work forward. Initially, the assumptions of three key research paradigms were explored: Positivism, Naturalism and Enactivism. These three are usually carried within Quantitative, Qualitative and Performative research, respectively. Beyond this canvassing, there is the comparison of research dimensions as these relate to the three approaches previously introduced. To prepare the reader, the landscape of research is surveyed, notably, the theoretical scaffolding of mental/disability theory, rural sociology and the interdisciplinary methodology of performative inquiry were outlined. Lastly, an overview of the flow of chapters was provided. The next chapter recounts the evolution of how psychiatric survivors have been constructed historically through to the present.

**APPENDIX B**  
**CONSTRUCTIONS OF DISABILITY**  
**AND MENTAL DISORDER**

**Introduction**

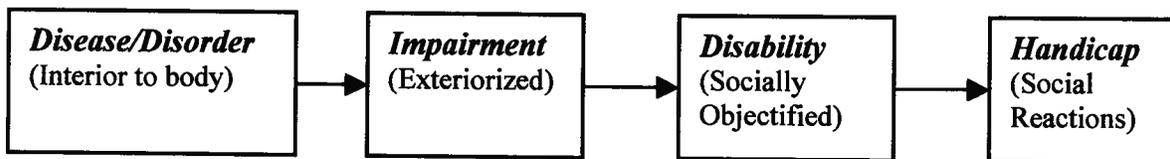
The conceptual framework drawn upon within this study was disability theory and notions of “mental disorder.” Few groups are more stigmatized and excluded from society than psychiatric survivors. For this reason, a review of the constructions of psychiatric disorders is required. Also, by understanding the population being explored, the purposes of this study, namely, (i) the *disruption of* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and (ii) *creating* better relationships between psychiatrically diagnosed and other people can be achieved.

This appendix supports the work of this research by exploring the language of disability, as well as the nuance and complexity contained in words that attempt to capture mental diversity. Once the landscape of language is explored, the conceptual framework of psychiatric impairment is put in a form that reflects the evolution of how society has constructed “mental difference.” Beginning with moral notions, the discussion moves to biology, social constructions, embodied disconnections and, lastly, the ideas of citizenship and social minority. Once completed, the next appendix describes the rural context within which this study resides.

**A Discussion Of Disability Language**

Many terms emerge within the field of critical disability: disease/illness, impairment, disability and handicap. An outline showing a relationship of key terms of disability aids in clarifying language, as portrayed by the World Health Organization’s (WHO, 1980): *Disease/Disorder-Impairment-Disability-Handicap Model* (Figure below). The terms *disease* and *disorder* connect, historically, to someone suffering and is viewed as a “morbid” physical condition (Hoad, 1993, p. 127), or putting out of sequence or “deranged,” in the case of disorder (Hoad, 1993, p. 128).

The first label within the World Health Organization’s (1980) model is based in biology and genetics. The second position in the diagram is *impairment*. The word *impairment* comes with a pejorative aspect. Etymologically *impair* means “to make worse.” This definition remains the central meaning. While having impairment, perhaps, is less derogatory than being diseased, the “problem” continues to reside within one’s body, not in society or the environment.



**Figure: The WHO model of disability (WHO, 1980, p. 3).**

The third category within the WHO model of disability is defined as *lacking in ability* resulting from impairment. This model is based on a model used in vocational rehabilitation. An arbitrary “normal” range of motion for a particular physical function

evaluates the capability of individuals: below the range one is disabled, above a fixed level a person is normal. This condition is objectified or something to be disciplined, controlled, measured and changed. This shift moves the process to the final point in the model.

Able-bodied professionals, removed from the experiential world of disabilities, defined key WHO terms. The Union of the Physically Impaired Against Segregation (UPIAS), a group of disabled people in Britain, addressed the ableist bias of the international medical model. UPIAS (1976), stated disability as, “the disadvantage or restriction of activity caused by contemporary social organization which takes no or little account of **people who have physical impairments** and thus excludes them from participation in the mainstream of social activities” [bolding mine] (Disability Awareness in Action, 2005, p. 14). Later, cognitive impairments were included and, more recently, psychiatric disorders. Doubt remains as to what is meant by disability. For example, when Canadians responded to a survey “*What is disability?*,” they answered in the following way, “Canadians define the concept of disability in a number of ways, but chiefly in terms of physical handicap (e.g. uses a wheelchair, deaf). Perspectives on this issue are surprisingly consistent between persons with and without disabilities” (Canadian Mental Health Association, 2004, p. 9).

The word *patient* stems from “bearing or enduring without complaint” (Hoad, 1993, p. 340). A *patient* having a mental disorder is synonymous with “suffering” an illness. More recently, the word *consumer* describes those *patients* seeking medical or social help. The act of consumption relates to “using up, eating up, or wasting” (Hoad, 1993, p. 94). The idea of *consumer* construes those psychiatrically diagnosed as “using up” finite professional resources. This view constructs disabled and mentally disordered individuals as “drains on society.”

The term *client*, is from the Latin *clientem* or “a follower or retainer,” as connected to the verb *cluere*, meaning, “to listen, follow, obey” (Hoad, 1993, p. 79). This definition connotes a relationship between care giving, social services and psychiatry (the protector) with someone as having a disability or mental “illness” (the protected). A *client*, or someone living with mental disorder, is also a problem because of the marking of this relationship with dependency and power differentials. With the advent of the disability and mental rights movements another term is in vogue (Capponi, 1992, 2003): *psychiatric survivor*. Originally, the word *survivor* meant “legal inheritance or the passing down of benefits,” but the term has been transformed into “living beyond or to live longer than” (Hoad, 1993, p. 475). Surviving past and current abuses of discriminatory authority and friendship structures, exclusion is the preoccupation of critical disability theory. Psychiatric survivors want to reclaim lost roles as full citizens within society. Being equal means taking back personal power, voice and identity.

### **Discourses Conceptualizing Mental Diversity**

In the discipline of disability, a number of emerging discourses for measuring, containing and constructing the diversity of impairment have developed. Disability discourse and mental disorder theories evolved in approximately the same ways and at the same rate to one another, though with important subtleties between them. To assist, key conceptualizations appear within a pyramid (on page 263). The lower levels inform the higher ones. The triangle highlights the chronology of each. Moving from the bottom of

the diagram to the top is a progression away from moral and biological determinism, as mediated by spiritual and medical authorities. Through social construction and embodied mental disconnection of person-in-environment, the last stage is the idea of *survivorship* moving toward *citizenship*. The movement upward marks a move away from prescribed and “objective” medical authoritative constructions to subjective senses of existence.

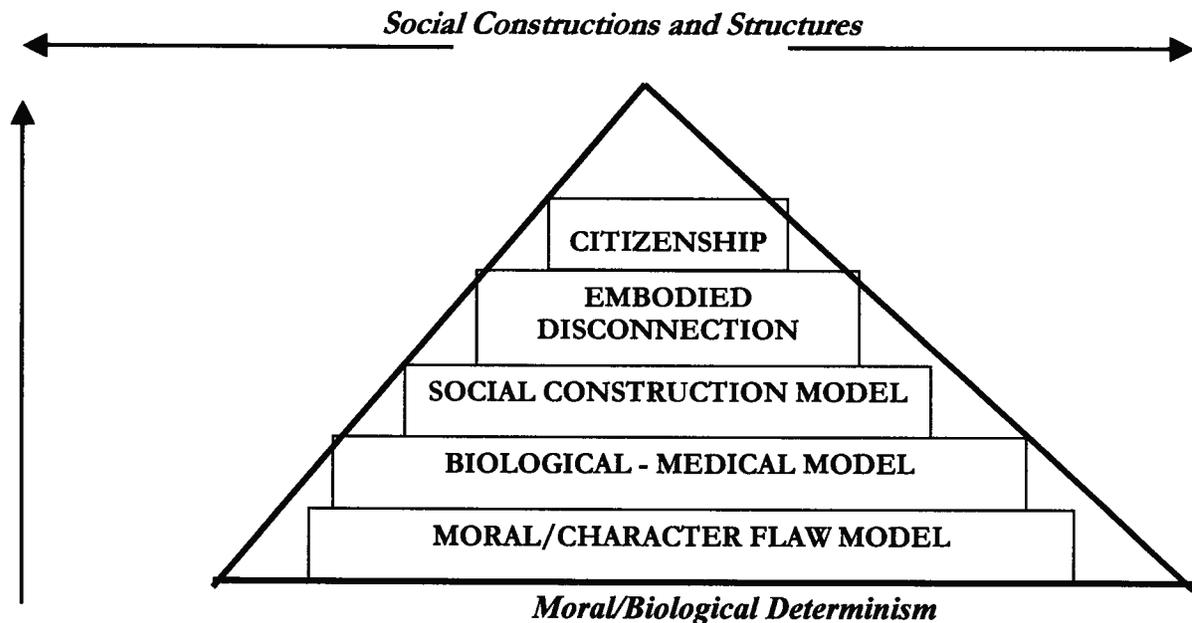


Figure: The evolution and hierarchy of disability discourses.

### A Question of Morality and/or Character Flaw Model

*"Insanity is the scourge brought down on sinful men by the wrath of the Almighty"* (George Man Burrows, opening words of *Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity* 1828. Quoted in Kraepelin 1918, pages 38- 39

*And as Jesus passed by, he saw a man, which was blind from his birth. And his disciples asked him, saying, Master, who did sin, this man, or his parents, that he was born blind? Jesus answered, Neither hath this man sinned, nor his parents: but that the works of God should be made manifest in him. (John 9:1-3)*

### Disability Studies

The initial model describing impaired people draws from ancient Greco-Roman times, relying on the belief evil spirits and deities existed. Being *physically* different was seen as stigmata indicating the devil. A malicious spirit was at work (Karp, 1999). During the period, no other explanation for physical diversity existed. Marked in such a way was synonymous with being immoral. Disability theorists suggest this legacy continues (Barton & Oliver, 1997; Shakespeare, 2003). Health is equated with fully functioning

bodies. Able bodies are seen as good, while impaired bodies are viewed as unvalued and unwanted. Religion determined normalcy for bodies and what was required (prayer, “good” deeds, exorcism, spiritual cleansing, penance)(Porter, 1987). Reliance on religion for determining physical wellness illustrated how bodies were implicated with morality through spirituality.

Feminist disability theory includes gender at the intersection of disability and morality. Being impaired is seen as “not normal.” Through masculinist power structures and processes constructing women as being “less” and more compliant toward authorities than men, a binary opposition is maintained. Women are viewed as lacking moral strength and, therefore, prone to mental “failings,” whereas men, who comprise the most of the psychiatrists, are seen as “normal.” Therefore, they are more likely to be diagnosed with a psychiatric disorder (Chesler, 1972). Also, a propensity exists for mental “illnesses” targeting women when no similar “diseases” focus on men. Hysteria, Pre Menstrual Syndrome/Pre-Menstrual Dysphoric Disorder (Moynihan & Cassels, 2005) and Borderline Personality Disorders are predominantly something “suffered” (Statistics Canada, 2002) by women. This stems from the legacy of women constructed as being prone to the “vapours” and “nerves” (Rosen, 1968, Porter, 1987). Among female psychiatric survivors, a double silencing occurs: first, being a woman and, second, diagnosed with a mental disorder. Not having the same physical capabilities as ablest mainstream creates the same for impaired people. Impairment and feminism resist similar labelling of being “lesser” versions of “normal” (Garland-Thompson, 2003).

Ablest “freak shows” have physically impaired people in circus displays. Echoes remain in telethons for impaired people (Bogdan, 1988; Fiedler, 1978; Garland-Thompson, 1996). During telethons, disabled kids are put on display to “justify” the “need” to “fix” “abnormal” children. People managing, emceeing and performing in these productions are usually able-bodied individuals. Stage dressing comes in the form of kids on crutches and wheelchairs. Exoticized bodies are the backdrop. The image is one of the mainstream “helping” disabled others be more “normal” through fundraising. The “plight” of “abnormal” children is to be pitied.

### *Mental Disorder as Moral “Problem”*

Two concepts co-exist when discussing moral notions of mental disorder. The first concerns lived experience, the second the non-material experience of values, beliefs and emotions. The “Great Confinement” Foucault (1965) described, took place from the late 1600s to the mid 1900s, when “madness” was constructed as something one “transmitted” into the broader society. There was a need to quarantine the “pathogen” of mental “illness” from the general “healthy” public. Early historical constructions of mental difference included a person “touched” by a god (a divine and *good* thing), or “possessed” by evil spirits because of a poor or weak moral character (a *bad* thing) (Janssen-Cilag, 2002; Jimenez, 1987; MacDonald, 1983; Rosen, 1968). Religious leaders used witch trials, burnings and purges, to rid bodies of evil.

Much deviance theory, exemplified by Lemert (1972) and Becker (1993), as well as Goffman’s (1959, 1986) “spoiled identity,” builds on equating “normal” with being “morally right.” Labelling theories of deviance suggest people choose to be different as a means to escape restrictions of normativity. When a choice is not socially acceptable, it is

pushed into the margins (Wasserman, 2001). These people, proponents of deviance theory would argue, “deserve” to be on the “outside.”

Able-bodied people see individuals, with observable physical conditions, as having less choice in being disabled, so are viewed most compassionately, without stigma (for example, Rick Hansen). Those with intellectual disabilities are believed to be “less legitimate” because their disability is worrying and largely invisible. The level of “problem” cannot be known to the same degree as physical disability. Perhaps the person is “faking.” At the bottom of the disability hierarchy, the last social taboo is psychiatric disability (Enviroics Research Group, 2004). Psychiatrically diagnosed individuals’ situations are believed “invisible,” not knowable and preventable. The person is said to “fake” something avoidable, even if it is socially constructed. People can choose, the thinking goes, to not live with mental disorder or drug addiction. Because of “weak wills” or “poor morals” survivors choose not to “buck up” and “be strong.” They choose the “easy” way out (Ravaud & Stiker, 2001). Mental disorder is something voluntarily entered.

### **A Question of Biology and Genetics**

*I promise..... To avoid violating the morals of my community.(from a modern version of the Hippocratic Oath vowed by doctors entering practice) (Lasagna, 1964).*

*"... modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness." (Kaiser, 1996) Commentary: Against Biologic Psychiatry, Psychiatric Times.*

### *Disability Theory and “Broken Bodies”*

There have always been people in charge of “fixing” bodies. From earliest times, the focus was on alleviating pain and curing illness. By creating standards of *physical* normalcy, all bodies continue to be under scrutiny to determine the “fitness” of each individual’s physicality as measured against arbitrary measures. If an individual did not continue to be “average,” repair regimes were instituted. Further, to be seen as “abnormal” was also viewed as being *in pain* (Smith & Erevelles, 2004). The archetype of this model is the “suffering patient.” Something separate but attached to one’s body is a construction of physical impairment.

Attempts were made to “breed” out physical impairments from the gene pool in order to keep the human race “healthy,” “whole” and “able.” Through genetic purification efforts, came protocols for quarantining, sterilization and hybridization, dissuading impaired people from having children, selective abortions, assisted suicide and mercy killing (Garland-Thompson, 2002). Many of these topics continue to be contentious and unresolved today.

Controlling, through treatments, also served to medically colonize bodies and their performances by “experts” (Hahn, 2005b). Monitoring one’s physicality also contains what can and cannot be admitted as part of one’s identity (Garland-Thompson, 1999). Psychiatrists want to “fix” impairments. What is often not recognized is this also serves as an erasure of someone’s identity. This approach to medicine creates the “medicalization of life” (Illich, 1975b). Fixing bodies to arbitrary ideas of normalcy-

equalling-health-and-beauty creates intolerance of physical and mental diversity (Barnes & Mercer, 2001; Shakespeare & Corker, 2002). Impairment, under this model, resides solely within the individual. Further, this view holds society does not restrict freedoms of impaired people. As a result, sole responsibility rests with the disabled person for his or her impairment.

### *Medical Model and Mental “Capacity”*

The notion of biology as being the stable, fixed cause for mental “illness” places the root source in one’s body or brain. The language of mental “illness” comes from this model. The belief relating to mental functioning of psychiatric survivors being different arises through the theory of atavism (or brains regressed to an earlier evolutionary stage that have criminal and animalistic attributes). The search, beginning in early history, was for “brain lesions,” or markers of difference needing repair. The belief was mending one’s brain normalized thinking. The appearance of a mental disorder medical model began during the late 18<sup>th</sup> century (Sabbatini, 1997). In the late 19<sup>th</sup> century an early psychiatrist, Emil Kraepelin (1856-1926), (Engstrom, 1997) explored the pattern-recognition classification of mental disease symptoms, including dementia praecox (forerunner of schizophrenia) and manic-depressive psychosis (now bipolar disorder). His classification system became the foundation for the Diagnostic and Statistical Manual (DSM) created by the American Psychiatric Association in the mid twentieth century.

### *Natural Science For “Fixing” Mental Identity*

The first interest in exploring the cause of mental “illness” emerged when medicine and the mental asylum converged, thus allowing for the emergence of psychiatry in the 1840s and 1850s. Drawing on natural and medical science to explain “mental illness” remains a problem for psychiatric medicine. In the opening days of institutional psychiatry, the profession saw physical medicine as a quick route to legitimacy (Porter, 2002). Secondly, an area of interest was the monopoly over particular knowledge for maintaining power and to raise its authority within society’s view (Foucault, 1965; Rosen, 1968). This influence became secured in the 1950s when the first psychotropic drugs were developed. Psychiatrists demanded being the only profession with sole responsibility for administering these powerful and toxic substances because they held the medical training in physical healing of mental processes. This marked the beginning of pharmaceutical companies’ profitable relationship with psychiatry.

After the First World War, thousands of soldiers returned exhibiting emotional troubles and “abnormal” behaviours (Jones & Wessely, 2000). With the earlier work of Kraepelin and the emergence of “new” mental “illnesses,” the work of cataloguing symptoms under pseudo scientific names generated authority and legitimacy for the fledgling field of psychiatry. Discussions of mental conditions connected to notions of physical wellness and illness. With the insistence of psychiatry, this idea of (ab)normalcy drew from biological medicine.

Mental health is couched within a positivist medical model. Physical medicine is based on what can be empirically verified. Psychiatrists, trained in physical medicine, believed the same applied to mental medicine (Porter, 1987, 2002). With visible brain-damaged regions not reliable signifiers of illness, psychiatrists depend on other “evidence.” These “markings” are observable symptoms presented as objective “fact” to

themselves and outsiders. Where symptoms cannot be measured, psychiatrists rely on “clinical judgment” (Ingleby, 1981). While these opinions are rooted in professional practice, they also envelope subjective cultural and social realities as well. Psychiatrists are predominantly white, straight, well educated, older, upper-socio-economic classed men having power over clients who are generally younger, culturally diverse, lower socio-economic classed women (Caplan, 1995; Schernhammer, 2005). Szasz (1997), further, points out psychiatrists have among the highest rates for suicide and because of this he continues his call for abolishing psychiatry.

Professional perceptions are based on two operations working at the same time: 1) matching catalogued symptoms to a person’s behaviour and 2) there is no known, logical and understandable (to the psychiatrist) reason for the behaviour (Rosenberg, 1992). If the awareness of the cause for observable behaviour is detectable and the reasons made sense to the psychiatrist, then the individual is *confused*. If a perceived “illogical” reason for the behaviour exists, then a person is deemed mentally unsound. With these mental doctors as social and normative gatekeepers for the mainstream, psychiatry operates as norm police with monopoly powers granted by the state (Fougeyrollas & Beauregard, 2001).

