

# Reflection and Refraction: The Dimpled Mirror of Process Drama

How Process Drama Assists People to  
Reflect on Their Attitudes and Behaviours  
Associated with Mental Illness

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## **Statement of Originality**

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This work has not been previously submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Signed

This 16<sup>th</sup> day of June 2003

# **Dedication**

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To my parents  
John Denis and Patricia Mary O'Connor

# Acknowledgments

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The following deserve thanks and praise for turning the dream into reality:

Professor John O'Toole, my principal supervisor, mentor, guide and friend - for his wisdom and faith;

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# Abstract

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The National Project to Counter Stigma and Discrimination was established by the New Zealand government in 1997. The Project recognised that people with a diagnosis of mental illness are marginalized and excluded from full participation in society. The Mental Health Foundation was contracted to provide workshops for mental health service providers to shift workplace attitudes and behaviours that were discriminatory or stigmatising.

This thesis used a case study approach to capture and evaluate the significance and nature of the transitory form of process drama in three workshops I facilitated in largely Maori communities in the far north of the North Island. The principles of reflective practitioner research informed the use of research tools, data collection and analysis.

This research focused particularly on reflective strategies that occurred inside process drama work and the way in which meaning was constructed in that context. The central research question asked: 'In what ways does process drama work to assist people to reflect on their attitudes and behaviours associated with mental illness?' This raised a secondary question: 'What potential is there for a model to counter stigma and discrimination that uses process drama as a central strategy?'

This thesis posits a new model for understanding the nature of reflection in process drama. The mimetic notions of the fictional and the real as discrete and defined entities should instead be seen as permeable frames of existence that on occasions collide and collapse into each other. The double paradox of process drama is that, having created an empathetic relationship with the roles

taken, we purposefully structure distance so we can then deliberately collapse the distance to create deep moments of reflection.

I suggest a more accurate term to describe reflection in process drama is refraction. Refraction acknowledges that, rather than clarity, process drama seeks ambiguity: instead of resolving issues it seeks to further problematise and complexify. The tension of working with a democratic and open-ended art form towards a pre-ordained end as part of the project is closely examined. The impact of performative rituals and proto drama processes as part of the context of working in Maori settings is also explored.

A three step model for countering stigma and discrimination is formulated and workshopped. The content of the model is based on an analysis of research undertaken within an anti-racist context, and models that have informed similar mental health campaigns. The form of the model is process drama.

An analysis of the workshops demonstrated that the first model developed was limited in its effectiveness. Instead, participants should engage in repeating cycles of generating and investigating images. This leads to the development of what I have termed the Spiral Three Step Model. Although the effectiveness of the Spiral model is not tested in this research, it became apparent that the workshops based on this structure provided opportunities for participants to consider and reflect/refract deeply on their workplace's attitudes and behaviours.

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# Chapter One

## Introduction

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As new migrants on Ellis Island waited under the shadow of the Statue of Liberty they faced a range of challenges to gain entry into the New World. One such hurdle for the huddled masses was a diagnosis of mental illness.

Officials had about six seconds to detect signs of mental illness. An illustrated guide helped staff to identify facial types of mental disorder. Doctors outlined tell-tale symptoms including facetiousness, nail biting, smiling and other eccentricities (Sayce 2000:56).

Staff were instructed: "If an Englishman reacts to questions in the manner of an Irishman, his lack of mental balance would be suspected" (Sayce 2000:58). Those suspected of having a mental illness had a cross chalked onto their clothing. They were then taken for a short interview where they were asked further questions. Taking no longer than five minutes, those whose mental illness was confirmed had their cross circled and were put back on the ship and sent back to whence they came. Branded and labelled with the mark or stigma of mental illness they were excluded from participation in the New World.

Our systems for defining the otherness that is not acceptable have become more sophisticated and refined than those practised by those guardians of the free world, as have our tools for medicalising and diagnosing mental illness. However, the end result of the label of mental illness is often the same: exclusion from full participation in society.

Of course, other societies have branded or marked out for exclusion those unfortunate enough to be labelled with a mental illness. Erving Goffman's treatise on stigma (1963) draws the meaning of the term from its Greek

derivative of the branding and marking of slaves so that citizens could know who was not deserving of equal rights. History is littered with the tragedy of the stigma, persecution and at times the planned killing of those labelled with a mental illness. For example, during the Great Confinement in sixteenth and seventeenth century Europe, the newly emptied leprosariums "permitted to eject, as into another world, all forms of social uselessness" (Foucault 1965:58). As late as 1815 Foucault notes, "the hospital of Bethlehem [Bedlam] exhibited lunatics for a penny, every Sunday" (1965:68). In Nazi Germany at least 250,000 people with mental or physical illnesses were killed in programmes where those described as "useless eaters and lives unworthy of life" were gassed in ex-psychiatric hospitals or were killed by lethal injection or shot (Sayce 2000). In the former Soviet Union political dissidents were "diagnosed as sluggish schizophrenics and then locked up and drugged" (Breggin 1991:27).

The poor, people of colour and women in particular have been the victims of social, economic and political exclusion as a result of a mental illness diagnosis. Even today women are lobotomised at least twice as often as men, and two-thirds of shock patients are women (Breggin 1991:319). In Ohio, one recent study found that 47% of women in a state mental hospital had been raped by other patients or staff (Sayce 2000:64). Black patients in the United Kingdom are twice as likely to be detained as white patients, more likely to be prescribed a major tranquilliser and, although Afro-Caribbeans constitute only 1% of the population, they account for 15% of inmates of special hospitals (Turner 1995:82).

The stigmatisation and exclusion as a result of a mental illness diagnosis lead Szasz in the early 1960s to deny the very existence of mental illness suggesting, "the very concept of mental illness was a form of social labelling

designed to serve as a façade for the suppression of non-conformist behaviour” (Grob 1994:271). Breggin argued that

When it diagnoses, drugs and incarcerates the homeless poor, psychiatry covers up the political issue, society’s unwillingness to provide jobs, housing or an adequate safety net. People victimised by socio economic conditions are turned over to psychiatry for further abuse (1991:66).

## **Countering Stigma in New Zealand**

The simple fact that people are excluded from full social participation as a result of the label of mental illness was recognised by the New Zealand government with the publication of the Mason Report in 1996. The report recommended that a national public awareness campaign be undertaken to change public attitudes and behaviours. *The Project to Counter Stigma and Discrimination Associated with Mental Illness* (also known as the *Like Minds Like Mine* campaign) was established as a five year project with a budget of over \$NZ11 million.

In July of 1998 I was appointed to the Mental Health Foundation of New Zealand to manage the project in the Northern region of New Zealand. My primary function was as a workshop presenter and manager of the anti-discrimination work undertaken within the Foundation. This included resource development, policy development and managing a small team of co-workers. One of my responsibilities was to develop a workshop process for mental health service providers. The intent of these workshops was to counter the stigma mental health consumers face in the mental health services and in the wider community.

In September of 1998, following a trial of a workshop I was intending to take to mental health service providers, I approached Griffith University to undertake guided research into the work I was doing. The particular motivation for approaching Griffith arose from an incident in the trial workshop, described in detail in Chapter Two. I was interested in undertaking reflective practitioner research as part of an action research model to understand more fully what happened when I used process drama as part of the workshops. I was contracted to provide a series of three workshops between November 1998 and May 1999 and it was decided that these would be used as the basis of a case study for this thesis. The research was seen within the Foundation as an integral part of my work as a reflective practitioner. However, the majority of the writing of the work for formal presentation in this thesis has occurred since I left the Foundation in 2000.

## **Research Question**

The combination of mental health promotion and process drama led me to develop a research question which explores the nexus of these two disciplines. It asks: 'How does process drama work to assist people to reflect on their attitudes and behaviours associated with mental illness?' The primary question posed an immediate secondary question: 'What potential is there for a model to counter workplace discrimination that uses drama as a central strategy?'

The workshops that form the basis of this case study entailed a number of strategies for reflection, incorporating layers of reflective activity. This study focuses particularly on the reflection that was embodied inside the process drama work, and the way in which meaning was made in this context. Bolton (1979:127) recognised that "perhaps the most powerful form is the reflection that goes on at the same time as the drama, that is from within the drama." Specifically, this thesis examines the nature of the power of that form of

reflection within process drama to counter stigma and discrimination associated with mental illness.

### **Definitions**

In looking at the research question it is useful to start with some definitions of key terms used. Picking up from the original Greek concept, the Mental Health Foundation defines stigma as a “mark or sign of shame, disgrace or disapproval, of being shunned or rejected by others” (2000:10). Discrimination within the New Zealand context is defined by the Human Rights Act 1993. The Act legally defines discrimination as treating someone less favourably on the basis of the prohibited grounds in Section 22 of the Act. The prohibited grounds include disability, and psychiatric or psychological disability is specifically covered within the Act. Discrimination is also legally proscribed under the Health and Disability Act 1994. Liz Sayce (2000) suggests a distinction: that stigma is a noun describing an attitude and that discriminate is a verb describing the illegal abrogation of individual rights.

### **Mental Illness**

In Chapter Three I more fully acknowledge the complexities and difficulties with the defining of mental illness and discuss not only a range of possible definitions but also the implications for those definitions in countering the stigma associated with each definition. When, in this thesis, I refer to people with mental illness or mental health consumers, I am referring to those people who have been diagnosed and treated within the mental health system for a range of illnesses as defined in the Diagnostic and Statistics Manual 4. The term ‘mental health consumer’ is as problematic as the term ‘mental illness’. I have chosen to use the term in this research as in New Zealand it is largely the favoured self-definition of people with experience of mental illness who have been treated within the mental health system. As the workshops are held within predominantly Maori settings it is useful to acknowledge that, as Mason

Durie (1995) suggests, Maori perceptions of mental illness are grounded in a recognition that positive Maori cultural identity is central to attaining good mental health. A new term, 'tangata whai ora' (people seeking wellness) is used within some Maori mental health services as an alternative to 'mental health consumer'.

### **Process Drama**

Process drama is a term originally coined by Brad Haseman and John O'Toole (Hornbrook 1995) and popularised in Britain through the writings of Cecily O'Neill (1995). O'Toole (1992:2) defines process in drama as "negotiating and renegotiating the elements of dramatic form, in terms of the context and purposes of the participants". When I describe other processes in this thesis I refer to the act of the bringing into being by negotiation and renegotiation.

Process drama's origins are in the work of Dorothy Heathcote and the notions of drama as a learning medium (Wagner 1976), and Gavin Bolton's (1979) theorising of drama for understanding. In process drama, meaning making is created through improvisation where students and teachers co-create drama for themselves rather than for an outside audience.

Bowell and Heap define process drama as "the genre in which performance to an external audience is absent but presentation to the internal audience is essential" (2000:7). Neelands' (1990) contribution to the development of process drama was to codify a range of dramatic conventions that students and teachers could use to structure their drama making. These conventions are theatrical and performative in nature and as Greenwood suggests,

engage participants in a dramatic experience that may, like other powerful theatre, lead participants to new and different insights into the nature of being human, but it is engagement in the art form that primarily constitutes the experience (2000:144).

The definitions above suggest all the activities that constituted a workshop should be viewed as conventions within the process drama. In particular, the ritualised Maori forms of beginning and concluding that use strong performative elements are central conventions to the making of process drama. The workshops are discussed from this perspective in the chapters that detail them. Further explication on process drama is provided in Chapter Three.

The action research uncovered several emergent areas of interest to augment the original research question. In particular, the manner in which the process drama occurred within a traditional indigenous people's meeting house provided an opportunity to explore the relationship between the proto drama forms of the rituals used within that context and the processual drama forms.

### **Metaxis and Reflection**

The purpose of playing, whose end both at the first and now, was and is to hold as 'twere the mirror up to nature, to show virtue her own feature, scorn her own image, and the very age and body of the time her form and pressure (Hamlet 3 2 21-26).

A study of reflection to understand the place that process drama might play in countering stigma and discrimination acknowledges, as John Somers (1994:11) suggests, "the relationship that exists between the imagined and the real is the key to the learning process unique to drama". Reflection in the action of drama occurs as a result of the ability to both act and reflect on the actions of the role at the same time.

Augusto Boal (1979) uses the term 'metaxis' to describe the process whereby a person in role is able to both perform and view that performance. In this sense the person is always the actor and the audience simultaneously. Vygotsky (1933) describes this process as a dual affect, whereby the person is both engaged directly with what is happening in the drama, and at the same time is

distanced from it as he or she watches his or her own engagement in the drama. In process drama the educative function of role taking is the manner in which the person taking the role is able to reflect on the action that he/she takes as an actor by viewing him/herself in that role as a spectator of his/her own performance. As Bolton (1979:126) reminds us, "experience in itself is neither productive nor unproductive, it is how you reflect on it that makes it significant." It is not the doing of drama that is significant, it is the manner in which it requires us to reflect on what we are doing which gives it significance.

Bowell and Heap describe process drama as a genre in which the performance to the internal audience is essential (2002:7). This reflexive action or active reflection becomes the means by which alternatives can be tried out in what Heathcote describes as the "penalty free zone of drama" (1984:128). Richard Schechner notes, "cathartic or not, theatre always manufactures substitutes, specialising in multiplying alternatives" (1993:234).

### **Metaxis Models**

Process drama is structured so that, on occasions, the real world and the fictional world collide, so there is no distance or gap between them. When this happens the distinction between role and self also collapses. These moments are fleeting and rare and enormously powerful. The friction that occurs when the self and role, fictional and real worlds collide and rub together creates a heat that allows for transformation and understanding about the self. Heathcote describes this as a moment of awe (1984), and Paul Stevenson describes it as "dramatic ellipsis" (O'Toole 1992:242).

If the self and the role are pictured as smooth edged and self-contained entities then when they collide they can bounce off each other. John Somers (2000) suggests that drama can be seen as acting as the bridge between the two separate states of the real self and the fictional self. Somers posits a

range of models and in each of them he has drawn the arrows between the two worlds as uni-directional. In each of the models the participant in the drama reflects on his/her role to inform and change his/her life.

Heathcote picks up on Brecht's notion that in creating role we are "visiting another room" (1984:104). She says, "I am concerned in my teaching with the difference in reality between the real world where we seem to really exist and the as if world where we can exist at will". In using Brecht's notion of the other room she sees the two worlds as quite distinct. A person visits the other room, as she says later, to "bring about a change, a widening of perspective, in the life of the real person" (1984:106).

In undertaking this research I explore whether process drama acts as the bridge between two discrete worlds, the doorway or gateway between the two rooms, and in so doing consider whether it provides people with an opportunity to view and alter their attitudes and behaviours. One result of examining the case studies, however, is to signal a more complex and ambiguous relationship than suggested within the literature cited above, but which is hinted at by Schechner's notion that "art and the real are separated by permeable membranes" (cited in Neelands 1994:10).

## **Research Methodology**

The research is a case study of three of the workshops in rural, impoverished areas of the Far North of New Zealand with a predominately Maori population. The nature of case studies and their appropriateness for study in process drama is detailed in Chapter Five.

The research was conceived as part of an ongoing cycle of action research (Kemmis and McTaggart 1991), based on seeking a solution to the problem of stigmatisation and discrimination by health professionals in the field of mental health.

I was the central participant researcher and so the case study incorporated principles of reflective practitioner research (Schon 1983; Taylor 1996). This kind of research investigation has in recent years been quite extensively used in the field of drama education (Taylor 1998; Edmiston 1996). Within the field of mental health there is a growing recognition of the importance of developing qualitative research methods (Secker 1998).

The data collection included personal researcher fieldwork journal and reflective memoranda; participant reflection; video and audio recordings; group focus interviews with participants; individual retrospective interviews; and the collection of data and interviews by an external evaluation company.

## **Thesis Structure**

Central to the structure of this thesis is the retelling of the story of the three workshops undertaken in the North. In doing so I recognise that, as David Booth suggests, "story is a basic way of organising our human experiences, a framework for learning" (1994:31). By using story as the base structure of this thesis, it can be viewed as

a matter of creatively reshaping experience so that what is revealed is not simply what is already known, but rather what is there but not understood ... so that it does not show literal truths, but calls upon the reader to engage in the process of meaning making and interpretation" (Thompson cited in Merchant *et al* :2001: 90).

In telling the story of those workshops they are placed within the wider or historical context of how stigma and discrimination occurs and has occurred

This thesis examines the nature of reflection as it occurs within the three workshops. As noted earlier, reflection in drama occurs when we view our own realities from within a fictional context (Boal 1979; Heathcote 1984; O'Toole 1992). This thesis is therefore divided into three sections. The first section explores the non-fictional world of the drama participants and the social, historical and political context in which the work takes place. The second section explores the fictional world of the drama workshops. The final section establishes a potential model for countering stigma associated with mental illness based on how the fictional and non-fictional worlds of the workshop participants have informed themselves in the case study.

### **Section One: The Real Context**

This section comprises six chapters:

**Chapter One:** This chapter introduces the social, historical, cultural and political context that the workshops took place in, sets out the research question which has guided this thesis, defines key terms and concepts and outlines what is covered in the thesis.

**Chapter Two:** In this chapter I explore in detail the particular context of the workshops by looking at the establishment and structuring of the *Project to Counter Stigma and Discrimination associated with Mental Illness* following the recommendations of the Mason Inquiry (1996). I look at the project's history and rationale, and its plans at both national and regional level. I examine the constraints of the Mental Health Foundation contract and recount its history.

**Chapter Three:** In this chapter I explore the history of process drama, examine its pedagogical and aesthetic underpinnings and discuss its relationships with Theatre of the Oppressed and psychodrama. I also look at

the development of process drama in New Zealand and its relationship to Marae Theatre.

**Chapter Four:** In this chapter I explore the recent research literature relating to both general anti-discrimination practices and to research on effective projects to counter stigma associated with mental illness. In particular I focus on looking at anti-discrimination models as suggested by the International Labour Organisation's (ILO) longitudinal study into effective workplace anti-discrimination models (1999) and the anti-stigma models as described by Liz Sayce (2000). I also look at available theatre forms that match the above models.

**Chapter Five:** In Chapter Five I outline the process drama workshop that attempts to meet the recommendations of both the ILO report and Sayce's suggestions. I recount the development of the workshop programme including its goals, aims and development protocols, including trialling, evaluation and development.

**Chapter Six:** In this chapter I explain the research methodology that informs this thesis. The chapter provides definitions of reflective practitioner and action research methodology, considers the ethical issues involved in telling the story of working within mental health settings in Maori communities, discusses the nature of data collection and analysis methods employed and surveys the research difficulties and limitations.

### **Section Two: The Fictional Context:**

From Chapters Seven to Nine I retell the story of each workshop separately. Each workshop recounts the reflection opportunities within the workshop.

### **Section Three: Emergent Themes and Conclusion**

**Chapter Ten:** In this chapter I search for patterns and themes across the three workshops and posit a new model of anti-discrimination work that has

refractive practice at its centre. The model also suggests new metaphors for exploring our understanding of metaxis and reflection within drama.

**Chapter Eleven:** I conclude with a series of recommendations for future work in countering stigma and discrimination. I discuss the possibilities for generalising the findings of the research into other contexts and also consider the possible implications for process drama practitioners.

## **Chapter Two**

# **The Project to Counter Stigma and Discrimination Associated with Mental Illness**

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In short, discrimination says to people with a mental illness:  
We don't want you here.  
You're not as good as us  
You're not worth listening to.  
You're not important.  
You don't belong (Julie Leibrich 1998:2).

In 1996 the Inquiry under Section 47 of the Health and Disability Services Act 1993 in Respect of Certain Mental Health Services (known as the Mason Inquiry after the judge who ruled over the Inquiry, Judge Ken Mason) presented its report to the then Minister of Health, the Honourable Jenny Shipley. The report was part of a series of inquiries headed by Ken Mason into the state of New Zealand's mental health system. The first of the Inquiries was held in 1988 after some high profile violent offending by people with experience of mental illness. Similar circumstances precipitated the 1996 Inquiry (Mason 1996: 3). The Inquiry was to be:

A sharply focused inquiry into the availability and delivery... of Mental Health services in New Zealand relating to semi-acute and acute mental disorder (Mason 1996: 3).

However, the scope of the Inquiry became much wider. Over 720 submissions caused a wider review of both mental health services and the state of the de-institutionalisation reforms which had begun ten years earlier, following the first Mason Inquiry. The Inquiry devoted a chapter to submissions on stigma and discrimination associated with mental illness. The report identified that negative public attitudes towards those with experience of mental illness

created a barrier to developing good mental health services and to the accessing of those services. The Inquiry further noted that

There is no doubt that the feeling of alienation created by stigma is one of the significant reasons cited for loss of hope and relapse by those who experience mental illness (Mason 1996:163).

The Mason Report recommended that there be a national public campaign designed to reduce stigma associated with mental illness. It stated:

We support a public awareness campaign, it is a must. It is fundamentally wrong that a vulnerable group in our society should be continually subjected to the comments and actions of those who possess an outcast mentality (Mason 1996:164).

Research on the reduction of stigma and the promotion of better understanding of all aspects of mental illness in the community was seen as one of the priority themes for potential research (Mason 1996:167).

In 1997 the government released a national mental health plan, *Moving Forward*, which defined the government's intentions in the area:

To increase public knowledge and awareness of mental health issues in order to:

- Create a more supportive environment for people living with a mental illness;
- Help remove the barrier of discrimination and stigma that stops people seeking early assistance and support (Ministry of Health 1997:34).

In the plan the government allocated \$NZ11.5 million over five years for a national campaign to counter stigma and discrimination associated with mental illness. The funds were to be managed by the Public Health section of the Ministry of Health. Restructuring of the Ministry of Health saw the responsibility for the management of the programme pass to the newly created Regional Health Funding Authorities in 1997.

The National Mental Health Plan stated that the government would purchase “community based programmes that address negative attitudes, stigma and discrimination” (Ministry of Health 1997:34). These were to include programmes for Maori and Pacific people. Their focus would be on the key groups and opinion leaders - social service agencies, the health workforce, employers, local media councillors and community workers (Ministry of Health 1997).

The Mental Health Commission was also established in 1996 as a direct government response to the Mason Inquiry. The Commission’s terms of reference are defined under the Mental Health Commission Act 1998. Section 6 of the Act includes:

(11) To reduce the stigma associated with mental illness and the prejudice shown to people with mental illness and their families and caregivers; and

(12) To eliminate discrimination on the ground of mental illness against people with a mental illness and their families and caregivers (Mental Health Commission Act 1998).

The Mental Health Commission and the Ministry of Health (restructured in 1997 to become a policy unit reporting to the Minister) had a shared responsibility for monitoring the project initially managed out of the Regional Health Funding Authorities. The Regional Health Funding Authorities were not service delivery organisations, but rather operated by establishing contracts with service providers to deliver on specifications determined by the Authorities. In 1997 the four autonomous Regional Health Funding Authorities let contracts with regional providers to commence work on the project. National components, including a media campaign and policy development, were intended to supplement the project. Each Regional Health Funding Authority had adopted different models of implementation but with the same goals. Between the

Authorities there was some collaboration (Alison Taylor personal communication 1999).

However, the National Plan was not developed until June 1999, by which time the Regional Health Funding Authorities had restructured into a national body, the Health Funding Authority. The plan outlined both the regional and national components of the project. The delay meant Regional Health Funding Authorities had already structured their approaches to the campaign autonomously, and therefore let contracts with quite different specifications for each region. The June 1999 National Plan confirmed the directions already undertaken by the Regional Health Funding Authorities and set out new national approaches including a national policy and curriculum development. Essentially all the regional contracts had the following common components:

- To develop infrastructure and networks;
- To empower consumers/tangata whai ora and to encourage consumer involvement;
- To change attitudes and behaviour in the mental health sector (Health Funding Authority 1999).

The above regional plans were to provide a changed environment for the application of the second component, to be delivered at a national level. This component had two key strategic directions:

To change attitudes and behaviour in the broader field i.e. government agencies, through policy development with the agencies involved;

To change public attitudes and behaviour through mass media, public relations and health promotion (Health Funding Authority 1999).

## **Northern Regional Providers Contract: A Brief History**

The Northern Region Health Funding Authority spent considerable time developing the regional plan. Working with the six preferred providers it was to let contracts to in 1998, it established a set of guiding principles, key themes and inter-related contracts for each of the providers. These were published in the document *Everybody Has A Valued Place in Society*. This document also outlined the processes and protocols by which the project team would work in the Northern region.

Central to the process were commitments to the Treaty of Waitangi and the principles of the Ottawa Charter (Health Funding Authority 1998: 8). The core values included a commitment to bi-culturalism, consumer involvement, and the encouragement and support of creative innovation in working to reduce discrimination (Health Funding Authority 1998:8).

In developing the service specifications the Health Funding Authority noted that the preferred providers had deliberately

chosen a long term lower risk strategy, which is to influence people's cultural processes to change attitudes and behaviour by degrees (Health Funding Authority 1998: 60).

The Health Funding Authority let three-year contracts in June 1998 to eight providers in the Northern region to provide services in line with the principles outlined above. The organisations contracted were the Mental Health Foundation (MHF), Framework Trust, Te Hau Ora O Te Tai Tokerau (THOTT), Pacificare, Hapai te Hauora Tapui Ltd (Hapai), Tangata Whai Ora Consultancy, and Phoenix Research Ltd.

Each organisation contributed a particular strength and vision to the project. The MHF is a national organisation with, in 1999, a 25-year history of providing

mental health promotion to New Zealanders. In that time the Foundation had led the national promotion of good mental health through training, advocacy, resource and information provision, and research. Framework Trust is a regional organisation that assists people with experience of mental illness to return to the workforce. THOTT is a trust organisation established in 1993 and is comprised of eight iwi (tribe) groups of Tai Tokerau (the North of the North Island). THOTT has established itself as the lead provider of public health services to Maori in the Tai Tokerau region. Pacificare provides mental health services to Pacific nations people in Auckland. Hapai is a public health provider run for and by three iwi partners in the Auckland region. Tangata Whai Ora Consultancy took responsibility for the consumer aspects of the contract. Formed out of the Aotearoa Network of Psychiatric Survivors (ANOPS) the Consultancy consisted of three project managers with experience of mental illness. In December 1998 the consumer contract passed to the MHF who employed a team of project managers who also had experience of mental illness. Phoenix Research is an independent social research company and was contracted to provide an evaluation to the Health Funding Authority of the providers' performance.

The contracts specify the activities each provider was to undertake as part of the contract over a three-year period. There were four streams to the contracts. Stream One referred to the common threads or core component of the project with which all providers have a functional relationship. These activities included the development and implementation of a core workshop and training programme, the development of curriculum programmes, resource development and policy work. The MHF had a lead role in the development, co-ordination and implementation of the core or common thread stream.

Stream Two referred to workforce and resource development. In particular this referred to mental health workforce training. The MHF had lead responsibility

for the provision of training to the mental health sector with mainstream organisations. Hapai had responsibility for providing training to, by and for Maori organisations, with Pacificare taking responsibility for Pacific nations organisations. THOTT took responsibility for delivery to both mainstream and Maori organisations in the Far North.

Stream Three referred to action and education in the community. Particular responsibility in this sector fell on Framework Trust and the consumer team at the MHF. Maori and Pacific nations groups were catered for through THOTT, Hapai and Pacificare respectively.

Stream Four referred to sector work with particular emphasis on the development of policy guidelines and standards. This, and the reorientation of media, became the responsibility of the MHF.

The Project team convened for the first time in June 1998. Over a four-month period intense training in facilitation skills, advocacy, policy development, and workshopping was co-ordinated by the MHF. Specialists in workshop facilitation, including Elaine Dyer who demonstrated the use of action methodologies, were employed to work with the team and guidelines for the presentation of the core workshop were drawn up in August 1998. The project team agreed that the workshops would bring:

A facilitative and non-threatening approach that brings people on board. Experiential and interactive work that actively allows people to reflect on their behaviour and attitudes in a non-confrontational manner is the cornerstone of the work (Mental Health Foundation 1998:16).

Core objectives for the workshop were determined:

The project team believes that workshops should provide opportunities to:

Explore the issues and their consequences for mental health practitioners and their clients;

Explore how stigma influences professions, services and the mental health system;

Explore the possible opportunities for personal change and action to reduce stigma and discrimination;

Discover ways to become an ally of families, consumers and others who are trying to improve things;

Challenge participants to become more actively involved (Mental Health Foundation 1998:16).

As a Project Manager with the MHF I became a part of the project team in September of that year. My first task was the development of the core workshop to be presented to mental health service providers and other organisations (part of Stream Two of the contract). Contractual obligations to the Health Funding Authority stipulated that the workshop had to be trialled by October 20 1998, with appropriate resources developed around the workshop also to be completed by that date. *Everybody Has a Valued Place in Society* spelt out the manner in which the workshop was to be devised (Health Funding Authority 1998). Consultation and participation from all providers was to take place with final responsibility for development and implementation resting with the MHF.

## **Workshop Development**

The contract with the Health Funding Authority called for providers to identify and prioritise the audience for the core workshop. Discussions with consumer groups and other networks confirmed a desire on their part to begin the workshop process with mental health service providers.

The MHF was empowered at an initial meeting of all providers to devise a draft workshop plan and for the other providers to give feedback and advice prior to the trialling of the workshop. The workshop plan was informed by the understandings of the group but most particularly by two separate but convergent pieces of research. The next two chapters outline the theory and research that informed the first trial workshop and the ones that form the case study for this thesis. I firstly investigate the nature of process drama before exploring models for countering workplace stigma and discrimination.

# Chapter Three

## Process Drama

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The phrase process drama seems to have arisen almost simultaneously in Australia and North America in the late 1980s as an attempt to distinguish this particular dramatic approach from less complex and ambitious improvised activities and to locate it in a wider dramatic and theatrical context (O'Neill 1995: xv).

Process drama is an umbrella term that embraces an approach to learning in, through and about drama. At the centre of process drama is improvised role play designed to create meaning for the participants rather than for an external audience. As the term suggests, process drama does not necessarily lead to a theatrical product, but aims through the ongoing nature of the work for participants to negotiate and establish fictional worlds.

Role is a concept used in a range of disciplines. Goffman (1974) approached role from a sociological perspective, recognising that any one individual plays a number of roles in life, for example, as a parent, a child, a boss or a neighbour. Robert Landy (1993) recognises that these roles are contextualised, interactive and interrelated. In psychodrama these sociological roles are often re-played in fictional settings for analysis and healing. The understanding of role taking in process drama builds not only from social psychology but also from the use of role in theatre and performance. In process drama, the roles people take are fictive, improvised and performative. Role denotes the process of simultaneously 'being yourself' and 'acting as if you are someone else'.

Process drama is episodic and engages in a non-linear narrative. This distinguishes it from single or brief improvisation exercises or scenes, referred

to in work place settings as functional role plays. The non-linear narrative allows other kinds of exploration of narrative and its meaning. Process drama shifts the role playing from an acting *out* of a story to an acting *as if* approach to the narrative. For example, in an improvised scene of Little Red Riding Hood participants might take the roles of characters in the story and act it out before an audience. In process drama more complex and ambitious activities may include participants acting as if they are journalists asked to investigate and repudiate the gossip about wolves in the neighbouring forest. Such a workshop might raise "questions to do with freedom, integration, the relationship of humans towards other species and the responsibility of science" (O'Neill 1995:54).

The drama is played not to any external audience but is structured for the participants themselves. Process drama follows in the tradition of Brecht's *Lehrstück* theory where he

postulated drama of this type, without an audience, as a way in which the actors themselves could learn about the world, about how the victim as well as the executioner felt, by playing these parts in turn. Here the players themselves form their own audience (Esslin 1987:130).

Like Brecht's epic theatre the participants in process drama "observe and simultaneously participate in the narrative before them. The participation takes the form of on going criticism of causes and effects of selected human predicaments" (Errington 1992:44).

In outlining a history of process drama O'Neill (1995:xvii) suggests that Dorothy Heathcote and Gavin Bolton were instrumental in introducing the features of complexity, episodic structure and playing to the internal audience

to educational drama. However, both built on a tradition of educational drama within the school setting and the wider world.

## **A Short History of Educational Drama**

The relationship between drama and education was discussed by Aristotle in *The Poetics*. In Greek tragedy the lessons for the audience were both culturally and politically determined. Boal recognised that the educative force of the Greek theatre was its repressive function, as the tragic hero “appears when the state begins to utilize the theatre for the political purpose of the coercion of the people” (1976:33).

The distinguished British playwright Edward Bond argues that Christianity controlled Western art for centuries, ensuring that all learning of the meaning of life was mediated through the story of Jesus Christ (1989). Political, cultural and spiritual understandings were transmitted to audiences through passion and morality plays that were more functional than aesthetic.

In the 1920s the founder of psychodrama, Jacob Moreno, established his Theatre of Spontaneity. Here he “invited the audience to contribute ideas to the drama as they were being simultaneously created and played out” (Nolte 2000:209). Moreno saw the functional possibilities of theatre, and proposed a utilitarian role for theatre in the creation of psychodrama and socio-drama.

Educators such as Caldwell Cook picked up utilitarian concepts of drama as a pedagogical tool. In his use of the ‘play way’ Cook used drama as a cross-curricular tool in England in the 1920s (Taylor 2000:97). Bolton suggests, however, “that in the UK a ‘new’ movement in drama teaching began just before the turn of the [twentieth] century with the classroom practice of a

lively village school teacher, Mrs Harriet Findlay-Johnson" (1986:233). Cross-curricular by nature, the work was still teacher-focused and dominated.

Bolton suggests that the child-centred philosophies of Rousseau and Froebel saw Brian Way and Peter Slade continue Cook's emphasis "on 'play' by which they meant natural expression, often in intent, and free from adult interference" (1986:13). In pioneering the concept of child drama in England in 1954, Peter Slade "stressed the child's natural impulse to create" (Taylor 2000:100)

In 1967 Brian Way "promoted drama on the basis that it developed what he called the individuality of the individual" (Taylor 2000:100). This approach to drama was immediately, and continues to be, highly popular in the United States. The focus of Way's approach was to stress personal development through drama. Way provided exercises and structures from theatre rehearsal rooms to help teachers manage Slade's creativity. Students tended to act out stories to the direction of a teacher narrative or to the beat of the teacher's tambour. Such approaches to educational drama still persist around the globe, often within creative drama courses. The rich and highly entertaining parody that Taylor (2000:115) provides of a 1970's drama lesson complete with trust games, tambours, melting iceblocks and flowering seeds sadly remains the staple of many drama classrooms across the globe.

## **Heathcote and Bolton Tradition**

Dorothy Heathcote and Gavin Bolton were to challenge and irreversibly change this way in which drama was taught. Heathcote recognised that

Drama is not stories retold in action. Drama is human beings confronted by situations which change them because of what they must face in dealing with those challenges (cited in Taylor 2000:102).

For Bolton, "the principle educational purpose of drama is change in understanding" (1986:108).

As the founders of this new movement in drama education Heathcote and Bolton worked with the tension and apparent paradox of structuring spontaneity and improvisation that has significant pedagogical implications and high aesthetic values. Both saw that drama was not simply about setting children free to create. It was about carefully structuring the experience for understanding – "in essence a process of cognitive/affective appraisal of the objective world" (Bolton 1986:86).

In drama participants are able to "simultaneously weep as a patient and revel as a player" (Vygotsky 1933:549). Bolton saw "[this] dual affect as the tension which exists between the concrete world and the 'as if' world, sometimes leading to contradictory emotions" (1986:87). The dual affect is possible because a participant in drama simultaneously experiences and empathises with the role they are playing, and as themselves are able to enjoy and analyse the emotion.

Bolton recognised and rejected verisimilitude or imitation in drama because it leads to inferior learning and aesthetic experiences for students. For example, he recognised that acting out drowning on the Titanic would be unproductive aesthetically and educationally. Instead, drama should be framed or "focused not on the simulation of drowning but on whether you had time to grab your baby from its cot" (1986:154). In this way students would be protected into genuine feeling, learning and quality artistic expression.

Bolton's (1986) notion of different degrees of projection into an event, which controls the intensity of emotion felt in drama, was a precursor to the central

structure of framing and distancing in process drama. Heathcote (1984) borrowed Goffman's notion of frame.

Translated into terms of process drama as a genre of theatre, we could say that Goffman's frame constitutes a means of laying in the dramatic tension by situating the participants in relation to the unfolding action (Bowell and Heap 2000:59).

Framing an event means approaching the drama tangentially away from the core of the event. Using the Red Riding Hood example, re-enacting the event of the wolf scaring Little Red engages the participants at a superficial or first order level, where they would simply act out descriptively the emotion of the experience. In process drama, participants may be framed as sculptors who are asked to build a memorial to children who have been lost in the woods. This role provides a distance for the participants through which they can feel the agony of losing a child. With the role distanced from the core event, both through time and emotional connection, participants are safely able to feel and express the emotion of the event.

For Bolton, the key to drama was not to have participants simply describe in action emotion ('show me a happy face' type exercises) but rather have a 'lived-through' experience of the emotion. For example, "no longer in acting out a haunted house drama would the participants portray scared intruders, but would become scared" (Bolton 1986:101). However, Bolton suggests that in educational drama participants must work both descriptively and in lived-through emotional experiences. The lived-through experience alone is not enough, in that participants must also portray or perform their experience with others.

The meaning and understanding that Bolton and Heathcote strove for were universal values. "Drama has a dual significance. It is both personal and universal" (Bolton 1986:43). Heathcote (1984:103) saw drama as "moving

from the particular to the universal". Bolton suggests that in a drama where students are playing the roles of

pirates who have to keep their eyes skinned for danger, the personal meanings the child may draw on are what he knows of anticipatory danger or a threat and the universal understandings are that the drama may become about people who never feel safe (1986:43).

The question of universalities in process drama has been contested since Nicholas Wright (1980) and this is further discussed in this thesis

Heathcote and Bolton understood the significance of story in drama but not as a linear narrative. Once structured and sequenced for learning, narrative can provide opportunities for reflection both in and out of role. Heathcote's use of teacher in role, where the teacher joins the improvisational role play, is a key and central component in her development of process drama. Heathcote and Bolton have developed Heathcote's original notions of 'mantle of the expert' (1995) into a highly stylised and sophisticated dramatic structuring device for learning.

The use of conventions, structuring and sequencing of narrative share a history with performative traditions. They provide a means to distance and structure the movement away from re-enactment role plays. Howell and Heap (2000:83-85) describe how a drama that asks participants to act out a canoe trip by shuffling along on the ground is likely to produce no more than giggling and rolling around the floor. They suggest the use of a convention such as a series of still images that reflect key moments in the journey, with participants narrating dialogue over the images, provides a more meaningful experience pedagogically and aesthetically. Neelands (1991) categorised conventions as serving different aesthetic functions. It is the manner in which these are sequenced which determines the narrative of process drama as well as the

quality of the aesthetic experience for participants. He suggested process dramas should include conventions that establish dramatic contexts, move the narrative forward, deepen the emotional engagement of the drama and help participants to reflect on what they have learnt in and through the experience. Framing, conventions and sequencing give process drama its episodic nature. They provide a complexity and richness to the dramatic experience more akin to what one expects from any encounter with theatre, as opposed to the superficial and usually unsatisfactory experience of creative drama and re-enactment or functional role plays.

Bolton and Heathcote were also deeply conscious of the context in which their work occurred. Bolton suggests that

the activity of drama operates on a different plane of experience from the actual context and any devices, properties, features or actions employed have to take on a different quality of meaning for them to feed into that experience (1986:44).

John O'Toole (2003) suggests that alongside the fictional and real contexts in which the drama occurs there are two further contexts that sit between: one of setting and another of performance. O'Toole (2003:8) suggests "if making drama is not the primary purpose of the group's gathering then at least one more contextual layer will be present in the context of the setting". O'Toole acknowledges the most difficult layer to negotiate with participants is when process drama operates in a situation where the making of drama is not seen by participants as its primary purpose. The meanings created in the fictional context resonate throughout all the contexts in which participants are simultaneously engaged.

O'Toole suggests "the essential tension of drama consists of the disjunction between the surface text and the subtext(s)" (1992:75). The tension that

excites and moves a group through process drama is the recognition of the difference between self and role. The management of tension often determines the success of process drama. O'Toole defines four forms of productive tension for process drama: the tension of the task; the tensions of the relationships; the tensions of surprise, mystery and secrecy; and metaxis: the tension of the real (1992). Bolton describes the tension created by a "feeling that something special is going on, that something must happen because they have elected or contracted to make it happen" as 'imperative tension' (1992:11).

David Booth (1990) suggests that in structuring process drama work it is important for both participants and facilitator to construct imaginary gardens to wander and play in, and in these imaginary gardens there are always real toads. The real toads and the real problems they cause need real answers to solve them. In the gap between the fictional and the real world, between the audience self and the performer self, in the gap between the thought and the action resides the endless opportunities for reflection about who and what we are as a human beings.

Heathcote and Bolton's ideas were picked up and developed by others around the globe. For example, Fines and Verriour (1974) looked at the manner in which history might be taught through this approach to drama. In Canada, David Booth (1987) - who had been a student of Bolton's - created what is known as story drama. Morgan and Saxton (1987; 1991) developed a new taxonomy of questioning based on the operation of process drama in classrooms. As discussed earlier, Neelands (1991) developed Heathcote's notions of conventions and linked them more closely with theatrical conventions. O'Toole (1992) brought a rich understanding of the process of drama and theatre to explain and explore how drama operates and explored the relationship of different contexts in the drama. With Brad Haseman,

O'Toole developed the term 'process drama' to describe this new art form and pedagogical approach (1992). Cecily O'Neill and Alan Lambert began the process of assisting teachers with clear guidelines as to how to translate Heathcote and Bolton's ideas into classroom practice (1976). O'Neill's own significant contributions include her articulation of process drama as a discrete art form and the notion that teachers and students are co-artists in the creation of drama in the classroom.

Not everyone was enamoured by the Heathcote and Bolton revolution. From its beginning process drama faced contestation from those who valued the power of the theatrical aesthetic and saw the functional basis of role-based drama as undermining or ignoring that aesthetic. The first major attack was by Pemberton and Clegg (1968) followed soon after by John Pick (1971) The most concerted and personal attack was lead by David Hornbrook (1989; 1991). Hornbrook argued that process drama "denied students access to the culture and skills of the theatre" (cited in Taylor 2000:106). He suggested a binary concept of pedagogy and aesthetic, process and product, drama and theatre, which polarised debate so that "theatre and drama people lined up in virtual camps firing salvos" (Taylor 2000:106). Hornbrook's assertion that process drama had somehow dumbed down drama and had sold out the art form of the theatre in the pursuit of universal truths also forced the growing process drama community to further define and refine its position in relation to pedagogy and the aesthetic dimension. O'Neill, for example, prefaces her text *Drama Worlds: A Framework for Process Drama* by saying:

My focus is specifically on the connections between process drama and theatre form; innovative theatre practice provides useful practical illustrations; explicit educational outcomes are less emphasised than the intrinsic fulfilment of the work and my examples are taken as much from the theatre as from education (1995:xvii).

Neelands (1991), O'Toole (1992), and O'Neill (1995), amongst others, stressed that process drama is primarily an art form, and that the quality of learning in process drama is dependent on the quality of the aesthetic experience. Bolton acknowledges that the primary experience of process drama is "participants as active agents making theatre" (Bolton 1998:231). The debate was valuable for the developing practice and philosophy of process drama, but politically caused a wide rift in the United Kingdom drama education community that is still healing.

As process drama practitioners were refining their praxis and increasingly researching their work through reflective practitioner accounts (Taylor 1998; Edmiston and Wilhelm 2000), process drama was enriched by non-European practitioners and traditions, especially, but not exclusively, the work of Augusto Boal.

## **Boal and the Theatre of the Oppressed**

The Brazilian Augusto Boal was also interested in creating a form of theatre for understanding. Borrowing from Friere's *Pedagogy of the Oppressed* (1972), Boal was more overtly political and placed his theatre not only in the classroom but also in a range of settings where he structured it to help people understand the nature of the oppression they lived under.

Using improvisational forms derived from theatre rehearsal and practice, Boal was intent on breaking down the gap between actor and spectator, creating instead a theatre form where the separation diminished so that Boal's 'spect-actors' (1979) became, in Bolton's terms, both the participant and percipient of their own actions (1986).

Like Bolton, Boal recognised that the dialectic between the fiction and the real was the central and most powerful agency for changed understanding through drama. Boal describes this as metaxis: " the state of belonging completely and simultaneously to two different autonomous worlds: the image of reality and the reality of the image" (1995:43). In metaxis

the oppressed artist is able to create an autonomous world of images of his own reality, and to enact his liberation in the reality of these images, he will then extrapolate into his own life all that he has accomplished in the fiction. The scene, the stage, becomes the rehearsal space for real life (Boal 1995:44).

Boal's analogical induction hypothesis (1995) had resonance and linked with Heathcote and Bolton's insistence on a distanced, framed or analogous approach to drama.

The function of analogical induction is to allow a distanced analysis, to offer several perspectives, to multiply the possible points of view from which one can consider each situation. The oppressed must be helped to reflect on his own actions. A disjunction of action and reflection on that action must be brought about (1995:45-46).

Scandinavians Stig Eriksson and Claus Jantzen brought an interest in Boal's work to the process drama community through a rendering of Boal's image theatre work for classroom practice (1990). Process drama practitioners had previously used the convention of still image, where the action of the drama is frozen often so that motivations can be explored. Boal's (1995) overtly political use of image theatre and his sophisticated development of techniques to use with still images has been picked up by process drama practitioners across the globe. Forum theatre (Boal 1995), where the spect-actor steps into the drama to try out different ways to lessen or overcome the oppression revealed in the drama, is widely used by process drama practitioners (Neelands 1991).

Boal's work has also been translated and widely used in therapeutic settings. He writes of his own experience in using theatre of the oppressed techniques in two mental institutions (1995). His construct of "the cops in the head" (1995:xxiv), where he identified that the instruments of oppression in democratic states reside within individuals rather than as agents of the state, has seen his 'Rainbow of Desire' techniques used within drama therapy and process drama settings. Boal has, at one level, been the bridge between process drama and drama therapy. Like process drama, however, Boal's therapy is not about simply finding solutions. It is instead

a therapy which continually throws light on problems, a variety of different shades of light is by definition more dynamic than one which seeks (and stops at) a solution (1995:xx).

Boal's work has also informed the practice of psychodrama. In psychodrama, as in process drama and theatre of the oppressed, participants try out different possibilities to make sense of significant moments in their lives. In each form attention is paid not merely to the functional aspects but also to an understanding of the theatre form that shapes and gives structure to the work. Rich practitioners in psychodrama, in process drama and in theatre of the oppressed must have a deep understanding of the nature and possibilities of dramatic form for their work to be successful in transforming people lives in educational, therapeutic or political settings.

As they take their work out of classrooms and into a range of settings process drama practitioners are increasingly recognising affinities between their work and these other improvisational theatre forms. The boundaries and gate-keeping between each domain are gradually diminishing (Nolte 2000). For example, Haseman's (2000) work in preparing a performance for a palliative care conference uses a sophisticated process drama structure that, through its

tangential approaches, distances and protects people into feeling deeply the issues around death. He uses Boal's definitions of metaxis to explain the manner in which "the dramatic metaphor distilled real experience, to create a densely layered symbol not able to be understood or managed by simple linear process of mind or external instruction" (2000:303). Bringing Boal and Bolton together, Haseman suggests

as learners encounter each model of life they are required to understand it, and then - safe in its no-penalty zone - devise and practise strategies and behaviours which will bring them success in the real world (2000:302).

As the audience interacts with each of the images of the dying, Haseman suggests that the work touched those places that "lie deeper in human hearts and minds than political opinion, conviction, antipathies or sympathies" (2000:303). Haseman recognised his work was certainly educational and geared towards shifting understanding, but at another level it was also deeply therapeutic.

## **Process Drama in Non Schooling Contexts**

Haseman's work also demonstrates how process drama is increasingly used in a range of settings distanced from its origins in classroom drama. For example, Smigiel has detailed her use of process drama in workplace training (1996; 2000). Schonmann attempted peace-building in Israel and Palestine (2002), police have been trained in Queensland (Bates and Stevenson 2000), and nurses in Sweden (Lepp 2000), all through variants of process drama. Mirroring the shift in schools away from creative drama, workplaces are seeking for richer training experiences than those provided through functional role plays. Theatre for Development agencies are also using the methodologies, conventions and pedagogical underpinnings of process drama

in their work (Prentki, Noguiera & Odhiambo 2003). Process drama has enriched these several fields and been enriched as practitioners and researchers continue to explore ways in which drama can help people make sense of their lives.

Process drama practitioners have embraced non-Western performative traditions in the choice of conventions used, in particular, using local or indigenous forms to provoke and provide meaning to participants. Neelands (1994) and Greenwood (2001), amongst others, have made examples of the links between ritual, performance and process drama.

## **Process Drama In New Zealand**

Process drama is taught throughout New Zealand schools as part of the compulsory drama curriculum (Ministry of Education 2000). In the 1970s and 1980s nearly twenty New Zealanders attended postgraduate courses in the United Kingdom run by Heathcote, Bolton or O'Neill. Heathcote made two lengthy visits to New Zealand in 1978 and 1984. O'Neill, Neelands and O'Toole have made shorter but also influential visits.

New Zealand process drama practitioners have also looked at the manner in which the performative rituals of Maori protocols can function within process drama (Battye 2002). Te Rakau Hua O Te Wao Tapu Trust uses the ritual of the marae (traditional meeting place, colloquially including the meeting house) as part of what is called 'Marae Theatre or Theatre of Transition'.

The company strives to surround the form of theatre with tikanga (customs and obligations) i.e. by presenting a powhiri (opening ceremony) before every show, a waiata (song) within the narrative of the play (Battye 2002:36).

The show also concludes with a poroporoaki (farewell ritual) where the audience is invited to speak directly to the performers. Te Rakau Hua O Te Wao Tapu collapses distinctions between theatre of the oppressed, process drama and psychodrama, borrowing from all these forms to create what is alternately called "Theatre for Healing and Theatre for Change" (Battye 2001:39).

In Marae Theatre, the powhiri and poroporoaki protocols establish the boundaries or parameters between the fictional and real contexts as well as being part of the theatre experience. Using this structure in the workshops under investigation in this thesis, I have extended the concept of process drama to incorporate all the events in the contexts of setting and performance, including powhiri and poroporoaki. The powhiri and poroporoaki mark the boundaries between the drama and the real in the workshops. The congruence between the contexts of setting and performance encapsulated by the rituals also means that participants take meanings directly from the fictional to the real and vice versa without having to pass through two additional contextual layers.

When they reflect on what happens in the fictional world drama participants gain more than an understanding of their real lives. They are transformed. In the structured freedom of process drama, participants can use "the startling ability of human beings to create themselves, to change, to become for better or worse what they ordinarily are not" (Schechner 1993:1).

## Chapter Four

# Research Literature Review

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Two separate but convergent pieces of research inform a discussion of the planning and delivery of the three workshops. Both research projects provide a conceptual framework to understand anti-discrimination practice in each of their fields. The projects are The International Labour Organisation's (ILO) five-year longitudinal study of anti-racism training in fifteen countries in Europe and North America, and work undertaken by Liz Sayce published in *From Psychiatric Survivor to Citizen* (2000).