For many reasons, including those just cited, two people with comparable symptoms can have completely different diagnoses. Moreover, through time these labels can shift. What medical professionals fail to take into account is that with each label, there is a key shift to that person’s self-concept and how society views him or her. Continually re-diagnosing results in re-labelling a person’s public and private identities. This constant shifting adds to the emotional and psychological disconnection of an individual from self-concept. Unreliability of diagnoses was reflected among this study’s cast. The length of time to receive a diagnosis ranged from a few months to several years. Recently one individual’s diagnosis evolved. After ten years with a label of schizophrenia, a change was made to manic depression. The most noted research findings, with regard to the lack of ability for properly diagnosing mental “illness,” were within the Rosenhan (1973) study, when eight (three women/five men) mentally “normal” adults spent several weeks in mental hospitals undetected.

### *Medical Diagnoses Create Mental Identity Labels*

Medical discourses are central to the way mentally disordered people understand “illness” and they incorporate doctors’ advice to “correct” or “normalize” one’s disabled body, brain and perspective. Often, the “illness” diagnosis reduces the person to the label of disorder, as in *the schizophrenic* or *the manic depressive*. All behaviour is viewed as diseased through the lens of mental “illness.” Secondly, a book of symptoms is interchangeably thought of as a compendium of causes, the Diagnostic and Statistical Manual (now in its fourth and textual revision – DSMIV-TR) (Task Force on DSM-IV, 2000). These disorders or clusters of symptoms are often defined through committees. Because of a lack of a cause-cure relationship and the artifice of disorders’ constructions, the politics and use of power to veto or accept diagnoses is common and contentious (Caplan, 1995).

A mental health professional stated during an interview with me that psychiatrists are more accountable now with the notion of “informed consent” (Interview 25, Doc). However, a problem is raised as to how individuals, particularly within the complexity of

mental medicine, can truly enter any medical agreement in an informed manner. Usually those individuals giving “informed” consent are those with: low self-esteem, social and cultural capital, lower education levels, lack of information and less power relative to a psychiatrist. Also, informed consent is often asked while someone is already on powerful drugs. Included with this dilemma is coercive power signified by a psychiatrist’s ability to prescribe or withhold psychotropic drugs and other treatments. Also, these professionals can “wield” the power of diagnosis or labelling. When patients demand ability to control, monitor, or change treatment, the label assigned to such behaviour is one of non-compliance or resistance. The expectation is one of quiet obedience, in order to let the expert (subject) work on the “broken” patient (object). Any system with such a power difference cannot be equitable and does not take into consideration identities, voices, or power of those being manipulated.

*“Chip: I get the feeling as a client that sometimes that um – that they [psychiatrists] treat us like we’re like chattel – like you’re an invest – like a like a – like a money in the bank or something – you’re like ah you’re like ah – a do – an investment portfolio sort of thing – the client is –*

*Sidney: okay*

*Chip: and this is how a lot of the mental health clients feel this way – that they [clients] are - that they are being treated like um an investment portfolio for the worker” (Client Audience Member, Interview 3, p. 1).*

---

*“If you’re mental and poor you go to Riverview to be given drugs; if you’re rich and mental you go to Switzerland and are spoken to by someone. If you are poor and mental you’re crazy; if you’re rich and mental, you are eccentric” (Cary, Interview 10, p. 4).*

The practice of psychiatrists (and all doctors) receiving “payments” or bonuses for prescribing particular medications (Eichenwald & Kolata, 1999; Jureidini & Mansfield, 2001) is commonly reported. Besides psychotropic drugs, a plethora of medications for side effects are dispensed. It might be argued that the spiralling out of control of prescribing drugs takes on the form of a frantic (absurd!) search to construct “normalcy.”

### **Social Constructionist Model**

*Our experiences must be expressed in our words and integrated in the consciousness of mainstream society, and this goes against the accumulated sediment of a social world that is steeped in the medical model of disability” (Brisenden, 1986, p. 174).*

### *Disability Theory’s Constructions*

The previous two stages, morality and biology, place the responsibility for impairment and disability within the bodies and lives of those individuals “containing abnormalcy.”

In those two notions, the construction of mental “difference” is carried out by a traditional able-bodied mainstream toward and on those not seen to be physically and mentally whole. Socially constructing impairment, as disability, stems from early theoretical discussions of Oliver (1983). The embodiment of disability is a reminder in terms of ablest constructions being fragile and impermanent. Disability theorists wrote about social negotiations of disability for about 30 years, but this thinking entered the academic mainstream within the last 10 years. The concept of “disability” is less about the physical understanding of a person’s biology or genetics. Rather, the term points to society’s blocking an impaired person from achieving full potential because of social discrimination and repression based on a narrow definition of able-bodiedness (Garland-Thompson, 2002).

People and institutions render disabled individuals powerless because of distaste for diversity in physical and mental living. This third stage within the model is tied to a capitalist system valuing “whole” bodies capable of engaging in physical labour in order to produce and more recently, consume (Oliver, 1990). Employment under capitalism is, therefore, equated with human worth. Tied to this system are credentials. This involves education. Both avenues of activity are largely foreclosed to impaired people. As a result, impaired individuals are doubly disabled. When employment options are restricted through mainstream prejudice, impaired people are blocked by ableist attitudes, policies, rules and architectures (Hahn, 2005b).

Theorists speak of physical impairments and attitudes towards deaf, blind and mobility-impaired individuals. Some theory relates to learning impairment, but within disability theory passing references to mental disorder are more standard. Brief mention usually involves listing descriptions of disabled people. Then descriptors like “crazy, mad and lunatic” are raised, more for emotional impact than meaningful engagement with mental diversity (Garland-Thomson, 2002). The relative silence of mental disorder within disability discourse is about the relatively pronounced difference between physical medicine and the arcane world of psychological functions. To breach the gap within disability theorization, mental disorder theorists, have started to construct their view of the world through barriers “sane” people impose.

Disabled people experience under- or unemployment to a much greater level than the broader population because of employer attitudes (being reflective of the larger able-centric mainstream) and the construction of paid employment. Should disabled people become employed; however, their jobs are largely in the “Four Fs” (fast food, filth/night cleaner/janitorial, flowers/yard work, or folding/housekeeping) (Smart, 2001, p. 35) where the pay is usually minimum wage. Within employment for Open Door members the work included: being furniture movers, street cleaners and farm work. Psychiatrically disabled people are removed from the general public and their work hours are usually shifts in the early morning or through the night away from the public. Because of these prevailing attitudes and the reduced likelihood of receiving well-paid employment, disabled people are among the poorest in the general population (Statistics Canada, 2002a).

The social division of labour is a key criterion for inclusion and exclusion within a capitalist society (Ravaud & Stiker, 2001). Much of one’s identity is tied to paid employment and, through this, to consumption. Because many clients in the mental health system do not, cannot, or are not allowed to work, social workers have opted for a

new label. This is a reason why people using the mental health system are now, at times, referred to as “consumers.”

Disability theorists ask the question, “Why does employment have to become such a focus for humanity? (Taylor, 2004). Why can’t there be a right ... not to work?” Sentiments like this do not mean impaired people cannot contribute. Added value will not take the traditional form. Options exist. Being able to live unimpeded is enough for some, volunteering is an option for others, creating art, teaching, or indeed working are avenues as well. What needs to be accepted is the impaired individual’s right to choose. Why does it feel like no choice exists? The suggestion within this model is the economic system needs amending in order to open up possibilities for disabled people and for those living in diverse ways.

### *Constructing In/Sanity*

Given the limitations of medical and moral models’ narrow approach to a “damaged body,” a new conceptualization emerged during the 1960s and 1970s that was called deinstitutionalization (Grob, 1991). Hundreds of thousands of hospital and asylum inmates were released on to the streets of North America. This signified the shift of the mental health industry’s construction from *illness* to *disorder*. Forms of psychology, which were grounded within community living, emerged through mental health professionals’ belief that living among “normal” people was more beneficial than being isolated from society. However, social models largely discounted the physical presence of the body, preferring to leave the material individual untouched. Rather, this belief system limited the theorizing of bodies as existing in abstracted space, leaving one’s physical wholeness outside of any analysis of mental disorder. The body is spoken *about* rather than *through* or *in*.

Social responses reflect society’s values with regard to the way disabled people are responded to. Rituals, as set by institutional rules and regulations, reflect the demeaning and objectifying valuations of disability as *barrier*, while limiting a psychiatrically diagnosed person from achieving full potential. Taken-for-granted attitudes and responses of institutions reinforce the “naturalness” and everydayness of such relationships. Cultures conceive mental disorder differently across historical periods and over time spans. A greater likelihood exists for people from lower socio-economic classes becoming labelled as being mentally “different.” Mental “illnesses” are believed to be, more commonly, problems relating to women, lesbians, poor people and racial minorities (Chesler, 1972; Geller & Harris, 1994).

Survivors of medical and social welfare systems are required to live within an environment where someone with a mental disorder is assumed to have a sound and savvy knowledge of shifting, complicated and overlapping benefit payments. These bureaucratic processes are about pushing out rather than inclusion. The result is when an individual navigates welfare successfully, the “reward” is to exist on less than \$10,000 a year, after being rendered penniless through depleting all available personal financial resources first (Government of British Columbia, 2005). Social assistance, as it is maintained in British Columbia, is part of the handicapping barriers faced by psychiatric survivors. Because of the constant difficulty of mainstream hurdles, a disabled person may reject an entire service network. This rejection eliminates the ability to obtain needed support. This refusal compounds oppressive existence. In Canada, it is estimated

200,000 people are homeless and of those, 60% live with substance addictions and/or mental disorder (Intraspec, 2005). I draw on elements of both Toronto's Report Card on Homelessness (City of Toronto, 2004) and the Golden Task Force's (City of Toronto, 1999) recent reports on Toronto's homeless situation as the definition:

“...those who are visible on the streets or staying in hostels, the hidden homeless, who live in illegal or temporary accommodation and those at risk of soon becoming homeless (2004, p.2)... and who “spend most of their income on rent and those who live in overcrowded, substandard conditions” (1999, p. 1).

Mental illness stigma is a “normal” perception of unexpected behaviour of people with psychiatric disabilities. Stereotypes are learned expectations shared by many members in a social group, because this is an efficient way of categorizing people (Goffman, 1986). This combination supports the behaviour of enforcing boundaries. The result is an individual, so bounded, being disabled. Labelling is believed to be more important in determining rejection and limitations than behaviour (Lemert, 1972). Increasing research shows disabled people experiencing handicapping discrimination regardless of their actions. Further exploration is required into interactions within social relationships that open up the complex and complicated dynamics of prejudice between “dissed” capability and “normal” ability.

### **BioPsychoSocial Model of “Embodied Disconnection”**

The fourth stage in the model is waiting to be explored more fully by disability theorists (McKay, 2005). Mentally embodied disconnection depicts an interactivity of individuals as part of a context. This performativity identifies a gap within disability theory needing investigation. What occurs between the individual behaving in a particular way and the reading and interpreting of his/her actions by others? How, in the space between doer and observer, does perception of mental disorder arise? In keeping with the enactivist roots of performative inquiry, the biopsychosocial or mentally embodied disconnection model examines the complexity of what occurs between disabled and abled bodies interacting. The metaphor used to describe this model is “social stranger.” Two or more people interacting may “read” the actions of another as unfamiliar or strange. External behaviours are equated with an individual's mental functioning. The result of this is exclusion or further alienation of impaired bodies by the so-called able-bodied, thus serving to heighten strangeness.

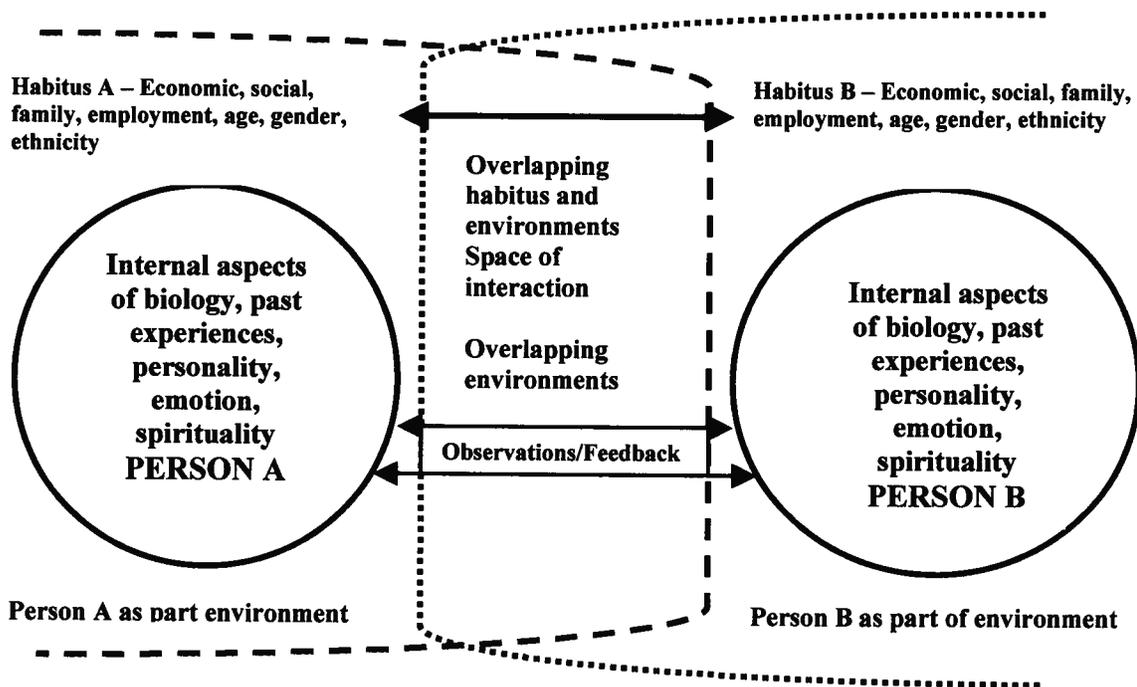
How are bodies read during interactions of (dis)abled people? What knowledge unfolds between bodies interacting? Meanings are understood to emerge in the interactions between bodies, not within them. The biopsychosocial model is about relying on the total environment, including all individuals. Attempts are made to make visible the taken-for-granted worlds of one fixed notion of ability and the barriers between individuals, regardless of capability (Hahn, 2005b). Meaning affects and informs actions; actions inform meanings as they emerge. Neither a person alone, nor the thing itself creates meaning. Each person in society remains connected in order to co-create our worlds through the interactions of others. Social dynamics are visible as bodies engage together performing their roles, fears, understandings and prejudices. This model theorizes the attitudes supporting discriminatory acts when the invisible influence of

power and interests are conjured. Within this model, when a “normally” bodied person interacts with an “abnormally” bodied person, the disabled individual is often put in a position of placating and calming the discomfort of the “normal” person viewing impairment (Shakespeare, 2001). The stranger is called on to soothe the fears of a familiar other. Rarely is attention given to assuage any discomfort the disabled person may have when seeing someone differently abled. Moving beyond the impairment or disability relationship outlined earlier, the embodied disconnection moves the conceptualization to the disability/handicap relationship of the WHO continuum. Disability is about barriers placed in the way of physically impaired people whereas handicap is what results through (dis)abled bodies interacting. Why does prejudice persist? This is the project of exploration within mentally embodied disconnection.

What remains to be seen is how mental disorder and disability theory will interact when faced with one another. So far, they remain in somewhat separate bodies of writing, though loosely connected under the larger umbrella of medical sociology. An opportunity exists to connect disability, mental disorder and deviance theories in more integrated ways. These conceptions are in different places in their evolution. A dance of interaction to better learn, create new awareness and knowledge is not fully developed, but is what this research moves toward.

*Mentally Embodied Disconnection*

Embodied disconnection models of mental disorder do not rely on medical or social conceptualizations alone. Rather, the focus is on the physical and “in-presence” interaction between these two notions (Figure below). Writings involving psychiatric disability



**Figure: The embodied disconnection perspective of mental disorder.**

are often dismissive or silencing of complex life experience and the interplay of impairment in the lives of individuals. Handicaps, or the barriers imposed by others, are signs of identity construction through othering processes. Contexts and environments containing acting bodies and diverse relationships are one complete piece of experience informing all the parts within the whole. Individuals will interact with surface impairment as a personal tragedy or “lack” being interpreted as limitation, rather than see a whole individual. Physical reactions to disabled people are often reactive and spontaneous, indicating unconscious learning.

Embodied disconnection is about the lack of resonance when more than one habitus overlaps (Bourdieu, 1990, 2001), or the everyday performance of one’s identity and physical presence out of synch with another’s. A person’s lifeworld is made up of unthinking habit and practice, in addition to psychology, environment, material living and the structures of broader society. Social experience of interaction is informed and constructed by non-disabled bodies and their presumed logical minds. Those individuals not fitting within these relatively narrow notions, as experienced through embodied interactions, become disconnected. The habitus of each participant do not overlap or be joined in emergent and generative awareness. Because of taken-for-granted “normal” bodies, usual modes of movement, speech, or verbal communication are misunderstood and ignored when disability presence is included. Bodies of “outsiders” literally “disappear,” being destroyed as a subject (Edwards & Imrie, 2003). In order to be labelled as a social stranger, an observer “deciphers” another’s body-in-action and evaluates behaviour based on his or her past experiences and notions of expectancy. Because norms are socially referenced, all are human inventions. The notion of “deviation” or mental “difference” must also be considered socially derived.

Interactions, with mentally disordered individuals, throw open the inherent instability of the embodied self. Margins of a given society define the limits of the centre. Perceived disability also interrupts the status quo of beauty, health, normal, fitness, competence and intelligence. Bodies are signifiers of internal realities and external interactions. Representational structures, in turn, co-create experience (Edwards & Imrie, 2003). Disability is a way of both signifying and locating relationships of power; the two reside in and through bodies and within the creases of physical interactions. Handicapping others implicates human interdependence. The need for support is included within discourses of individual mental freedoms and senses of self.

Bourdieu (1990, 2001) claimed the body is a bearer of value in society. Physicality and its social location are interrelated. They create a need to manage the body as a means for acquiring status and distinction. An individual can be read and understood within and through habitus. One’s system of interaction integrates with other individuals’ biases and ignorance within the broader interaction environments. This creates performed social (in)equalities. Disconnection is the act of one’s body being transformed by being misread within society or where an individual is constructed as disabled. This mismatch ultimately creates a handicap for the impaired person within a society. This result is achieved through the attitudes and interactive routines defining normalcy. The body is a receptacle and advertisement to others of valued and unvalued social meanings. With disability, the body’s power to be a symbol is misread and changed into something devalued...unknowable...unwanted. The capacity for language and embodied awareness is contained within one’s physicality. How an individual creates symbols to carry

meaning within an interaction is confined by strength, capabilities and flexibility of limbs, for example. The theory of practice espoused by Bourdieu (1990, 2001) denies social applications are understood in terms of objective laws or as the result of “independent subjective decision making of free human beings.” Practice revolves around habitus, or the ways a body develops through rituals used, in return, for relating within broader socio-economic environments and relationships. Habitus mediates the link between embodied social action and the physicality of body.

When a person is psychiatrically diagnosed, an embodied disconnection occurs so practices, at times, have to be re(learned) in a more intentional way. Physical dispositions are not determined by the habitus, but through relationships among interacting environments. Priority of actions, use of space, importance placed on individuals interacting and intended objectives: these are dynamic organizing principles configuring particular categories of social practices. These, in turn, ascribe values to certain social practices and forms of embodiment and are in a sense the objective structures of Bourdieu’s world (Edwards & Imrie, 2003). The body is inscribed with values related to social fields it comes in contact with. Symbolizing practices implicate social location and material inequalities. Individuals are sites of physical capital, or bodies being recognized as possessing value in social settings.

Physical capital connects to the conversion of bodily status into other forms of capital such as economic, cultural and social (Serageldin & Grootaert, 2000). Dominant classes, because of their greater access to and possession of cultural and social capital, have the ability to define their bodies as superior and others unlike theirs, (morally) inferior. Habitus is a source of symbolic value or the physical and cognitive assumptions supporting achieving levels of prestige and/or status (Bourdieu 1990). Social tastes establish attainment of bodily value, authority and status. These perspectives categorize disabled people’s bodies as “wretched” and “abnormal” or bodies without value. For disabled people, their bodies are usually understood, symbolically, as deviating from the norm or where impairment is perceived as a threat. Disabled people are read as “outsiders” or symbolic “others.”

For many disabled people, their lives and bodily identity are perceived as natural and normal, particularly if, for example, impairment occurred at birth. For those diagnosed with a mental disorder, an extended time is involved to grow accustomed to this newly acquired label and what it means. In time, many come to understand their mental diversity as a source of pride, health and natural being. Where the oppressive nature of the social world is hidden or not, an individual comes to understand one’s self as being influenced through interactive (de)valuations. This is symbolic violence or “a body of knowledge enticing those people dominated to contribute to their own domination by tacitly accepting the limits assigned to them” (Edwards & Imrie, 2003; Kelly, 2001). Symbolic violence is at the heart of each social relation dismissing, erasing, silencing, or in some way negating the identity or autonomy of one of the individuals engaging in an exchange. This intrusion is something often affecting those with mental disorder or disconnection (Bourdieu, 1977).

Objectified identity illustrates culture’s ability to encode in, on or through the body. The power of habituation derives itself from the role of physicality within the broader social organization of labour, life and social relationships (Barnes & Mercer, 2001; Pescosolido, 2001; Turner, 2001). The cultural coding of disability often renders

the disabled body as broken, incompetent, powerless and dependent (or without subjectivity). Such notions reflect the context-specific interrelationships between bodily expression, social structure and potential for personal power. Disabled people's bodies are subjected to the values of a society rendering them 'less than valuable' (Gill, 2001; Turner, 2001).

This is the social and cultural signification envisioned by habitus. Disabled people's experiences of the mainstream reinforce their marginality and inferior status in society. An understanding of such marginality is hindered by disability theories driven by divisions and differences. Disability is often characterized as either a product of biological deficiency or the result of socially constructed forms of disadvantage rather than the relationships between the two and what goes on within the cleft of experience. According to Bourdieu (1977, p.81), "to act is to act with a structured body which has incorporated the pervasive structures of a given world or particular parts of that world." A need to bring bodies back in or to recognize how concrete practices "produce and give a body its place in everyday life" arises (Turner, 2001, p. 255) in interaction.

During the 1990s, as more mentally diverse individuals gathered in crowded, run-down boarding houses, or on the streets, an evolution toward a *movement*, reminiscent of early feminist and gay liberation thinking, emerged. A prime focus was to reinvent words describing people having lived in asylums, now slowly making productive lives for themselves in (non)disabled communities – *survivor*... ..*proud*... ..*CITIZEN!* It is the emergent sense of pride informing the final model.

### **Disability Studies: Shifting from Illness to Survival....and Pride**

*In a spirit of mutual cooperation, MindFreedom leads a nonviolent revolution of freedom, equality, truth and human rights that unites people affected by the mental health system with movements for justice everywhere. [Mission Statement of MindFreedom, 2003]*

#### *Minority Status For Disabled Citizens*

In order to gain full acceptance, disability theorists moved toward the notion of minority status. Drawing on the shifts and successes of women, sexual minorities, Blacks and First Nations, a push toward the co-creation of disability as a distinct social group gathered momentum. A road emerged toward a critical goal of being a fully integrated and valued citizen (Garland-Thompson, 1999). Focus is placed less on being happy with handouts for subsistence living, while the traditionally able social world remains unaffected. The shift is to move discussions of "impaired" individuals away from mainstream language. Marginalization stems from terms including "accommodations" (meaning asking to be allowed to fit in to the able world), "special interests" and "special needs" (meaning demanding fundamental human rights relating to becoming engaged and free citizens) (Barnes & Mercer, 2001). Drawing on earlier social movements, disabled people now struggle to find minority recognition fitting their experiences. Each of these social groups (lesbian and gay communities, women's groups and Black people) has their own culture, symbols, use of language and understanding of mainstream constructions of them.

The recognition of minority cultures and identities relating to impairment also moves disabled people from "deviant" and "special" to being "ordinary and everyday."

This is important for political and legal reasons (Hahn, 2005a). Politically, having an accepted and fully integrated minority identity is needed to create easier attachment to the mainstream. Those identities remaining marginalized and less attached to the status quo can swing between being an “outlaw” and law-abiding citizen depending on the times and circumstances. Acceptance is contingent on prevailing attitudes over time. Having full citizenship ingrained in society is important for validation, acceptance, integration and legal protections.

By granting integration and acceptance, the minority culture of disability will be able to inform, subvert and broaden broader society’s narrow notions relating to normalcy, beauty, ability and citizenry (Shakespeare, 2001). By breaching previously held notions of disability and citizen, the newly constructed minority status also affects repressions carried out by various institutions. These organizations have as their implicit mandate the maintenance of order according to prevailing notions of acceptability and normalcy. Social agencies come under pressure to change, be more inclusive or be rendered irrelevant. Issues of disability, under right of citizenship, can potentially challenge social institutions to acknowledge and respond to meet disabled people’s demands and needs. By directing institutions to change and be more inclusive, society, itself, will change its own narrow views of ability, beauty and normalcy. Disability becomes a human diversity issue rather than a “special needs” accommodation.

The tensions within this model, under the umbrella of “impairment,” are a variety of existential situations (Hahn, 2005a): blindness (partial or complete), deafness (partial or complete), paraplegia, quadriplegia, learning disabilities and autism. Each of these has its own way of interacting with the world stemming from whatever impairment each individual lives with (Shakespeare, 2003). In the case of deafness, there is a sense this is not impairment at all, but a cultural identity (Shakespeare & Corker, 2002). Conflating all of these groups into one is an uneasy and unlikely fit. Past experiences of the gay rights, women’s and Black movements suggest this will be the case within the diversity of disabled people. Each source of impairment creates a uniqueness others do not possess, so each will lobby and push for interests not necessarily relevant to other collectives of impaired individuals.

### *From Survivor To Mental Minority Citizen*

The metaphor for the Citizenship Model is one of “survivor *as* citizen.” Many psychiatrically diagnosed individuals faced death but remain alive. Also, the word *survivor* is chosen because of its non-medical reference (Capponi, 2003). This marks the beginning of the re-symbolization of language and symbols to depict and construct mental “illness.”

During the 1950s through to 1980s various identity movements emerged asserting their rights to equal citizenship status and legitimacy of their identities. Various disability groups (people who were Blind, Deaf, Quadriplegic, Paraplegic, or having Learning Impairments) were working toward their own assertion of rights and freedoms, notably the deaf rights movement (this group doesn’t see deafness as an impairment, but as a culture) in the 1970s and 1980s. Psychiatrically disabled people develop a shared, alternative culture ignored by the mainstream. Rather than visualize a person as disabled or mentally disordered, survivors critique the notion of “handicap,” imposed by ableist society, as barriers to those not fitting prevailing ideas of “normal” mental life (Davis,

2001). Theories of survival focus on the stares of the status quo and how these reflect a key experiential restriction they have to live under: the disciplinary and ignorant stare of able society. Comments, such as the following from an audience member from the main production (who also happens to be a local mental health services board member) arose following the show:

*“...it was great seeing people from the community that I deal with in other ways – do things I might never have imagined they could do” (Sally, Interview 19, p.5).*

Of all the models described, the Citizenship Model is the one coming closest to the two-pronged approach. The first approach is the development of a unique sub-cultural identity and “society” for psychiatric survivors. The second one is to work from inside the mental mainstream to transform current systems and structures to be more inclusive of mentally diverse people through broadening the meaning of normalcy. The word *citizen* is increasingly being raised among psychiatrically impaired individuals as a legitimate and overdue goal. Rather than a “disease,” “condition,” or “disorder” needing to be managed, survivors are reclaiming their full right to citizenship through this broad ideology. Labels of control are increasingly hostile and insensitive to survivors (the BC government’s attack on disabled people through a review resulting in a lot of distress within the psychiatric community, but minimal cost savings is a recent example) (Roman & Salmon, 2003; Zingaro & Tom, 2003). The citizenship idea seeks to change or undermine the continued unquestioned authority of the psychiatric profession and the mental health system as *the* system every other aspect of society has to conform (Gorman, 2000).

Within this paradigm, survivors advocate user-led research. Many finding themselves the object of study, view researchers as just another psychiatrist with power (Beresford & Wallcraft, 1997). To move clients into a co-researcher or sole investigator allows the generation of power over how mental diversity is considered and portrayed while being a large step to reclaiming individual senses of identity and autonomy. Disability studies refuses to rely on the medicalization of handicap, focussing instead on the social, cultural and political significance of living with impairment (Gill, 2001). Central to the work is the notion of “normal.” Within an ableist mainstream, normal is equated with being fully physically and mentally human (Linton, 1998; Simmie & Nunes, 2001). The right to self-definition is a struggle when this is done against ongoing conceptions of the medical community’s statistical and empiricist norms.

## **Summary**

This appendix supports the study’s purposes by *disrupting* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and finding ways to *create* better relationships between psychiatrically diagnosed and other people. The most prevalent conception of mental disorder remains the medical model; the least considered is construction of disabled people as a minority group. The common experience is the long history of sequestering, torture, violence, stigma, erasure, poverty, isolation, marginalization and dehumanizing abuse. For many, what was thought to be lost in history continues as part of experience into the present day. Abusive actions carried out within societies and by medical communities are often ignored by the

mainstream. Rather than work toward equal social status and full integration, disabled people are expected to remain dependent on the mainstream because, it might be suggested, whole industries of able-bodied people (medical, social services, education and justice) are reliant on the existence of disabled people. In order to continue the interdependence of charity and handouts, many disabled people believe this relationship of disempowerment will continue, rather than supportive hand-ups into society.

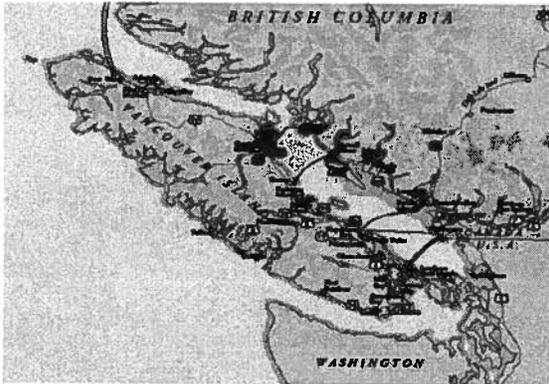
*We are often told that the poor are grateful for charity. Some of them are, no doubt, but the best amongst the poor are never grateful. They are ungrateful, discontented, disobedient, and rebellious. They are quite right to be so" (Oscar Wilde, 1892).*

Perceived and treated as being from the "outside," yet linked in complex interrelationships from within society, a sense remains of their non-visibility. Psychiatric survivors have roles to play in society in all their humanity. If any individual wants to know the challenges and issues facing mental health clients...he or she should enter into conversation with those who have been diagnosed with mental disorders. Why have those who proclaim themselves as members of the mainstream forgotten to do this? Too often, individuals critical to the personal self-definitions of others do so from a distance and, consequently, force those on the perceived margins to remain, ultimately, silenced.

## APPENDIX C RURAL DISCOURSES IN CONTEXT

### Introduction

This study took place outside of a city. Rural sociology has been studied since the late industrial revolution era and early 19<sup>th</sup> century, but study of country settings is less pervasive in comparison to investigations into city living. When research is implemented in and around small town contexts, rural dynamics are folded into universalizing urban theories. As a result, few specifically, intentional rural sociological theories exist.



Vancouver Island is situated along the west side of British Columbia. The island is 282 miles long and 62 miles wide, with approximately 700,000 people. By far the most populated part of the island is the southern half, most notably the tip, where the provincial capital, Victoria is located. This city has about 325,000 people are half the island's population. Vancouver Island is slightly smaller in land area than Taiwan; by comparison the Asian island is home to over 22 million people. (BC Stats, 2003)

**Figure:** A map of Vancouver Island (a blog called [mentalwanderings.com](http://mentalwanderings.com), 2004, non-copyrighted)

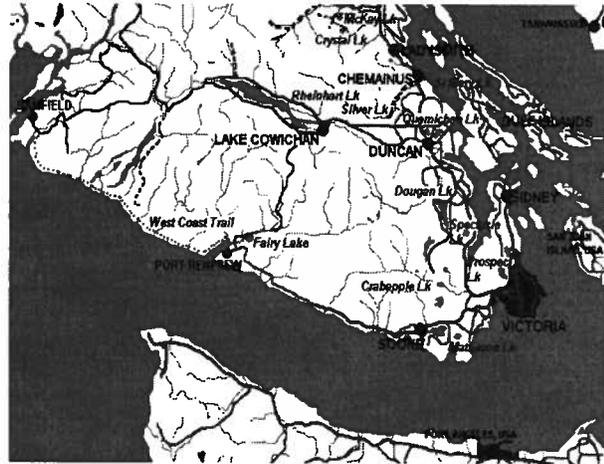
Explanations predominantly drawn upon are connected to urban contexts. This study took place in a small town. Theory that examines more pastoral settings is, therefore, required. Bringing in sociology of the country alongside critical disability studies creates greater opportunity for ensuring the purposes set out earlier in this writing are met, namely, to *disrupt* “normal” ways of thinking about psychiatric diversity by challenging prevailing notions of mental “illness” and *create* better relationships between psychiatrically diagnosed and other (rural) people.

### The “City of Totems”

The Trans-Canada Highway, after crossing Canada, makes its way across the Georgia Strait to Nanaimo, on Vancouver Island and down the east side of the isle to Victoria. Duncan sits halfway between these two cities (Figures on pages 279-280). This main route cuts through the town.

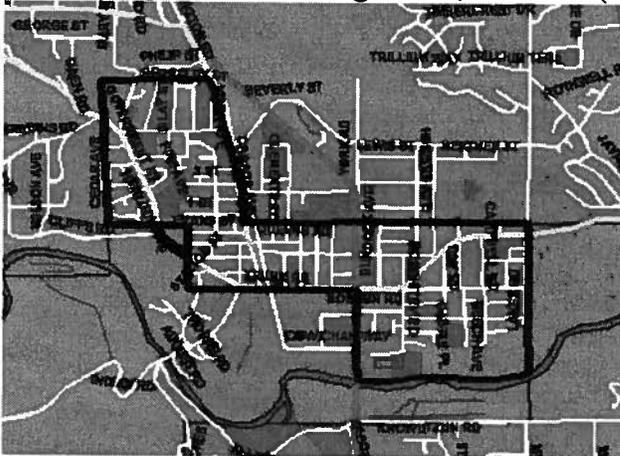
Duncan's location remains important for the Coast Salish Nation and Cowichan Tribes. The Cowichan and Koksilah Rivers flow west to east emptying into the Georgia Strait. The town's economic history includes lumber; mining and fishing surging for a century to virtually disappear in recent years. Farming is continuing, but this activity is not a significant economic contributor. Like many towns on Vancouver Island, high paying resource sector jobs have been replaced by transfer payments and low-waged, seasonal, retail and tourism positions. The town is a major service centre within the Cowichan Valley (Figure on page 280).

The southern tip is the most populous area where the provincial capital Victoria is. About 35 miles north is the Cowichan Valley, cutting a swath across the island's width. Dividing the capital region from the rest of the island are mountains. A key one, the Malahat, acts like a geographic boundary between it and the rest of the island. Duncan, the valley's main economic centre, resides on the north side of the Malahat. The Cowichan Valley is home to about 72,000 people, with Duncan's population being 4,700. In the valley, population density is 21 people per sq. km. By comparison Victoria's density is 133 per sq. km. and Vancouver's is 4,239 per sq. km. (BC Stats, 2003)



(Caving Canada, 1995, non-copyrighted) Figure: A closer view of the Cowichan Valley

The downtown core, itself, is about six blocks (Figure below) and comprises small shops and boutiques with names like: *The Alley Cat, The Apple Crate, Barnacles, The Community Farm Store, Dayley Planet Imports, Coffee Over the Moon, Great Fermentations, Herbal Magic, Hill's Native Art, Just Jake's, Matisse Day Spa, Imagine That!, Pots and Paraphernalia, Gossips, the Red Balloon Toy Company, Saltspring Soap Company, Slice of Life and Wing-On Asian Imports*. Signifying the strength of the First Nations culture, 60 totem poles mark local events and are scattered throughout the town. Recently, a new central square was constructed for gatherings, speakers and entertainment. This space is the site of one of three local Saturday farmers' markets. Many houses are buildings with 100+ years of history literally carved into them. The workings of many farmhouses have their heart of daily living practice (*habitus*) centred in the kitchen. Preserving season is a critical time for the local population. Many neighbours are busy harvesting and "putting down" preserves for the winter. The valley is a fertile growing region for fruit, vegetables, livestock (llamas,



Duncan was founded in 1859 to create a whistle stop for the Blackball Line and to stop the squabbling between the northern/southern halves of the Cowichan Valley. Duncan is also a key centre for the Coast Salish nation of First Nations, with about half the town's population being Aboriginal. About a quarter of the town's population is East Indian, with the rest from many other places – notably Holland and Germany. Parts of the town sit on Reservation Lands. The downtown area is about 5 square blocks.

Figure: A Map of downtown Duncan, British Columbia (Industry Canada, 2004, permissible use)

emus, water buffalo, alpacas in addition to traditional farm animals) and is a productive vineyard/wine region. Highway signs warn of wild animal (bear, cougar, deer, elk)

crossings. Finding wild animals roaming roadways or in yards is common (cougar warnings are frequent each summer). While the landscape is breathtaking, the calm scenery belies the experiences of the local population.

These are darker and depressed times in the valley. Rural peace is brittle with desperation. Job loss, poverty, families leaving, escalating drug use and increasing violence and crime (a monthly crime report in a local newspaper is published) rates show things, socially and economically, are harder for those most at risk. Guiding everything are pervasive governmental influences punctuating effects of change. The figure below is a guide for what follows.

### Traditional Views of Rural

To be considered research in a country setting, reliance upon several measures is carried out: population density, nature of regional employment, postal code definitions, local people's views of the region and proximity to urban centres. Urban centres have more than 400 people per sq kilometre. The Cowichan Valley has 21 people per sq. kilometre (BC Statistics 2003). The next criterion is the nature of employment within the locale.