The ILO's research was groundbreaking as "prior to the initiation of the ILO's research into the subject, little was known as to the extent or context of anti-discrimination training in the workplace" (ILO 1999:81). The research presents a series of models that it suggests all anti-racism training generally fall under. Its recommendations on which models are more effective in producing non-discriminating workplaces are clear and unequivocal. As a result the recommendations were useful in informing both the planning and the analysis of the three workshops at the centre of this case study. In examining each model I also suggest how such a model might operate within the *Project to Counter Stigma and Discrimination Associated with Mental Illness*. In some of the models reference is made to various drama and proto-drama or simulation activities. I have therefore included a review of drama forms that most readily match each model.

Liz Sayce's work was the first concerted attempt to conceptualise various forms of anti-stigma and discrimination associated with mental illness campaigns.

## **International Labour Organisation Research**

I am aware that much of my thinking around the content and processes used in the workshops was informed by my previous employment as the National Education Manager at the Office of the Race Relations Conciliator (the Race Relations Office). The Race Relations Office is New Zealand's statutory body that deals with complaints of breaches of New Zealand's human rights legislation on the basis of race, colour, ethnic or national origin (New Zealand Government 1993). The Office also has statutory education functions, and whilst at the Race Relations Office I designed a number of workshops employing different drama conventions to counter racism (O'Connor 2000). In beginning my work at the Mental Health Foundation the sense of how work I had done in anti-racism training could be translated across to this field was echoed by the Mental Health Commission (1998). The Commission undertook a comparative study with other areas of discrimination where the goal was significant social change, such as discrimination on the basis of race, colour, ethnic origin, gender, age or physical disability. It noted, "This comparison of strategies to reduce discrimination provides useful insight for mental health consumers" (1998:11).

Not only is the comparison useful for mental health consumers. An analysis of anti-discriminatory models was useful in constructing an approach to this work. Work in other areas to combat discrimination, in particular regarding racism and gender, was seen by the Commission as relatively successful. As the Commission noted, "It is also most striking to realise how rapidly and how recently public attitudes have changed in some of these areas" (1998:11).

### **Why People Discriminate**

The models proposed by the ILO study are founded on different concepts of why people discriminate. Before examining the models proposed by the

research, I will look at several common concepts of the reason for discriminatory practice.

One of the more pervasive concepts in the literature is that racism or discriminatory attitudes in general are a result of ignorance based on “unreliable, possibly distorted, stereotyped images and fear” (Cashmore and Troyna cited in Spoonley 1988:67).

The Mental Health Commission noted, “Despite mental health problems being so extensive in the community, [stigma] is [caused] because people do not understand mental illness. Indeed there is also considerable fear of mental illness” (1998:3). Tudor suggests, “The history of madness is the history of people’s fear and society’s exclusion of the unknown, of the other” (1996:15).

When discrimination is understood in these terms then workshops to address discrimination will centre on the provision of correct information and the dispelling of irrational fears with accurate information about mental illness.

The Mental Health Commission also notes that discrimination is not merely an individual attitude but is something that exists within a wider context of social power structures (1998:3). Racism has long been understood in these terms. Institutional racism and the roles of people within racist structures in New Zealand have been explored by Walker (1990), Spoonley (1988) and Awatere Huata (1996), amongst others. Workshops based on these perceptions will centre on ways to address the wider or social context of discrimination rather than the attitudes or behaviours of individuals.

Foucault (1971) argues that discrimination is not based on attitudes centering on ignorance and fear or through learnt and modelled behaviours, but is based on and central to notions of power. In particular he notes that notions of

madness are centred on the theme of social and moral order (1971:274). Foucault argues it is from this that the psychiatrist and the mental health professional derive their power to cure. Tudor notes

Society in the form of the superior or dominant community also assumes the moral and practical right to segregate and banish such fearful "otherness" whether hysterical women, schizophrenic blacks or the feckless (and therefore undeserving) poor (1996:16).

The relationships between the social construction of mental illness, stigma, control and power have already been introduced. Mental illness has been seen as socially constructed. It maintains economic and social power to punish or remove those who are not able to contribute to the social order in what the majority determines as productive ways. Workshops informed by this perspective of mental illness would focus on issues of power, control and social order. Individuals own discriminatory practices would be explored within those contexts.

Many debates in psychological circles and anti-racist groups have centred on whether it is racist attitudes or racist behaviours (both individual and institutional) that determine those practices in workplaces (Spoonley 1988). If one assumes it is racist attitudes that come first then attempts to counter discrimination will be based on attempting to shift attitudes. In the mental health context this means addressing issues concerning stigma first, rather than addressing discriminatory practices. The alternative argument has been that it is more effective to shift workplace discriminatory practice by countering racist or discriminatory behaviours. Taking an attitude changing or behaviour changing approach will again shape the type of workshop delivered to counter stigma and discrimination.

## **ILO Models of Training**

The ILO research established a methodology to categorise training approaches and named six broad intervention strategies into which it suggested all workplace training in the field fitted. The six strategies are: Information Training, Cultural Awareness Training, Racism Awareness Training, Equalities Training, Anti-racism Training and Diversity Training (ILO 1999:82). The strategies provide structures and approaches to changing workplace practices that are discriminatory, and as discussed earlier have resonances for understanding work within the context of the planned workshops. In this next section I briefly examine each strategy and discuss how each strategy might be adapted for the *Project to Counter Stigma and Discrimination Associated with Mental Illness*.

### **Information Training**

Workshops with an information training approach focus on the experience of the minority group. Details of the minority group or the legal context of racism are provided in an essentially didactic or transmission mode of delivery. Translated to the mental illness context, workshops would centre on the provision of information about mental illnesses and the legal context of discrimination under the Human Rights Act (1993) and similar legislation. The ILO study concluded that this approach could in fact be harmful. In the study's conclusion it noted, "In practice, providing information to trainees on migrant and ethnic minority cultures and national background has occasionally been found to generate the very discrimination that it intended to halt" (ILO 1999:87). Janet Winter describes the approach as one which diminishes the culture so that "It fits into a tiny and manageable package. The method is said to increase tolerance. The messages are at best, naïve and at worst, racist" (1988: 39).

The danger in such an approach to stigma associated with mental illness is that providing information, for example, about schizophrenia may reduce it to descriptions of symptoms such as hearing voices. This reduction may in fact provide enough information to reinforce stereotypes or reduce the seriousness and complexity of the illness to a level where it is easier to stigmatise, discriminate against or simply dismiss.

Read and Law argue that the usual forms of information provision about mental illness are from a medical model. They argue that such a model in fact reinforces notions that people with a mental illness are not responsible for their behaviour because of chemical imbalances. They ask

Could it be that it is this assumption that leads the layperson to conclude that the 'mental patient' is therefore unpredictable and violent? Could it be that the more we try and convince the public of the assumptions of our dominant paradigm the more we teach them to be fearful? (Read and Law 1998:5).

A didactic or transmission mode also presupposes that attitudes and behaviours are based on rational choices that are centred on knowledge of 'facts'. The failure of anti-smoking programmes or anti-drug programmes that are based on information provision alone have shown the inefficacy of such an approach (Pransky 1991). Children who are warned of the dangers of smoking by being given information about lung cancer and other smoking related diseases and are encouraged to 'just say no' do not, by and large, stop smoking (Pransky 1991:166).

There is no evidence to suggest if people are told more about mental illness they will then stop discriminating against those with a mental illness. One might expect if there were a direct correlation between knowledge about mental illness and stigma, then those with the most knowledge would be less

likely to discriminate. However, in planning the workshop, the consumer advisors spoke convincingly from their own experience that those who in a traditional sense have the most knowledge about mental illness such as psychiatrists, were the most likely to discriminate against those with a mental illness. Jorm (1999:77) suggests that health professionals are more likely than the general public to rate long-term outcomes negatively for people with mental illness and need to be aware of "the effects that their negative attitudes may have on patients and the public". Of health professionals Jorm (1999) saw the most negative attitudes amongst psychiatrists. Those like psychiatrists, with considerable knowledge about diagnosed mental illnesses from their clinical medical model perspective at least, also have the most power to discriminate. Providing psychiatrists and other mental health professionals with more information may simply provide them with more opportunity to justify and excuse their stigmatising and discriminatory practices.

The drama processes that have traditionally fitted this model of workshop are those which have included scripted or improvised pieces of performance that are viewed by workshop participants as an audience. The audience, for example, is taught about mental illness by viewing small scripted plays. Similar in design to morality plays they teach about aspects of mental illness and allow for transformation of attitude or behaviour to happen as a result of the passive viewing of the performance without any other drama intervention. This model of workplace training does not attempt to actively engage the participants and, as Dalrymple notes in talking of her work in countering the infectious spread of AIDS in South Africa:

We have a contract, we've been funded to put across a message... We realise that unless our approach is participatory and unless we involve (young) people, and engage them, the message is going to be disbelieved (Dalrymple 1996:34).

## **Cultural Awareness**

The Cultural Awareness strategy also focuses on the experience of the minority group. This approach, however, focuses on attitudinal shifts and recognises the importance of working in a less didactic or transmission mode. The ILO research (1999:83) indicates that exercises, such as group discussions and role plays, in the tradition of what O'Toole refers to as functional role play (1992:56), are central processes. As part of training programmes representatives of minority groups are asked to share their experiences and there is often the inclusion of information about majority culture as well. The ILO research (1999:83) suggests that implicit to this workshop approach is the idea that raising awareness and changing prejudicial attitudes will automatically reduce discriminatory behaviour.

However, the link between attitudinal and behavioural change has not been satisfactorily resolved. Pettigrew and Martin (cited in ILO 1999 74) argue "While previously it was assumed that attitudinal change was the necessary precursor to behavioural change modern social psychology claims that the reverse is true". Bendick argues "Behavioural change is now seen as a necessary first step towards affecting social change (cited in ILO 1999:75). Rosser argues that raising awareness of health issues may in fact have opposite behavioural effects than were originally planned for. He uses the example of an AIDS awareness campaign in Australia in the early 1980s that clearly raised awareness of unsafe sex practices in the general population. However, he suggests it had the effect of increasing the amount of unsafe sexual practice amongst gay men who were the target audience (Rosser 1991).

The overall thrust of the *Project to Counter Stigma and Discrimination Associated with Mental Illness* has been based on a cultural awareness approach. The multi media campaign shows images of people with a mental illness and encourages "us" to feel empathy for "them" because they are "just

like us.” The aims and goals of the campaign are couched in the terms commonly used in such an approach with the National Plan for the campaign defining the workshops as “awareness workshops” (Health Funding Authority 1999).

Translated into the mental illness context, a cultural awareness approach means workshops would include personal stories of consumers who talk about their illness and its impact on their lives. This fits with the idea that contact with people with a mental illness is the most effective means of combating stigma (Read and Law 1998). They also argue such an approach should assist in countering stigma, as contact with individual consumers attracts more positive attitudes to consumers in general.

As the ILO report suggested, drama processes as part of such a workshop are usually functional role plays. Participants in this sort of workshop in a mental health context act out being a mental health consumer who is being discriminated against. The role plays are not open ended or negotiable in the same way process drama was described in Chapter Three. The workshop facilitator remains the playwright and leads the role plays to predetermined ends. The end values and answers are prescribed. The intention of the role play is not to ask more questions but to answer them. The drama, although participatory, rarely involves the participants in directly thinking or feeling whilst in role. For example, in such an approach workshop participants might be given role cards and predetermined scenarios to act out. Acting out the scenarios the participants, without the benefit of any theatrical or aesthetic framing, would then be asked, “How did it feel to be discriminated against?” Because the participants are involved in acting out a predetermined script rather than acting as if they are people with a mental illness the negotiability of outcome is extremely limited. O’Toole suggests such role play is “determinedly mechanistic” (1992:71) and then goes further by suggesting “The tight and

behaviouristic rule based structures of simulations are designed for the express purpose of controlling behaviour ... and lack the natural negotiability of 'real' drama" (O'Toole 1992:73).

I did not want to facilitate a workshop that merely led participants to a predetermined set of behaviours. As O'Toole notes, "objective-centred behaviour analysis and modification is not art" (O'Toole 1992:72). Cultural awareness training can be seen as similar to and as limiting and potentially harmful as the information training strategy. Simplified answers presented through functional role plays are unlikely to shift workplace practice.

There are also other serious reservations about dramas that attempt to recreate artificially, or at least superficially, the consumer experience. Focusing on the experience of the consumer allows responsibility for discrimination to slip from where it should be placed. If drama is to act as an agent for change it cannot achieve that by attempting to elicit empathy for the consumer experience. Rather, the participants within the workshop must be given the opportunity to reflect on their own experiences and attitudes.

For example, such an approach has been on at least one occasion recognised in education around the Holocaust. Rather than viewing and describing the Holocaust as a Jewish experience, it can alternatively be constructed or framed as a twentieth century experience. Holocaust education in this frame is not about building an unframed empathetic response towards the victims of the holocaust. Rather, it is geared around examining the attitudes and actions of the millions of 'ordinary' citizens who sustained the planned and bureaucratic processes which exterminated millions of people. Examples of process dramas examining the Holocaust from this perspective form part of teacher resources for the Auckland Museum in *Holocaust* (Office of the Race Relations Conciliator 1998) and *The Precious Legacy* (Office of the Race Relations Conciliator 1998).

The mechanistic style of role plays in cultural awareness workshops also makes it difficult for participants to

Detach themselves from the “this is happening to me now” understanding of the work ... realism of the drama may work against the teacher’s intention to have students stand back from events (Errington 1992:32).

Errington recognises in this sort of drama there is limited opportunity for active reflection and if Bolton (1979) is correct, then the experience has little significance and is neither productive nor unproductive in changing workplace practices.

In the form of role play discussed above, participants acting out the role of consumers do so without any indirect framing of the event or distancing process. O’Toole argues that by placing the participants in the first level of framing, that is, participants in the event of discrimination, there is little if any room for negotiation of the outcomes of the role play (1992:109-110). Participants then become involved in the narrative of the role play rather than questioning the motives and values they bring to the content under exploration. Without offering the opportunity to explore the event from a variety of different frames the facilitator limits the negotiability of the drama and therefore the learning that is possible.

### **Racism Awareness Training**

Racism Awareness Training is derived from the work of J. Katz (1978). It aims to create heightened awareness of racism at an individual level. Its premise is that people will be empowered to change their behaviours once they have become aware of their attitudes. Strongly criticised for its confrontational approaches (Spoonley 1988; Kelsey 1984) Racism Awareness Training focuses on the experience of the majority group or the racist. The approach uses

functional role play and other “self awareness exercises” (ILO 1999:83) including simulation exercises.

Kelsey (1987:5) argues that this approach in New Zealand has led to “guilt and paralysis”. Spoonley notes that following such workshops “many have been so affected by their feelings of guilt they have simply avoided pursuing the issues any further” (Spoonley 1988:101). Where there is a dissonance between the participant’s attitudes and the workplace culture such workshops can also be disempowering. A workshop that reinforces positive attitudes can actually be counterproductive for an employee who works within a discriminatory workplace and has no access to changing the way the workplace operates.

Drama used in Racism Awareness Training workshops is not designed to increase empathy for others, but to directly confront individual attitudes. However, the role play and awareness activities are mechanistic and naturalistic and resemble simulation type exercises (Katz 1978). The safety and distancing provided by process drama is not used, and participants are often deliberately made to feel vulnerable or exposed. Racism Awareness Trainers actively seek this exposure. There is reason to suggest that such exposure and confrontation might reinforce negative and discriminatory attitudes and behaviours (Cultural Safety Review Committee 1995:43). Workshops that place the onus for racism on the individual without recognising the inherent structural and institutional processes that create and reinforce racism often leave participants feeling helpless or guilty.

In translating the Racism Awareness Training approach to the countering stigma context, it suggests a form of confrontational workshop that provides little safety or distancing. The danger of backing mental health professionals into a corner over their attitudes to their clients is inappropriate and ineffective.

A simulation model designed by American psychiatrist Pat Deegan that could be viewed as operating from a Racism Awareness Training model was already in use as part of the campaign. Pat Deegan is someone who hears voices and is a prominent figure in the international consumer movement. After a lecture tour of New Zealand in 1997 she sold franchises here to several mental health consumers to manage and facilitate workshops. In July 2000 I attended a workshop to address the attitudes and behaviours of mental health professionals.

Participants first watched an hour-long video of Deegan speaking about the hearing voices experience. In this video introduction Deegan described the workshop as about finding out 'what it is really like to hear voices in a way that no amount of book knowledge can give them'. Experiential learning of this nature is common in American training - Deegan compared it to people getting to know what it is like to be disabled physically by spending an afternoon in a wheelchair. Participants were then asked to wear headsets of recordings similar to those experienced by people who hear voices. Mental health consumers were at this point introduced in role as mental health professionals, and they set up various stations in the room to replicate a mental health facility. Playing the roles of mental health nurses, psychiatrists and psychologists, the mental health consumers took the participants through the experience of doing simple tasks common in the mental health service. These tasks were performed whilst the participants were hearing the voices on their headsets. At the end of the session participants were questioned about how they felt about the experience.

Like all simulations the Hearing Voices workshop attempted to replicate reality and Deegan prides herself on the 'authenticity of the experience'. For Deegan, it is the action that is important or significant, not the reflection. Role is taken

at a shallow level so that the participants can experience someone else's reality.

Conversely, process drama attempts to create a fictional world, close to reality but deliberately not real. As noted earlier, although experience is central to the dramatic form, process drama practitioners see the learning happening as a result of reflecting upon the action and it is the reflection rather than the action that is important.

Unlike process drama, where time becomes elastic and actions are imbued with significance beyond themselves, simulations are naturalistic. They are played out in real time with little or no symbolic language used. In the Hearing Voices workshop the tape plays for approximately an hour and participants act out in real time their response to the orders and demands placed on them by the workshop facilitators.

In the discussion section at the end of workshop I attended, a large number of participants said they were able to dismiss or ignore the voices on the tape recording. I wondered if they thought it was easy for the real voice hearer to do so too, and if people genuinely thought they now knew what it was like to be a voice hearer. In much the same way as spending an hour in a wheelchair does not teach anyone what it is like to be a quadriplegic, listening to voices on a tape does not express what it is like to hear voices day in and day out for years. When Deegan argues that "it's the best you can get, like the wheelchair, you get to the experience" she misses the point. I would argue a realistic experience is not the important part of the process. As Bolton suggests, "paradoxically when the drama experienced is distanced from the actual, the more real it will feel to the participants - more real and of course more significant" (1986:44).

The workshop fails to explore the central experience of disability. The central feature of disability is not simply a physical or mental difference from the norm but the process of marginalisation and social exclusion that results. Paraplegia is not a matter of simply not being able to walk. Likewise, this workshop ignores the central emotional experience of hearing voices. Deegan describes the onset of voice hearing as 'absolute panic, of ongoing fear, of hyper-arousal'. This emotional experience is not what people experience in the workshop. Rather, they switch on a tape and are instructed that it is not a marathon effort, and they can switch off the headsets when they want. The central experience of voice hearing, I imagine, is precisely that it is a marathon effort and that it cannot be switched off at will.

Neither framed nor protected by symbolic or theatrical devices, the participants were confronted within the direct action of discriminatory practice. As in Racism Awareness Training there was minimal safety provision in the workshop. Participants did not take role. They did not act as if they were someone else. They were asked to be themselves and respond as themselves to the experience of hearing the voices and the instructions of the facilitators. Several participants attempted to protect themselves by taking roles. For example, I noticed a participant, when asked her name by a 'psychiatrist', was unclear whether to give her own name or not. She eventually gave a fictional name. In discussion with her afterwards she said, "It made me feel uncomfortable being myself in the role so I chose to be someone else by giving myself another name."

One Pacific Island participant spoke of how scared she was that she would continue to hear the voices after the workshop and how she was moved emotionally by the whole experience. Because she had experienced the whole drama as herself, and directly as the person experiencing both hearing voices

and discrimination, she was unable to find a way to protect herself. Her vulnerability was plain for all to see.

Other participants engaged in deliberately destructive behaviour. Their choice, it seemed to me, was to do so or to become overly involved. Although it was a simulation, people were genuinely experiencing quite nasty and demeaning practices for real. Furthermore, they experienced them as themselves. Clearly there are ethical issues in subjecting people to demeaning experiences.

The workshop followed the typical Racism Awareness Training Model of aiming to create heightened awareness of stigma at an individual level. Its basic premise was that people would be empowered to change their behaviours once they had become aware of or were confronted by their attitudes. There was no discussion or reflection over how or what changes to behaviour could be made. The only opportunity for reflection came when participants were asked how they felt by the facilitator at the end of the workshop. There was no room for questioning from the safety of role and there was little opportunity to take the work into deeper levels of analysis because the safety to do so was absent. The predetermined goal of confronting mental health professionals with their own stigmatising behaviour was considered to be achieved and the work was taken no further.

Workshop participants talked about how 'awful' and 'silly' the mental health processes were that they had experienced. I wondered what impact it would have on those who have to administer those processes and have no or limited power to change them. It seemed the confrontational approach Kelsey (1987) and Spoonley (1988) warned against would simply back mental health professionals into a corner. Sayce notes, "We need to work with people we are targeting, not to see them as passive recipients of our correct message, but to engage in dialogue" (2000:227).

The workshop placed the onus for stigma on the individual participant without recognising the inherent structural and institutional processes that create and reinforce stigma. It seemed to leave participants feeling helpless or guilty or uninterested in what they could then do to change the situation for mental health consumers.

The Racism Awareness Training strategy and simulation exercises as described above clearly lack the subtlety, negotiability and possibilities of process drama. As with the Cultural Awareness approach the drama exercises are what O'Toole (1992:89) describes as "a posteriori", in other words the end is already established. Translated into the mental health context Racism Awareness Training is a model with the potential to do more harm than good.

### **Equalities Training**

Designed primarily to effect behavioural change, Equalities Training workshops operate quite differently to the other approaches already mentioned. Focused on the majority culture, attitudes are sidestepped and trainers instruct workshop participants in legal or professional standards, or best practice models. The workshops are usually didactic in nature and ring-fence behaviour. The premise is that employers have no right to control people's thoughts or feelings but they have a right to tell employees how they must behave in the workplace. Translated to the countering stigma context, these workshops prescribe behaviours as defined by the Human Rights Act 1993, The Health and Disability Act 1997 and other relevant legislation.

Although popular as a way of working within the United States, it was felt without the litigious environment that so informs American workplace ethics such an approach did not fit the New Zealand workplace context. The campaign recognised it was not enough to shift the behaviour of individuals -

the legally defined discrimination. It also needed to confront the attitude - the stigma of mental illness.

Simulations are used and again lack the sophistication and protection elements of process drama. They also lack an emotional connection to the work. As with the two previous strategies the end result is predetermined and room for negotiated meanings are limited. This model is a very narrow approach as it fails to adequately address the complexity and ambiguity in the relationship between attitude and behaviours, and feelings and rational decision making.

### **Diversity Training**

Diversity Training assumes that employees are aware of discrimination issues and that behaviour boundaries have been established. It uses the strategy of saying that organisations need to utilize the available human resources to maximise profits or outcomes. In this celebration of diversity approach the benefits of non-discriminatory practice are usually expressed in financial terms.

In the context of the *Like Minds* Project this strategy assumes that mental health professionals are already aware of the issues around stigma and discrimination and are ready to celebrate mental illness. Although some commentators (O'Hagan 1991; CORE 1998) have suggested that the culture of madness is one to be celebrated, initial work needs to be undertaken in accepting the human rights of mental health consumers prior to celebrating the culture of mental illness. The development of groups such as CORE in the United Kingdom and the manner in which the creative and performing arts are used to celebrate 'mad culture' provides an insight into how such an approach might be incorporated into workplace workshops. The beginnings of such a movement in New Zealand was signalled in 2003 at a major Mental Health Conference, *Building Bridges*, at a concert titled 'Mad Pride' convened by mental health consumer musicians.

## **Anti-racism Training**

Anti-racism Training contains elements of the other approaches (ILO 1999:84). It retains a strong commitment to combating racism directly while seeking to shift workplace practice, rather than raising personal awareness. Its basic goal is “to secure the support of individuals in challenging the racism which is considered to be endemic in the culture and institutions of the society” (ILO 1999:84). In doing so it recognises that discrimination is essentially an issue that is centred in power relationships. An individual’s racism is addressed within a wider context and the individual is shown ways by which structural inequalities can be challenged and addressed.

The workshop process is not confrontational in the manner of Racism Awareness Training. The focus of the workshop is to look at individual and institutional values and attitudes together. Workshop attendees are encouraged to examine their own attitudes, and are also asked to work through ways their organisation can shift behaviours. Their own organisational practices are viewed from inside a wider social context.

Participants from the workshops based on the other models highlighted the problems inherent in them when they “repeatedly stressed that while they recognised that discrimination was a problem, the training course had not provided them with the tools to resolve it” (ILO 1999:86). In contrast, Anti-racism Training invests in the development of practical strategies or tools participants can use within their workplaces.

The ILO research suggests that because the Anti-racism model deals with shifting both attitudes and behaviours it “may be more likely to lead to a material change in the treatment and progression of migrant and ethnic minorities” (1999:86-87).

Anti-racism workshops have used a range of processual drama forms including theatre of the oppressed (O'Connor 2000). In these workshops participants have the opportunity to reflect on their own attitudes and beliefs within their own organisational cultures. The workshop is open ended and democratic in form. Participants are not directed to predetermined 'acceptable behaviours' but engage in processes whereby they explore the issues of racism in a manner which allows for individual and organisational change. As noted earlier, process drama demands participants to be actively engaged in drama forms that require active reflection.

This suggests the type of workshop that needed to be developed from the ILO research perspective would use the Anti-racism model and process drama as a central structuring device. As the ILO's research was being finalised, research in the models employed within the mental health context recommended a very similar approach.

### **Current Models for Reducing Stigma and Discrimination Associated with Mental Illness**

Sayce defined four conceptual models used specifically to reduce stigma and discrimination associated with mental illness. Although there are overlaps and variations to them, most practical examples fit within one or other of these models. Sayce defines the models as:

- The Brain Disease model
- The Individual Growth model
- The Libertarian model
- The Disability Inclusion model (2000:86).

## **The Brain Disease Model**

The argument used in the Brain Disease model is that mental illness is essentially the same as any physical illness. Here, mental illness is presented as a disease of the brain, usually referred to in terms of chemical changes that effect mood and behaviour. Genetic causes of mental illness tend to be stressed. From such a base the argument is that people with a mental illness are not responsible for their illness and therefore should not be stigmatised or blamed for their unfortunate inheritance of poorly performing genes and chemicals in their brains. In general, the brain disease model fits within the wider medical model which has seen

the ascendance of the detached clinical gaze lead to the development of an 'optics of power' (Dreyfus and Rabinow 1983:156) that has extended beyond the individual body in order to oversee and manage populations (Germon 1998:32).

Often the theme of such campaigns is to highlight the similarities between mental illness and physical diseases such as diabetes and epilepsy. In each case drug treatment is seen as the primary means of controlling the disease. Not surprisingly, the major proponents and sponsors of these campaigns have been pharmacological companies who stress that people with a mental illness should not be stigmatised because with the help of medication they can return to 'normal' lives. The hope of such a model is that people with mental illness will be seen as no different than anyone else, except that they have a disease of the brain - one that is increasingly manageable and controllable with a bio-medical response. Anti-stigma efforts using the Brain Disease model are currently prominent in the United States, such as those run through the Roslyn Carter Centre.

Ironically, as consumer groups increasingly challenged the medical model, the Brain Disease model became the dominant paradigm in the worldwide

treatment of mental illness. De-institutionalisation spread internationally in response to the call for more affordable health care regimes, and the desire to close down large-scale institutions. At the same time the burgeoning mental illness industry saw incredible growth in drug treatments. In 1995 Prozac alone had worldwide sales of over \$US2 billion. Elli Lilly's psychiatric drug sales grew from \$US3 billion in 1987 to over \$6 billion in 1996 (Sayce 2000). As Turner notes, "The asylum as a specific site for moral resocialisation became redundant in the face of techniques which could re-orientate thought more directly" (1995:58). To match the growth in psychotropic drug sales the Diagnostic and Statistic Manual 4 (DSM4) increased the numbers of mental disorders from 297 in the 1980s to 374 in the 1990s.

Faulty genes and chemical imbalances also meant that governments, especially right-wing governments, could absolve themselves from the problems caused by the vicious cycles of mental health problems, worsening poverty and social exclusion. As the United States, Britain, Australia and New Zealand have witnessed increasing disparity between rich and poor through the last part of the twentieth century, so the place of the mentally ill has become increasingly tenuous. The increase in numbers of homeless people in the United States with the closure of mental health institutions without requisite environmental support has correspondingly seen over thirty million Americans living in gated communities typically guarded by armed security. "The faster the growth of inequality the more the need for scapegoats, the greater the social exclusion and the worse the mental health problems" (Sayce 2000:54). In the period of de-institutionalisation in New Zealand throughout the 1990s a right-wing government also saw the most dramatic rise in disparity between rich and poor, indigenous and non-indigenous in its history (Te Puni Kokiri 2000).

The model has several serious flaws. "The most obvious solutions engendered by a brain disease model are genetic engineering, selective abortion and

medication to mitigate the effects of genetic disorder” (Sayce 2000:92). Mental health consumers have also been quick to note that such a view of mental illness removes responsibilities for their actions from them and leads to a paternalistic and immobilising form of discrimination.

“In terms of messages to the public, many [consumers] would prioritise the idea that they should be valued whether they get cured or not. The “treatability” message is of little value to those who remain depressed” (Sayce 2000:98). In a similar manner the New Zealand *Like Minds* campaign has stressed the similarities we have as human beings. One reading of the advertisement’s argument is that people with a mental illness have minds just like ‘normal’ people; they just have an illness of the brain that can be cured. However, I would argue that by collapsing the differences we devalue them. Rather than denying differences exist and hoping this will counter stigma, other models suggest that it is the difference itself that we should value and, regardless of how alike or dissimilar we are from each other, we all still deserve rights, respect and social inclusion.

Perhaps the most worrying critique of this model came from a 1995 Norwegian study that found, after a campaign based on a Brain Disease model, people were more likely to recommend someone seek help from a doctor and less likely to recommend talking to family and friends. Sayce (2000:98) notes that such a programme is good for pharmaceutical companies, but not talking to families and friends actually means the programme makes those people concerned about their mental health feel even more socially excluded. In the second series of *Like Minds* advertisements these concerns are addressed by showing people with mental illness relating to friends and families and talking about their illnesses with them.

## **The Individual Growth Model**

The Individual Growth model posits the argument that all human beings can situate their personal mental health on a single continuum from emotional well being at one end to ill health at the other. The argument is that an understanding of this continuum will counter stigma as people will recognise that we each have some pathology or distress in our lives to deal with. It is like the Brain Disease model in that it stresses similarity rather than difference between people. Images of people who have achieved and/or become famous or heroes despite their illness become the focus of such a campaign. These campaigns aim to inspire or empower mental health consumers to 'higher points' on the continuum.

The model has several serious flaws. The notion of a single mental health continuum may itself be seen as discriminatory. Those who fail to move up the continuum might be seen as failing in their individual responsibility to grow. The single continuum also fails to acknowledge that people with a mental illness may also experience good mental health. At other times they may have poor mental health unrelated to that illness. Similarly, people without a mental illness may experience good and bad mental health. To use the Brain Disease model momentarily, it is somewhat akin to arguing it is not possible to work on improving physical health if one has diabetes or another physical illness. A single continuum also denies the breadth and depth of experiencing mental illness. The reductionist nature of a single continuum severely limits our understanding and expression of what multiple concepts of health might be. The single continuum notion in education campaigns has also been seen as further stigmatising those at the 'lower end' of the scale, as those further up the scale become more acceptable as they approach 'normality'.

It may be no coincidence that in a decade that has lifted the taboo on discussing anxiety and depression, media constructions of 'madness' and schizophrenia have become ever more demonising. We seem to have destigmatised one end of the continuum at the expense of the other (Sayce 2000:110).

Tudor's (1996) two intersecting continua offers a model that is more inclusive and allows for mental health promotion to people regardless of whether they have a mental illness or not.

Sayce argues for a model that breaks the linear notion of either a single or intersecting continuum, opting instead for a model of a "simple scatter of different specific experiences, some common, some rarer" (2000:107). Such a model, she says, removes the inherent notions of higher or better in the single or double continuum models. Different experiences such as hearing voices or delusional behaviour are only diagnosed or recognised as a mental illness in those cultures where such behaviours are unusual. The rarer and more unsanctioned the behaviour, the more likely it is to lead to social exclusion and to the labelling of a mental illness. As Mary O'Hagan writes:

My mood swings are not an illness but a strange and inexplicable experience that has been captured, impounded and colonised by the psychocratic regulation of reality. Like colonised indigenous people I have been denied what is truly mine (1986:21).

A scatter model recognises the social construction of mental illness. It also recognises that the deconstruction of stigma must occur within an understanding of the power relationships and societal pressures that sustain it.

An Individual Growth model campaign would see attempts to empower mental health consumers to deal individually with stigma and discrimination without addressing those wider societal issues, including poverty and inequality, that sustain stigma and discrimination. The *Like Minds* campaign in New Zealand

could be criticised for its failure so far to seriously grapple with wider government policy issues which sustain a discriminatory climate.

The use of heroic imagery can also be seen as further discriminating against those mental health consumers who do not overcome their illnesses and are then seen as having failed twice, once for being ill and secondly, for not recovering and fulfilling the heroic image. And yet, as Boal notes:

Let no one weep over the "fate" that took Mother Courage's sons from her! Let one cry rather with anger against war and against the commerce of war, because it is this commerce that took away the sons of Mother Courage (1979:104).

The *Like Minds* television advertisements presents images of people who have either attained fame (and often fortune) and others who have overcome their illnesses to lead 'normal' lives 'just like us'. The message for those who have a mental illness and have not succeeded is quite clear. The advertisements exhort individuals not to judge others whilst, by implication, judging those consumers who are not successful by not showing them on the screen.

The exhortation "Are You Prepared to Judge?" closes the advertisement. This reduces stigma to an individual level of people judging others. There is no suggestion that stigma might be part of a wider and debilitating circle of poverty, racism and social exclusion. Stigma and discrimination in the advertisement become attitudes and values rather than practices that further marginalise and punish those who are unable to keep their difference hidden.

### **The Libertarian Model**

The Libertarian model recognises the central role of mental health services in perpetuating the stigma and discrimination associated with mental illness. Proponents of the model see the diagnosis of a mental illness as part of the

wider system of oppression of the poor, people of colour and others who fail to be productive members of a capitalist society. Building on the work of Laing (1965), Goffman (1968), Scheff (1967), Szasz (1972) and Scull (1993), they see the mental illness industry as a tool of the state. To them, the diagnosis of a mental illness legitimates abuse and control over those the state may regard as threats, for example, people of colour, women who are disobedient to their husbands, men who have sex with other men and the poor in general. Foucault argued:

The modern penitentiary, hospital, prison and school are elements within an expanding apparatus of control discipline and regulation (a panoptic system of surveillance) which have secured order not through overt violence but through a micro politics of discipline whereby people have been morally regulated into conformity (Turner 1995:12).

The Libertarian model's core aim is to "throw off the oppression of the laws allowing forced psychiatry, including involuntary commitment" (Sayce 2000:116). In 1998 mental health consumers chose to demonstrate against a Royal College of Psychiatry's anti-stigma campaign on the grounds that psychiatry itself is the origin of stigma (Sayce 2000).

Limited in scope the Libertarian model does not seek to address the wider issues of social exclusion and marginalisation experienced by mental health consumers. The model also fails to recognise that many people want mental health services, for all the service's failings.

### **The Disability Inclusion Model: No to Shame**

The Disability Inclusion model's aim is

...a civil rights agenda. Its direct challenge to discrimination - legal, institutional and attitudinal leads this approach straight into the broader disability movement's civil rights agenda (Sayce 2000:129).

Here, the central feature of disability is recognised as the process of marginalisation and social exclusion that results from physical or mental difference from the norm. This challenges the shame attached to those who do not fit notions of perfection. It confronts the “moral taint that seems to float around every discussion of mental illness” (Sayce 2000: 137).

Addressing itself to the wider contexts of social exclusion and rights the Disability Inclusion model addresses issues of behaviour rather than attitude. A rights-based model, it does not seek an empathetic response from the general public. It frames the campaign in terms of human rights and responsibilities. As the posters used in the demonstration against the anti-stigma campaign run by the Royal College of Psychiatry noted so forcefully: ‘Piss on Pity’. “Disabled people want rights not pity. The pathetic image of the poster child has been thrown out along with telethons and patronising attitudes” (Sayce 2000:136).

“Empathy must be understood as the terrible weapon it really is” (Boal 1979:113). In his critique of Aristotelian system of tragedy Boal suggested it is “in effect a powerful system of intimidation” (1979:46). Empathy, rather than acting as a motivator for change, functions to “diminish, placate, satisfy, eliminate all that can break the balance [of power]” (Boal 1979:47).

Strengths of the Disability Inclusion model include not having to commit oneself to any one definition of mental illness. Simply framing the debate in terms of rights also removes the campaign from the financial interests of the mental illness industry and the pharmacological complex. “Of all the models ... [i]t explicitly values people whether they recover or not.” (Sayce 2000:143). Processes involved in the model that have been shown to be most effective include “setting new narratives running, through arts or media...facts alone are weak tools” (2000:215-6).

Many mental health consumers do not wish to become part of the wider disabilities rights movement. Likewise, historically the disability movement has not embraced mental health consumers (Sayce 2000). For such an approach to be successful a bridgehead between the two groups needs to be built. Statutory bodies that have been involved in the defence of disability groups need to be convinced of their role in defending the rights of mental health consumers.

All the models have strengths and weaknesses and yet it would appear the Disabilities Inclusion model offers the most promise from a mental health promotion perspective. This rights-based approach suggests that the focus needs to shift from building an empathetic response to the experience of mental health consumers, to exploration of how human rights and social inclusion can be attained. Such an approach suggests that an examination of the wider context in which stigma exists is of central importance. "We need to work with people we are targeting, not to see them as passive recipients of our correct message, but to engage in dialogue (Sayce 2000:227).

An analysis of the recommendations of these two pieces of research indicates that Sayce and the ILO were suggesting very similar approaches. They both acknowledge that a campaign or workshops that focused on information provision about mental illness would be counterproductive. Programmes focused either on shifting attitudes or on shifting behaviours alone were also seen as counterproductive. Sayce argued that rather than simply providing groups with the desirable behaviours these should be negotiated in a process of dialogue. New narratives that challenged what people did rather than simply provide them with information were, for me, clearly the approaches needed in planning workshops.

A critique of Sayce is that she addresses only the content in anti-discrimination training, and not the form workshops should take. Whilst she recommends the instigation of new narratives, she fails to suggest a practical way this might be achieved. ILO suggests only functional role play and simulation exercises, which will not lead to the open-ended process that both ILO and Sayce appear to be seeking. In the next chapter these issues will be reconciled.

# Chapter Five

## Planning and Trialling a Workshop Model

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To address the content, a combination of Anti-racism Training and Disabilities Inclusion models appears likely to make the most difference in changing the lived experiences of people with mental illness. Each of these strategies recognises that stigma and discrimination are not simply caused from a lack of information. Issues of power and organisational culture are seen as central to the sustenance of stigmatising behaviour. The combination further recognises that attitudes and behaviour must be addressed together. The approach calls for open-ended and democratic forms of exploring the issues for people to reflect on how their lives are and how they might be different.

Process drama would provide the form for the workshops. An adaptation of Boal's 'image of transition' was a key convention used, around which other conventions were structured and implemented. Boal describes his convention of image as transition as follows:

First the group makes the real image of the problem, then the ideal image - how the group would like reality to be. Then returning to the real image, each participant tries to show the image of transition, how it may be possible to go from the first to the second. This is a debate: people can disagree with one another (1995:115).

In the workshops groups create their understanding of the problem through a range of conventions which are then deconstructed for meaning. Once the counter - or ideal - images are created participants analyse their own and each other's images to understand how stigma and discrimination might be countered. Boal's debate is a silent one, conducted individually as participants display their own transitional steps. The adaptation devised here allows

participants to work as a group. They then become spect-actors to verbally interrogate other groups' images.

The combination of the content and the form results in a new Three Step Model. Several conventions are contained within each step. These build on each other as part of the whole process drama. The Three Step Model provides an opportunity for the co-construction of new narratives by participants, allowing them to negotiate and reflect on their attitudes and workplace practices. Below details what each step attempts to achieve and some of the possible conventions that might be used in each step.

## **The Three Step Model**

### **Step One: What Stigma Looks Like**

In this step participants would reflect on the nature of stigma and discrimination. Focused on their own behaviours rather than on the experience of the consumer, participants would explore and reflect on their own and societal practices that have stigmatised and discriminated.

Activities would include the provision of exercises to define stigma and discrimination from a legal perspective. Participants would be asked to consider how they had learnt about stigma and discrimination by looking at their early memories of how they learnt about mental illness. Participants would explore how the media further defined mental illness in a stigmatising and discriminatory way. A consumer story would be used in this part of the process, not to build empathy for the consumer experience, but as part of the process by which participants could reflect on their professional relationships with mental health consumers. Finally, through a 'still image' convention

participants could reflect on their understandings of stigma and discrimination and share those understandings with the group.

I was keen for this part of the workshop to build directly on the story of the mental health consumer. I relied on participants responding to the story cognitively and affectively. This response would provide the context for the still images convention used both in Step One and also later in Step Two.

### **Step Two: The Counter to Stigma**

The aim of Step Two would be to provide opportunities for participants to explore ways to counter stigma and discrimination. This would address both the anti-racism concept of providing a focus on the behaviour of the discriminator and also as Sayce suggests, provide an opportunity to negotiate those with participants rather than impose them. As discussed earlier, process drama provides an open-ended negotiation around what the counter is, rather than a predetermined answer.

The ILO research had found that providing the counter is an important part of getting participants to challenge stigma and discrimination endemic in the culture and institutions of society. To be able to do that, participants need first to be able to see what it is they are challenging. Equally importantly, they need to have a clear sense of what they are offering in stigma's place. I chose to use a variation of the still image convention as the way for participants to work through Step Two.

### **Step Three: Moving from Where You Are to Where You Need To Be**

Step Three would consist of assisting participants to work out how they moved from Step One to Step Two. This process would give the participants the 'tools' they said they wanted, as indicated in the ILO research. I was keen for this step to be reflective and negotiable rather than imposed. I recognised that

different groups would have different ways and ideas to work out how they might get to different constructs of the counter state. The drama convention needed to allow for participants to try out a range of ways to move. I was also keen that participants would get a sense that it was Okay for there to be different ways to achieve their goal. Again, I chose a variation of the still image convention for Step Three.

There was a range of process drama possibilities available to me. I could have constructed a 'teacher in role' drama that used narrative to propel the reflective process I was interested in the group experiencing. Such an approach was typically how I structured my work both within the classroom and also in most of my drama work with adults. However, I was drawn to the work I had already done in my time at the Race Relations Office (O'Connor 2000) where I had used tableau or still images adapted from Boal's' image of transition (1995:15). Still images offered an appealing simplicity and ease necessary in the context of working for a short time with a group of adults who had had no previous experience of process drama. Bolton (1992:24) recognises what he describes as the "inherent values" of this sort of work when he notes, "the most valuable aspects of this kind of depiction lie in the often astonishing effect that can be achieved in a relatively short space of time". Taylor too acknowledges "tableau is an ideal ploy in the initial stage of playmaking. It does not commit the participants to a particular interpretation but rather offers the possibility of multiple interpretations" (2000:29).

## **Planning for the Trial Workshop**

Planning for the workshop involved selecting a range of conventions and activities that would establish the Three Step Model.

## **Step One**

In what seemed at the time a fairly insignificant decision, I decided that I would use the appropriate cultural processes to introduce myself, and the participants to each other, in an opening session. It was not until I reflected on the workshops later that I realised the absolute importance of this decision in determining not merely the success of the workshop but its very structure. In the next part of this introductory section I planned to negotiate with the participants the ground rules for the day's workshop. This is standard practice within workshops presented by the Mental Health Foundation and sets the rules such as confidentiality and respect.

Whilst working at the Race Relations Office I had devised a convention called 'four square' to elicit a range of information about people's knowledge and feelings about racism. I decided to adapt that process for the second part of the workshop. A large piece of newsprint would be sectioned off into four squares, with a heading in each of the squares: what we know, what we think, what we feel, and what we don't know.

The intention was to ask participants in small groups to write their thoughts in relation to stigma and discrimination in each of the squares. This process was designed to quickly give me information about what needed to be covered in the workshop and what could be left out. It also provided an opportunity for opening discussion on the issue in a safe and accessible way by acknowledging what people already knew. Rather than using an information provision model, where the facilitator presents the information without knowing what needs the participants have, this convention allows participants to structure their own narrative of the workshop.

In the next section of the workshop I planned to show participants a Power-Point presentation of the images of mental illness as portrayed through art and

modern media. The presentation was compiled with images of mental illness as represented through Western art dating back to the fifteenth century, print media, and television and video clips. I had collected the images from a range of sources and created a fifteen-minute multi-media show that could be used in a range of settings including this workshop. After sharing reactions to the show in small groups, participants would then represent their response by creating small group drawings. The intention of this section was to place stigma and discrimination within a wider sociological and historical context. This was to provide some beginning distance for participants: They needed to be aware they were viewing a process that had a long history outside of their own attitudes and actions.

At the time of planning the workshop I met John Matteson. In 1986, at the age of eighteen, John was diagnosed with manic depression and was institutionalised for many years. John had learnt to live with the difficulties of a diagnosis of a major mental illness, had returned to university, graduated with a Bachelor in Health Science, and had moved on to owning his own recording studio, and writing and producing his own music.

John was working with another colleague at the Mental Health Foundation, presenting workshops to teachers about mental health. I watched him present and was keen to contract John to be part of my workshop. I asked John to tell his own story of stigma and discrimination at this point in Step One of the workshop. Through John's story I planned to provide the participants with a narrative to reflect on their own professional relationships with mental health consumers.

Finally in this step, participants would create still images of what stigma and discrimination looked like.

### **Steps Two and Three**

In Step Two participants would create still images of counter images of stigma and discrimination. Step Three involved participants working out how to achieve the counter image by trying to physically move from Step One to Step Two. Participants would be given the opportunity to try out a range of possible strategies to get from the first image to the second. Participants would be encouraged to discuss both inside and outside the drama what the process revealed about how stigma and discrimination might be countered.

### **Workshop Trial**

The trial workshop was held on October 7 1998. Twenty-eight people were invited to attend the workshop and sixteen attended. Participants were from each of the regional provider groups, key managers from mental health service providers, leaders from the consumer movement, educators and managers from human rights organisations, and colleagues from the Mental Health Foundation. The day was run so that the participants experienced the workshop and were given opportunities to feed back on the sessions throughout the course of the day, as well as at the end. A written evaluation form was also completed at the end of the session which was followed up with telephone interviews with participants by a researcher from Phoenix Research Ltd.

It was the first time any participants in the workshop had seen the PowerPoint presentation; none had ever been involved in a shared drawing exercise; none had heard John's story; and none had previously worked in process drama. The project had been in the planning stages for over two years. There was a real sense within the workshop that this was an important event in itself (Mary

O'Hagan personal communication 1998). The day seemed charged with possibilities.

We started by introducing ourselves. Participants chose an image from a collection of photographs I had cut from magazines. They were asked to say who they were and what the image said to them about mental health. The four square activity then allowed participants to talk about what they already knew about stigma and also began defining what they did not know.

After morning tea the PowerPoint presentation was played against a stillness and silence that felt eerie. I replayed the images five times as people drew their responses to the images with their own drawings. When we all reflected on the task after the activity, John suggested that what we viewed could be strengthened by the addition of music. The idea led to the sound-tracking of the images with music from Handel's *Water Music* and Pink Floyd's *The Lunatic*.

John started his session by asking the group to bring their chairs in closer. He dropped his voice so the participants had to lean into him as he spoke. John told the story of how at eighteen he was diagnosed with manic depression and was locked in psychiatric hospitals, over-medicated and finally placed into psychiatric boarding houses in the community. The poignancy of the story was underlined when John explained the significance for him of having the workshop in Ponsonby. For six years he had been a part of the wandering lost tribe of the psychiatric system that haunted the cafes, bars and boarding houses of Ponsonby. As John sang:

*Life's turned inside out  
I got nothing left to lose  
I got those boarding house blues*

*And they say you've got to be crazy to live here  
And they'd be right (John Matteson 2001)*

Many in the room were silently weeping. Maybe for some it was the pain of hearing the story of one person's trial with mental illness. For others it was possibly recognition of their own battles with mental illness. Perhaps for the mental health service providers the tears came from their response to the awfulness of stigma and discrimination at a personal level. Mary O'Hagan, when she talks of her belief that mental health consumers should work at changing the mental health system suggests, "I go for their hearts, because I go in there believing that they wish to do good, not harm" (O'Hagan 1991:36). For me it was the beauty of the music, the pain in John's voice that caused me to weep along with the participants.

It seemed there was a resonance for many of us in having the workshop in Ponsonby. John reminded us that the murder in the boarding house that precipitated the first Mason Inquiry - which then propelled de-institutionalisation - had happened within walking distance of the workshop venue. I had grown up in the local police station down the road and others spoke of their connection with the area. For the first time I was to recognise the importance of geographical place for a workshop. The connections made in this session were also made to the streets and alleys of this inner city suburb.

When we talk of the context in which we use process drama it is important to recognise the geographical context of the work. This is not only in terms of the landforms and demographic details of the space but as importantly, the connection that participants have to the land on which the workshop is being held. Later, in the workshops in the North I was to realise that these connections to place would become central to the process of the workshop itself. It would determine the qualitative and affective response of people to our work as we shaped the workshop to capture that particular sense of place. I knew too that the land on which I was going to work on in the North would

determine the very processes I would be engaged in. The trial reminded me that the additional features, constraints and opportunities of working in a marae setting would need to be factored in when I began to prepare for those workshops.

John finished his session with a song he had penned called *Psychiatric Survivor*. It is a torch song ballad with a strident call for independence and freedom.

*We all know we are psychiatric survivors  
And we're not dangerous like drunken drivers  
Still we live with a lingering stigma*

*And I wonder if it will get any better* (John Matteson 2001).

At the end John's voice trails off. The participants lean in. After a tantalising stillness and silence for several seconds, John croaks out, *We Shall Survive*. A sense of emotion, I hazard a guess at relief surged through the group. The story would provide fertile ground for the afternoon's theatre process.

We began the afternoon's session late. I had badly underestimated the time it would take to set up the ground rules and the four square activity. John's story had gone on longer than I had expected. After the intensity of the morning's session I was unwilling to make the lunch break shorter so we took a full hour. The afternoon session began with a lengthy discussion of the morning's work. I sensed a jaded feeling within the group. I do not think they had expected to work quite so hard within the workshop. As one participant said, "It was an ambitious ask for a one-day workshop. I was knackered by lunch time" (Phoenix Research 1998). I was aware that many had been deeply affected by John's session. Nonetheless the trial required that we work through the drama process and we began at nearly 3.30pm, almost an hour and a half later than I had anticipated.

## **Aesthetic Images**

In Chapter Three I talked about the choices for the kind of drama I was to use in more detail. I will refer to this specific session as Aesthetic Images. This term is taken from Stig Eriksson and Claus Jantzen (1991). Eriksson and Jantzen use the term to acknowledge that the starting point for their work comes from Augusto Boal's (1979) "image theatre" but that the "exposition and the further treatment of the work is their own responsibility" (1991:13). In the same way, although the work I have undertaken has clear links to Boal's, I place the work within a process drama frame that extends through the day. As suggested in Chapter Three the welcoming and closing rituals of powhiri and poroporoaki mark the boundaries between the real context and the fictional context of the process drama.