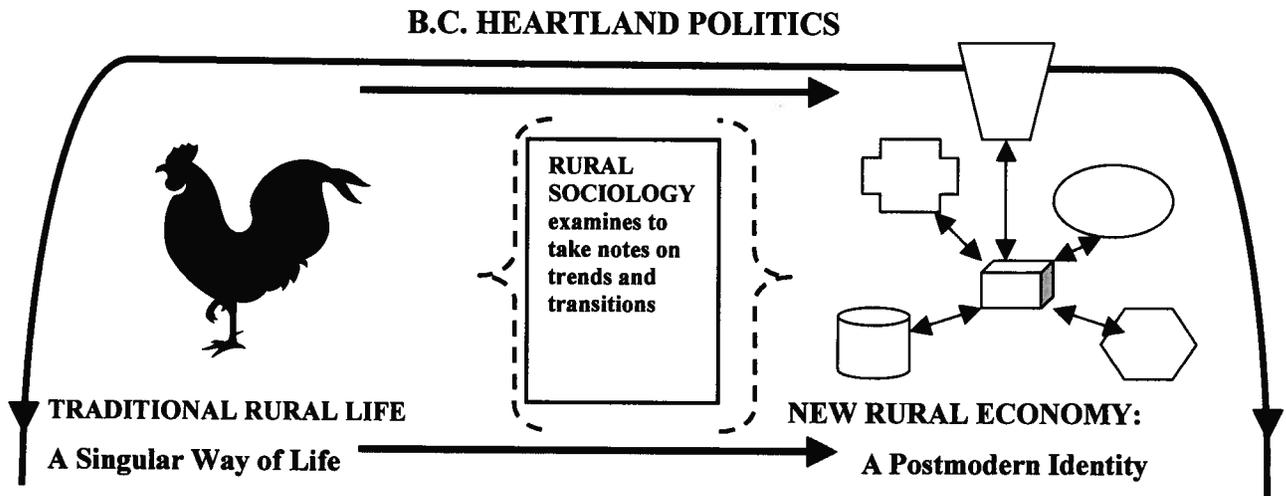


Figure: An overview of rural discourses

Prior to 1961, if most income in an area was derived from farming, the region was considered rural (Keating, 1992). This qualifier is no longer used as a measure, because most farmers increasingly rely on non-farm income to keep agricultural operations going. Postal code definitions define regions as rural or urban. If the digit “0” is in the second position, reading left to right, then the postal code zone is rural (Inforoute, 2005). Most locations in Cowichan Valley have a “0” as the second digit. The next measure is the local population’s opinion of the area. Cowichan Valley’s people view the location as rural because of resistance to development projects not fitting the “local, country sense of the area.” Reading the local papers, there is a strong opposition to large development in the area; the most important rationale is the demand for keeping the country sensibility strong in the local area (FutureCorp, 2004).

The last measure is closeness to other urban centres. Duncan is equidistant (50 km) between Nanaimo to the north (population 75,000) and Victoria to the south (population

325,000). Because of the Malahat Mountain marking the valley's southern border coupled with the highway often closed because of winter weather conditions and traffic accidents (BC Statistics, 2003), the northern town is relied on more. With a population density of 66 people per square kilometre, Nanaimo also fits the rural designation (BC Statistics, 2003). Given various criteria typical within rural research literature, Duncan is a rural setting.

Family plays an important role in rural and farm life. Relatives, church and school are three powerful social control influences. Historically, families were large with many children and extended generations living on, sharing and working the same land. Every member of a family, from an early age, contributed labour to the farm. Men did much of the physical labour; women continued to cook and look after the children as well as worked side-by-side in the fields with their husbands. While traditionally larger families have given way to smaller *nuclear* structures, the sense of kinship remains through extended family living within the community. Rather than many relatives living within one house, many live scattered within the same or closely connected towns.

In rural communities, distance takes on a different meaning. A farmer's neighbour may be miles away while. In the city, many neighbours live across six-foot hallways from one another. Because public transit remains infrequent, having a reliable vehicle is important. Driving for an hour to pick up a week's provisions is common, as is the ritual of "dressing for town." Small town living is usually about being part of strong social networks. Rural life is foremost about the land and relationships among people with nature. It is not solely about farming. Reciprocity is fundamental. Neighbours can stick to themselves, but when needs arise, helping hands reach out (Galeski, 1972). This is pronounced with kids of rural families. Because children make friends throughout a neighbourhood (an area of several square km), many families come together through shared childcare. This sense of watching out for one another is pervasive. Events occurring in a small town are magnified because of intimate connections and informality of surveillance. Bodies interconnect in need and celebration, to feed, support, clothe, shelter and for care, to support individual and collective human conditions.

### **Rural Sociology/Constructing the Changing Countryside**

A succession of theories was used (Figure on page 283) to describe the economics of rural society, usually in relation to urban living (Basran, 1992). Early research in rural environments was marked by studies done by Edmund Brunner in the U.S. in the 1920s. He was the first to note as farmers increasingly mechanized production (notably tractors), farms increased in size. Not until after World War II did modern rural sociology arrive.

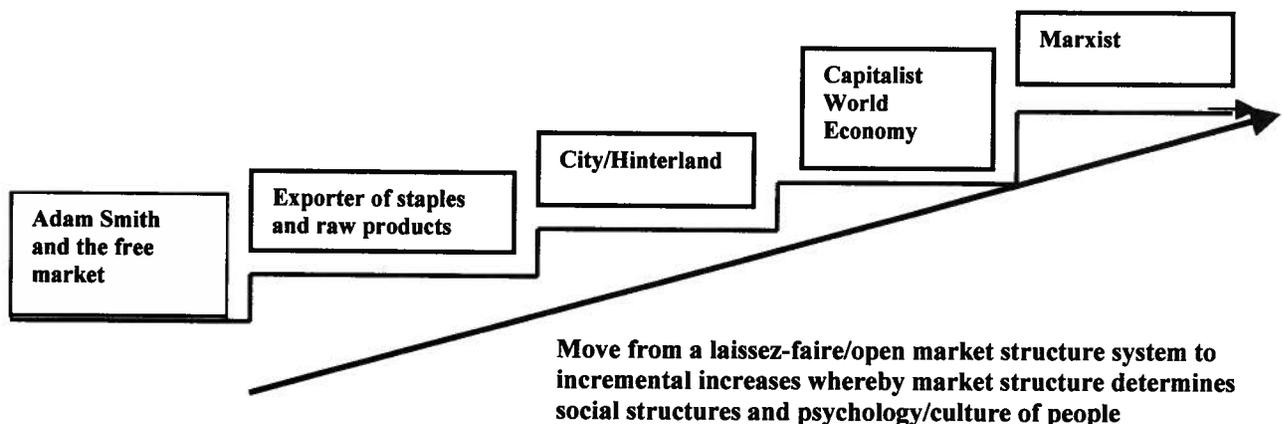
Drawing on the economics of Smith (1904), early rural sociological theory believed the free enterprise system created "open" competition. This approach was allowed to take hold and was thought best for marketing and selling agricultural goods. Government was theorized as having no place in the farm economy (or any business enterprise). In practice, fierce competition does not exist as farmers rely on one another for labour and getting each other's produce to market. The Canadian political economist, Innis (1933), stated Canada was essentially "hewers of wood and drawers of water," or a raw commodity producer and was reliant on U.S., Britain and Japan markets for their need of raw resources to manufacture goods in those countries (Innis, 1933). As a result,

Canada, his thesis described, was held hostage to the whims of foreign interests, notably the United States.

Davis (1971), moved the discussion toward the structure of relationship(s) between urban and rural societies; this connection structured the economics of farm and city life. His thesis was the city signified the centre of economic, political, social and cultural life to the detriment of rural regions. The term “hinterland” was chosen because it typified how rural areas were considered throughout the twentieth century: as relatively undeveloped places. What the city needed from the country, the city usually received (Davis, 1971). Flows of goods were in one way: into major metropolitan areas. The demands of the country were ignored. The countryside was an internal “colony” of sorts within Canada. What farms produced and was not used locally, was sold as surplus at prices determined by urban buyers, not rural suppliers. Because perishables had to be sold at whatever price could be achieved, farmers lost much of their income. Over the past decades farm income levels have been steadily declining, only to be replaced with off-farm and in-town jobs. Davis suggested rural hinterlands experienced greatest economic gain when ties to the city were reduced. This remained an illusion because of free trade zones, economic unions and subsidies erasing hope of equality and prosperity for rural regions. Extending the relationship of exploitation further, Davis suggested Western Canada was a domesticated colony of Eastern Canada and in turn Canada was, through becoming a branch plant economy, economically dependent on the U.S.

The second last theory, included here, is the *Capitalist World Economic Model*, extending the hinterland/metropolis notion across the globe (Amin, Arrighi, Frank, & Wallerstein, 1982) whereby the “first world” had as its major force the accumulation of surplus from under- and undeveloped parts of the globe. The social division of labour is globally managed and divided through trade tariff and sectoral labour agreements. Oppression of social, rural and other economic groups is contractually systematic.

Lastly, the Marxist notion claims material economic relationships shape and determine social structures and, therefore, people’s belief/value systems. People are treated as objects, or factors of production, through granting and withholding of wealth.



**Figure: The steps in rural sociology from diffuse to central control**

Rationales for how land and agricultural resources are managed are key forces as to how farmers and small town individuals construct themselves. The struggle theorized included relations between factors of production and owners. Challenges were class-based by those controlling manufactures.

Within rural environments, farmers “owning” production of food have no control with regard to selling prices, or negotiating input costs. These producers depend on decisions made in cities. However, Marx did not anticipate farmers of today being “land rich; cash poor.” On important levels rural individuals continue being exploited by external, urban influences. Now farmers are “land mortgaged, in debt and cash poor.” Money for family farms is scarce. This lack led to dire consequences for small towns founded to service the needs of farms.

The shift between traditional rural living and movement toward current country experiences began in the late 1970s as a result of the energy crisis. The small family farm, nationally, continues to die. Corporate farms are replacing smaller family-run enterprises. As a result, the number of individual farms is shrinking. In 1941, the number of farms was 733,000; in 2001 the number was 246,923 (Statistics Canada, 2001). At the same time the size of average individual farms grows (Canadian average went from 499 acres in 1976, to 676 in 2001) (Canadian Federation of Agriculture, 2005). Canada lost one-quarter of its farm workers in 2001 alone. At the same time, smaller farms are choking because of the stranglehold of a few large, urban-based, multinational agribusiness suppliers. Three key farm machinery manufacturers, six main fertilizer companies, four large seed suppliers and two main rail companies for hauling produce dictate what farmers will pay for expenses. All these firms want market prices, as set by the manufacturers, for their goods and services, something increasingly factory farms, alone, can afford (National Farmers Union, 2003).

Currently, market prices for farm goods are at a record low. The traditional perspective of farming in Canada was the combination of land, labour, physical equipment and money with a supply and demand mindset. Formal education and land leasing (an added cost early farmers did not have) replace farm traditions of inheritance and apprenticeship. The loss of farmers and workers puts stress on small towns. In Duncan, farming complimented other resource sector industries (forestry, mining, fishing). All have experienced significant declines.

Over thirty percent of Canada’s population still lives in rural areas (Statistics Canada, 2002b). The federal government used to financially subsidize rural life, in order to maintain a population throughout the country. In the event large tracts of land become uninhabited, fears arise an ever-increasingly crowded world will “take over” an unpopulated Canada. Governments have turned their collective backs on recent plights of farmers: Mad Cow Disease, poultry flu, droughts, trade barriers, foreign agricultural subsidies and plummeting food prices. What little money has come to support these disasters has taken years to receive and is not enough to keep farming viable (usually in the form of repayable interest free debt). Farmers are teetering on disaster. These episodes have pushed many more families out of farming while turning surrounding small towns into empty streets.

### *Rural/Urban Moral Divide*

Urban theory constructs the rural on moral lines. Urbanist thinking plays out as the “right” and moral choice. The Environics Research Group (2003) carried out a survey to “measure” the gap between rural and urban sensibilities and found the gap between urban and rural views growing (between 2000-2003). Cities are seen by urban dwellers as good: rural living is viewed as something “less.” City people pity rural thinking as “less” or as something tolerated because of their “backward-looking,” conservative notions (Saunders, 2003). Rural populations are often seen as innocent victims of their own making. They exist as “wards” of the metropolis. There remains a colonizing relationship of the country by cities. Not much stock is taken in how rural people view urban living.

City dwellers see themselves as “normal,” but farm people as “less” (Saunders, 2003). Anyone unfamiliar with entering a new cultural surrounding, at times, may have memory of trying to “fix” a foreign environment to maintain “normal” cultural expectations. Imagine this scenario: living on a farm and experiencing a visit from an urban individual. The visitor, once in the countryside, may want to impose “city thinking” to create greater efficiencies, become more competitive, remain less personal, keep “goals” front and centre. Rural people can be read as “too” laid back, personally involved, conservative, risk averse and living in the moment. A tension exists through the “foreigner” wanting to change and bring country living *up* to the urban “norm.” Locally, this is seen when some of Duncan’s youth dress and act like inner city “gangsta” rap music performers as they ride yellow school buses back to their farms.

Rather than value what is unique and specifically *country*, some rural individuals manifest an internalized hatred of being “unsophisticated.” Some local residents take on the *perceived* urban other to minimize this. Rather than be proud of one’s uniqueness and capabilities, urban mainstream beliefs toward small towns are internalized.

Rural people often point to urban influences of those in the city as a source shaping how farms are viewed. An assumption is urban views speak for rural life issues. Country life is rendered non-visible by urban thinking. Within any community, several key points hint at levels of social disorder, disconnection and disorganization. I draw on the five elements used by Chambers and Osgoode (2003) when they investigated these dynamics for understanding community breakdown as evidenced through rural youth violence. Younger people are more likely to act out violently; however, adults also respond in similar ways to social alienation and lack of connection for the following reasons (Scott & VanDine, 1995). First, levels of residential instability reflect the degree a location is changing. Rural communities continue to decline or grow minimally. Exceptions to this trend exist in BC, notably the shrinking in the far northwest of the province and in the southern interior with faster than average growth. Crime rates mirror these differences. Cities tend to grow at much higher rates because of the concentration of services, shopping, entertainment and increased employment possibilities. While Nanaimo and Victoria continue to grow, Duncan’s growth has stagnated.

Second, the ethnic makeup of rural areas tends to be predominantly Caucasian and Euro-American, with some towns having pockets of particular ethnic groups. Duncan has four percent of its population people of visible minority background, compared to the provincial average of 22 percent. The area has a larger than BC average population of Aboriginal peoples. Locally nine percent of the population are First Nations versus BC’s average of four percent (BC Statistics, 2003). Duncan has not undergone any noticeable

shift in its cultural makeup. Cities tend to be more culturally diverse. With diversity or a few large cultural segments comes tension.

Third, family disruption through death, divorce and separations create community instability if these levels are high (Scott & VanDine, 1995). The more these life events occur within a locale, the more social disconnection, alienation and systemic turmoil arises. Within the Cowichan Regional District, 54 percent of adults were married and 20 percent divorced, separated or widowed. The latter figure was about 50 percent higher than the provincial average and created a potential for instability (BC Statistics, 2003). The smallness of the town amplified social disruptions. Troubling, is the level of alcohol and drug use and addiction. Indications of this were found by examining the increasing crime rate (the highest on Vancouver Island) (British Columbia Solicitor General, 2005), the high rate of drunk-driving offences, the commonness of spousal assault and other violence (second highest in the province)(British Columbia Solicitor General, 2005). Teen pregnancies were the highest south of Prince George and suicides were second highest (behind Port Alberni) for the southern, more populous, half of the province (BC Statistics, 2003).

Fourth, economics plays a role in any city or town, but this, like social connections, become magnified in the intimate smallness of rural areas. Approximately 11 percent of households were working low-income families. Half the adult population earned less than \$25,000. Dependence on the social safety net in this region was above the provincial average (7.5 percent for Cowichan; 6.1 percent for BC) (Ministry of Labour and Citizens' Services, 2004). Another factor related to economics is housing. Over 40 percent of tenants renting in Duncan spent more than 30 percent of their *gross* income on housing. Rents are 20 percent below the B.C. average (BC Statistics, 2003) significantly illustrating the lower incomes of the region. Signs of poverty are evident throughout the region, but destitution is most widespread among First Nations peoples and those with disabilities.

Fifth, larger communities and more densely populated areas result in weaker social connections and a greater sense of anonymity. Cowichan's size is smaller than many urban centres of the province and within the rural range of densities. Because of the scattered local population, a greater likelihood existed of stronger social connections. Many individuals and families live at some distance from one another in rural areas, so fewer hands are available to help one another. With not as many people to help, each person becomes more important to the neighbourhood in times of need, work or celebration. Also, the lack of mobility of the population (meaning how often the local population moves residence), over a five-year span, indicates rural people are not a transient group with generations of families residing locally (Ministry of Labour and Citizens' Services, 2004)

Lastly, the proximity to large urban centres was considered. The Cowichan Valley is midway between two larger centres, each being 50 km away. A mountain lying between Duncan and Victoria heightens the effect of distance between the two. This geographical feature creates a strong psychological boundary so a stronger affinity toward the smaller community to the north results. Key social indicators put pressure on living here, notably family breakdown and high levels of poverty. Other systems do help reduce these effects: notably barter and reciprocal community support.

*The Emergent "New Rural Economy"*

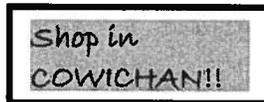


Figure: "Cowichan" becomes a brand

The Cowichan Valley is now a brand name (Figure above) used to market products internationally. In the New Rural Economy, within farm communities, services are replacing products exemplified by agri-tourism. Dude ranches, bed/breakfasts and farm vacations are increasing in number, particularly for urbanites. Rather than the step-by-step process of the sow-grow-harvest-sell pattern of past farming, agriculture focuses on multi-tasking whereby a variety of sources of income are "packaged" for market: produce, landscaping (provide gardening assistance for institutions), composting, tourism (tourists vacationing on farms) and energy production (collecting methane gas from manure to turn into energy or windmill farms).

Most local farms are "boutique" growers. For example, livestock includes emus (feathers, oil, meat), alpacas (wool), llamas (wool), water buffalo (milk/products), as well as sheep, pigs, cattle and horses. Crops include lavender, soy, organic fruit and vegetables, orchards and vineyards. Farming incomes are small. The average gross farm income in B.C. is about \$50,000 with two-thirds coming from off-farm income (non-agricultural activities). Net farm income is about \$17,000 (National Farmers Union, 2003) and rapidly falling. Without off-farm income, farms record repeated and deeper losses. Most recently, farm incomes across Canada, as an average, are experiencing losses (2002 was the worst net income year for farmers in 30 years)(National Farmers Union, 2003). Roadside stands and markets point out the breadth of agricultural offerings in Duncan. But, rural living is pressured by urban growth, the press of "factory farms," and red ink.

The New Rural Economy is a code for globalization. To become "competitive" in a world economy, "efficiency" and "productivity" are keys. This is part of the reason why farms are fewer and larger (Reimer & Apedaile, 2000). The drive for production increases pressure on the environment: bio/genetic engineering, animal warehousing, mechanization and factory farms. Life becomes attractively packaged for the world mall. With this push downward on commodity prices and upward trends on "input" costs, farmers' returns diminish. Increasing numbers of farming families sell off their Farms and leave. The result is a gradual depopulation of rural areas and towns because fewer people are needed to run factory farms.

Because of various social, cultural, knowledge and financial capital, in rural regions a conception of *Three Rural Canadas* was devised (Figure on page 289) (Reimer, 1992; Reimer & Apedaile, 2000). A small minority was able to capitalize on the New Rural Economy because they: possess a larger size of agricultural operation allowing them access to preferred credit, have a full complement of sources of capital, maintain full property rights and international trade agreements suit them. The second tier represents those being fully productive, but on a smaller, more regional scale. They are able to continue with cash, or a pay-as-you-go basis, while relying on government aid and support. The bottom level represents where the cast largely resides. They are largely excluded from the mainstream, have minimal cash or wealth of any kind, have no property rights, live in poverty, on the edge of the workforce and their safety net entitlements are open to the whim of government policy. With shifts away from

traditional farming to low labour opportunities such as “agri-tourism,” alternatives are minimal.

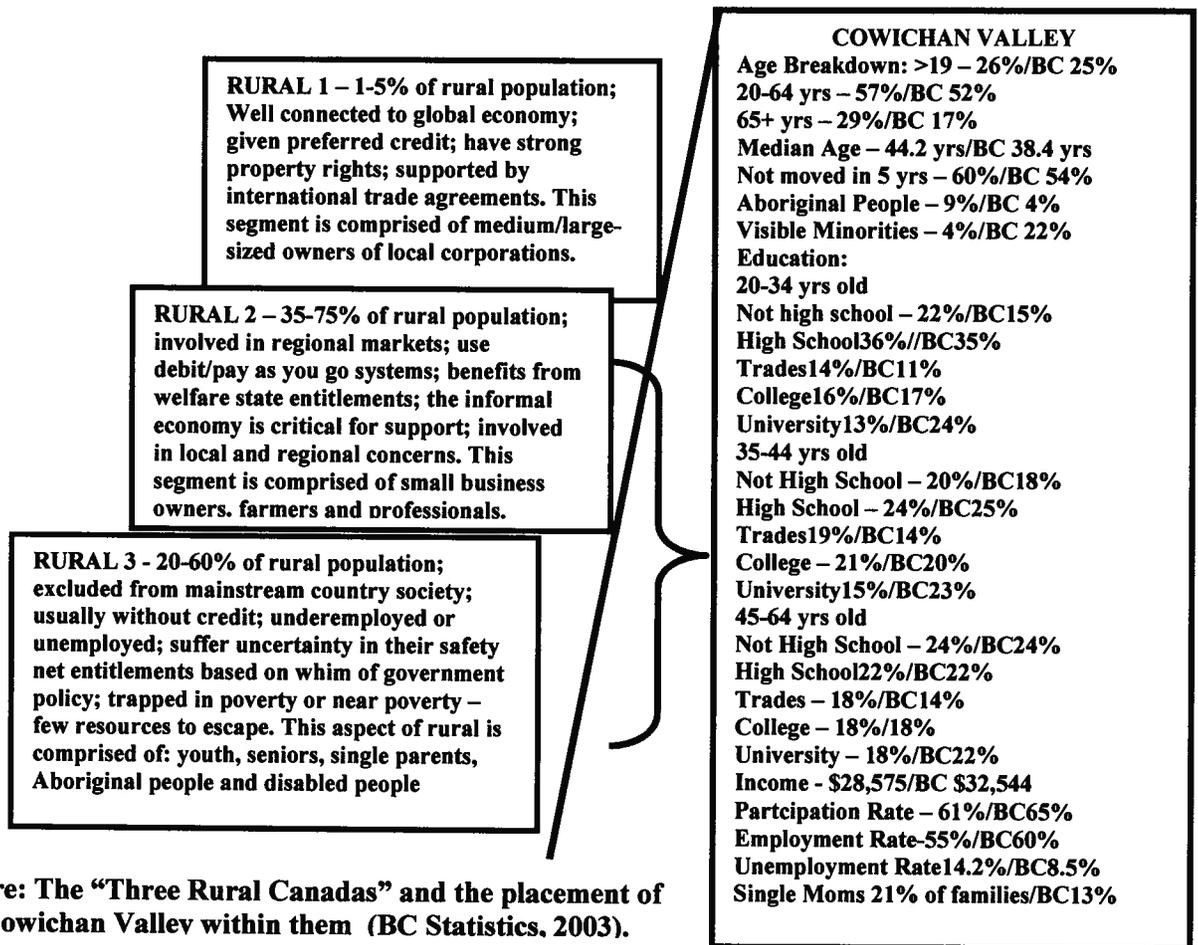
A suggestion, in the literature (Reimer, 1992), is rural regions need to self-organize into cooperatives, as is being attempted currently in the Cowichan Valley. Rather than compete, smaller individual producers and service-providers create the region as a collective putting one concerted face or “brand” forward. Rather than take on a corporate, factory sensibility, the suggestion is to embrace an artisan approach and the informal regional economy as tools for country production. This, researchers suggest, mitigates globalization effects, while retaining population and local values in rural regions (Hay, 1992; Hay & Basran, 1991; Reimer, 1992).

### *The “Grey” Market and Survival*

Various levels of government research and measure social and economic issues, to justify various laws and practices and track the movements of money from one pair of hands to another. This reflects an urbanist bias of money being *the* lifeblood of every community. For people with money, goods or services to be traded this may be the case, but for many living in rural settings barter is a way of life. Non-monetary trading is common when economic times are good and second nature when money is scarce. It’s an informal, but critical form of social and economic safety net largely unnoticed and under-researched. Social ties are key by-products of these reciprocal relationships.

In order for barter to occur, trust, something of value and ease to carry out the transaction must be present. The tight intimacy of rural relationships also includes a sense of belonging coming from sharing; therefore, an ease and fluidity of exchanges emerge. Economic and social crises create or sustain a need for informal trading. The “grey” market is not comprised of paid labour. Rather, subsistence emerges through relationships involving shared labour, recycling, gardening, canning/preserving, home cooking, hunting and fishing. As more people are removed from the formal economic system through unemployment, under-employment or disability, alternate sources for survival emerge. Rurally, more women, than men, work part time, thereby increasing the need for barter to address shortages as they occur (Scott & VanDine, 1995). The same holds true for communities of disabled persons (Statistics Canada, 2002b). Ironically, socially devaluing women’s work, relative to men’s, creates an informal market whereby women create networks, markets, informal systems of financing (exchange of “sweat equity”) and other modes of exchange many survive and profit. Evidence of informal markets and their respective needs is seen in the explosion of food banks across Canada.

Nationally, food-based charities numbered 905 in 1997 and 2,800 in 2002. In March of the latter year, 750,000 Canadians sought help from food banks (Canadian Association of Food Banks, 2003). Since then, the need has increased, most notably in rural areas. In B.C., the identification of hunger as a concern grew from 17% in 2001, among survey respondents, to 30% in 2002 (Canadian Association of Food Banks, 2003). While this may not reflect the reality of current hunger levels, it does show the increasing worry of not having enough to eat among many residents within the province, while raising an alarm regarding food security. Rural areas play a significant role in the maintenance of ongoing inexpensive, nutritious food to feed urban dwellers.



**Figure: The “Three Rural Canadas” and the placement of the Cowichan Valley within them (BC Statistics, 2003).**

### Provincial “Heartland” Country Politics

A shift in political, economic and social fortunes within BC is occurring. The long-time presence of the left-leaning NDP government vanished from the provincial political landscape after the 2001 election (though rebounded significantly in 2005), being replaced by the right-of-centre Liberal Party. Marking this change in government was a proclamation for BC entering a “New Era” of “prosperity.” Economic indicators, historically relied on to determine progress, revealed mediocre fortunes. In 2004, real GDP (gross domestic product) was the highest of all ten provinces and was expected to lead all other provinces to 2010 (Statistics Canada, 2005a). With regard to job creation, overall, British Columbia has the highest unemployment rate at 5.8 percent west of Ontario (Canadian Press, 2005), but is well below the record low national average of 6.8.

Between 2004 and 2005 British Columbia had the best job growth rate in the country, yet according to the Premier’s web site, the provincial position of job creation nationally has moved up one – from 6<sup>th</sup> to 5<sup>th</sup> place (British Columbia Liberal Party, 2004). During the current government’s power, the province shifted into a “have-not” region, but with rapidly rising levels of exports and manufacturing shipments there was hope British Columbia could regain its “have” status. The provincial financial picture

included an ever-increasing debt under the current Campbell Liberal government (Bank of Montreal, 2005). The economy rebounded in 2004, but remained much lower than 2000, before the current government came into power (Statistics Canada, 2005b). The strategy taken was one of downloading costs to citizens and municipalities, then saying publicly the government was fiscally responsible and its cost-cutting was effective (Government of British Columbia, 2005).

The metaphor the provincial government relies on to describe itself is persistently singular in vision: a corporation. Governments are not business entities. They do markedly different things. For example, key functions do not include generating profits. A government's role is to enhance and support the population through redistribution of wealth. Profit generation puts money before people. Social supports put people before money.

The underlying assumption was one of: a financially ordered provincial government attracts employment for those experiencing unemployment (British Columbia Liberal Party, 2005). This institutional notion assumes all other aspects of geography and its people are identical. Living in Newfoundland is different from British Columbia or Ontario or Alberta. In British Columbia, living in Ft. St. John is different from Victoria or Cranbrook. With these results, presumably, social problems faced by many are eliminated. Let the market correct the inadequacies of the social welfare system: a decidedly Adam Smith approach. This view carries the assumption: all people are identical. All that needs to occur, from this view, is more money, needs to be injected into the system (Government of British Columbia, 2005).

The presumption of everyone in society needing to belong in the socio-economic mainstream is an unrealistic and essentially ableist view. For those not fitting in economically, governments suggest, indicates the source of the problem shifts to the individual rather than to structural and material faults within prevailing social and economic systems. When social cuts are ordered, they are more direct and severe for individuals from the lowest socio-economic groups. As a provincial system, creating harsher realities does not drive people upward, but farther downward and out. Rapid change is difficult for adults living with mental disorder to live with. High uncertainty creates increased levels of confusion and stress; the most vulnerable segments of society are where tears in the socio-economic fabric first appear.

### *Poverty and Homelessness*

Poverty's measurement continues to be a battleground between conservatives and socialists. The Fraser Institute feels a basic-needs measure is more relevant than Statistics Canada's Low Income Cut-Off (LICO) figure. However, when figuring out *basic needs*, one of the figures removed from the list of essentials is health care costs for people with disabilities because "the extra medical costs of *the disabled* [italics mine][sic] and those with special needs are rightly treated as *special cases* that go beyond the poverty-line calculations of the *standard case*" (Sarilo, 2001, p.6). Psychotropic drugs and vitamins are not seen by people with mental disorders as "extras" precisely because these medications help to manage what mental normal society wanted to see controlled. The problem with this approach is a fixed group of goods being predetermined to fit all people across all regions as being necessary (except medical costs not covered by medicare or pharmacare). This is considered to be an *absolute measure* of poverty rather

than the “relative measure” favoured by many social policy groups. The relative measure of poverty (LICO) measures one family’s income against an average or typical family’s expenses. An absolute approach places a somewhat arbitrary number at where poverty exists based on expenditures for survival and in isolation of contextual considerations. To measure poverty’s full effects, particularly from a rural perspective, an evaluation of outcomes in terms of diminished social capital/cultural capital opportunities (Canadian Centre for Policy Alternatives, 2000) also has to be included. Is subsistence the goal of poverty line policy or is it ensuring everyone has the opportunity to fully develop as a citizen?

Regardless of where the “poverty line” is placed, signs of financial hardship are worsening in BC, particularly rurally. For those with disabilities, amounts paid are: to singles, \$786 (after ten years the B.C. government recently announced \$70 to be added to this figure) (\$325 for housing/\$431 for everything else) a month, or \$9,432 a year, and for a family of four was \$1,329 a month, or \$15,948 a year (and did not increase with the number of children one had) (pov-net, 2002, p.1-2). All but one of these figures was below the Fraser Institute’s conservative conception of poverty and the figure constructed by the Canadian Centre for Policy Alternatives. Levels of income are dropping in real terms. The gap between the highest and lowest income brackets is widening. Food bank usage continues to escalate (Canadian Association of Food Banks, 2003). Though lower than ten years ago, violent crime is moving upward (British Columbia Solicitor General, 2005; Statistics Canada, 2005b) (B.C. had the highest level of property crime in Canada), bankruptcies increased in number (Ministry of Labour and Citizens’ Services, 2005) and level of homelessness within the province rose (Community Social Planning Council of Greater Victoria, 2005).

Most reports estimated the number of homeless in Canada between 100,000 to 250,000, depending on how it was defined (75-100,000 in B.C.) (Lindeman-Jarvis, 2004), with a general agreement being that the frequency was getting worse. One-third of those living on the streets are believed to have mental health issues. The percentage of homeless women with mental disorder and addictions was estimated at 75 percent (Statistics Canada, 2002). Most individuals living with no fixed address were believed to also have a substance abuse problem. Homeless people were rendered invisible through a number of ways: lack of place or home, poverty, erasure of voice and loss of identity. For many, their conditions of psychiatric disorder or addiction remain unrecognized or untreated.

### *Change in Welfare Rules*

To address shortfalls in provincial economies, one of the first targets in British Columbia was an effort to reduce welfare/disability numbers. As of spring 2002, people wishing to apply for welfare and disability benefits were forced into a poverty test. An individual must be destitute before receiving government aid. The means test states a person with disabilities must have less than \$150 in cash (\$250 for families) and less than \$3000 in assets (for a single person) or \$5,000 for families (British Columbia Coalition for Persons with Disabilities, 2005, p.1). These figures exclude having a car except under certain conditions. Gifts of money are deducted from assistance payments; gifts in kind are not, bolstering the rural tradition of barter.

Considering disability payments and the ability to live, rural areas may be better off with regard to housing because rents are lower in small towns. In Duncan rents can be found for \$400 (\$75 more than the disability benefit shelter rate of \$325). In addition, transit passes are not free, so many in the town walk. Laundry, at \$2.50 a load, takes away from the monthly allowance. Many with healthy incomes and benefit packages take for granted many costs poor people cannot afford: utilities, extra drug costs, food, clothing, toiletries and laundry. Persons on disability are able to earn an extra \$300 a month (usually through the four Fs mentioned earlier) before any “excess” is deducted dollar for dollar. This is part of the conservative agenda focussed on attacking any form of “idleness.” Anyone not working is considered to be a “drag” on the economy by government officials and many employed individuals.

No provision is made to counter the biased and discriminatory attitudes of employers. Potential recruitments do not occur because hiring managers often ignore or discount qualifications held by psychiatric survivors. Most striking is the unemployment rate for those with mental disorders. At a time when the Canadian unemployment rate is at 8%, comparable numbers are 44% for men and 53% for women with disabilities versus 4% for men and 17% for women more generally (Statistics Canada, 2002a). No separation in the statistics for those living with mental disorders was provided, but one presumes the stigma connected to mental disorders creates higher percentages. Most onsets of psychiatric diagnosis occur during young adulthood, when many individuals in their early 20s are attending college or university. This event forecloses completion of post-secondary programs until much later in life, if at all, further reducing access to higher paying employment.

### *Tax Cuts and Selling Off the Common Wealth*

Instituting tax cuts and selling off major public assets is part of the mandate of the current Campbell Liberal government. Selling the commonwealth reduces income for public use each year in the future to support social programs. Tax cuts inordinately benefited those with above-average incomes, rather than lower income status groups (Canadian Centre for Policy Alternatives, 2001). When rollbacks on tax rates failed to generate anticipated tax revenues, through increased consumer spending, user fees went up. Doubling health care premiums, dropping eye-glass examinations from the provincial medical plan and increased driver’s licence fees: these kinds of taxes negatively affected poor people. Raising user fees inordinately affects rural and working-classed people. Many do not have employer-paid benefits, yet they do work at minimum-wage levels.

### *Pharmacare*

A revamping of the Pharmacare prescription program in British Columbia, between late 2003 and 2004 occurred. Changes affected many people beyond the financial aspects, particularly psychiatric survivors. The cast raised these issues from their own lives. Those receiving psychotropic drugs are now mandated by Pharmacare to receive the cheapest version available, despite psychiatrists dispensing prescriptions having particular compositions. In order to receive the more expensive prescriptions, those experiencing a psychiatric diagnosis must pay for the difference themselves (if they are covered by disability benefits) or pay for the whole cost of the more expensive drugs out of pocket (if they do not qualify for disability). Senior citizens and those living with disabilities are the

two main users of Pharmacare. Outpatient programs and drugs have largely replaced more invasive treatment regimens traditionally associated with in-hospital care. As a result, more drugs are dispensed rather than fewer. What was thought to be a cost cutting measure is actually costing more for patients and for the province. Because of the increase in costs to patients, many cannot afford the prescriptions and are foregoing pills. This abstention results in increased adverse health effects, while pushing more patients in crisis back into hospitals. Rather than increase independence and integration, this policy creates a stronger dependency.

### *Reassessment of Disability Benefits, Program Funding, Housing*

As of September 30, 2002, the provincial disability benefits program underwent a fundamental change in eligibility requirements. Those on the former Disability One Form were sent a new 23-page functional assessment to complete (British Columbia Coalition of People with Disabilities, 2005). If a person no longer qualified, they were dropped from funding, shifted to the basic welfare rate or moved to the new Person with Persistent and Multiple Barriers PPMB level. More than 62,000 of these forms were sent out. Many of these documents went to adults diagnosed with mental disorders. Some of these individuals did not have an understanding of what this form was all about, nor why after years of disability, they had to prove themselves again. No prior education about this program was provided. The lengthy form simply arrived. Another problem with the exercise was most of the paperwork had to be completed by a medical doctor. Some general practitioners focused in the field of mental health and psychiatrists were so overwhelmed with forms they clamoured for extra payment for their efforts, either from the mental health client directly or from the government. These demands further raised fears and anxiety levels. Some were dropped from benefits, to be reinstated later. Much turmoil and angst filled the system, with at least one reported suicide (Hansard, 2003). Government policy created a deep sense of vulnerability within communities of disabled people (Zingaro & Tom, 2003). Disabled identities and bodies were challenged by an ableist society.

Perhaps those feeling the effects most strikingly were those living with psychiatric diagnoses. The emotional stress and public outcry, was why the minister in charge eventually “excused” 5,000 people living with mental health issues from having to complete the form; but this added more confusion and uncertainty in the system. Because the new policy had shifted direction once again without warning, many mentally diagnosed people did not know whether they still fell under the government’s mandate. In the end, 400 of the 62,000 applicants were dropped or changed (most are appealing so the costs will continue to climb and the number of exclusions will drop further) at a cost of over \$6 million (Auditor General of British Columbia, 2004). The changes to the provincial disability program highlight just how vulnerable people with disabilities remain:

- The disability designation is no longer permanent.
- Home support is eliminated.
- The ministry can compel anyone to embark on a job search.
- The support rate for single parents has been reduced.

- Changes to the appeal system make it more difficult to win appeals.
- Crisis food grants have been capped at \$20 a month and \$100 a year for clothing.
- For adults living with mental disorder, the definition as to what will be included has become much narrower, so those individuals living with anxiety disorders, or clinical depression will not be included. (BC Coalition for Persons with Disabilities, 2005, p. 1).

### **Passing Through The “Open Door”**

Within the local population, a significant percentage of people live with disabilities, the highest per capita concentration in the province (Cowichan Women Against Violence, 2002). The reasons for this are threefold: first, the climate in this region is one of the warmest in the country; second, the cost of living is substantially lower than urban areas (rents are well below the provincial average and the cost of food is low because of locally grown produce); and third, the relative closeness to medical facilities in the provincial capital. The grounding place for many psychiatric survivors in Duncan is a cosy environment, found in a house along a dead-end street in town.