## **Making Shapes**

I began by explaining to the group the process for the session. First, I would teach the group how to create aesthetic images and then they would use the process to explore issues of stigma and discrimination. I talked very briefly about the work undertaken by Augusto Boal in developing the dramatic structures we were going to use. I then divided the participants into four groups of four. I explained that I was going to call out different things and that they would have to form that shape using their bodies. We started with the letter M. The tension and torpor after the morning session wore off as I moved very quickly through a series of aesthetic images. I introduced some movement with other aesthetic images of cars and yachts moving around the room. It felt good to be laughing and I realised the day to that point had been very dark. The movement and the lightness of the laughter was a relief for us all. The realisation of the need for contrast was to be very important in the changes we were to make to the workshop following the trial. I was reminded

that the manipulation of contrast is central to the making of theatre (Morgan and Saxton 1987).

The groups were then asked to create aesthetic images of a moment in time as if someone had taken a photograph. I chose the moment one second before the end of a netball game and the groups quickly assumed different poses. I introduced the notion of how the image could be questioned for meaning, checking that the group agreed on where the ball was and who was on what team. I asked the groups to show the image of the moment two seconds later. Again the groups revealed the image. I then asked the groups to practice a two-second piece of theatre, where they moved from the first image to the second as I counted out the time in between. Tension was built into the task as I stressed the opportunity for two seconds of what I called Perfect Theatre. I told them they could achieve a high level of personal aesthetic quality. The groups performed their pieces and I noted their sense of enjoyment and achievement as each group managed two seconds of Perfect Theatre.

### **Images of Stigma**

The rest of the session was spent using their new skills in the art form to examine the issues of stigma and discrimination. I asked them now to make two groups and to create an image of stigma, built from the images they had either seen or heard or felt earlier in the day.

Again there was a qualitative shift in the tone of the workshop. The light and easy air of the earlier exercises was replaced with sombre shades of dealing with stigma and discrimination. The two initial images were powerful evocations of stigma. One group had several people holding a person down with some measure of force as another person held an imaginary syringe over the person's backside.

The groups could then sculpt or edit their work. This was done by one person at a time coming out of the group and shifting the impact of the image by moving individual gestures. The groups spent several concentrated minutes in silence completing this task. The final image was presented to the other group. Time was then spent deconstructing the images. I questioned the viewers of each image, asking them what they saw. I structured my questions so there was both a denotative and connotative approach (Eriksson and Janssens 1991). I spent considerable time asking questions about the nature of the emotions present within the image.

The groups then considered the counter image of stigma, the image we might see if the national campaign was successful. The groups were not given much time: I was aware that I had said the workshop would end at 4.30 pm and it was now 4.25pm.

The counter images revealed a range of shifts that were later to be repeated throughout all of the workshops I was to run for the project. Centrally, the images revealed that power relationships were altered.

The workshop ended with participants talking about the workshop and the day. Evaluation forms were filled out and feeling absolutely exhausted I thanked the group. We finished just after 5.00pm.

The evaluations of the day were unanimously positive. The short evaluation form had a 100% response rate with many people rating the overall workshop as excellent or very good (Phoenix Research 1998). With the evaluation of the trial so overwhelmingly positive I was able to submit the workshop plan to the Health Funding Authority for approval, which was given. I was ready to begin planning for the series of workshops ahead of me.

## **A Moment for Motivating Research**

In the trial workshop I was particularly drawn to the shift in position of one woman. In the first image she was holding the syringe full of psychiatric drugs to control the struggling and distressed mental health consumer. In the counter image she was now cradling the mental health consumer in her arms, offering what appeared to be words of comfort.

The groups had been asked to show how the first image might be transformed into the second image by moving silently over a series of twenty counted beats. I watched in particular this woman with the syringe. She did not move for nearly fifteen seconds, although everyone else moved around her. Suddenly she moved as if she had no choice but to fall in line with those around her. After the workshop she confided in me that her own daughter had been diagnosed with schizophrenia and that the thought of trying to deal with those issues without the use of drugs was terrifying for her. Two days later I was in Wellington at a conference for the Project. Someone approached me and told me that they had heard about the workshop and how in this counter image this person had surrendered the syringe for 'care'. I was absolutely fascinated by the comment. I was surprised that the symbolic reading of her movement had been relayed beyond the workshop. I wondered if the woman with the syringe had intended such a reading. I was not convinced that the reading others had taken from her actions revealed the true complexity of the choices she had made in the drama.

I realised that I had little knowledge of why she had taken up either of her positions. I knew it had connected to her own specific real context but I realised I did not know what had happened to and for her in the process of moving from the first image to the second. 'Wanting to know what was happening' in those 15 seconds of reflection, where she had to make up her

mind what to do next, prompted me into undertaking this research. The opportunity for discovering those things about that individual was of course lost to me, as the ephemeral nature of drama could never allow me to recapture those moments. I was determined that if I was to learn about similar moments in workshops in the North I would have to devise a means of collecting the data that would catch the fleeting and intangible qualities of drama.

Over the next months, as I prepared for the workshops in the North, I sorted through the process by which I would begin to capture for analysis similar moments of transformation within the drama process.

# Chapter Six

## Methodology

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We, the teachers, must become our own theoreticians, our own experts. Our theory, our expertise is in making sensitive inferences about an actual classroom experience ... Unrelated theory has no value in this context; it will quite rightly be dumped by the teacher as excess baggage... theory and practice must be married in the lives of the people who do the job (Eyers and Richmond 1982 cited in Neelands 1996:157).

### **Definitions: Qualitative Research and Case Studies**

As stated in Chapter One the central question of this research is 'how does process drama assist people to reflect on their attitudes and behaviours associated with mental illness?' This chapter describes the methods and choices I made in designing a research plan to answer that question; in particular to answer how my own work enabled people to reflect on the issues of the project.

This study is based on three workshops facilitated in the Hokianga, a rural and impoverished area in the far north of the North Island, between December 1998 and March 1999. The study falls within the boundaries of qualitative research. "Qualitative research is centrally concerned with understanding things rather than measuring them" (Gordon and Langmaid cited in Holibar, Wyllie and Casswell 1994:55). Such an approach, Taylor suggests, allows us as researchers and teachers "to hear about the kinds of journeys participants go on and how they manage and operate in them" (1998:81). Taylor goes further: such research "best honours the life stories of the people with whom

we work; the rich and evocative narratives that spring from and honour the qualitative dimension in which drama education lives" (1998:87-88).

In designing this research I looked for processes that went further than "ensuring that [mental health] consumers' voices and experiences are not discounted" (Mental Health Commission 1999:5). I feel strongly that the stories and images of suffering and oppression deserved a re-telling that respects and acknowledges what we shared as a group.

Qualitative research acknowledges that as a researcher I am immersed in the journey with the participants (Ely 1991), attempting to understand what happened in the workshop as someone who had been there. It is informed by and uses the tools of an ethnographic approach to data collection and analysis. Gallagher (cited in Donelan 1991:85) suggests "in all ethnographic research the guiding questions are: What is going on here? What lies behind the actions I am observing?"

Taylor (1996) argues that although ethnographic techniques are used in much drama education research it would be stretching the term too far to cover the processes undertaken in such research. Ethnography would require the capturing of a total lived experience of the participants and that is not the goal of this research.

### **Case Studies**

I chose a case study approach because rich detailing and storytelling seems the most appropriate way to attempt to capture the fleeting and transitory nature of drama. John Carroll argues, "Case study fits because drama, by its very nature as a negotiated group art form, is a non reproducible experience" (1996:77). O'Toole (1996:150) more poetically notes that drama and theatre

leave trails in the memory and that "theatre exist[s] most validly in the moment of happening".

Typical of case studies (McKernan 1996) this research values story, rich description, and eclectically uses a variety of research styles and methods to attempt to capture something which exists only in the shared recollection of participants.

By their very nature, case studies create new ways of explaining action, and generate theories by "grounding the theory" (Glasser and Strauss 1967:35) in actual practice. Rather than attempting to explain practice from a theoretical perspective, emerging theories are generated from the practice. In using a grounded theory approach to begin to understand and inform my own drama practice, this study follows in a long tradition of drama education research.

Since before the term was coined and the methodology established, grounded theory has informed the practice of drama educators, from the work of Peter Slade (1958), through Brian Way (1967), Bolton (1979), Heathcote (1984), Neelands (1991), O'Toole (1992), O'Neill (1995) and Taylor (2000). The Foreword to *Child Drama* notes "Mr. Slade writes from a wide experience and patient observation of children" (Slade 1954:1). Bolton's first text is titled *Towards a Theory of Drama Education* and O'Toole notes that all of the leading educational drama theorists had "won their spurs in the field" (1996:150). The exciting prospect for researchers in drama education is that twenty years after Bolton's seminal text we still have not arrived at the theory that underpins our practice, we are still journeying. All of us who practise have the opportunity to add and build on the understandings we have of our work.

This study becomes part of "the history of anecdotal, self-analytical accounts of drama lessons" (Bolton 1996:190). In recent years those accounts have been

informed by a growing rigour as we have adapted the methods of reflective practitioner research to the field.

## **Reflective Practitioner Research**

Taylor in particular (1998; 2000) has continued to define the role of reflective practitioner research in process drama and argues:

If teachers can empower themselves to believe in their own capacity to act as researchers, if they can generate faith in their own ability to observe and reflect critically on their work, then they are capable of effecting change in their own educational settings (1998:129).

Schon (cited in Altrichter *et al* 1993:205) suggests, "When someone reflects in action he [*sic*] becomes a researcher in the practice context. He is not dependent on the categories of established theory and technique, but constructs a new theory of the unique case".

Reflective practitioner research uses many of the tools of ethnographic research and arises from a similar understanding of how context shapes the behaviour of people. Both ethnographers and reflective practitioners attempt to understand what is happening in the drama experience as seen by the drama participants. As a method of coming to understand what I was doing in the three workshops it had immediate appeal.

After twenty years away from academic study I had developed scepticism of university-based academics, which Neelands notes many practitioners feel because of "the dominant research paradigms that disempower and marginalise the voice of the teacher in the research undertaken *about* teachers and teaching" (1996:162 emphasis in original).

I found myself in what Taylor notes is still an unusual position for an arts researcher. "For the most part, the researchers are not full-time employees of the sites in which they investigate, rather they are visitors who bring with them a bevy of ideas" (1996:31). My primary role and intent in the workshop was not as a researcher but as a facilitator and presenter. This created a different set of relationships and expectations with the participants than if I had a primary research role. In introducing the research to participants I stressed that it was to guide my own thinking around what we did, so we could begin to get ideas about what could or should – or not - be done in future workshops. Adults are used to being involved in providing evaluation and feedback to workshop presenters, especially in the public health sector where every workshop has to be measured for its impact and effect. By establishing that I was intending to collect data about what *we* did and about *us*, I was not perceived as an academic coming to investigate *them*.

In comparison with my approach of collecting data from within the experience, a professional research company acted as the 'visitors' who evaluated the project. Using an essentially positivistic research design the company attempted to quantify the experience of the campaign. I believe my research provides an opportunity to develop a richer understanding of the campaign by providing a detailed and personal account of one part of it.

I recognised that reflective practitioner research was an empowering process for myself within the project. I wanted to tell my own story of what I had done rather than leave it to the numbers in an evaluative government report. I had recently come to the project from managing a government agency. The agency had been evaluated, researched and restructured at least six times in the four years I had been there. I felt that each time a report had been produced it had reduced my story of the work I did to output and outcome measures and hours totalled. By undertaking a reflective practitioner research

approach I saw the opportunity of telling a wider story; of democratising the research by bringing those who are usually “subjects of research to a position where they have equal rights and responsibilities” (Altrichter *et al*/1993:207).

I had prided myself that reflective practice was what I did as a professional, regardless of whether the reflections generated academic papers. My reflective practice was about, as Schon suggests, “how professionals go about solving the questions, dilemmas and problems which they encounter on a daily basis” (Taylor 1996:27). I had used it to be a generator of my own theories (Taylor 2000) about what I was doing. I was able to test these theories during and after every drama session I ran.

It seemed that undertaking a reflective practitioner research approach would mean that I would continue and further develop what I had been doing for twenty years as a drama teacher: using theory to inform my practice and practice to inform my theory. I was using the process of reflecting both within the action of the drama and also after the drama to make decisions about what was happening and what I needed to do next.

In drama we acknowledge that form shapes content and content shapes form (Bolton 1986). Similarly, a reflective and human-centred activity such as drama needs to generate research which is reflective and humanistic in nature. Drama teaching and research have both increasingly seen the teacher actively engaged in the dramatic frame. As drama values multiple voices and multiple layers of meaning, so a research form needs to provide a space for these multiple voices and meanings. Drama moves to an internal rhythm that arises from working with the emerging issues of its participants. The research form should also work towards emerging rather than predetermined ends.

Reflective practitioner research aligns itself more closely to the ethnographic end of a continuum that places ethnography and action research at either end. However, reflective practitioner research and action research have similarities. Both see practice and theory as inextricably linked and as useful in informing better practice. Action research and the action research cycle are usually motivated by the need to solve and re-solve problems (McKernan 1996). Taylor, however, suggests "reflective practitioner researchers are concerned with documenting and understanding the tacit and known knowledge base which enables reflection in action to occur" (1996:28).

Throughout the three workshops I used the Deakin action research model of the four-step cyclical or looped-action research model of planning, acting, observing and reflection (McKernan 1996). This process was part of and informs the research undertaken in this study. My research aim in this study was not to resolve problems, although as I moved from one workshop to the next, changes in format, techniques and methods can be seen as I utilised the action research cycle to improve my teaching. My aim, as stated earlier in this chapter, was to explore and analyse how reflection within drama processes may be a useful tool in a campaign to counter stigma and discrimination associated with mental illness.

My central question was typically ethnographic: *What is going on here?* It was not to measure or evaluate the success of the workshop. This research is not about how to best undo the problem of stigma and discrimination through process drama or even if process drama can solve the problem. Instead, I am interested in answering the questions as to what is happening, why is it happening that way and not another way, and what does all that mean? The primary foci of those questions are in relation to process drama and mental health promotion, and yet I became increasingly interested in what was happening at a personal level for participants as well. These questions remain

broad so that, as Taylor notes “the broader the question, the less likely the reflective practitioner will pre-script a schedule of predetermined categories and codes through which data will be collected and analysed” (1996:38).

Before looking at how I collected and analysed the data, I want to first locate myself within the research, acknowledging that my attempts at understanding the data are framed within the unique story of my own life and as Krieger suggests, “We ought to acknowledge more honestly than we do, the extent to which our studies are reflections of our own inner lives” (cited in Merchant and Willis 2001:71).

## **Myself as Researcher**

At one level the research is driven internally. The data is inextricably interwoven with these three workshops and part of my own experience of leading them, of struggling to make sense of the work even as I am engaged in it. In some sense the research begins to ask questions about what in my own life eventually lead me to the work which became the very centre of this study. As Sears notes, “qualitative research is an inquiry into the personal worlds of others, that if one is fortunate, becomes a journey into oneself” (cited in Merchant and Willis 2001:80).

In 1979 I watched for the first time the seminal film *Three Looms Waiting*, showing Dorothy Heathcote working in a range of settings. This included an approved school and a hospital for people with special needs. Watching the film was a defining moment in my life - I can still remember the enormous impact it had on me. I was a young man intent on changing if not saving the world. Watching Heathcote work I saw that it was revolutionary and unlike anything I had ever seen before. I had grown up in a poor Irish Catholic family

where the arts were part of everyday life in the singing, storytelling and the reliving of ancient Irish history, but we never considered any of that might be art. Social workers labelled us as underprivileged because we had limited access to many mainstream New Zealand activities. Theatre was certainly something we were unaware of as children. To my family theatre was the preserve of the rich and it told stories that had no relevance to anything we knew. Drama texts were to be read and studied as pieces of written text. By age twenty I had been to one live performance in a theatre, as part of a school visit: a performance of *Macbeth* in Japanese samurai costumes. My father had died whilst I was still in my teens and I think he would have been horrified that I was thinking of becoming a drama teacher after I saw those looms. He would have assumed that it was an airy-fairy thing that had little or no relevance to the world. I know, however, he would have approved of what it was that I wanted to do with drama. Seeing the way in which Heathcote manipulated this most incredibly powerful tool for social change was intoxicating for a young man thirsting with a desire to make a difference.

As I first learnt how to use process drama, or drama in education as it was called in those days, I also came to understand more fully what Heathcote had offered. I recognised its connection to the work of Friere. I recognised too that there were many others working in the field I could learn from and adapt for my own work. Over the next twenty years I used and worked with drama in schools in New Zealand, in secure units and housing estates in London, with special needs students, in the Race Relations Office to counter racism in government and private organisations, and now I wanted to use and work with it in this project.

Part of my own development had seen me change my views considerably on what I did and why I did it in and with and through drama. The central place of story, and wanting to work with people whose stories had been

systematically repressed, were growing features of my work. Increasingly, I had come to understand and enjoy the power of the art form and to enjoy the place of theatre within that, so I can now sit comfortably in the theatre and understand how it functions. With maturity has also come a sense that there have been more than enough missionaries intent on changing the world. Perhaps drama can offer something else, through its power to allow people to create fictional worlds to better understand their own worlds.

I still believe drama is transformative for individuals and groups of people, and to continue is still about wanting to make a difference with a very powerful tool. Yet I have come to realise it is not that simple or straightforward. I did not know exactly what shape the drama work might take with the Project, but I knew if I was to make any difference then drama would have to play a central role.

The other part of my own context is my personal story of living with disability and mental illness: how it informed my desire to work in this and other areas connected to making a difference for those less endowed with the riches of society.

When I was eight my father had a stroke which left him paralysed down one side of his body for the last nine years of his life. He received an invalid's pension and I remember him showing me his pension card and saying, "see son, they say I'm invalid". My father was an intensely proud and intelligent man and I watched for years the condescension and pity he endured as a relatively young man with a severe disability. As a result of his condition he also suffered from depressive episodes.

In my early thirties I was responsible for the guidance system in a large secondary school in Auckland. During that time a young student died as a

result of a suicide pact. In the following two years I dealt with over thirty copycat attempts by students at the school and received counselling for the ongoing stress and trauma those incidents caused. In my mid-thirties I suffered a depressive/manic episode brought on through a viral infection of the thyroid. Fortunately the illness was reasonably short-lived and diagnosed as having a physical aetiology so I was not treated within the mental health system, but I endured major mood swings, weight gain and loss, and other physical and emotional symptoms as my body reacted violently to the dysfunction of my thyroid.

Much of my early life I had lived in a situation where I was aware that my father had been declared invalid as he lost his job and income by virtue of his disability. I lived through the enormous economic upheaval this caused for a family with seven children. I am the only one in my family to have finished high school. In my professional life I had struggled with the deaths and near-deaths of young people whom I felt should have been enjoying life, and I felt I had skated close to my own mental dissolution by my mid-thirties. Although I am not a mental health consumer there was a huge resonance and significance for me in the work that I was doing. When my younger brother heard what I was doing rather dryly commented that it was a continuation of the sort of work I had been involved in for many years. He described it prosaically by saying: "same shit, different bucket."

## **Data Collection**

As in all reflective practitioner research I became the "principal instrument for mediating data" (Taylor 1996:39). The research was designed to answer my questions and these were not driven by the agenda of the Project or the dictates of a research grant.

## **The Research Journal**

I used a range of tools to record the experience of the workshops to start unpacking the narratives or stories of my case. My research journal became the logbook into which I wrote my initial thoughts about the workshops as I headed north to the Hokianga for the first time.

I feel like a missionary, like someone who thinks they have the answer. I don't think they're too fond of missionaries in the Hokianga anymore. Probably seen more than their share.

At night the journal became the receptacle of the fears and worries about the day's work. For example, after the first day in Kaitaia I wrote,

John's tired, I'm not sure he'll make tomorrow's session. It's hot and the trucks outside make it impossible. If more don't turn up in the morning we'll have to can the whole thing.

Back in Auckland it holds more distanced and thoughtful responses, often framed as questions:

- What does 'oho mauri' [awaken the life force] mean in Pakeha [New Zealander of European descent] terms?
- Is there a connection between oho mauri and drama therapy?

Months later as other things I saw and read drew me back to those recollections of the workshop I scribbled more questions:

- Is the caretaker who visits the David Booth drama (Booth 1994) analogous to the Rona from the kitchen drama?
- What might that suggest about such roles in process drama?
- If John (in the interview) sees it like that why didn't I and even now why don't I see it like that?

My log book became a record of what O'Toole (1992:149) recognises as a "reflective conversation" with myself as I asked more and more questions

about what had transpired in those workshops and as I attempted to answer some of them.

## **Crystallising the Research**

Other tools have allowed me to uncover the multiple voices and layers of meaning that exist simultaneously in process drama. Taylor suggests that these tools provide an opportunity to crystallise rather than triangulate the study (Taylor 1996:43). The crystal analogy or metaphor suggests that such tools provide lenses by which we can view the work from a range of angles or perspectives. In much the same way as distancing operates in process drama to provide different ways to explore or enter a dramatic frame, these tools allow the researcher to describe and analyse the same action from a range of different views. This type of research operates in much the same way as drama works. I did not attempt to create a simplistic or single answer to stigma through the workshops. Rather I wanted to provide lenses into how stigma operates and how might it be resolved.

There is no attempt made in this study to try and objectively verify what 'truly' happened in the workshop. Rather, the different lenses of the crystal provide us with a "deepened, complex, thoroughly partial, understanding of the topic" (Richardson cited in Taylor 1996:44). Viewing the drama through different lenses or parts of the crystal threw some areas of the drama into sharp relief, and conflicting and troublesome light onto other areas. Camera lenses operate in a similar way. By altering the aperture setting the viewer alters the depth of field, choosing which part of the action to focus on. This control allows the viewer to determine what parts of a framed image are captured in detail and what parts remain blurred or fuzzy. By altering the aperture settings different images and interpretations of the same event can be achieved.

## **Participant Interviews**

One of the lenses or aperture settings used was to interview participants of the workshops. These were largely unstructured conversations that I hoped would give participants the freedom to talk about things in the workshop that they saw as important. Fine (1983 cited in Greenwood 2000:37) suggests

the pre-established format directed at information relevant for the study tends both to ignore the respondent's own concerns and to curtail any attempts to digress and elaborate. This format also stymies any revelation of personal feelings and emotions.

Each interview was, with permission, taped and although not fully transcribed, sections were written into the research journal. Some participants were on other occasions asked further questions. Often these were questions checking for clarity but they also became opportunities to probe, after I had had time to reflect on the initial conversation. On two occasions, participants came back on their own initiative several months after the initial conversation to add further reflections on the workshop. John, who was interviewed following each workshop as both a key workshop participant and co-presenter of the workshop, often referred to both the interviews and the workshops as we worked in other workshop settings over the next two years. Such conversations often started after a workshop and began..."What we did today reminded me of what I said..."

At such times I never seemed to have my research journal handy and would on occasions replay the conversation with John so that it could be recorded. Such conversations helped to sustain the freshness of the original work as I struggled through the business of writing up the analysis of the workshops.

All participants who agreed to it were interviewed within two weeks of the workshop. Because I had returned to Auckland a number of the interviews

were conducted by telephone. One of the most powerful interviews, however, occurred in the car home from the first workshop. My journal tells the story of three of us discussing the workshop for four hours, punctuated by heavy rain, scoffed take-away meals and a bubbling happiness at having put the first workshop 'in the bag'. I can still see John shouting from the backseat of the car, guitar out and singing snatches of songs inspired by our conversation.

I was awestruck as I read back over those interviews at the depth of analysis that the participants found in what they had been doing. I realised that I had not really heard the voices of participants that much in work I had recently done. I had assumed I constructed dramas that allowed for the participant voice to be heard, but apart from the perfunctory evaluation sheets handed out at the end of each session, I rarely had the opportunity to question their response to the work. Although I had often reflected on what had happened in a drama, I had rarely informed that with the reflections of other participants in workshops.

Journals and ongoing discussions with students had allowed for such practice when I had taught drama in schools. However, I realised that I had not found a way of informing my practice during the years I had been creating drama with adults. The nature of working with adults for one-off occasions, whereby after the event we were unable to discuss the drama we had been involved in, meant that I had gone a long time without this aid to my own reflection. The interviews were a salutary experience for me and highlighted the inadequacy of the standard evaluation form I used in these workshops. Those may be useful for justifying and quantifying responses for funders, but they are inadequate in providing the kind of information needed to reflect more meaningfully on my own work.

At one point in an interview with John, who had never read a book on drama theory nor had he participated in process drama before, commented:

It was quite hard being a participant in the drama because it became part of you. I was a person who had suffered mental illness and here I am in a drama acting as a person who had suffered mental illness at a very symbolic level not just at a straight drama or cathartic level. Sort of more on the point of symbolism. Being a symbol has power but it brings out deep feelings. What do you think?

In twenty seconds of conversation John brought up questions around metaxis and playing of role inside role, of how drama operates at a symbolic nature and its relationship to emotion and the place of catharsis in process drama. These were questions that I was focusing on after twenty years in the field and had not mentioned to John at any point, and yet here they were thrown back to me in a conversation as we dodged the rain and the darkness of the night in the Far North.

### **Videotaping**

The other tool that provided a distinct lens into the drama process was the videotaping of each workshop. I employed a professional camera operator who recorded each workshop on a super VHS camera. I instructed him to follow the action as he saw it developing. Only very occasionally in the course of filming did I instruct him to catch particular images. In effect the videotape became the record of one participant's view of the work. I also interviewed the cameraperson at the end of each session as if he was a participant.