*Walking through the front door of this non-descript house, with the little pottery plaque just by where people enter states simply, “Open Door”—on this ordinary street tucked behind the large car dealerships—lost from heavy traffic and blinkered from any suffocating engagement with curious eyes—in this tiny town....well ...successes occur every day. A narrow porch runs across the front of the house, complete with wicker chairs—the unassuming appearance seemingly serves as the moat between the outside world and those contained within. Directly inside the main entrance the central reception area is squeezed into a tiny alcove barely containing a computer, chair, and telephone. To the left, there is a narrow, steep, winding wooden staircase that ascends upwards out of sight. Immediately to the right of the reception is a large open space filled with gaggles of cafeteria chairs gathered around tables placed in slight haphazard fashion. In this room, there is a fake brick fireplace—with silk plants as “flames”—along one wall, a windowed alcove for a table and a few chairs—the opposite wall has bulletin boards filled with notices and announcements.*

*At the far end from the front entrance is a doorway leading into a small meeting room seating four to six comfortably. Walking through the open eating/meeting room, and turning to the left at the far end, an individual will find him- or herself in a large industrial kitchen that is neat and tidy (like the rest of the house—simply immaculate!). Just to the right, inside the kitchen, is a small washroom and beside that—a little further past—is a doorway to the back yard and its small garden plot of vegetables and a smoking area (many smokers in the house) for people to sit outside on nice, warm days while soaking up the sun. There is, immediately, a gentle sense of warmth, caring, sensitivity, and openness found just*

*standing in this space. If one closed his/her eyes and just let his/her body take in the senses, one could easily imagine they were in the home of a large, loving family. With opened eyes it is easy to see that everyone does have a niche—a sense of belonging - within the larger system of members and staff. For some, this is the only strong “family” they have every known since being diagnosed. There is something special—sacred—when a person opens him- or herself up to what is welcoming.*

*The downstairs area serves as the main gathering space for members of the Open Door Program (of Duncan Mental Health Services). Various postings cover the wall of bulletin boards in ordered rows: “Pottery Classes”, “Medication Workshops”, “Work Teams”, “Work Orders”, “Hiking”, “Floor Hockey”, “Field Trips”, “Study Notices”....and one for “Theatre Workshops” (it still remains up there as a fixture).*

*Upstairs in this beautifully decorated and spotlessly clean home—complete with creaking wood floors throughout—there are quirky, unique artistic knickknacks appearing in odd—but somehow appropriate spots. There are four rooms on the second floor. At the very top of the stairs is a short hallway that runs perpendicular to the direction of the staircase. To the left is a washroom; at the left-hand end of the hall there is the music room, complete with black, overstuffed leather couches, large TV/VCR, stereo, and electric guitars. The door facing the stairs is the executive director’s office, and to the right is another office. When any of these rooms are not in use, the doors remain open. People pass through the offices picking things up or dropping notes off—there is no need to ask for permission to enter a vacant room. The trust is implicit with the openness of the doors.*

*What strikes a first-time visitor immediately, as did with me during my initial visit, was while here in this safe haven for adults living with mental disorder that one could not be sure who was a mental health client, and who was a social worker/staff member—and very quickly it didn’t matter. That “need to know” quickly evaporated with the aromas sensuously drifting up from the kitchen directly below. That seemed to be the intentional, though subtle, design of the place. (Noble, field notes, pg. 12-14)*

The Open Door Program was fashioned after the clubhouse model developed by Fountain House in New York City more than fifty years ago (International Center for Clubhouse Development, 2002). The American exemplar grew out of a time when tens of thousands of American and Canadian mental hospital and asylum inmates were released on to foreign, unwelcoming streets.

The clubhouse model is holistic with the focus being on the person-in-context. Members of this mini-community are integral parts of this social system. A goal of a clubhouse is not to “cure,” but it is about a rite of passage moving an individual from “unwell” to “healthy” and functioning citizen (with one aspect of one’s life being mental disconnection). During their time as members (membership is for life), each individual

contributes to the running of the house meeting personal needs, abilities and interests. Members are invited, but not forced or coerced, into taking roles. The notion of a functioning community is central: a place and space capturing commonly held values, beliefs, interests and worldviews. Within the clubhouse each member takes on a role (by this is meant a list of duties). Every member, regardless of the level of psychiatric diagnosis, can contribute. Respect and collaboration are fostered. A focus on community building is concentrated on through interactions of whole body-systems-in-action, in the context of the clubhouse. Interpersonal relations each member is involved with are experienced physically, emotionally, psychologically and experientially. Previously, members were constructed by society as invisible, non-human and powerless. Here, in the house, they are not judged, but encouraged to explore strengths to contribute to self and group wholeness. Over time, they become more open, embodied, helpful, valued and less fearful.

### *Joining the Clubhouse Concept*

There are predictable schedules based on established responsibilities, opportunities to match interests and abilities, and an organization based on defined roles. Members and social workers contribute alongside one another. Through this shared effort, each affects the other. The approach is one of support and enthusiasm. A gradual unfolding of relationships among members and staff working together creates mutual sharing.

The clubhouse's permanence and existence of a consistent staff creates a steady influence for members. Modelling is a powerful means for shaping behaviour. A clubhouse membership remains for a lifetime and, once inside, an individual may choose to be involved, or not, regardless of their life path. Everyone occupies a space where members are part of the system. There are sanctioned, standardized intake steps, personnel policies, criteria for admission and other dynamics guarding borders between the clubhouse and external social networks.

By constructing an entry process to gain membership, a strong sense of unity exists within the clubhouse. This process consists of prospective members filling out applications, interviewing by staff and other members, processing votes to accept or not potential members and welcoming.

For many Open Door members, few opportunities for enhancing identity are available in the larger social world. The clubhouse provides a connection to others and pride through affinity. This approach means the ability to illustrate each member's direct influence and power to shape the habitus, or living within the clubhouse. By examining and working within the relationship between knowledge and action, employees work with members to access their abilities through self-perceptions. By shifting views of self-capabilities, motivation, interests and behaviours are affected in more constructive ways. Clients understand they can control more greatly the social, economic and political forces buffeting and constricting their lives.

### **Summary**

By understanding the breadth of rural living and the particularity of the Open Door Clubhouse program as a gathering place supports this study's purposes of *disrupting* "normal" ways of thinking about psychiatric diversity by challenging prevailing notions of mental "illness" and *creating* better relationships between psychiatrically diagnosed

and other people. By understanding the local and rural context within which this research occurred removes taken-for-granted urban biases. The country is not the same as the city.

With this in mind, I set out to recruit individuals to create a popular performance to be staged in the community. The production involved a group of psychiatrically diagnosed individuals and occurred in Duncan. The popular theatre cycle assisted the co-researchers in better understanding themselves and their society, while the popular performance aided in educating the local townspeople. Because of the dynamics of location, it was important to understand the political economy of rural Canada and Duncan, BC. This appendix illustrated how rural psychiatrically diagnosed lives are shaped by provincial political policy, international economics and local social relationships. Living in Duncan meant being intimately connected to a close webbing of social relationships whereby individuals helped one another and engaged in a thriving local sense of place. Being a psychiatrically diagnosed individual person in Duncan meant being rendered largely non-visible, poor, isolated, incapable and dependent on medical and social services. There were reasons for hope. The Open Door Clubhouse program was an important connection and place to make friends, find employment and have a meaningful social life.

The theatrical production entitled, *Shaken: Not Disturbed...with a twist!*, involved a fluctuating cast of 20. Of this number, nine saw the project through from start to finish. These people, along with others recruited later, performed in a poultry barn. But, before getting to the popular performance it is necessary to examine the framework that supports this work.



**APPENDIX D**

***Certificate of Approval***

PRINCIPAL INVESTIGATOR <b>Boshier, R.W.</b>		DEPARTMENT <b>Educational Studies</b>	NUMBER <b>B02-0303</b>
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT <b>Cowichan Theatre, Duncan, B.C. ,</b>			
CO-INVESTIGATORS: <b>Noble, Steven, Educational Studies</b>			
SPONSORING AGENCIES			
TITLE: <b>ACTING OUT OF BOUNDS: Transformances Of Marginal, Rural Identities And Power Rituals</b>			
APPROVAL DATE <b>JUL 10 2002</b>	TERM (YEARS) <b>1</b>	DOCUMENTS INCLUDED IN THIS APPROVAL: <b>19 July 2002, recruitment notice, consent form</b>	
CERTIFICATION:  <p>The protocol describing the above-named project has been reviewed by the Committee and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.</p> <p style="text-align: center;"></p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;"><i>Approval of the Behavioural Research Ethics Board by:</i> <b>Dr. James Frankish, Chair</b></p> <p>This Certificate of Approval is valid for the above term provided there is no change in the experimental procedures</p>			



## Notice of Ethical Review

PRINCIPAL INVESTIGATOR <b>Boshier, R.W.</b>	DEPARTMENT Educational Studies	NUMBER <b>B02-0303</b>
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT Cowichan Theatre, Duncan, B.C.		
CO-INVESTIGATORS: Noble, Steven, Educational Studies		
SPONSORING AGENCIES		
TITLE: <b>ACTING OUT OF BOUNDS: Transformances Of Marginal, Rural Identities And Power Rituals</b>		

The Committee has reviewed the protocol for your proposed study, and has withheld issuing a *Certificate of Approval* until the following conditions have been satisfied or information provided:

*Please highlight or underline changes to consent form(s) or letter(s) and submit only one copy. Provide other requested information in a letter or memo. Do not re-submit the Request for Ethical Review form.*

- 1) Revise the recruitment notice and consent form to use simpler lay language.**
- 2) The researcher has very solid experience in theatre, but this project appears to address some issues that would require expertise in counselling. The committee suggest adding someone to the team who has experience in counselling and dealing with people with this kind of background.**
- 3) Item #23 mentions the potential for emotional challenges, but does not address how this will be handled.**
- 4) If the researcher recruits his former students, there is a potential for coercion. A previous relationship and power imbalance could create too much pressure on the individual to participate.**

**Consent form:**

- 5) Revise the second from the last paragraph on page 2. There is too much pressure applied to remain in the study.**

---

If you have any questions regarding these requirements, please call:

Ms. Shirley Thompson, Manager, Behavioural Research Ethics Board, 604-827-5112

**Please send all correspondence to: Research Ethics, Office of Research Services, Suite 110, Gerald McGavin Building, 2386 East Mall, V6T 1Z3**



## Certificate of Approval

PRINCIPAL INVESTIGATOR <b>Boshier, R. W.</b>	DEPARTMENT <b>Educational Studies</b>	NUMBER <b>B02-0303</b>	
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT <b>Cowichan Theatre, Duncan, B.C. ,</b>			
CO-INVESTIGATORS: <b>Noble, Steven, Educational Studies</b>			
SPONSORING AGENCIES			
TITLE : <b>Mental Health Seen Through Popular Performance</b>			
APPROVAL DATE <b>02-07-19</b>	TERM (YEARS) <b>1</b>	AMENDMENT: <b>11 June 2003: Title, Subjects, Consent form, Questions</b>	AMENDMENT APPROVED: <b>JUN 13 2003</b>
<p>CERTIFICATION:</p> <p style="text-align: center;">The protocol describing the above-named project has been reviewed by the Committee and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.</p> <div style="text-align: center; margin: 20px 0;">   <hr style="width: 50%; margin: 0 auto;"/> <p><i>Approval of the Behavioural Research Ethics Board by one of the following:</i>  <b>Dr. James Frankish, Chair,          Dr. Cay Holbrook, Associate Chair,          Dr. Joe Belanger, Associate Chair</b></p> </div> <p style="text-align: center;">This Certificate of Approval is valid for the above term provided there is no change in the experimental procedures</p>			

APPENDIX E

UBC Study 112 2x8 spec - Composite

*Hi Steve  
Here is your  
proof.*

**CALL FOR VOLUNTEERS - UBC STUDY:  
(ACTING OUT) -OF /BOUNDS/**

**...TRANSFORMANCES OF THE MARGINAL...  
RURAL IDENTITIES AND POWER RITUALS...**

Hello!! As part of my requirements to complete my dissertation, within UBC's Faculty of Education, I, Steve Noble, doctoral candidate, Malaspina instructor, and Cowichan Valley resident, am seeking a group of locals (Ladysmith to Mill Bay to Lake Cowichan) interested in popular theatre, music, dance, and other art. My - our project - will focus upon performing stories of and for the Duncan area to learn and teach from one another, in order to explore how different powers shape our lives and histories. This opportunity is being offered at a great time, given the experiences and realities we face in British Columbia. The project will involve five months of theatre exercises, different ways of telling stories, a variety of art forms, as well as rehearsals leading up to a small number of public 'performances' early in 2003. As we (myself working with a representative group of those who see themselves as being part of the Cowichan Valley's disadvantaged adult population) will play with, within a number of theatre/arts processes will include being powerless, not being allowed to have a public voice, and being told to remain invisible. Also, the group will play with ways that some of their needs and situations can be improved in future.

To be included as a player in this study you:

- Are available once a week, for a four-hour 'rehearsal'.
- Are available between, approximately, September 15th to March 31, 2003.
- Do not have any formal theatre training nor extensive performance experience.
- Are at least 18 years of age; retirees are encouraged to join as well!
- Both men and women are encouraged to join in our art, music, theatre, and performance fun!
- Don't mind having recordings taken of meetings, the work in progress, and public performances.
- Are in generally good health as there will be some physical activity involved.
- Are prepared to explore sensitive personal and group stories
- Have had some experience with reliance upon welfare, pension, employment insurance, and/or disability payments. Of particular interest are those people who applied for, but were refused social support or have been removed from these payments, and did not or do not have any financial support - OR you
- See yourself as being 'non-mainstream' because you are a senior citizen, single parent, visible ethnic minority, First Nations person, person with disability or poverty.
- For those wishing to know more or would like to be included in the project, please contact Steve Noble (715-1815) or email him at [HYPERLINK "mailto:Steve\\_Noble@telus.net"](mailto:mailto:Steve_Noble@telus.net) Steve\_Noble@telus.net by September 10, 2002 AND please come to the Cowichan Theatre Studio Rehearsal Hall September 15th between 1-3 p.m. to find out more and sign up!

Cost  
\$ 125.00

Per insertion

Barb's

FAX 746-8529

PH 746-4471



Department of Educational Studies  
Mailing address:  
2125 Main Mall  
Vancouver, B.C. Canada V6T 1Z4  
Tel: (604) 822-5374  
Fax: (604) 822-4244

APPENDIX F

**INFORMED CONSENT FORM**

**(ACTING OUT) -OF /BOUNDS/**

---

**....TRANSFORMANCES OF MARGINAL....  
RURAL IDENTITIES AND POWER RITUALS....**

---

**Faculty Research Advisor:**

- DR. ROGER BOSHIER, University of British Columbia, Department of Educational Studies, Phone: 822-5822

**Research Process Coordinator**

- STEVE E. NOBLE, University of British Columbia, Department of Educational Studies, Doctoral Student (Ph.D. Candidate), 250-715-1815. Study is to fulfill the requirements of the Ph.D. degree.

**Study Purpose:**

- The purpose of this study is to create a space for individuals who feel that they have become silenced and made powerless socially and/or economically and who live within the Cowichan Valley. The work within this study will provide an opportunity to explore their life stories while participating in the tales of others. Once histories have been pieced together in the form of a show, we will invite local people to come and see our interpretation of living on the edge of Cowichan Valley society. We will also create ways that we feel will help us, on our own and as a region, help one another create a community where all can participate more equally while focussing on more positive futures for everyone. Through our work our aim will be to include all citizens in creating positive futures where we, together and on our own, have greater control over how we choose to live our lives.

**Study Procedures**

- The first thing will be an individual meeting between myself and you to discuss the study's process while addressing any of your concerns and/or

personal goals you may wish to have included in our work, and any issues you may have with regard to the procedures or issues of confidentiality.

- Next, we will hold a group meeting with everyone joining us so that all can have a feeling of belonging and understanding the whole group.
- Then, over six months the group will come together to hold one four-hour session (members will decide what the best time will be) per week. Each of our meetings will be loosely structured around this kind of structure:
  - ⇒ When we first arrive, the first 30 minutes will be to meet, settle down and discuss possible stories or experiences to be worked on; talking about issues/concerns that members have.
  - ⇒ Once we are warmed up, the next 90 minutes will be (for the first ten weeks) general training in various aspects of creating theatre and art. The second half of the study will be used for practising scenes we have developed, previously, in earlier meetings.
  - ⇒ The next 90 minutes will be (for the first half of our five months) for group members to share in their stories through theatre and art. The second ten weeks of the study the process will shift toward exploration of new material, polishing the performance, and understanding audiences.
  - ⇒ The final 30 minutes of each meeting, throughout the twenty weeks of the study, the group will look at what occurred in that particular meeting including what worked, and what did not work for each member. This is the 'cooling down' period where we can, as a group, think and talk about the work that has come before.
  - ⇒ Either every six weeks there will be audio-recorded, individual progress meetings between you and me that will last about half an hour – this is a 'check-in' to see how you are going as we take this path together **AND/OR** the first and ending thirty minutes of each training/rehearsal period will be audio-recorded. This will be dependent upon the size of the group.
- During each session of training and rehearsals, over the six-months there will be a still camera available in order to take pictures of significant events, as suggested by the group, individual members, or myself.
- One performance will be recorded, that focusses upon the performers.
- Following the performance(s) there will be a one-hour debriefing focus group session between audience and performers. This will be audio-recorded. One week following the end of the performance phase, a one-hour audio-recorded interview/focus group meeting will be conducted with a small number of audience and group members to determine their reactions to the performance, what they liked, disliked and what they learned as a result of the presentation.
- Three months following the final performance, there will be a group meeting where there will be an audio-recorded, two-hour focus group session to

discuss what has transpired in the lives of group members as a result of the theatre workshops and performance(s).

- The amount of time you can, potentially, spend in this study will be about 100 hours over nine months [almost all of this time will be within six months plus a two-hour focus group meeting three months following performance(s)]. Should it become necessary to miss some meetings that will be fine. Should you need to leave the study for a time you can always come back later on if you wish. Should you wish to leave the study and not come back that is absolutely fine. I would only ask that you let me know what is happening so that I can plan for upcoming group meetings.
- During my writing out of recorded material, working to understand what is going on, and the writing up of our journey I will supply each member with written copies of recorded material as well as their individual and focus group discussions for their review and feedback. I will also provide copies of drafts of my writing so that members can give me his or her opinion about what they've read. There will be ongoing group and individual discussions with the group with regard to my understanding of what we are doing, as well as of the final report. Each group member will be provided with a final report of our experience together.

### **Confidentiality**

Any individual information resulting from this study will be kept strictly confidential. All written and recorded documents, not included in the public performance, will be identified only by code number and kept in a secured area. Because the project will involve recordings, photographic images, and public performance, group members and audiences will be told of this prior to the beginning of the study and performance(s). Every effort will be made to protect study individuals from having their backgrounds, stories, and experiences traced directly back to them.

Performance(s) will be general ideas blended into a unique public presentation highlighting broadly based experiences of member-identified powerlessness, ritual, breaking of boundaries and norms, and finding inner and group strength. Group members will not be identified by name in any description of the completed study including my finished dissertation. Stories, and understandings of them, that arise from the study will be hidden by a code known only between the individual and me. Group member names and cross-referenced codes will be kept in a separate, secured area accessible and known only to me, Steve Noble.

Because we are dealing with some personal and sensitive issues you may find, during a meeting, that you need to take some time out and share what is happening to you with a helping professional. During each of our meetings there will be a counsellor with us with whom you can speak to privately about what you are experiencing and/or feeling. She has been instructed by me to keep any conversations she has with you both private and confidential. She will work with

you, referring you to a community resource that can better assist you, if required, should you need this assistance. I will not be informed of the content of these conversations; these will be between you and her alone.

**VERY IMPORTANT:** If you have taken a course that I have delivered, as the instructor, I would like to stress that if you feel that your past relationship as a student of mine may be uncomfortable at any point in the study, please do not worry if you decide to leave the group. I completely understand your choice to do so and this will not create any negative feelings from me. The important thing is that you are comfortable with being in the study, and should you not be that you can feel free to leave at any time.

### **Payments/Project Costs**

I will not be paying you for your time. However, costs relating to training, rehearsals, meeting space requirements, performance, and audio-visual requirements, during the six months of sessions, will be the responsibility of me, Steve Noble.

### **Contact**

If I have any questions or desire further information with respect to this study, I may contact Dr. Roger Boshier at 604-822-5822 or his associate, Steve Noble, at 250-715-1815. If I have any concerns about my treatment or rights as a research subject I may contact the Research Subject Help Line in the UBC Office of Research Services at 604-822-8598.

### **Consent**

- ✓ I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without needing to worry that my privacy will be made public.
- ✓ I have received a copy of this consent form for my own records.
- ✓ I consent to participate in this study.

---

Participant Signature

Date

---

Signature of Witness

Date

## APPENDIX G

### MENTAL SEEKING MENTAL

***SWMF: Straight White Mental Female Seeking Other Male Mental; Young at Heart; Happy Happy Super Super Go-Lucky; With Appropriate Meds (Willing To Share); Self-Medicated Need Not Apply. No Normies Please. SWM Requires Handsome, Lots of Money/High Income (Marrying Up Because Government Support is Down); Must have at least 4-5 Hospitalizations and Mental Labels and Dual Diagnoses. Must Live Near Hospital for romantic midnight runs to the emergency room. Brother is Ambulance Attendant. Medic Alert Jewellery a nice-to-have; At peak mental ill health potential (age 19-30). All replies to the Hospital's Fourth Floor Psych Ward. Phone: 911***

**APPENDIX H**  
**THE CAST'S RESEARCH - A LISTING OF THEMATIC SCENES**

**ACTS AND "AH-HAHS": Understanding Moments of Insight**

**ACT ONE: FREAK SHOW**

The show starts with an opening into Chaos with everyone in mask and dimmed lights. The audience will be given a play start time that is 15 minutes earlier than the show will actually commence. For that fifteen minutes Sidney, in the role of a yesteryear hospice guardian, will be outside the building talking to the audience about the show and some of the things to expect once inside. Once the above is done, Sidney in role will then invite the audience into the building telling them to be 'careful' of the "exhibits." The exhibits are the actors in various characters of wild, stereotypical "acting out" within the worst mental hospital of days gone by. During the early days of asylums in the 1600s-1800s citizens were invited in to take a look at the 'freaks' – and pay tickets for the 'show'. This is the general feeling of chaos our audience will walk into. The idea was to ensure that the audience is immediately knocked "off balance" doubly – by the beginning, and by the space that has been chosen: an old poultry barn at the local fairgrounds. We will be in masks and wandering around the space as the audience sets up their chairs. The atmosphere will include various elements such as:

**PHYSICAL**

Slow motion mime  
 Exhaustion  
 Hand washing  
 Invisible petals falling to  
 give the sense of 'creepy crawlies'  
 Cutters/ Self Harm  
 Bulimia/ Anorexia (emaciated  
 girl holding up a mirror scolding her own 'fat')

**SOUNDS**

Screams  
 Sobbing  
 Retching/ Vomiting  
 Crying/Sobbing  
 Heavy Breathing  
 Many voices of Bombardment  
 Disembodied Voice Over/  
 Disharmonious Music  
 Counting

**TOUCH**

Fetish – lick, drooling,  
 Touching the audience

**SIGHT**

Slides  
 Shadow Box? Shadow movements  
 Dress of Poverty  
 Half Masks  
 'Cigarette Girl' selling psychotropic drugs

**TASTE/SMELL**

Cigarettes  
 Burnt coffee  
 Stale bread  
 Body Odour  
 Garbage

*The moment that struck the cast was fairly early on when the group was working with a particular exercise – called The Bombardment – which proved very intense for those living with schizophrenia...the exercise was like an externalized representation of what schizophrenic people live with – the aha came when the group said we could turn the exercise out to the audience – make the audience a 'big brain' that had schizophrenia and let them hear all the voices –this grew into a re-enactment of a 'house of horrors' that was the early Bedlam days – this served to also very quickly move the audience out of their comfort zones into a new space – both unfamiliar and frightening.*

### **ACT TWO: FANTASY OF DREAMS**

This act will gradually evolve from Act One. This will incorporate a dance number as well that is a slow motion piece of pairs of cast members miming entombment – pairs endlessly climbing, pushing, pulling, walking in circles etc. An air of depression...despair. . Lights remain dark. Masks remain on. Once the dance number is complete, the cast – some of whom will go behind the shadow screens, will mime various actions related to different modes of suicide (stabbing, poisoning, hanging, etc.) The actions will start slow and gradually speed up until in a complete frenzy. The acts of suicide continue over and over again. Then black out and the entire cast screams from the darkness. Amelia removes her mask and comes to the front to read her poem in a small pool of light. Other ideas – other cast members come forward and read a poem they've written related to this theme, without masks. Each member honours the memory of someone they have heard about or who they know has committed suicide through lighting a candle and setting these up at the edge of the performance area somewhere. These remain lit throughout the show.

*The idea behind this act was to demonstrate up front the ever-presence of death that many with mental disorder live with. The deep darkness of despair is where many end up – the suicide rate for schizophrenic people is alarmingly high. In the show we did not carry out the shadow screen aspects of this act – though given the venue that effect would have been quite striking. Instead, each cast member read a poem they wrote about their own thoughts of the topic of suicide – that proved powerful enough – as well the candle lighting done by the audience, rather than the cast, was something that immediately seemed to bring the group gathered as one. The music piece we relied on for this was Kate Bush's "Under Ice."*

### **ACT THREE: TRAVELOGUE THROUGH HISTORY**

This act served to stop the cycle of stereotyping and to start over. The audience was moved quickly through hundreds of years of "madness" history through to the present. The cast wanted to inform the local audience about the history of mental "illness" and what that history has included - at least the high – or low points. To do this we, as a society, need to understand where our ideas and perceptions have come from. So this piece of the show will go back in history to look at the changing perceptions and constructions of mental illness. Throughout this piece of performance there will be nice, light airy music playing in the background. The cast will mime behind the blackout screens the various dynamics presented out in front. Sidney will write this piece and present this to the audience. It will be presented in a manner quite similar to the inane stylings of the happy-go-lucky, 'paid in smiles' tour guides. There will also be some very disturbing slides collected that will be shown to highlight what Sidney is talking about. The piece will cover very quickly the ancient Greek/Roman conceptualizations of mental illness through the Middle Ages to present day. Of particular focus will be the various brutal treatments of mental illness – it is this that will be mimed, including screams and groans from behind the screens. Sidney will end this piece by simply saying...I ask who is really running the show? Never mind, that is just my opinion – it's time for my meds.

*It became clear as a group that there are a lot of myths of mental illness still around and so providing some sense of story or history became important. In the show there were changes – again the shadow box idea was dropped – and the whole history piece was chopped into one main piece and several smaller pieces that were used as scene transitions – because of this change dates seemed to get lost – in the run of the show dates were underscored. We also decided not to go with the cutesy delivery as this may come across as trite rather than disharmonious and dissonant. The group wanted to deliver the 'straight goods' in a way that the audience would listen. In this read monologue the shift was being made also of moving the show away from the depth of dark despair and nightmare upward...just a little bit....into the half light of living as a "mental" in the mainstream.*

### **ACT FOUR: DIAGNOSIS DANCE**

This act was comprised mainly of a 'dance' choreographed by the beautiful and talented team of Jean and Tallulah. The issues that we will try and portray will be the chaos and confusion of diagnosis and the ever-changing/arbitrary nature of medication and dosage. We start off slowly and with certainty and gradually grow in intensity and crazy confusion – very upbeat and fast music. The group keeps going exaggerating exhaustion until when the music finally stops the group simply collapses into heaps on the floor. *The music relied upon was Kate Bush's "Jig of Life" - that began with two rows of "doctors" in white lab coats and their big rimmed black glasses turning and doing a dosy-doe round of shaking hands and gruffly saying "good morning" – and then out into the audience with the prescription pads filled with wild labels and prescriptions. They skip and dance through the audience throwing prescriptions like confetti and then head back up to the stage and they swing arm in arm in a wild 'jig of life' – much hooting and hollering. The beginning of the journey for many within the mental health system is years of shifting diagnoses and rapidly changing medications – one member likened their bodies to test tubes where by the 'mad doctors' kept shoving various medications on them until something 'took'. This was the general tone of the act.*

**ACT FIVE: HOW 'THEY' TALK ABOUT 'US'**

This act is the exploration of how mainstream employers describe people with psychiatric disabilities. Of particular interest is the looking at the 'popular press,' the right wing and left-wing perspectives. The debates from the Legislative Assembly, the Fraser Institute, the CCPA, and the Caledon Institute were drawn upon. The scene is a one-sided hiring interview, with Sidney as the schizophrenic applicant fully qualified with a marketing degree and experience for a marketing position –but because of employer discrimination, ignorance, and fears Sidney is reduced to frustration, sadness, desperation – ultimately accepting a night cleaning (one of the for Fs – filth – discussed in Chapter 2) with several catches.

*This Act gets at the "handicap" faced by many disabled people – in particular those with psychiatric disabilities – that being the mainstream itself and its ignorance, tightly held mythologies, fears –and arrogance of mental difference. Also, included is the notion that if someone with a psychiatric disability (or any disability) has a credential that the pathway to achieving this was made easier – so the credential is not valuable. Related to this is the pressure in our society to equate earning income with freedom – and to gain employment in this scenarios ironically means giving up one's freedom to virtual indenture.*

**ACT SIX: TRIALS OF EMPLOYMENT**

**SCENE ONE:**  
Entering  
Looking for  
Work

Buster approaches rude counter-lady. In the background Tallulah and Amelia represent the mainstream treatment of one another – nicely and politely. Buster gets number and gets the finger pointing to a computer (actor mimes the computer) – Amelia is ushered over for polite help from supervisor. Offered coffee. Both Tallulah and Amelia put down Buster's character as he struggles with the computer. Buster is kicked off the computer for someone more 'legitimate'. Tallulah and Amelia bombard Buster with insults and physically throw Buster out into the audience. To the audience: "Now What Do I Do?"

*This act is the central ritual that many with psychiatric disabilities face – unemployment/employment/unemployment – this act is a compilation of a number of experiences that occurred to cast members – the opening scene takes place in the hub of the ritual – the EI office – in particular, once again, how mainstream individuals talk about, at, and down to people with psychiatric disabilities – while Buster, as the mental minority individual perseveres- to help with Buster's direct interaction with the audience a "joker" character came out to prod and provoke the audience about what was just witnessed*

**SCENE TWO:**  
EI Appeal  
Panel

Buster is confronted by "Poindexter" characters – big, shiny bowties, severe eye glasses, cold, impersonal, very robotic. They interview Buster about why he should have his EI continued. The entire scene puts Buster's character down. The scene ends with the chanted line, "A prudent person does not quite one job before finding another" – this is chanted over and over with finger wagging at Buster's character. The EI characters freeze. Buster's character wanders slowly, in a rejected way out into the audience and asks it, "Now what Do I Do?"

*This scene depicts the EI Appeal Panel and its tendency to suspect all people as abusers of the system- and all individuals – abled or disabled – as the same – there is little room for understanding individual differences – so that what results is a rite of judgment that 'beats down' marginalized individuals who: a) don't understand the system; b) don't fit the taken-for-granted rationalist mould and c) may be impaired by mainstream attitudes, psychotropic medications, and finding it difficult to be heard through the onslaught of indifference and repression*

<p>SCENE THREE: Faking It</p>	<p>This is the combination of the Body Guard Exercise and a dance number. The motions within this scene are somewhat mechanical – to show a machine. Busters’ character – and if we have enough people we could do this as a large mirroring exercise as well – starts fitting in with the larger group but then the other cast members start moving faster – as this happens Buster’s character needs to run away – scared and panting out of breath – once Buster’s character feels comfortable he tries to fit himself back into the group – but never quite does – he leaves again scared and exhausted – more and more scared and confused – he tries again – but runs out again – the group either freezes or collapses as Buster’s character collapses. Once again Buster’s character asks, “Now, what do I do?” but also adds – “How can I fit in?”</p> <p><i>This came from examples discussed in the group of how many have had to hide their mental diversity in order to find a job – and then work doubly hard to keep this hidden by “faking it” – as being typically able-bodied The movement piece is a snapshot of all of this very quickly – with Buster having an increasingly difficult time until his character is pushed out and a new “robotic replacement” worker enters and fits in – the question that remained open was whether the replacement worker was another person trying to hide his ‘difference’ or was this an able-bodied person. One story relayed in the group was once an employer found out about the mental minority status of the cast member – the employer piled more and more work and pressure on him until he literally ‘snapped’ – which in the employer’s mind “confirmed” his myth of psychiatrically disabled people as “unfit” for employment.</i></p>
<p>SCENE FOUR: Filling the Gap</p>	<p>As Buster’s character speaks to the audience in Scene Three above another cast member is ushered in to fill the hole in the group left by Buster’s character. After Buster’s character has finished talking to the audience, Buster’s character tries to return to the group only to find that he has been replaced. Buster’s character shrugs his shoulders and tells the audience that it seems to be time to move on.</p> <p><i>This is the last moment in scene three above – of the robotic replacement worker taking over from Buster’s character in the dance.</i></p>
<p>SCENE FIVE: New Job/New Stress – Option One</p>	<p>Getting Dressed For Work – finding clothes, bus goes by, goes through the routine of getting ready for work but then forces outside his control undermines his effort – ends up getting fired over the answering machine – either empty stage or in darkness.</p> <p><i>This particular option was not used but was contemplated by the group as a way to show that psychiatrically disabled people – like disabled people generally, they have more physical and mental barriers to navigate – many outside of their control though can be mitigated once the individual becomes comfortable in his/her new role – the problem becomes one of the employer not making accommodations and so termination often results.</i></p>
<p>SCENE FIVE: New Job/New Stress – Option Two</p>	<p>Buster’s character moves to a ‘new job’ as a taxi driver. Perhaps a game of twister. We can use the rope as a metaphor for telephone calls and slowly entangle Buster’s character in rope – he’s tied completely up and not being able to move. He drops slowly to the floor in a tangled mass of rope. The cast continues the phone calls – in a bombardment exercise but rather than encircle him they walk over him, trampling his character and leaving him broken and in a heap. Scene ends with Buster’s character croaking, “Now What Do I Do?” <i>This was the option we went with. Typically, when “outed” as being psychiatrically disabled (or having a source of non-visible identity difference) employers typically unload much higher levels of stress and work – those who are non-mainstream have to work much more intensely to be recognized as “the same” as everyone else. Because of the excess pressure, that even non-disabled people would find unbearable, the mental minority individual burns out and has to leave- pushing him or her back into the “system.”</i></p>

<p>SCENE SIX: Unemployment</p>	<p>The three evil Poindexter figures return from the earlier scene – this time with the addition of black robes. As they draw around Buster’s character the audience hears ripping – and shredding – the clothes on Buster’s character are being ripped apart. The characters mime hatred and laughter. A white figure – the “fairy drug mother” from the opening scene of chaos slowly and delicately arrives and slowly shoos the black figures away. She hands Buster’s characters a variety of pills and then using the Hypnosis Exercise slowly draws Buster’s character to his feet and dances with Buster until the Black figures are completely gone. The white figure with a magic wand declares Buster’s character as healthy and ‘work-ready.’ <i>This scene was what happened after Buster is pushed out by employers and returned back to the “system” – whereby the immediate response is to give more, different medications and push the psychiatrically disabled person back out to find work – there is no consideration given that no matter how many pills are provided the issue is not within the person, but within society’s treatment of him or her. This also becomes somewhat ritualized in it’s portrayal.</i></p>
<p>SCENE SEVEN: The ritual repeats – Looking for work</p>	<p>This time Buster’s character walks straight to the audience and asks what he should do to make his chances better. The same characters as the first EI office scene are there. Have the audience walk Buster through the scene quickly – hopefully end with Buster’ character having a new job. <i>And so the ritual of unemployment resumes – with much more audience interaction/dialogue to sum up the topic of employment and mental minority people. At the fringe festival an audience member came on stage to help out Buster.</i></p>
<p><b>ACT SEVEN: SOME OLD-FASHIONED LOVIN’</b></p>	
<p>SCENE ONE: A Family Gathering</p>	<p>A family night of playing cards. Sidney is the father-in-law, Glenda is the mother-in-law, Amelia is the son and Tallulah is the daughter-in-law. Glenda’s, Sidney’s, and Amelia’s characters talk about Tallulah’s character as though Tallulah’s character isn’t even there. Tallulah’s character is described as a burden, delicate, hysterical, etc. When Tallulah’s character speaks she is described as ‘cute.’ Scene ends when Tallulah’s character has to go to the doctor’s office because she is “suddenly” screaming in hysteria. <i>This scene was drawn out from Tallulah’s past life with her current boyfriend (who watched the show) – the underlying moment depicted here was how mainstream people talk about disabled people as things, even when they are in the room – that any action carried out by a psychiatrically disabled person immediately becomes pathologized – the arrogance and condescension of the mainstream toward difference – and topics of the “taboo” of disabled people marrying able-bodied people, the “sin” of psychiatrically disabled people having sex, and having children – the fear that the family “closet” cannot conceal mental diversity “away from the prying eyes of neighbours” – and critical – that the act of loving someone with psychiatric disabilities (or a disability) can be likened to “a job”- or “the cross one bears” – the disability becomes the thing that is attended to, rather than the person’s needs for love and support.</i></p>
<p>SCENE TWO: A Doctor’s Concern</p>	<p>Glenda is the patient; Tallulah is the doctor; Sidney is the alter ego of Tallulah and Amelia is the alter Ego of Glenda. A patient visits the doctor’s office for a check-up, new medication, etc. As Glenda’s character and Tallulah’s character talk in polite doctor/patient tones, Amelia’s character and Sidney’s character reveal the hidden thoughts that aren’t normally heard. Ends with Tallulah’s character receiving oodles of drugs and the doctor counting his money. <i>This scene was born out of a theatre exercise called “Alter Egos”- the cast took this further wondering what sorts of things go on in the minds of doctors and patients – and so this scene was developed whereby there is the public dialogue that goes on in a doctor’s office and two private monologues that transpire in the minds of each individual – the aha moment here was that the doctor was focussed predominantly on the patient as depository for medications and the inadvertent construction of psychiatrist as drug salesman while the patient was really running a monologue to herself about herself in reaction to the doctor – a monologue that constructs victimization.</i></p>