The camera operator was Maori and identified as Nga Puhī (tribe of the far north of the North Island). He was happy to film all aspects of the work in all the workshops except for the final sections of the third workshop in Rawene.

When I noticed he had stopped filming I asked if he had run out of film. His comment was that filming the work had been exhausting and that the emotion and tension that ran through that particular workshop were so powerful he could not continue. He also said that the wairua (spirit) of the workshop was so strong that I did not need the camera to continue capturing it. With tears in his eyes he said that he was finished, that the day had worn him out. He said that I needed to know that filming and working in Rawene was different to anywhere else. This comment reinforced my search to identify the manner in which the geographical context of a drama impacts on what happens. More particularly I became focussed on the spiritual dimensions of the land on which these workshops took place.

## **Analysis of the Data**

Analysis of the data started simultaneously with its collection. The logbook was concurrently the collection point of data and the beginning of the questioning and reflecting on the data. Interviews became the springboards for further questioning, reading and writing. I viewed the videotapes initially as reminders, as jolts to the memory of what had transpired. Finally I viewed them in their entirety over a period of days, attempting to saturate or re-immense myself in the event. In a way similar to that in which drama projects someone into an event, while providing the distance to view what is happening in the event, so the viewing of the drama on the tapes allowed me to re-collect the emotive force of the workshop whilst providing a distance for me to reflect on what was occurring.

What I was looking for were emergent themes, patterns that established some rhythm to the work across the three workshops. Pattern analysis assumes that "patterns are surface symptoms of fundamental relationships" (Altrichter

1993:139). I hoped looking for patterns would lead me to a deeper understanding of the workshops. I was looking for moments that, as Booth suggests, cause goose bumps - those moments, for example, when "a youngster in the class speaks briefly yet stops the action in the room for a millisecond, when the class becomes silent out of respect for their own work" (cited in Taylor 2000:55). I was looking for anomalies and goosebumps in the process that might point to a deeper and richer understanding of these events.

I felt like a fisherman trawling endlessly over the same patch of ocean. As the months of trawling grew into years and the original work became evermore entrenched in some faintly recalled memory requiring the data to bring it back to life, I became ever more fascinated by these few hours of process drama. Although I was not searching for some universal understanding of drama praxis from this particular experience, I knew there was enough in those few hours of work to clearly define my own praxis and enough to paint a rich picture of three days of working within the drama frame. On occasions it seemed as if vast illuminations and vistas of what lies behind drama stretched there in the videos. At other times the vision would become elusive and recalcitrant. The patterns that appeared to emerge would disappear and hide and the voices of the participants become lost in a sea of endless possibilities.

## **Storying to Make Order**

Booth suggests "story is a basic way of organising our human experiences, a framework for learning" (1994: 31). Telling the story through a range of lenses allows for a complex and rich description (Geertz 1975) of what happened here.

Drama helps children wander in the story garden, reconstructing symbols, images and narrative sequences through action. They re-

examine the story's ideas, experimenting with them, learning to play with the narrative and then in reflection coming to an understanding of both the story's possibilities and the art form used to create it (Booth 1994:41).

Research too, can become a story garden where symbols, images and narrative are reconstructed. This research is not about merely replaying the story which Booth acknowledges as having only occasional value in drama (Booth 1994) but "creatively reshaping experience so that what is revealed is not simply what is already known, but rather what is there but not understood" (Thompson 1998 cited in Merchant and Willis 2001:xv).

In telling the story I could not just focus on the goosebump moments but "on providing a rich complex and nuanced story that captures more than the eye can see, thus giving the reader or listener insight into the as yet not fully known" (Merchant and Willis 2001:xv). To do less would be to deny the richness of the drama experiences over the three workshops and not honour the stories of those participants who journeyed with me.

## **Ethical Issues**

In recording the three workshops I was confronted with several ethical issues generated by the unique environment in which the workshops took place. The research involved working in Maori spaces, with mainly Maori groups, and involved working with mental health consumers.

## **Researching in Maori Contexts**

Linda Tuhiwai Smith (1999) documents the exhaustive and recolonising process of much research undertaken on Maori, suggesting that research and colonisation of Maori began at the same time as the arrival of Captain Cook. She states, "Years of research have frequently failed to improve the conditions

of the people who are researched. This has led many to believe that researchers are simply intent on taking or stealing knowledge" (1999:176). Smith argues that, to counter this, Maori need to shift from being the objects of research to becoming researchers themselves.

In viewing this research I have not seen it as researching *about* Maori. I see it rather as a piece of reflective practitioner research that has been about researching *myself* in relation to working within the wider context of countering stigma and discrimination associated with mental illness.

Smith suggests a range of models for culturally appropriate research by Pakeha in Maori settings. The model which most approximates my own sits somewhere between what Smith describes as tiaki or mentoring model, which Smith defines as "Authoritative Maori people guide and sponsor the research," and the "whangai or adoption model" (1999:177). Smith says,

the whangai model differs from the tiaki model in that the whangai researchers are incorporated into the daily life of Maori people and sustain a life-long relationship which extends far beyond the realms of research (1999:177).

I was not an outsider coming from a tertiary institution to do research about the project. I was first and foremost a person invited to come and work on issues that the local community wanted me to address with them. In each workshop I was brought into the area by local tangata whenua (people of the land) who cleared the way for my work. The particular status of the marae I worked on in Rawene meant that I was accompanied and sponsored by a more senior kaumatua (tribal elder) to lead us in the ritual of welcome. The research was cleared not purely by written permission but also re-sought and given within the powhiri process. Things of particular Maori significance such as the discussion of oho mauri and the nature of wairua were discussed in depth with Amster Reedy, Ngati Porou (iwi from East Coast of the North Island), tohunga

(expert) and academic. Amster checked my writing up of these concepts for accuracy. Amster is renowned as a leading authority on matauranga Maori (traditional Maori knowledge) and tikanga (protocols) and provided advice and support as a mentor not only in this role as researcher but also in my life-long engagement with things Maori.

The central structure of the research as story telling is as Russell Bishop suggests, "a useful and culturally appropriate way of representing the diversities of truth" (cited in Smith 1999:145). Smith stresses the need for "demystifying knowledge and information and speaking in plain terms to the community" (1999:161). It certainly means more than sending a copy of the research by mail to each of the centres I worked in. It means travelling north again and speaking about what was created in those workshops.

### **Mental Health Consumer Issues**

The Mental Health Commission (1998:2) argues that research can continue and add to the process of discrimination by "contributing to the stereotypes of consumers, not including consumers in research or research processes and by discounting consumers' voices and experiences". To assist in ensuring that the research does not continue the process of discrimination, I have engaged in the following processes recommended by the Commission.

The same data collection processes and analysis have been used with the opinions and comments of consumers as used with non-consumers. In some research the Commission notes this has not been the case and has resulted in less weight being given in the findings (1998). It also warns against discounting what consumers have to say because it differs from what other participants have to say. This research has determinedly recorded the voices of consumer participants in the workshop, ensuring they have an equal say in

discussions around the workshop for as the Commission suggests, “there is no substitute for a consumer’s perspective on their own experiences” (1999:8).

The responsibility I have to share the findings of this research with mental health consumers is similar to the one I have to Mthe Maori communities I worked in.

## **Retelling John’s Story**

I am conscious it is not only my own story that has been told in this thesis. Another central voice is that of John Matteson. John and I have worked closely on a range of projects and we have developed a strong personal friendship. John has been involved not simply by giving permission for his central role in the story to be told, but has been part of the shaping of how the story should be told. We have had lengthy discussions about the research, about what I have thought about the process, his comments, and wider issues around the project. Finally, John viewed all the material both in draft and final form and had right of veto over any and all material connected to his participation in the work. I have strived hard to honour his story and those stories of all who have participated in this research.

I have used John’s full name at his request and with his kind permission. Bevan, Will, Annie and Frances consented to me using their real names. All other names of workshop participants are pseudonyms.

# Chapter Seven

## Rona- from-the-Kitchen Drama

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### Karakia

*Tenei ra te wahapu o Hokianga  
Tu mai Whiria Paiaka o te Riri*

*E rere mai nei Taumarere*

*Tu mai Hukurangi  
Me nga pukepuke rau*

*This is the Hokianga Harbour  
Yonder stands Whiria, root of  
all strife*

*There flows the Taumarere  
river*

*And the mountain Hukurangi  
And the many hills of Ngati  
Hine*

## **Dramatis Personae**

Bevan	(Nga Puhi) Project manager, THOTT
John Matteson	(Pakeha) Co-facilitator, MHF
Will	(Nga Puhi) Camera operator
Francine	(Pakeha) South Island MHF project manager
Nahi	(Singaporean) Manager of local social security office
Arana	(Nga Puhi) Mental health worker, THOTT
Suzanne	(Nga Puhi) Mental health worker, THOTT
Karl	(Nga Puhi) Mental health worker, THOTT
Rona	(Nga Puhi) Kaitiaki (guardian) of Te Puawaitanga (location where workshop held)

Nga Puhi is the local iwi (tribe) of the Hokianga region.

Bevan had arranged and advertised the workshop to be held at Kaikohe on December 11, 1998. The workshop had been advertised to mental health professionals and to other government agencies in the Hokianga region. Prospective participants were told they were going to take part in an interactive workshop that looked at countering stigma and discrimination in the workplace. Kaikohe sits at the mouth of the Hokianga Harbour and was a town I had visited only once or twice en route to the Hokianga entrance. It is a good three-hour drive from Auckland to Kaikohe and so we left the night before and spent the night in a hotel.

Three of us travelled up to the Hokianga from the Mental Health Foundation. John Matteson, who was again going to tell his story as he had in the trial workshop, Francine and myself. Francine is a Pakeha woman who manages the *Like Minds* Project in the South Island for the MHF. She was visiting Auckland on other business and had decided to join us to see what elements of the workshop she might use in her work in the South Island. She had never been into the North, had done very little work with Maori groups or individuals and had never participated in process drama.

Our venue for the workshop was the second floor of the old Post Office in Kaikohe. It was home to an organisation called Te Puawaitanga Trust. The workshop was due to start at 9.30am. Bevan was waiting for us outside and explained that we would begin with a powhiri. Standing alongside Bevan was Will, the cameraperson I had employed for the day. He told me he had already reconfirmed permission from the kaitiaki (spiritual caregiver for a marae building or area) to film the day.

We stood around the entrance to the rooms waiting for the karanga (ritualised calling into a space by the local women, the beginning part of the powhiri) and also for numbers for the workshop to build. At 10.30am only three other

people had arrived: Nahi, the manager of the local Work and Income office; and Arana, a mental health professional employed by THOTT. The words of welcome, however, began to draw us in and as we stood in the large room that was to be our working space for the next six hours the lack of participants made me worry about a number of things.

Despite Bevan's assurances that there would be plenty attending, there were only six of us there. I wondered if there were enough people to run an interactive workshop where people would feel safe to involve themselves with the work. From my years of running workshops with adults I had become aware that not only is there a maximum number for useful work but there is also a minimum number. The demands on a small group of adults attempting process drama for the first time can be too great if it is not shared with a reasonably sized group. I contemplated the possibility of cancelling the workshop. I asked myself if I would have to resort to more didactic approaches and whether I would be able to engage such a small number for the day. I had the other problem of what to say to the cameraperson who wanted his \$500 for the day, and there was the not insignificant problem that I had committed this workshop to be part of my research.

After the formal parts of the powhiri were completed we shared a meal, as is the custom in the North. Over our kaputi (literally a cup of tea, but more usually a drink and some food) one more participant arrived. Karl was a mental health nurse working in the acute wards in Whangarei hospital, two hours north of Auckland. Bevan sidled up to me and said, "Its fine. Let's just do our job." I realised he was right and got Will to set up the video camera as I began unpacking the equipment for the PowerPoint display. Bevan reminded me that after kaputi we would need to mihimihi (formal process of introducing oneself) and engage in whanaungatanga (process of establishing familial connections through genealogy).

It was now nearly 11.00am. I knew that although there were several terms of reference guiding what we did in the workshop the primary reference point was Maori kawa (protocols and processes). I would be able to adapt and manipulate mental health promotion strategies and drama processes but the underlying structures for everything I did were not mine to set up. They were already pre-established by our hosts. The drama processes would have to fit within the kawa of the people I was visiting. In many ways this is no different to acknowledging that process drama in schools fits within the protocols established by the school. Prescribed roles, formulaic patterns of behaviour and responses, a variety of expectations and responsibilities are clearly understood by all. If teachers are unaware of these protocols or fail to adapt, process drama accordingly it will not work. The same applied for me in this workshop.

Morgan and Saxton (1987) argue that, like theatre, drama has distinct phases. The initial phase - the exposition in theatre - is when we discover what happened previously, what brings the players onto the stage. The powhiri, the haruru and hongiri (pressing of noses and sharing of breath in greeting), the kaputi, mihimihi and whanaungatanga are as central to drama process in this sort of setting as the curtain call, the dimming of lights and the hushing of the audience is to West End theatre, or the sound of the bell, the calling of the roll and the clearing of the desks are to engaging in classroom drama. Only the people in charge of those rules can successfully alter them.

When I stood to mihimihi and introduce myself I realised that I was facing out towards the mouth of the Hokianga Harbour, out towards Araiteuru and Niwa (the names given to the headlands at the entrance to the harbour), the two taniwha (sea creatures) left by Kupe (ancestral founder of the Hokianga region) to guard the entrance to the harbour. Araiteuru is the ancestral land of my wife Briar and daughter Caitlin's iwi (tribe). I acknowledged the two

taniwha and for the first time that morning I felt at ease with what was unfolding. I reminded myself that workshops can only be planned so far and that what will happen will happen.

It was nearly 11.30am before the process of whanaungatanga was complete and I stood again to introduce the workshop. I had tentatively planned that this was where we would be at about 10.30am. I introduced the workshop as an opportunity for participants to reflect on their attitudes and what they do.

I stressed I was not there to change attitudes and acknowledged they probably did not need changing. I did this to distance myself from being seen as adopting a 'holier than thou' attitude to stigma. I also wanted to set up the notion that the workshop process was not about changing people but was about providing what I termed as a 'time out day'. I further established that I was not operating from the information provision paradigm that informs some anti-discrimination workshops. I said that I was not going to be giving out information; the only thing they would be given was time and processes to think about their work.

I had planned to start the workshop with small group work with the groups participating in the four square process that we had trialled at the workshop in Ponsonby. The press on time and a sense that this was not the right place to start meant that I asked John if he would start with his story. The process of whanaungatanga had created a warm and embracing feeling in the workshop already and I wanted John to be able to tell his story within that emotional safety, rather than after the comparatively cooler and more cognitive four square exercise.

John started with a song. A ballad with the words:

*Baby I've been watching you  
Watching every thing you do  
Some one else is stealing you away from me  
Oh oh slipping away from me*

I had heard John in other workshops dedicate the song to those who had 'slipped away into madness'. He did not make the analogy here but there was a tenderness to his voice and manner that began to make connections with the participants.

John's story was stark. He told of how as a kid he was called 'Mad Matteson' because his father was locked away in the local mental hospital. His story then led into the manner of his own breakdown and hospitalisation. His story was punctuated by music and I thought at the time of how waiata (song) is used as a means of supporting what someone has just said. It was a pattern of performance that the workshop participants were used to. John was singing his own waiata but it was used to underline and support what he had just said in much the same way as waiata does on the marae.

As John was talking a new person joined the workshop. Suzanne was also a mental health professional who worked for THOTT. Again, kawa was followed and John stopped as Suzanne went around each member of the workshop to haruru and kiss. Introductions were made and as John restarted, another participant joined. It transpired she was a visitor to the kitchens, a young unemployed woman who only joined us to hear John tell his story. Again we stopped and the same ritual was repeated. I was reminded that this was the North and that workshop protocols and how things are done are not determined by me as the facilitator, but by the processes which govern meetings like this in the North. However, it was a good space to be in as a drama facilitator. Rather than worrying how to establish comfort and ease for

someone who joins a workshop late, the kawa of the area establishes the appropriate way to do that. I wonder how many latecomers to workshops ever fully believe that they have become part of the process. The ancient ritual of the pressing of noses and the sharing of breath makes someone part of the group in a way no drama game ever could.

John's story was of someone denied opportunities because he was not 'qualified' or considered 'good enough'. He was not qualified to work with intellectually handicapped children; told he wasn't good enough to go to the Rehabilitation League; not qualified enough to attend tertiary training even though he had passed the entrance test; not feeling good enough about himself to have a relationship with a woman.

He finished, however, by telling of his getting into tertiary training, getting a degree and starting his own record company and recording studio. One group picked up on these ideas in their aesthetic images in the afternoon. John finished his story by singing '*Psychiatric Survivor*'. As in the trial workshop, he ended with the last line spoken: "We shall survive". This time it seemed more defiant, bolder, perhaps more believed in.

The story had a powerful impact on many, but I noticed that two Maori participants had lain down on the floor and seemingly gone to sleep. The kaitiaki of my local marae in Howick clarified this for me later, by saying:

On the marae, people hear what they are supposed to hear. Yes, on the marae you can fall asleep if you want to when the speeches are happening, but all that means is that you miss out on what you aren't ready yet to hear (Taini Drummond personal communication 2001).

I was ready to move into our next session when John went to the whiteboard and began a question and answer session on discrimination. For nearly twenty

minutes he led a discussion about discrimination and began to provide information about aspects of the law. I was distraught at the unplanned lesson that had crept in, but I could not seem to find a way to stop what was happening without it looking like I was shutting John down.

John stood by the board, in typical teacher pose. He asked: "What are we going to do about changing this?" as he pointed to the word discrimination on the board. There was a bored silence in return. The question took him nowhere. The energy of the story was dissipated by John's teaching (a term I use for the common process of acting as a teacher when there is no learning taking place).

Later that evening on the way back to Auckland John explained he had done this because he wanted to show me he could do more than just tell stories - he could teach too. I tried to explain the power was in the story and that the teaching stuff had little, if any, impact. I think John was trying to take the participants beyond a felt experience of his story but did not trust the other processes in the workshop could do that. Was I boxing John into a traditional consumer role within the workshop? Was I telling him: come and share your pain with us and then sit down and shut up, then I, the non-consumer, will do the real teaching stuff because I am the one 'qualified' to do so?

John's apparent lack of trust in the power of his own story fascinated and worried me. Since the trial workshop I had repeatedly told him his story was the emotional core around which the rest of the workshop hinged. Perhaps John saw storytelling as a less professional and less valuable aspect of teaching than standing at the whiteboard, pen in hand, asking questions no one is interested in answering. Perhaps John simply felt the need to establish and affirm his autonomous status within the group.

When John finished his story, the group stood and sang a waiata to tautoko (support) him. The music reasserted a more vibrant energy within the workshop.

Rona, the kaitiaki of the building came in and told us that lunch was delayed. I decided to change the order of the day around again. I decided the easiest and most productive way to fill the time was to show the PowerPoint presentation of the images of mental illness. Since the trial I had added a soundtrack of Pink Floyd to the images. Rogers Waters' ethereal voice and lyrics soon began to fill the space.

*The lunatic is on the grass  
Remembering games and daisy chains and laughs  
Got to keep the loonies on the path ...  
You lock the door  
And throw away the key  
There's someone in my head but it's not me (Roger Waters 1973)*

I asked the participants to look carefully at the images and in my instruction to them, I noted the relationship between racism and stigma associated with mental illness. I drew on Goffman's (1963) notion of stigma as the creation of the other, and asked them to consider how those with mental illness are portrayed as 'the other' through art and the media.

They wrote their responses about the stereotypes they saw, what they felt about individual images and the overall impact of the small show. The participants were then encouraged to share their responses in small groups and then finished with a presentation of a collective drawing of their responses.

In doing this participants were able to reflect in a number of different ways. Firstly, the images were other people's reflections of how they viewed mental illness. They saw mental illness was something to be feared, to be distrusted and in many cases is evil. The participants were asked to view the images and

reflect on them as a silent audience for the first viewing. In theatre terms, they were asked to respond as a traditional Western audience, silently and internally. Next, as they viewed the images a second time, the participants engaged in reflective writing. I noticed that it was largely unstructured note-taking and this process acted to clarify ideas and feelings about the images. The participants still acted largely as spectators, but they were beginning to externalise their reflections on the images, almost as critics do in writing about a play they have seen.

They then shared what they had written and reflected on what others had seen. One participant mimed his notion of how mental illness is portrayed. He folded into the Van Gogh image of depression shown in the PowerPoint and cradled his head. Later this image was repeated by another participant who, at this moment of the miming, was deeply intent on watching his colleague take this pose.

This reflection was somewhat similar to the reflective processes an audience shares in the bar after a theatrical performance. In both sites the participants' response is highly personal and emotive. It leads to personal story telling as the reflective process makes connections with their own life stories.

The collective drawing response to the images was yet another form of reflection. Collective drawing, like drama, is an active and symbolic form of art making. The convention attempted to move their initial thinking, writing and talking into a symbolic representation of their response. By asking the participants to work collectively they were also required to explain what it was they wanted to symbolise. The spectators became active art makers and responded or reflected on the original work by using the same form to share their own new understandings. This was a more democratic and open-ended

process than that performed as spectators in the dark watching the PowerPoint presentation. However, it was not one that all participants found easy.

There was some grumbling by some participants that they could not draw. Apparently they were struggling with the art form as a form of reflection. It seemed that their lack of skills and technique in drawing was hindering them from fully expressing their inner reflections. I wondered if the aesthetic image work later would make it easier or harder, or simply provide another way of clarifying their reflections. In doing aesthetic image work I pre-taught the skills necessary to manipulate the drama form successfully. I also consciously worked to ensure participants achieved an aesthetically pleasing result.

My own fears and lack of skills in drawing hindered me assisting them, and my rather feeble, "it doesn't matter what it looks like, it's what it is saying" was, of course, not true. What it looks like is absolutely central to any art making process and the participants knew it. The groups' lack of confidence in their art-making ability seriously hampered the quality of the reflective process. The result of their visual art making was to be viewed as a product, scrutinised for technique and skill. The participants struggled to see it also as a process for exploration. I wondered too if the images created by the professional artists were 'too good' and had frightened off the participants who knew they could not achieve such heights in their own work.

The participants then shared their drawings and reflected on what their pictures meant to them. One of the reflections became intensely focused on a participant's own story. He began by describing what he had drawn: someone who had the top of his head opened with the brains tumbling out. He told the story of how, the night before in the acute ward of the local hospital, he had dealt with a mental health consumer covered in blood, trembling and crying to be admitted. He wanted to work with this consumer in a way that did not treat

him as if he had no brain. There was a murmur of agreement around the room as he said, "People are not brainless because they have a mental illness". Later, when the two groups were asked to portray the stigma associated with mental illness, John, who played the role of a mental health consumer in one image, had his head completely covered up. Not only did the stigma make him brainless it took away his face, his means of seeing and of being seen.

As facilitator I added my own reflections. I talked about how mental illness is constructed in many of the images as something that can be removed from the head. I drew attention to 'the stone of folly' represented in some of the paintings. I talked about how the idea of the 'stone' removed mental illness from its social context and was part of the bio-medicalisation of madness. I talked of the violence in the images, especially the violence and abuse directed *at* the heads of those with mental illness. I did not mention it but every time I have seen those images I have agonised at the inhumanity of lobotomy, of the modern version of the stone of folly being forcibly removed. I wondered in Maori terms about the notions of mana (status) and tapu (sacred) around the head. For Maori, the head is a sacred part of the body that should not be touched. I wondered if countering stigma in Maori terms is about returning the mana to the head, about making it sacred again.

Bevan spoke about his group's images. They too centred on the head. He talked about how they had drawn a head inside a large prison. As he talked Bevan began covering his own head, unconsciously mirroring what he was talking about. Later in the drama this group was to create an image where John's head was imprisoned under a shirt tightly done up to cover him completely. John talked later about how dark and suffocating this prison was.

As I was writing up some of this work, over one year later, I put the Pink Floyd CD into the computer, hoping the music would act as a jolt to my memory of the day:

*The lunatic is in my head  
You raise the blade, you make the change  
You rearrange me 'til I'm sane  
You lock the door  
And throw away the key  
There's someone in my head but it's not me (Roger Waters 1973).*

No one talked about the music behind the art and the images it created, yet they felt to me to be enormously powerful. I wondered at what level they were responding to the lyric's pleas. Roger Waters had been institutionalised and knew exactly what those words meant. His pleas against lobotomy and compulsory detention mirror the PowerPoint images of agonised 'lunatics' having their heads opened to remove the stone of folly. The lyrics forcibly reminded me that, for many consumers, the mental health sector perpetuated the stigma and discrimination associated with mental illness. In the Libertarian Model (Sayce 2000) the diagnosis of a mental illness is simply seen as part of the wider system of oppression of the poor, people of colour and others who fail to be productive. The blade is raised as the ultimate means of control as mental health consumers are banished to the 'dark side of the moon'. I am reminded of Breggin's notion that "madness is a cry of powerlessness which is mercilessly punished" (1971:324).

Had the participants who drew the brain tumbling out of the head seen the irony of their work, as they talked about the bruised and battered mental health consumer wanting to seek refuge in a system that was more likely to further stigmatise and abuse? Or the irony that, as the mental health professionals in the workshop talked about how people with a mental illness are not brainless, the New Zealand mental health service still removes parts of people's brains to 're-arrange them til they're sane'.

The participants had, until this point, reflected on individual images of stigma and discrimination, either from John's story, from the images in the PowerPoint presentation or, as Bevan stated, from their own perspective as they shared their art work. The next convention, which I call 'Taking Steps', was designed to shift the perspective from the personal to wider ideas of how stigma works.