<p>SCENE THREE: A Nurse's Concern</p>	<p>This can be a short scene showing how pills are used to control patients. A take off of the Three Bears: One not enough, one too much and one just right. Can also use pills as the way of controlling patients' needs and desires – to suit those of the nurse rather than the patient. <i>While this scene was not included in the play – largely because of time – the premise of the scene was to illustrate that drugs are often used as a form of social control of patients or mentally disordered people who behave “inappropriately”. The three bears idea came from: 1) comatose – too much medication; 2) energetic patient – not enough medication; 3) docile but awake – just enough.</i></p>
<p>SCENE FOUR: A Late Night Phone Call</p>	<p>A Dr. Ruth character and possibly a second person – the caller. Shadow screens can be used to mime some of the action. Go through the whole scenario of the date ad (on a slide), falling in love, dating, marriage, children, etc. Caller's Question: Does marriage make sane people mental? <i>One evening we were talking about the erasure of sexuality with regard to conceptualizing psychiatrically disabled people. Within mental health circles sexuality and mental health are just not considered – and homosexuality and mental health – doubly so. What fell out of our discussion was a satire of the “romantic ad” within the ableist world and a running commentary of sexuality, sexual relationships and trying to fit this into the rational world of ableist society. And that in the end the marital difficulties of the broader world are similar to those in the mental world – except that the pressures are cocooned within the endless judging of others and the insecurities of mental minorities wanting a loving, committed relationship – but having this repeatedly nullified by those who simply are not in a position to know. The idea of the late night radio talk show and speaking about sexuality, is one of both being anonymous/invisible while raising the topic of in the non-visibility of the topic – ironically to a mainstream representative – but the answer remains unspoken and possibly unheard – as it seems to be (un)intentionally within the broader world.</i></p>
<p>SCENE FIVE: Double Ceremony of Normalcy</p>	<p>This Scene is a double ceremony of death and birth. The priest character supervises the ritual of death of normalcy. Each of the cast goes out into the audience and encourages people to come and view the ‘body of normalcy’ and publicly declare what the end of normalcy may mean to themselves or someone who is marginalized. The cast starts off the long procession before the ‘coffin’: Burying normalcy may mean (examples): trust of others, loss of family, friends, loss of employment, loss of education (past or future), self worth, identity, marriage, children, freedom, retirement, independence, etc. These declarations should be said out loud for the audience to hear – in the hope that they will have ideas they wish to share. The second part of the ceremony is that once the death of normalcy has occurred there is a birth that occurs – the birth of marginalization or ‘deviancy’ – as the mourners pass by the coffin, they pass through some opening into another ceremony of white which is the birth of deviancy including (examples): low self-esteem, doubt, depression, loneliness, poverty, alienation, isolation, never being considered fully human, faking it, embarrassment, shame, guilt, crying alone, pain, never escaping. <i>The scene became much more simplified with a “priest” overseeing the proceedings and flowers/fire to mark passages – the double ceremony is firstly the loss/death of normalcy, and the second being the birth of deviance – while we did attempt to have audience members join in the procession, many stated they were afraid of disclosing such a personal aspect of themselves – which seemed to highlight more powerfully the effort being undertaken by the cast.</i></p>
<p>SCENE SIX: Gallery of Behaviours</p>	<p>Take the audience on a tour of mental illness behaviours, each cast member demonstrates something. There is a sign posted by each cast member, such as: Bi-Polar, Depression, Agoraphobia, Obsessive-Compulsive; Addictions, Anxiety, Schizophrenia, among others. The audience tours these exhibits. The tour guide asks if the group is from the mental health hospital. Finds out they aren't – panics and has the signs flipped by the cast member to read common workplace behaviours, with signs reading: Moody, Wallflower, Detail-Oriented, Party Animal, Talks Out Loud, Conspiracy Theorists, Whistleblower, etc. <i>What occurred was a discussion about how psychiatrically disabled people become labelled in a number of ways – the question – how do labels work? The answer was this scene... the premise of the piece was the audience was an auditorium of doctors coming to see “typical” behaviours of mentally disordered patients – so various “patients” complete with signs demonstrate their behaviours – when it is found out that the audience is really human resource professionals wanting to know what “typical” types of worker behaviours are – well the dual label for singular behaviours problematizes the whole notion of label construction.</i></p>

**ACT EIGHT: IT'S A MATTER OF MONEY**

<p>Scene One: Hoops For Money</p>	<p>This scene opens with Tallulah lying in a heap on the floor. A government worker comes by and ties strings to Tallulah in the fashion of a marionette. The first person hands Tallulah a piece of paper (create a slide of the passage from the letter Tallulah provided) and the first government worker acts like the puppet master. A second government worker holds up a number of hoops for Tallulah to pass through – each of these will be labelled. Each also becomes smaller and smaller until Tallulah doesn't even attempt. Because Tallulah doesn't attempt a third government worker comes along with a giant pair of scissors and cuts the strings – saying that Tallulah is another successful person off the welfare/disability rolls. This scene ends with Tallulah dressed as someone who is homeless pushing a grocery buggy filled with garbage. A sign on the side reads, "Another statistic" <i>The impetus for this scene is the idea of "proof" that people on the margins are ritually subjected to. Prove you are poor, prove your are disabled – and by how much – so this scene examined the "hoops" that psychiatrically disabled people have to navigate – a system often that is changing like a house of mirrors – in order to receive \$800 a month to survive – a "pension" that many have to look forward for the rest of their lives. Through all the stresses of these hoops and the small amount of money at the end – the result is "another disability statistic" – reducing individual humans to objects for counting and measurement. This was striking that the Premier of BC recently has said that there are 30,000 people pushed off welfare rolls – so that his government no longer knows their fate.</i></p>
<p>SCENE TWO: A day at the Grocery Store</p>	<p>Four professionals are paid by the BC Taxpayer huge bags of money and thanked for jobs well done. (Need stats on professional compensation amounts). Four typical professional types: Doctor, Lawyer, Social Worker, Psychiatrist come in and grocery shop for designer foods, expensive cuts of meat, etc. As they pass through the cashier (someone on a training wage, and who is 'forced' into the job by EI) ogles each purchase and becomes wrapped up in each person. The food bills are outrageous amounts - \$400, etc. Then the cashier turns to the audience, who is being paid by the same BC Taxpayer small packets of pennies. (Slide showing the monthly payments of people with disabilities). The cashier looks with hatred at the horde of people before him. Cast members are in the audience demanding payments for medication, housing, transportation, clothing, food, etc. The cashier then looks again at the audience and says What No More Money? Why do you bother? Okay, Ichiban Noodles For All of you!! <i>This scene came out of a discussion we had about money generally – the topic came up of people with disabilities being "drains on society" – a response arose that there are other people who are bigger drains – the thousands of workers that comprise the relatively new industries supporting the mental health system. Having the audience as taxpayers receiving money and then watching huge salaries being paid out to psychiatrists, doctors, social workers, lawyers, pharmacists, etc. the idea was raised as to who was the bigger "drain" – because the worker group comes from upper/middle class and are highly educated and powerful individuals there is no suggestion that these people can possibly be "drains" – yet the thousands of poor, marginalized, silent people receiving less than the amount they need to survive are considered social burdens. The Ichiban noodles that were tossed in the performance came about from a discussion regarding the "status" of various noodles – those who have no money rely upon no-name 25-cent packages for their daily meal – and if money is more plentiful then the "Cadillac" brand of noodle can be purchased as a treat – Ichiban. The irony is that wealthy individuals who can purchase vast amounts of goods and services are considered more valuable than those individuals who cannot – so the "invisibility" of class construction and perpetuation is realized.</i></p>
<p>SCENE FOUR: Government Office of Silly Answers</p>	<p>Exercise that we can draw from is: Silly Questions – A panel interview of 3 people – the rest of the cast ask serious questions of the day. The panel responds with silly answers (hopefully we can draw from quotes from government sources or newspapers). <i>The scene drew out of the exercise Silly Questions whereby one person answers silly questions with serious answers – the cast wanted to highlight the often inane answers of politicians by reversing the exercise – Serious Questions/Silly Answers – to get at the evasions of people in political power – one of the problems people with psychiatric disabilities face – a complex and complicated system that makes no sense – what becomes startling is that it also makes sense to those considered "normal". This scene and the one that follows illustrates that those often considered as not having anything political to say do – and that they would like to be included in political discussions.</i></p>

<p>SCENE FIVE: BC's New Era</p>	<p>This scene opens with a loud, car-salesman type of Premier Gordon Campbell (Hawaiian shirt, martini glass) opening up the doors to BC – selling absolutely everything: BC Ferries, BC Hydro, ICBC, etc – only to rent back everything at huge prices. Also the cutting of the Human Rights Commission, Legal Aid, etc. After a few minutes of this, the Campbell figure fades to the background continuing his wild selling actions but the voice drops to a whisper. Up front are two government characters like a pinball machine bouncing one or two people back and forth – these people are trying to access services but keep getting bounced. At one point one of the people makes a distress call to a call centre – at this point the Campbell figure goes on about how they've located a province-wide emergency call centre in Chile – cheaper wages – which hints at some of the foreign suppliers being paid for providing the distinctly British Columbia image. Another moment another person approaches the Campbell figure directly only to be told by the Campbell figure that he does not deal with petty details like that (someone being cut off from welfare perhaps) – to see the proper agency – only to be met with a busy signal. <i>This scene was by far the most Political of the scenes – because of what the current government cuts and selling of the common wealth has done to services to those most vulnerable and most silenced. While it was quite cutting in its critique of what has been systematically going on...it was also made play-full – it voiced what a lot of audience members felt as well – this commentary was striking because of who was critiquing.</i></p>
<p>SCENE SIX: Corporate Welfare/Public Support</p>	<p>A scene here? <i>We didn't develop this idea further; however, the notion that was raised by a cast member was that just like the notion of "drain on society" being largely constructed as disability payment recipients...that the mainstream has to look at the concept of "welfare" more broadly. Tax holidays, corporate subsidies and other "incentives" being granted to individual millionaires (corporations are legal persons) to relocate was considered hypocritical – it seemed that if a person is wealthy, educated, powerful that receiving payments or handouts were considered okay, while those who need this money to survive because they are not able to work or are not able to be fully employed are constructed negatively.</i></p>
<p><b>ACT NINE: SERVING LIFE ON THE EDGE</b></p>	
<p>SCENE ONE: Blind Leading the Blind?</p>	<p>Tallulah as doctor, Amelia as patient, Joan as helper-patient. Amelia's character meets the doctor but is deaf. She tries communicating but the doctor ignores Amelia's character. Amelia is eventually handed medication and told to be on her way. Amelia runs into fellow patient, Joan, who is the next appointment. Amelia signs the misdiagnosis to Joan who says the story out loud so audience can hear. Joan takes Amelia back into the doctor's office who simply says – why didn't she say anything? Not my fault! <i>This scene was drawn from an individual's past history and reshaped somewhat to protect the people portrayed. The story is one of: pathologizing behaviour when it should not be pathologized – a patient is non-responsive with a psychiatrist because she is deaf – the result is the mixing of deadly medications that could be potentially deadly. When this is raised the psychiatrist's response was simply – not my fault – she should have said something! This scene describes a "disconnection" between patient and doctor – one created by the psychiatrist. The other point of this story was that it is often patients helping/protecting patients within the system rather than "helping professionals" – and lastly the notion of non-visibility or virtual erasure of the personhood of the individual seeking help and becoming destroyed by ill-informed professions is what raised the self-described label of "survivor" within disability studies.</i></p>

<p>SCENE TWO: Office Overload</p>	<p>Glenda is recent social work grad that enters the office space. Things start slowly and then build – phone rings, appointments become backed up, files get stacked up, etc. This is set up like an obstacle course that Glenda tries, eventually in vain to get through but is ultimately conquered and is spat out. She collapses and is stamped “On Stress Leave”. Julia enters as the next new social work grad and turns to face the chaos of the office overload.</p> <p><i>The point of this vignette was to highlight the plight of social workers – and why perhaps there are errors – there are simply fewer and fewer of them. Also, there is a misconception that those with mental disconnections are only from lower socio-economic classes, un/der educated and so on – but that burn out and depression are hitting the higher socio-economic and educated classes at ever-increasing rates...society just seems to label it differently to reduce stigma. Within this scene is also the cycle of burn out, particularly among idealistic, recent graduates that find the system beyond their control adding to the stress and “mental illness.”</i></p>
<p>SCENE THREE: Bedtime story</p>	<p>Amelia is the patient who has come in to seek help from Jean, a social worker. Amelia’s character is on the verge of suicide and is having suicidal feelings. As Amelia’s character - in a deep, depressed monotone tells of her struggles not to commit suicide, Jean’s character slowly falls asleep. Amelia’s character completing her story looks at Jean’s character to find Jean asleep. She nudges Jean’s character awake and Jean asks is everything all right? And Amelia’s character says, ‘Oh yeah, fine.’</p> <p><i>This was the other very true, very personal story that was in the play – taken from the life of Amelia. The experience is of the complete disconnection and breakdown between helping profession and patient – marked by the psychiatric nurse/social worker figure falling asleep as the patient, Amelia, goes into great detail about her planned suicide. While some concern was raised about this story’s inclusion, Amelia really wanted to see it there as a reminder to both patients and helping professionals – that this happens and that those with power have a helping responsibility that must be taken seriously – always.</i></p>
<p>SCENE FOUR: Family Tug of War</p>	<p>This scene is set up like British Bull-Dog or Red Rover – two lines – one positive, the other negative – all of family members. Buster turns to the audience to say that his character is newly diagnosed and has to tell his family and friends. He is sling-shot back and forth between the supporter and rejecters until the end of the line turns into a bombardment of rejection and support and all hands upraised.</p> <p><i>This scene marks the beginning of the cycle of care giving with the new or changed diagnosis of a person with regard to psychiatric disability. When “normal” people around the newly diagnosed person find out there is inevitably a split that occurs – some who provide unconditional acceptance and those who allow fear and ignorance to push that individual away – often when he or she most needs support. Some things negatively that were raised was: prayer will heal the mental “illness”, just “buck up” and don’t be “weak-willed”, or “don’t tell the neighbours” versus the positive – “we love you”, or “let me know what I can do to help you” or “I’ll be there every step of the way.”</i></p>
<p>SCENE FIVE</p>	<p>Perhaps a scene in here of all caregivers overloading the audience-as-patient on helpful advice – bombardment exercise again?</p> <p><i>We didn’t directly develop this exercise further – but we wanted to use the bombardment exercise to highlight how mental minorities often feel – the power of their own healing or finding their own reconnections is often torn from their hands by well-meaning friends, family, and professionals – everyone seems to have “suggestions” that should be followed. Rather than asking what a person needs or wants support systems often tell, talk at, and order – creating a co-dependency between both care giver and care receiver. The over riding message is that support is sought but how individual lives are lived ultimately reside within the person who lives in the world.</i></p>

SCENE SIX:  
The pep rally  
of pride

The scene is a cheering section of pride of having mental illness.  
"Give me an M; Give me an E; Give me an N; Give me a T; Give me an A; Give me an L! What does it spell – MENTAL – We are the same as you! GO MENTAL GO MENTAL GO MENTAL  
*This scene marked the turning point in the overall process of theatre creation when one cast member sat up and said... "Why all this talk of sickness....I'm not sick...I don't feel sick. I'm Proud of who I am and HOW I think ...other cast members joined in and emerging out of the cast came the chant heard near the end of the play – to shout this out into the community was one of the most powerfully striking moments of the production – for the cast and the audience. Contained in the chant was also the play's main message... "WE ARE THE SAME." - which coincidentally was Canada's Mental Health Week slogan for 2003 (the main performance was held on the last day of that week).*

#### ACT TEN: FINDING A WAY OUT

This could be one scene that demonstrates a number of ways of helping people living with mental illness – a gallery of suggestions including: Listening to all viewpoints, include the family as source of information and help, talk about mental illness openly – move the topic out of the closet; Be a Friend; Don't Judge – Get To Know; Celebrate the Contributions of people with mental illness (Beauty Pageant) etc. End this scene What Do People Living with Mental Disability require from a caregiver: non-judgmental, be educated on the issues, be consistent, be broad-minded, give unconditional support and love, be perceptive, give clear boundaries, have a clear sense of the 'big picture' – be networked into the community; give, know when to let go of the person living with mental disabilities so he or she can walk on their own, be adaptive and be able to change as the person with mental disabilities grows, changes – don't treat the illness, support the person, more public and community-wide initiatives around people living with mental disabilities.

*This act marked the end of the performance – with a series of short tableaux of building community that included the full participation of mental minorities. To add to this, as a backdrop, two overheads were flashed up on the wall behind: What Attributes Make a Good Care Giver and; Things Needed to Improve Lives For People Living With Mental Illness. The reason for mental "illness" was in part because old language dies hard, and there is a strong medical language that is retained by the cast in the many have had to adopt the language of the medical authorities – in order to navigate the medical system that is such a ubiquitous aspect of their lives and of their personhood. The overheads were also provided as handouts in the program for people to take with them and consider – moving the material presented as theatre into the broader lives of the community/audience.*

*The very end of the play was the first aspect the cast agreed upon and wanted to include: each cast member wanted to publicly thank people in the audience who have been there to support them and extend hugs and flowers – and tears of open, honest, frank gratitude – that had the room on its feet and everyone's eyes filled with liquid emotion that overflowed into the space. I get choked up when I reflect on that time.*

#### ACT ELEVEN – DEBRIEF

Then to end the play and open up dialogue cast members publicly acknowledge people close to them and have them come up to the performance space. Sidney comes out and then simply says that we, the cast would like to talk directly with the audience about what they've seen and heard.

*The aim was to have a structured debriefing with the cast/audience – however, the main production ran two hours straight, ending at 8:30 pm – so some audience left but many stayed – and the cast and audience spaces opened up and merged into area where everyone talks openly with one another – sharing instant reactions, hugs, questions and stories. The life of community images merge into images of community life.*

#### ACT TWELVE – CELEBRATION

And that following the discussion there will be food and celebration of the event. *A popular theatre event just wouldn't be complete without food and celebration. This was my personal gift to the cast – much food and cake to share – it's one thing to feed the soul and mind – but to feed the body as well makes the experience complete somehow. And the celebration lasted for a couple of hours before the cast and I all headed to a world music dance held up the street – as anyone in theatre knows after a show there is a lot of adrenaline and a dance was just what the cast needed to celebrate for itself the amazing experience of learning, performing and teaching that marked this powerful experience.*

## APPENDIX I LOCAL NEWS STORY OF THE SHOW

### **Life for the mentally ill gets Shaken up**

**By Peter Rusland**

Frances Farmer would have loved Saturday's local show *Shaken: Not Disturbed ... With A Twist* staged in the Cowichan Exhibition's poultry barn.

Director/actor/PhD student Steve Noble and his 12-member cast staged a battery of home-spun scenes.

They use mime, props, music, song, lighting and history and dialogue to perfectly underline the type of injustice and brutality that led to Seattle actress Farmer's secret lobotomy in the 1940s.

Noble's cast also hit the mark at reminding about 300 viewers about misunderstandings of mental illness and ways to build bridges of compassion.

And who better to confront those issues than people dealing daily with various levels of mental illness?

Their fight for funding is shown in *Hoops For Money* where an actress is led though hula hoops; the flood of overmedication is illustrated in *A Doctor's Concern* and *A Nurses' Concern* in which actors are simply given drugs to veil real solutions to mental conditions.

Issues of suicide and diagnosis of mental illness were marked by the crowd lighting candles in memory of those lost and affected.

A scene involving *The Government Office Of Silly Answers* parodies the stigma of mental illness and the system's inane answers.

Dressed in a loud Hawaiian shirt, Noble mocks the hucksterism of the Campbell government's New Era document.

In *A Day At The Grocery Store*, doctors and drug companies receive



File

**Actors use masks to represent what mentally ill people use to cope in society during *Shaken, Not Disturbed*.**

bags of money while patients have just enough to buy noodles, which were tossed into the crowd.

But the show also offers ways in which caregivers and citizens can deal with the mentally ill through education, communication, friendship, and understanding.

To be sure, Shaken is a noble way of reaching out to our community. Despite some scene dragging and distant dialogue, Shaken is a sort of yellow brick road to Oz's courage, heart and brain.

For those who missed Saturday's sensational show, Noble and his troupe are talking about mounting a show with different material this fall.

He's also looking for more audience focus groups to talk about the show and the meaning they gleaned from it. Call 715-1815.

Community awareness play rating: 8.5 pills out of 10.