Participants were given a pre-prepared card describing a person. For example, five cards read:

- A 40-year-old Pakeha male executive earns \$70,000 per annum;
- A 52-year-old refugee woman, speaks little English, diagnosed with depression;
- A 35-year-old male professional with occasional bouts of depression;
- A 60-year-old sickness beneficiary diagnosed with schizophrenia hospitalised for over 20 years now living in the community;
- An 18-year-old Maori woman, two children, no partner, unemployed.

Participants were asked to line up in a straight line against one wall and to take one step forward if they felt the person on the card would say yes to the question I asked. They were not asked to take the role of the person but merely to think about what that person's response would be to the ten questions asked. Without it being stated, the objective of the game was to see who would take the most steps and travel the furthest.

Questions asked included asking is your person likely to:

- Own their own home?
- See people like them on television?
- Find it easy to get terms at a department store?
- Find it easy to talk about themselves and their lives at an interview?
- Be welcomed as a neighbour?

The game is set up so that some people move much more quickly than others and some people do not move much at all. In this run-through, three people took off and entered into a competition with each other as they vied to get to the other end of the room. Conversely two did not take a single step. At the end of the game I asked them in turn to read their cards out loud. I asked why they thought the spread had happened. One participant said, "The more strikes you got against you the less chance you have to move." I explained the exercise was simply to physicalise what stigma does, and the way it denies opportunities.

I was inching them into drama: they were acting out, at a very superficial level, the lives of others. The game structure has some of the elements of drama: the participants respond to a series of questions as if they are someone else. However, it is a very unsophisticated and unsubtle form of experiential acting-out rather than drama. My intention was to show them, through this non-threatening process, that they could begin to physically demonstrate what stigma was and did.

I was surprised, however, at the emotional intensity and engagement with which participants played the game. Perhaps there was also an element in our game playing of Boal's invisible theatre (1999) where the participants are unaware they are involved in a piece of theatre. Had I, in much the same way invisible theatre does, ambushed those who had entered wholeheartedly into the game without realising its wider or symbolic meaning? I knew that although they were simply playing a game, I was in fact playing a game on them.

It seems the reflective processes they were engaged in were superficial. They simply had to reflect on whether their character would say yes or no to a series of questions. However, it was my reflections as I summed up what I saw that

had individuals nodding ruefully. I described how the participants who were saying yes were charging off down the room totally oblivious to those they were leaving behind. I felt the nodding heads and pained expressions on their faces showed they were now aware of the game that had been played on them. Many were reflecting on how far down the track they had got themselves. From being passive observers of the PowerPoint to making their own art pieces, they were beginning to move into a drama mode where there would be immediate feedback and reflection on what they did.

## **Aesthetic Images Convention**

After lunch I introduced the afternoon session by saying I hoped we could use the work of the morning to do three things: firstly, to crystallise our understandings from the morning about what stigma is; secondly, to consider what its alternative looks like; and thirdly, work out how to achieve those alternatives.

In the days leading up to the workshop I had been talking with Bruce MacDonald, the Health Funding Authority manager with responsibility for the project. He had said, "We don't know what we are aiming for looks like. We don't have a vision of what all this work will eventually lead to" (personal communication 1998). The morning had brought us to the point where the participants could begin to clearly define what needed changing. Our initial images would help us to sharpen those definitions from the morning. The other images would help define what the countering stigma project might and should achieve. I also suggested that if stigma was created by the images people had about mental illness, then perhaps counter images might be useful ways to counter stigma.

In working with Margaret Burke, Brock University, Ontario, I had been struck by how often she reminded the workshop participants that the work they were doing was 'hard work'. For the first of many times that afternoon I told them they were going to be doing difficult work. I told them that the smallness of the group would make it even harder because they would have to take greater individual responsibility to sustain the work.

I checked if anyone had done this sort of work before. Only John had, at the trial workshop. Because of this, the convention would be split into two sections. In the first section we would learn how to do aesthetic images and then in the second section we would do them. I had planned that the first section would not only teach the rules of aesthetic images but would also, I hoped, shift participants from the more passive processes of the morning into the active and demanding processes of the afternoon.

I used the same warm-ups as the trial workshop and it seemed participants found this preparatory work useful when they worked on those images in the next section. John commented later:

The warm-up is crucial. At the trial workshop I missed the warm-up and so found it difficult. The warm-up sets the scene for the drama. I saw where it was coming from. Having gone through the warm-up it's almost a natural progression into the drama part.

The groups were next asked to create an image of stigma and discrimination based on any of the work we had done earlier in the day. This process was to provide an opportunity to reflect on or crystallise in one image what we had done in the morning. Paradoxically, whilst the images would simplify the complexities and divergent issues into a single picture, I hoped the multiple readings of the image would further problematise and enrich the work of the morning.

Each group took a different approach to the image. For most of the session we alternated our viewing and creating between the two groups. For the sake of clarity I have focussed on each group's work separately.

The first group decided they wanted to work symbolically, rather than take an actual moment from John's story. They constructed an image which illustrated three emotions surrounding stigma: frustration, pain and anger. I was nervous that this group might not actually agree to create the image. I felt at the time they were quite lethargic as a group. It seemed they were talking in fits and starts, not eager to actually get up and start shaping the image. However, they did manage.

I demonstrated to the groups how to edit their image. Each participant took it in turns to come out of the image and reshape the details by moving the other participants into new positions. On reflection, it appeared the group's work qualitatively shifted during and as a result of the editing process. It seemed as if a tension and strength in the image was achieved by the particular attention to detail and the focusing on the work the editing task provides.

Later as I viewed the video of the editing process, I was particularly aware of the changes made by the central character, played by Arana. Arana represented anger, and as a result of the editing, stood stiller and with more purpose in his stance. It seems as if the editing process was a validating experience. The attention to detail allowed the group to acknowledge that they were working not only for clarity and strength, but also for quality in the artistic representations they were creating. That others in the group were taking this task seriously and working to improve the image meant there was an onus placed on each individual to improve the image too.

The editing process was also a reflective process. Standing just outside the frame they now needed to reflect on what they saw the image was saying. They then had an opportunity to shape and change it. The reflective process they were engaged with generated a qualitative shift that could be described as a more intense, purposeful and sustained approach to the work.

I asked Francine about the qualitative shift I had noticed in their work and she said:

The impact of the editing process was that I had to grab someone that I hadn't met before and to shift, pull and poke him and that might be easier for some than others and it might be easier if you know the people and you'd feel more comfortable manipulating bodies. So that is the strongest memory I have of the editing process.

After twenty years of pulling, poking and shifting people around in drama I had forgotten that, for some people, working in such a physical way with others can be very daunting. Perhaps the focussed and silent way the group worked was more to do with their discomfort than the reflective process they were engaged in. Perhaps it also explained the reasons for what I had interpreted earlier as lethargy.

Although they had worked in silence Francine was very clear about the *internal* dialogue that was happening as she worked through the editing process. Later in the interview she said:

Some people are visual people and most times we educate verbally. I realise the thing I remember the most is the verbal analysis going on *inside* my head rather than the physical positions I took in the drama.

When their image was finally completed Arana's image of anger was more strident and perhaps even belligerent. Suzanne had folded in even further on herself and her pain appeared almost overbearing and heavy.

The other group walked slowly around and viewed the image from different angles. Bevan, unprompted, stood beside different parts of the image and adopted the stance of the person he was standing next to. John lay on the ground and looked up at the anger of Arana looking right at him.

I told the participants we would view each group in turn so we could see and describe what each group was saying about stigma and discrimination. Just as we were to begin, we received a visit from the kitchen.

Rona, who had greeted us in the morning and prepared our lunch, had finished the dishes and came in to see what we were doing. I asked her, "You might want to come and read this too?" Rona immediately pulled up a chair and as I went to the whiteboard she started to call out what she saw. "Wandering shadows, darkness, disconnection, lost spirits." The other participants joined in adding the following descriptors to our list: desperation, powerlessness, looking for relief, carrying loads, screaming, anguish, fear, injustice, isolation, stuck.

I said these were images of mental illness and the stigma attached to it. Rona said she did not read it that way. She said, "I see a disturbance of the spiritual dimensions of people." She said she read the image from the perspective of someone who had just come in from the kitchen. For Rona, the image was not an image of mental illness but an image of bent or disconnected wairua. She told the group she read the image from a particular world view and then asked if she could explain that to the group. Rona said

People have four domains to their health: spiritual, physical, emotional and mental. If there was a disconnection or imbalance in the emotional,

physical or mental domains then you can open the door so that spirits can invade the person.

She said the image did not represent stigma and discrimination associated with mental illness. What she saw was her own version of how she defined mental illness. I wondered, not for the first time, if a person was not labelled with mental illness whether there would be any stigma attached to that person, even if they still acted in exactly the same fashion. I still wonder if the mental health professionals in the workshop saw stigma and discrimination so inextricably linked with mental illness they had instead simply created images of mental illness rather than of stigma. Is there a difference between the two, or does stigma so automatically attach it self to the diagnosis of mental illness the two cannot be separated?

For Rona, mental illness was something other than a brain disease. It was about the disequilibria of the spirit. That night in my journal I wrote:

Listening to Rona it felt like she was peeling back layer after layer of what was there in the image. Notions of Maori mauivi (Maori sickness) struck me. I remembered Amster Reedy's (private communication 1998) description of how mauivi is another way of describing the process of colonisation taking away the soul of Maori.

John challenged the readings Rona had made and the worldview she held. He defended his view of the image by saying:

The image can be read in three ways: as an illness image, as a wellness image and as an environmental image, showing what had happened to that person to cause the pain and anguish.

For John the dislocation was not about an internal disruption of the spiritual world, but about social exclusion and pain caused by a diagnosis of mental illness. Later John noted,

People came out with statements that were different because of their connection to the image. To some the clenched fists [of Arana as the embodiment of anger] assumed a violent and angry image. To me from a consumer perspective I saw it as reaction to oppression, and Rona saw it as all internal, as a spiritual thing.

Clearly each viewer of the image was reflecting on it from his or her own worldview. Rona and John made this explicit and acknowledged its impact in the above statements. As the facilitator I acknowledged there was no right or wrong answer.

Paradoxically, although I said we were working from the view of the image makers, I never gave them an opportunity to vocalise what they thought their image was showing. In our interview later Francine was very critical of my handling of this part of the workshop. She felt this seriously impeded her ability to reflect and learn from the experience. She said, "Given that this is a process for me to clarify what I need to do to get from here to there I needed some kind of repository where I could put my reflections of what I had been doing."

Later on in the interview Francine again tried to explain her need to verbalise her and her group's interpretation of what they did.

If I think what I'm thinking what I'm doing is what is going to stay with me and change my future practice then I need to remember that, and if I don't get a chance to say or talk about it I'm less likely to remember that.

I remain unconvinced by her arguments. The intention was for the image to be a more powerful way to represent stigma and discrimination. By allowing the participants to verbalise the image my belief, based on experience, is it would diminish that power. It seems analogous to people writing a poem and

then explaining it - every day language diminishes the poem's power innate in its artistic form. Although those not in the image were given the opportunity to vocalise their response, I saw it as adding to the work, rather than diminishing it through the image makers speaking about what they had done.

The groups were instructed to create an image of what we would see if the project was successful and there was no stigma and discrimination associated with mental illness. I hinted that at some point they would have to show how they moved from the first image to this counter image.

It was not until I viewed the video that I became aware how Rona now took the opportunity to actively direct the group. She started by telling them not only what they should show but also how they should show it. Francine looked irritated and Arana seemed absolutely determined to ignore her advice or direction. I have wondered whether if I had seen Rona directing I would have stopped her. More accurately, I wondered whether I would have been able to stop her. Rona's position within the workshop was established by her position as an elder within the Maori community of the North. Her status was unassailable, and for Maori participants, operated at a higher and different level to my own. Rona was aware of this and able to manipulate my recognition of this by intervening in the workshop beyond what any casual visitor from the kitchen might have been able to achieve. Clearly, some participants, including Francine who had had little experience of working within these different power structures, found her intervention irritating, and so did Arana who had perhaps seen it happen too often. The convention operated in a democratic structure whereby the participants' views and ideas were paramount. Rona's presence brought these ideas into collision with other structures and dynamics the drama sat within. As noted before, the Maori kawa established a stronger pull over the manner in which the drama happened than the protocols of process drama

or health promotion. This tension would reach new heights, and in other ways, in the later workshops.

The group seemed to work very differently to when they worked on the first image. For example, Arana asked the other participants, "Is this right? Does this look like hope? How do I portray hope?" The participants now tussled not only with what they were attempting to say but also their desire to clarify what others read in their work. In a sense the work shifted from functional to performative. Bolton refers to it as the "illustrative performance activity, which relies on what people look like from the outside" (1992:23). Initially the group were only interested in shaping their own understandings. The reflection on their first image - or performance - now made them acutely aware of the reflective role of the audience and they wanted to ensure that their image was 'right'. If Francine had had her way and the group were allowed to verbalise and explain their intentions with the first image, I wonder if there would have been as much attention to this detail in their work on the second image.

The image was completed after an extensive editing process. This time it was done in almost complete silence as the participants became more accustomed to the process. Rona led the reading of the image that she had, unknown to me at the time, helped to construct. The words used to describe the image included: serene, peaceful, embracing, reaching out, removed, angelic, healing, connecting, cocooning, fresh looking to the future, reaching upwards, straight energy collaborative, open, straightening out the bent energies.

After viewing the counter image, I told the groups they were to see if they could move their first image on a series of counted beats to this counter image. Because time was running out, I said that they would not have time to rehearse the movement; they would simply try it and see whether the change could be made during the counted-out beats. I suggested the process might

give us clues as to what might happen or what might need to happen in the project. I recommended to the readers of the image they needed to watch carefully and reflect on what they saw, by asking themselves reflective questions such as: 'Who needs to move first? Who had to move the most? Does the image change at a uniform pace? Why not?'

I was asking them to reflect on the campaign as much as the images in front of them. When I said, "I have no idea what happens", I was referring not only to what would happen in the images but also what it meant in terms of what we would need to do in the campaign.

The group took up their positions in the first image. I asked the readers to call out 'Stop!' when they recognised what was happening in the image. I only counted 'one' before Rona called out 'Stop!' She noted that in the tiny amount of movement the people in the image were looking outside themselves. She said that Arana had almost immediately started to drop his fist, and that already there was a movement forward. I counted two and then three, and Rona called Stop again. She said she saw the group as becoming aware of other people other than themselves. At six seconds Rona again called Stop. She said she saw a balancing and beginning of connections, a change from aggression to a more neutral stance.

There were strong conflicting emotions running through my head. I was almost entranced by the quality of Rona's reading, which seemed both denotative and connotative at the same time. As she said, "He has dropped his fist", I knew she was not merely describing it denotatively; she was also totally aware of all the resonances in that movement. Yet I also felt uncomfortable as it was now almost entirely her reading of the event we were hearing. Despite my futile attempts at spreading the reaction, by asking, "Well what do you think Bevan?" I sensed they were almost in awe of our kitchen visitor too. It

seemed some of the participants' responses to Rona was out of respect for her position as kaitiaki of the place we were in. However, I felt Rona's forceful, confrontational, almost aggressive manner also made it difficult for her to be challenged at any level either by myself or the other participants. Francine, in the interview later, expressed my other concerns.

In second-by-second comment you come close to not reflecting what you see is happening, but directing, and then that person changes what people then do as they reflect back on what is being said.

At this point the reflections from Rona were obviously impacting on what the group were doing as they moved.

The six-second movement had taken over five minutes of intense focus and concentration by the participants in the image. Arana was sweating profusely and yet when I asked if they wanted to break for a second, he signalled they wanted to continue. In my journal that night I wrote:

It seemed at that point that the drama slowed down almost to the point where it stopped. There the action and the reading of the action could occur so slowly that reflection fed on reflection.

It had become a series of one-second or two-second freeze-frames. It felt like we were forensic scientists slowing down videotape frame by frame so we could uncover the clues. O'Neill suggests this is always the role of the audience, "working harder than the actors, seizing hints, grasping at clues, asking questions, speculating about relationships" (O'Neill 1995:46).

Rona's interventions made me feel as if the ephemeral nature of drama, where it exists in the moment and is then gone, was being slowed to the point that it could be grasped and described, not after its passing, but as it actually happened.

The audience let the image move forward four seconds and then Rona called Stop again. She described Arana's hands as inviting and that he seemed centred, directed, now with a focus, knowing where to lead, calming. At 12 seconds Rona noted the beginning of people connecting and by 15 seconds she said all were connected. I commented that once one person connects with another it becomes easier for someone else to connect. I questioned rhetorically whether it would be the case with the campaign. I wanted the analysis of the movement to be more directly connected to reading what we would do in the campaign to alter our behaviours relating to stigma and discrimination.

For Francine the difficulties of the campaign were manifested in the difficulties of what she had to do in moving from one image to the next. In the interview later she says, "I was thinking about 'I have to go over and physically embrace that pain' rather than the mechanics of having to go and put my arm on this person, to get physically from here to there."

At 16 seconds Rona said she recognised the group had got to a point where the next step (Arana coming down off the chair) could not be taken without the support of the two women on the side. I stressed again to the group this was true not only for the image but also for the campaign. I suggested the anger which consumers felt would not be changed into hope on its own.

At 18 seconds I called Stop. Arana had swung down and touched the ground and then begun the swing upwards. I asked the group why they thought Arana thought it was necessary to do this. John suggested it was a releasing into the earth of all the hurt and anger he had been holding. Bevan and Rona recognised it was a grounding with Paptuanuku (Earth Mother), a gathering of strength from the Earth before he could possibly take the next exultant step. They said that in this movement Arana was acknowledging the whenua (land)

and the connections he and all Maori have with the land. Again the readers of the image brought their own worldviews to the image, to read it from their own experience and understanding of what was happening.

They restarted and suddenly they had arrived at the end point, the counter image they had created. The twenty counted beats had taken nearly half an hour. They hugged and shouted with relief. The joy was not only because the excruciatingly slow physical process was over, but because, it seemed to me, they had also achieved the end goal of countering stigma and seen what it would take. The first group had finished the Three Step Model.

### **The Second Image**

The second group's first image stemmed directly from John's story earlier in the workshop. John had told a story of his time doing 'industrial therapy', which essentially involved stuffing different coloured plastic sponges into bags. This therapy occurred for up to eight hours a day. They decided this was such a mindless task they would recreate this moment, but show John doing it with his head covered up. John and Bevan tried out different ways of covering their heads. John suggested maybe Bevan should take the role, as John was finding covering his head up difficult. Bevan, however, thought of covering the head by pulling John's shirt up over his head and doing up his button. As John noted in the interview later: "The image was constructed by Bevan's mind. Bevan heard the story and symbolically translated it, reconstructed and then constructed it. He had the vision and we implemented it."

John was aware the image was a retelling of his story and was particularly aware of his role in both tellings.

A lot of the drama they built around my story. So they took the images from a personal story about mental illness. And whilst those images were

still clear in their minds they constructed human pictures or reconstructed events that were there. For me, I was a central figure in both stories.

They set John in a chair up on a table with one hand stuffing sponges. Bevan placed his head on the table between the legs of the chair. To the side of John and Bevan, Nahi stood as the industrial therapist with one finger pointing in an admonishing fashion at John.

After the editing process the group sat to work out its caption. They jokingly tried out *Getting Ahead*. As they tried out the following combinations their discussion took a more serious tone:

Forgetting a head  
For getting a head  
Forgetting ahead  
Getting a head?  
Getting ahead!

The group took its position for the audience to view it. The whiteboard was soon filled up with words: anonymity, faceless, headless, stripped of his identity, powerless, separated, insecure, unwanted, alone, mirrored, neglected, suffocating, demanding, closed, tiredness, neglect. John described it later like this: "I was in a precarious position. Sitting aloof and then having no head, no persona, and no face. I was just a headless person. There was ugliness to it. I never saw it. I only felt it. I was only in it."

John said he was aware that he was not merely retelling his story from the morning session but that he was working at what he described as a symbolic level.

It was quite hard being a participant in the drama because it became part of you. I was a person who had suffered mental illness and here I am in

the drama acting as a person who had suffered mental illness at a very symbolic level. Not just at a straight drama or cathartic level. It's more on the point of symbolism. Being a symbol has power but it brings out deep feelings.

For John the symbolism of the role he took was simple. "It was face-less. There was facelessness to it. People do not see people with mental illness as human. There is that aspect to the facelessness."

Later in the interview he said,

Considering everyone in the room had worked in mental health they were the people constructing the image. It was not like people who didn't know what they were doing. For these people this image had a lot of meaning. They were able to draw on their experience of mental health workers and they were also able to draw on their experience of the personal story that had preceded the drama. They had a personal story that had shook them up and made them think and they were then able to conceptualise certain parts of that story that impacted on them.

I asked John, as someone who had experienced mental illness, how he felt playing the role of symbolising mental illness. His reply seems to sit at the very nub of my research.

I think there comes a point where you transcend what is just drama and you hit another level and you hit symbolism where you get to generalisations. Where you're going beyond one person's story and you are going to something that a lot of people can relate to.

John acknowledged in the interview that his dramatised story was the story of all those with mental illness. As such, both participants and viewers saw and reflected upon the drama at both a deeply personal and symbolic level. The

multi-reading of the drama allowed it to go beyond the personal to, if not as Heathcote (1984) suggests the universal, then at least to some general understanding of who we are as humans. The drama allowed this to happen, as the participants reflected on what they brought to the drama from their experience as workers in mental health and from all their lived experience.

The reflection occurred for John whilst actually in the drama. In the interview later he commented, "I wasn't doing much, I was just sitting on the table, but the drama was internal." When asked what he meant by that he added:

The drama was all happening in my head. It is hard to measure what is happening in a drama because you might think someone isn't very involved but it could be having a huge internal impact.

John also commented on how the actual emotions he felt were symbolic of the feelings he and many consumers felt about the mental health system.

The actual physiology of the event, when you are at the end of the day and you have your head stuffed in a jumper and a shirt, and it's so hot and suffocating. It's almost another symbol for the suffocated feeling of being in the mental health system.

As the group worked out the counter image, Bevan again took the director's role within the group. He said he wanted to use John's story to symbolise how John got his head back. The group decided this would show John's re-connection with the world. They chose the moment of his graduation from university with a degree in health science. John agreed to let the group use this part of the story, although later in the interview he acknowledged the total fiction of the resolution that was presented in the counter image.

It was wonderful because people were celebrating the event with me but in reality that's not what happened. It wasn't like that and when the drama was being constructed I just kept my mouth shut and people

assumed there was that celebration. I was barely allowed to pass and I did not go to the graduation ceremony and there was no triumphant and 'John's got a degree and he's transcended all these struggles'. But for the drama the symbolism was the important thing.

John was willing for the story to be retold in a fictional manner for two reasons. He recognised the wider implications for the drama and its symbolic meaning by playing out the story this way. He also recognised the drama allowed him to play out an alternative to what had happened in his real life. Although John recognised that the celebration was symbolic, he acknowledged that it happened for real for him in the drama.

It was quite lovely that all these strangers and people who didn't know me celebrated that event with me five years later. I really did deserve a party or a pat on the back and I got that in the drama.

In the collision between the symbolism of the drama and the reality of John's life he was able to simultaneously represent the success of all consumers who become reconnected but also finally celebrate for real his achievement of gaining a degree.

Group One described Group Two's counter image by saying it showed: power, empowerment, acceptance, energy, no more shadows, success, I did it, freedom, open, partnership, unity, moved on, healing, 'I told you you could do it', completeness, idyllic, acknowledgement.

The first ten seconds of Step Three of this image – showing the movement from Image One to Image Two - were to generate a passionate and heated disagreement during the drama over what actually happened in those seconds, and to its meaning.

As I counted the first beat, two things simultaneously happened in the image. Bevan was up with astonishing agility and grace on the table behind John. John meanwhile reached up to undo his button. Rona, who had called 'Stop' by the count of one, said the movement showed a connection with the self. Francine read that the movement showed the first step in the campaign needed to be about consumers giving themselves back their faces.

As I reviewed the videotape of this first second I wondered why Bevan did not wait for John to do it himself. Would John have gained more if he took the first step on his own? What assumptions was Bevan working from and were they discriminatory in assuming John could not do this on his own? Or were they simply realistic? John response was more pragmatic: "I really don't care who gets who out of the darkness, the important thing is to get out".

On the count of two Nahi moved back from the image and dropped her accusing and pointing finger, as Bevan straightened up on the table. This time I called Stop. I reflected aloud that perhaps this showed how some mental health professionals would need to simply stand back and give consumers space, although there would be those who would assist more directly with the process. I suggested perhaps those who drained the energy from consumers would be those who needed to move away and those who gave energy would need to move closer.

On the count of three John was struggling with the button. He could not see and so had real trouble undoing the button. Bevan chose to do it for John. I noticed when I reviewed the video later that Bevan actually undid it, rather than guiding John's hands to the button. For Francine these tiny details were vital to her reading of what was happening, her subsequent reflections and anxiety about what the process was revealing about the campaign. Nahi had moved right away and I realise she moved out of the frame of the image so no

one commented on her role. We focused entirely on the roles played by John and Bevan. I assumed our focus moved to these two because we identified either with John or Bevan's roles from our own perspectives in the campaign. At this point Bevan had become an integral part of the opening up of John, whilst the mental health services backed away.

It then became clear if the two were get down off the table safely they would need to help each other. Either they would both get down safely or both would fall. I became intensely concerned about the precariousness of the situation for John and now for Bevan. As I said to John in the interview later, I did not know which worried me more: dropping him in the drama and what that would mean for the campaign, or the genuine concern for his real safety. Both were interlinked and as I said to the group at the time, "If we drop him there's a long way to fall". This was a statement about both the metaphorical and real situations we were viewing. Not knowing if John would be dropped for real and if he was, what that would mean for the drama, created a tension that drew us into a very focused viewing of the image. We knew only too well what we would have to read into a fall. This moment of metaxis or dramatic ellipsis (O'Toole 1992) pinpoints where the fictional and the real collided. It produced the most heated debate both within and outside the drama frame.

For John, the tension was more pertinent. He too was aware of the intense meaning that would be taken from the group if he fell.

There was a realisation that the only way I could get down was with Bevan's help and I recognised the relevance of that symbolisation to the national campaign. I didn't realise that those little dramas would ascend to those levels.

Later in the interview I told John of my fear when I asked, "What would have happened if you'd fallen?" John's response surprised me:

If I'd been dropped it would have been a mistake and not what was intended. It would have been more realistic of people's experiences with mental illness to be dropped. Most people don't make it to the floor safely. That's the reality to it. The story was psuedo. The tragedy is that we celebrate one person's getting down off the chair because it is so uncommon and yet thousands of others have been denied even that. Most people are knocked off the chair and onto the floor because of one discrimination thing and that's all it takes.

It seems John was aware that there was far more danger and importance in getting to the ground safely in the drama than there was in real life. In real life John could get back up off the floor. Yet in drama we would be saying that people cannot get to the counter image, it is too hard and it is too difficult. John was determined not to fall because of the symbolic importance of such an event, more than a fear for his own safety in the reality. John, of course, had elsewhere shown resilience and determination in his own life to be not dropped, pushed or to fall to the ground.

Despite John's realisation of the symbolic nature of what he was revealing in the work I was again surprised by his answer to the question of, "What were you thinking about as you struggled to get the first button off?" Rather than thinking about the symbolic nature of the event, he reflected on a personal story of a similar situation in his own life.

It reminded me of when I was working at IHC and I had to give my observation of a task. A client had to assemble a coffee grinder, and the supervisor was very impressed with the way that I helped out. I stood back. The person was making a lot of mistakes but I stood back and allowed the person to actually figure it out for themselves and in the end they achieved it. By interfering or doing things for others you're disempowering them and I believe in Bevan's actions he showed a natural

ability to empower people. I was aware of his incredible gentleness and the firm hand.

Heathcote (1984) suggests that in drama we move from the particular to the universal. The term 'universal' is problematic and perhaps notions of generalisable statements about the human condition may more accurately define what we understand about what she describes. John suggested that the relationship between the two is a two-way relationship. John described a situation where, in reflecting inside the drama, he went from the general to his own particular.

For the next three seconds John struggled with another button as Bevan held him securely on the table. At the count of six, Rona again called Stop and said that she saw Bevan assisting with the first button but that he was now moving back to allow John to do the rest for himself. She suggested this showed Bevan was giving the choice to John to undo the next button or to remain suffocated.

At the time it went unnoticed but in viewing the video I noticed at count seven Bevan gently stroked John's emerging head. It was a gentle loving gesture. In the interview later Bevan said, "On the table with John it was just something I would do naturally, put my arm around a person and help them in any way that I could."

As I watched and rewatched the video I wondered what those moments were telling me about the nature of empowerment. Does empowerment mean consumers being left to undo the buttons for themselves? Or is it about showing and actually undoing the first button and then standing back as they fumble through the next steps? These issues were to surface more seriously later in the drama.

By ten seconds John was out. In my research journal I wrote:

John breaks free from his shirt. He has this enormous grin all over his face. The smile is real and also a part of the Drama. He's free symbolically but he's also free literally.

For John this moment was the climax of the drama. In the interview later he said,

The most happiness I felt was getting free of the shirt from off my face. It doesn't matter about the degree or the qualifications that helped get myself back. Just getting my face back was cool.

Rona recognised at this point that John's freeing allowed us to see him, and it also allowed for the first time for John to truly see us. She described his coming into the light as similar to the notion of Te Ao Marama (the world of light). In the Maori story of creation, people pass from Te Kore (the void and darkness) into Te Ao Marama.

The period of enlightenment was, however, a precarious and dangerous moment. I suggested John was perhaps even more precarious than he was before, because not only could he fall but he could see for the first time how truly vulnerable he was. I wanted to draw the group into considering the wider implications of what we were seeing, and asked what this might tell us about how this particular image might inform our work in the campaign. Rona suggested that it was down to our intentions as workers. She said,

If it is not done with pure intent you can do more harm than good. The return to the community was done to cut costs and so has done more harm than good. Now that we have opened him up, it's even worse if we drop him, because he will fall on his face.

Rona then realised that Nahi had moved further away and there was no longer a safety net of any kind if John fell. Rona said, "It would be beneficial if this energy [referring to Nahi] were to..." In response I said, " No. Don't direct." That night in my research journal I asked:

Why did I stop her directing the next moment? Might this have taken us into a more direct forum theatre type process? What if I structured a workshop where the audience did direct? How might that shift and change the way people reflect on what is happening?

Now I wonder why I was intent on Rona staying as a spectator rather than a spect-actor (Boal 1992)? I knew, however, that I could not change the format and structure of what we were doing halfway through the process. It might have empowered Rona but it would no doubt have disenfranchised others in the group. It also seemed Rona needed little or no encouragement from me to say things as she saw them. I also discovered very quickly that not everyone was reading the same way as Rona or myself.

In the next two seconds Bevan had whisked the chair off the table and was helping John down. It was all done so quickly that even Rona could not ask for the action to be stopped. So I said Stop and commented, "To me there is a surety about Bevan, he knows he isn't going to drop John, that we need to know what to do next."

Francine replied, "He's starting to push a little." I assumed that she was supportive of what he was doing and so I said, "Yes, he's developing an energy now." Francine sounded quite distressed and said, "No, no, he's starting to push."

Later in the interview I asked Francine about this moment. She said, "I remember being quite agitated and concerned about what you said was

happening.” My reading of Bevan showing a natural caring and efficient charge of the situation was not how Francine saw it at all. Francine went on to say:

I was thinking this is a good parallel for this project. This is an example of OK, we have got twenty seconds to get from here to there and get this jersey off, so I thought there is a bit of physical pressure to get the consumers from here to there. And that pressure makes the non-consumers push and feel responsible to get things to here. So it was probably my own irritation. This is a very realistic pressure on the project.

Francine was viewing the image from her own situation and also seeing it reflected in the image. Francine was a non-consumer managing the contract ‘on behalf’ of consumers, and the image was asking her questions about her role in the campaign - questions Francine had difficulty answering. In this other moment of metaxis for Francine, the questions posed in the drama were actually questions that were posed of her in her role within the campaign. The image seemed to zero in on Francine’s key concerns about not only her own role in the campaign but about the nature of the campaign itself.

I suppose it is one of my fears and the image encapsulated that. It is more difficult to have change at a pace that can truly involve everybody. The process always has people out the front bashing down the brick walls and other people coming behind and building bridges. I believe there is a pressure in this project that we need to have a certain amount of stuff happen within three years. If the people for whom the outcomes are the most important can’t actually do what we want them to do, we have to go ahead and do a whole lot of stuff that actually mirrors the whole process that we are trying to change.

Contrary to my notions of enablement Bevan’s pushing was, to Francine, yet more discrimination and usurping of control. Francine saw as C.S. Lewis

(1952) said, "of all tyrannies a tyranny sincerely exercised for the good of its victims may be the most oppressive".

Francine read and reflected on the image so much from her own perspective that in the interview she argued vehemently with me. "You say Bevan only undid the first button but I saw all the buttons being undone by Bevan." On reviewing the videotape it is very clear Bevan undid the first button and John undid the rest on his own. My reflections on the drama were completely opposed to her understanding of the project. My reading and, what was to her, my inability to see the tyranny of Bevan's actions, were more distressing than the image itself.

The image moved two seconds forward and Rona said Stop. Nahi was now moving back into the frame and offering something to John as he and Bevan reached the ground at the same time. I commented that I read her position as one of the mental health sector, and that the sector had seen a supportive role to play once John had got back down to the ground. The last seconds quickly counted down and the image became the counter image. This time John's face was even more radiantly happy and relieved. The room heaved with relief as the burden of the last hour's work finished. Again the group in the image hugged as we clapped. It seemed we clapped as much for our own involvement in the drama as we did for the 'performance.'

We gathered for the poroporoaki. Its function was to close the proceedings of the day. People had the opportunity to stand and share their feelings about what had happened. Each speech was supported by waiata.

John started this final part of the session by reflecting on the experience he had just been through. He said, "Sitting there in the dark, you're suffocating, you've got your head down, it's hard to breathe and the only way out is with

the support of those around you.” Although it was unstated, we recognised John was talking about far more than his experience in the drama. As his waiata, John sang the song he had written for his friend Arthur.

*I met a man called Jesus  
He thought he was the saviour  
The second Son of God  
Overmedicated and crucified  
Perhaps he was*

Bevan stood next. With tears streaming down his face he talked of the difficulty and the emotions he had felt in doing this work. He said, “It was the physical acting out what we do that hit me so hard”. He gave Nahi a campaign T-shirt to acknowledge the work she had done in the workshop. Nahi replied by saying:

The part of the day that hit home the hardest was about whether we are pushing or not. In my work with clients I am never too sure if I am pushing too early, and at other times I don't even realise that I am pushing. So that actually for me was a very real moment. It hit me how real this drama is although we are acting it out. It was so real.

Again the fictional and real worlds had met for another participant. Unlike Francine and Rona, Nahi had said little in the deconstructing of the images. Yet in the final statements of the workshop she clearly elucidated the manner in which the fictional world of the drama had spoken to her about her own situation. I seemed to have achieved my goal, for Nahi at least, of providing an opportunity through the drama process for her to reflect on her own work practice. What was real was not the stylised form of the theatre process but her own feelings and responses to what had happened.

I stood to acknowledge again those two taniwha who stand at the entrance to the Hokianga Harbour and I thanked all those who had come and worked so hard through the day.

In the poroporoaki structure not everyone has to speak and I was surprised that Francine did not now take the opportunity. In the car on the way home she said she felt too agitated to speak then, and was unsure of the protocols and whether she would have to sing. The Maori protocols that had eased us into the workshop earlier in the day and had allowed Rona to take such a powerful role in the drama now excluded Francine as a participant because she was unsure of how they worked.

No one else stood to speak and so to close the day Rona led us in karakia (incantation). It was an old pre-Christian karakia acknowledging the Hokianga and its people. She spoke of our role as healers, that those of us who worked in countering stigma and discrimination were engaged in the process of healing people, relationships and ourselves.

After the final waiata we went and ate together for one last time and then headed back to Auckland through driving rain.

## **Reflecting Later**

In the hours home in the car we talked of the workshop and what had happened. Francine was still agitated about the pushing moment in the drama, but in particular she was interested in trying to decipher the impact of the drama for her future work.

Two weeks later I interviewed Francine in Christchurch and we tried to recapture some of that conversation. Francine said she “remembered most the verbal analysis going on inside my head rather than the physical positions I took in the drama”. It seems as if she was saying that the most powerful feature of the drama was the reflective processes she was engaging in as she undertook the work. Francine was unsure if it was this reflection or the memory of the image that would alter her later behaviour. She asked:

Is it the internal dialogue that will potentially change future things or whether because its based on images will it be more of ‘I recognise this’ in the future rather than an analysis thing? In the future will you suddenly think ‘I’ve seen this before, I recognise it’ and you then consciously decide to do something different. Or is it your own process, just like a visual cue that you stumble across in the future and decide, aah I’ve been there, I’ve seen this before.

In her first statement, about the power of the internal dialogue remaining with her and the sense of reality that she and others had about the images, Francine began to answer the question for herself. The image may act as a visual clue (Boal 1979) but it was the strength and power of the active reflection that was remaining and would remain with her.

I suggested it seemed paradoxical that this highly stylised and poetic non-naturalistic drama should be described by participants as real. Francine replied: “I’m drenched in this stuff all the time but it is also very familiar. It has to have some resonance with you for it to seem real. It can’t be too familiar but it can’t be too far away.” I was again reminded of Booth’s definition of drama as “imaginary gardens with real toads” (1990:23). People need to create a fiction, but they need to populate that fiction with real issues that resonate with their real lives. If the fictional is to collide with the non-

fictional, as it did in those moments of dramatic ellipsis described earlier, then the worlds cannot be too distanced from each other either.

For John, it was the fact that the images were not real that gave them their power. He compared the reaction to the images to how people might have reacted to photographs of discrimination:

The images are not real and therefore they are more powerful than photographs. They require the use of imagination and that hits at a conceptual level. There is a different connection to the images because they're acted out rather than real.

It seems as if the key to creating drama that will resonate with the real lives of people is to create fictions that are closely related to the real lives of the participants but are still imaginary enough for them to play with.

Francine was concerned about the differences between her reading or reflection and what other people saw or took from the images. In discussing the nature of metaxis with Francine she noted, "The gap between what you have presented and how people are reading what is presented gives you room to think about what is actually happening in the image."

As an audience to her own performance she was also able, in the aesthetic images convention, to compare and reflect upon her own reading in relation to the readings of the other members of the audience. Francine identified other gaps in the reflection or reading process.

There is not only a gap between what I think I'm doing and what the audience think I'm doing, but also a gap between what I think I'm doing and what the other actors think I'm doing.

In this comment Francine identified the social meaning-making of drama. She recognised that each individual contributes only a small part to the overall meaning generated by the group. As Booth (1994:30) says, "Drama is perhaps the only art dependent on no one person and everyone all at once".

She was aware the multiple readings the audience took from the drama were only part of the multiple readings that occurred. In the image there was a tension or dissonance between what the actors thought each other was presenting. She also commented about the reflection on the images by Rona:

Rona crossed the line. Her comments came close to not reflecting on what she saw as happening but directing. And then that can change what people then do as they reflect back what is being said.

For Francine the gap then potentially closed, and it meant the reflection and learning process was shut down as people acted out someone else's directions. I was not convinced and from this discussion I decided that in another workshop I would attempt a more forum-based approach to the work to see what impact a spect-actor role (Boal 1992) might have on the reflections of the group in the image.

John had spent a lot of time in therapeutic settings. I was interested in asking him if he saw the work as crossing the boundaries over and into a therapeutic process, especially considering the roles he took in the drama. John's response was very forthright.

I don't think its therapeutic and it wasn't a cathartic experience either. It made me think about my situation and my graduation ceremony but that wasn't cathartic. If I were worried about that particular scenario I would take it somewhere else. If I wanted to work through my feelings of hurt about my graduation they were not part of the workshop. The workshop operated at a symbolic level. It was not a personal place for me to work

through my anger and shit about that experience. Psychodrama makes change happen for individuals but this was about changing a whole group's attitudes and perceptions of mental illness.

John's definitions of psychodrama are no doubt somewhat limiting but he seemed to be able to define very clearly the distinction between the two fields of psychodrama and process drama. He was also able to define the essential differences for the effectiveness of both for this campaign.

## **My Own Reflections**

I was exhilarated by the work we had done that day. Exhausted but absolutely alive with the jangling tensions and discoveries we had made. I had trialled again the Three Step Model. Participants had spent considerable amounts of time reflecting on what stigma and discrimination was. They had painted a picture of what the opposite could look like and we had painstakingly begun the process of plotting out what the steps might be in the journey between. I was excited by how the work had raised genuine questions for participants to reflect upon the nature of their work and notions of empowerment. It fascinated me John could take a role close to his own reality and quickly see the symbolic nature of the work. I was struck by how the participants had seen aesthetic image as being real. Drama had provided opportunities for a multitude of different kinds of reflection throughout the day and beyond. I was fascinated by the moments of dramatic ellipsis as they had occurred in the drama. I was also intrigued by the experience of having Rona enter our drama from the kitchen.

David Booth (1994) describes a similar occurrence in a drama about dragons in a church hall. The adult participants are working on dragon tapestries (created

by still images) discovered in a cave and Booth says the drama is not going well for him. He describes in desperation asking the caretaker, who has come into the room to ask what time they are finishing, to find the truth in the images. Booth says,

He had no teeth and no drama training, and he knew the secrets of that tapestry. When he left thirty minutes later we gathered in our reflection circle and talked about status stereotypes and strangers entering our drama (1994:79).

Rona too had been able to read our 'tapestries' in a manner that had dumbfounded us all. I have since wondered if there was some way I could structure into the drama some happy coincidence of more caretakers or kitchen visitors. The place for an outsider to view and add their perspective to what we were doing had added immeasurably to what we had achieved.

An alternative reading of Rona's actions is that she was someone who, by virtue of her position and the strength of her personality, was able to dominate and privilege her own reading of the aesthetic images – she had hijacked the workshop so her own particular world view was the dominant one. I was about to plan for the next workshops, also to be held in the Far North. How I was to plan for and work within Maori kawa, yet achieve the ends important to me would remain a tension throughout the rest of the workshops.

## **Another View**

It never pays to get too relaxed in this drama game. I was feeling comfortable: I had either stumbled onto something new or, even better, had worked my way through to it with the Three Step Model. However, I was confronted by yet another reading of what happened in Kaikohe.

Annie Gosling had been recently appointed to the Mental Health Foundation to provide a mental health consumer perspective to the contract. I invited her to attend the next of our workshops in Kaitaia, although she did not attend one until the one held in Rawene. I was interested in gaining her perspective about the work. As I described the Three Step Model to her she said,

And I supposed it all ends happily ever after with the good old consumer nice and happy and well adjusted. And the participants all get to feel better because they've helped. How trite and convenient. It sounds fucking patronising.

Quite clearly there was some more thinking to do. The next workshop in Kaitaia would, I hoped, help me resolve some of these new challenges.

# Chapter Eight

## Oho Mauri

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### **Dramatis Personae**

Bevan	(Nga Puhi) Project manager, THOTT
John Matteson	(Pakeha) Co-facilitator, MHF
Will	(Nga Puhi) Camera operator
Doris	(Nga Puhi) Social security office local manager
Helen	(Nga Puhi) Mental health nurse
Ann	(Nga Puhi) Consumer representative, Northland Health
Nahi	(Nga Puhi) Mental health nurse
Tui	(Nga Puhi) Mental health nurse
Kiriora	(Nga Puhi) Chairperson, THOTT
Mike	(Pakeha) Mental health consumer

Kaitaia is a small service town that sits at the southern end of Ninety Mile Beach, a beach that stretches to Cape Reinga, the most northerly point of New Zealand. Kaitaia smells of the sea and the sub-tropical temperature in February is enough to melt the tar seal on the roads into sticky and messy puddles. The huge logging trucks roll down Highway One from the pine plantations that are scattered over the sand dunes to the north. They pass right down the main street of Kaitaia and past the hotel room where our workshop was to be held over two days.

In the two months since the first workshop in Kaikohe I had facilitated the workshop once again in Auckland. That too had been a one-day workshop. It confirmed my thinking after the Kaikohe experience that we really needed two days to do justice to the work and complete the Three Step Model.

Bevan from THOTT had again organised the workshop. John and I flew up from Auckland on the morning of February 18 1999. Kaitaia is only 260 kilometres from Auckland but our twelve-seater plane stopped half way, and just the two of us and the pilot flew on to Kaitaia. It meant a 5.30am start for both of us. John had not flown much and by the time we landed in Kaitaia I knew we should have driven up the night before and stayed over. John was highly agitated and scared by the flying. His medication also meant he was not very good at early morning starts. I was agitated myself as the stopover, for what seemed no apparent reason, had stretched to nearly an hour. The delay meant we would not get to the workshop until 10.00am. The day was set to start at 9.00am.

That night in my journal I also acknowledged, "we were a little underdone in preparation". I usually spend the few hours before a major workshop running through what I am doing. However, I had spent the morning fretting about being late and worrying if John was all right. As I walked in to the workshop I

remember thinking I just really wanted to spend the day at the beach. The venue and the numbers waiting for us certainly did not help lift my mood.

The workshop venue was a smallish room on the second floor of an old motel right on the edge of town and on the main road. It was still early morning but it must have been close to 30 degrees Celcius in the room. The windows were wide open, but failed to tempt any cooling breeze into the still, humid space. The noise of the trucks as they passed every few minutes was deafening and I could taste the dust as they rattled onto Auckland.

Bevan was already there waiting for us, as was Will with the video camera. I had checked with Bevan the week before, who had assured me that there would be fifteen to twenty participants to work with. Instead, five people were sleepily stretched across a few chairs at the far end of the room. The group were all Maori women who were involved in working on a daily or regular basis with mental health consumers. Two were mental health nurses, two were community support workers and one was a young woman who worked in the local Work and Income New Zealand (social security) Office.

In my journal that night I wrote, "It was stinking hot and there was a general feel of not much intention to do a great deal. We roll into the workshop."

Although I greeted each member of the group with the traditional hongi, we did not sit and establish who we were or engage in whanaungatanga. Instead, flustered by our late arrival, we leapt straight into the workshop. If my mood was bleak it was only to worsen over the next hour. In Chapter Seven I explained how I perceived the protocols of whanaungatanga and mihimihi in the North are as essential parts of process drama in this context as raising the curtain is in establishing the start of a show in a West End theatre. And yet somehow, because we were pressed for time and I was perhaps so fazed by

the sight of only five participants, we moved right on past those protocols. Therefore I began the workshop without establishing who I was, and I did not facilitate an opportunity for the group to establish who they were in relationship to each other. My next big mistake, however, significantly shifted the whole structure of the next two days. It also shook me in my confidence and my sense of my own professionalism.

I suggested we could do our introductions by using the images of mental health as used in the trial workshop, but not in Kaikohe. Reflecting now it seems a strange place to start. It did not cross my mind we had not used them in Kaikohe because the powhiri and whanaungatanga had set the day up so well for us.

Instead participants were asked to choose a photograph and comment on what it meant to them in terms of their understanding of mental health. We all chose an image and Doris, a young Maori woman in her late twenties or early thirties, chose a black-and-white picture of a person with her hands over her mouth. I asked her to go first and tell us what the picture said to her. Almost immediately she started to cry. She told the story of when she was working a few years before in a major government department. She had had emotional problems and was told by her employers that she should not talk about it.

She had been visibly shaken by the memories the photograph brought back. I think she surprised and further upset herself by revealing her story to a group of strangers so quickly in the workshop. She appeared intensely vulnerable and, as my eyes flickered across the room to John and the others, I sensed an overwhelming vulnerability in the group. At that moment I grew quite scared of the work. I felt very unsure of my ability to use the drama process well enough to keep everyone safe.

As the other participants spoke of their pictures I found myself barely paying attention as I struggled to work out how to move on from this start. It was not the tears that had worried me, nor the disclosing of the mental illness, but what I read into Doris's tired and fragile eyes. I was used to dealing with real emotions in the fictional worlds of drama in workshops. I was not so used to having to deal with real emotions displayed without the protection of the fiction and with a group I had established no connections with.

At the end of the photograph session I used the time to reflect on what had been said. I talked about how the word 'mental' could trigger all sorts of responses in people and therefore we needed to set some ground rules for what would happen over the next two days. I needed to reopen the workshop, to roll back the curtain properly and shift myself out of the torpor that the travel and the heat were adding to.

I said that as the workshop presenter I was accepting responsibility for what happened in the workshop and that the ground rules were non-negotiable. On reflecting now about that morning I am reminded of Heathcote's admonition that no teacher can abdicate from his or her responsibility of ensuring the quality of the drama (1984). I recognised that in the end it was up to me to make sure Doris and the others would gain from the experience of working with me for the two days. I had to trust the process would get us all there safely in the end. My process drama training, I think, also meant that I did not refer to Doris's disclosure directly but worked with it obliquely instead. I simply couched the ground rules so that they would cover it without referring to it directly.

The ground rules included 'confidentiality' and 'respect', and when I got to 'safety' I said we each had a responsibility to keep ourselves safe and to keep

each other safe. I then said it was my particular role as a facilitator to stick to the ground rules and make sure others did as well.

We broke for morning tea. I could feel the sweat running down my back and a sense of not quite knowing what to do next. It did not seem right to move on to John telling his story. I did not feel comfortable the group would cope with the rawness of his story and, looking at John, I was not sure he was ready to tell his story at that time.

## **Consumers as Partners**

In a professional supervision session only the week before with Dr. Alison Taylor, Chief Executive of the Mental Health Foundation, we had talked through the issue of what the risks were for John in engaging in this work.

We identified the work had the potential of creating increased illness by re-opening old wounds and hurts. Neither of us had thought about the physical stress of a long flight and early start coupled with working with a group of highly vulnerable people. I felt it was my responsibility to assist my colleague and partner by shifting the focus of the workshop from John and his story. The music that seemed to link and bind us in Kaikohe would not be available to us in Kaitaia.

At our meeting Alison and I discussed the safety mechanisms that needed to be put in place to protect John. We agreed I would work with another senior member of the management team to develop a set of written guidelines on 'safety mechanisms for workshops'. Of course we had not quite gotten round to doing that before the workshop, but my experiences of the day taught me two very clear rules that should be part of any guidelines:

- Do not begin workshops immediately after five hours of travel
- Make sure all participants are aware of the ground rules to keep everyone safe.

We had agreed in the supervision session the ongoing support that I provided to John was not enough to counter the risks. I should remind John the Foundation would arrange and pay for any extra support he felt he might require to talk through issues raised through the workshop process.

At the morning tea break I suggested to John I would work through some other processes first and then see how he was after lunch for telling his story. John seemed relieved to have some further time for a break. However, when I went back to the group, two participants came up and said they had to go back to their units and prepare lunch, but would be back later. At the time I was unsure if this was an attempt at a graceful exit on their part. Even now I wonder if they really had to leave or simply found a convenient excuse to go. The impact of their departure was to reduce the numbers, including Bevan and John, to five people.

I was now becoming distressed as to how I was going to fill two days of work with only five people. The discussion and energy that flows from five people is very different to what I had planned to work with from twenty people.

I decided to use the four square activity we had trialled in Auckland as other people were promised to arrive at any moment and two would be back after lunch. I was keen to move into smaller groups to free up the talk so that it was not all mediated through me, but with the full group reduced to five this was impossible. I thought if I could split the group it might also provide some further anonymity and protection for people as they discussed the issues. However, whatever ideas I had of splitting into groups, or more accurately

pairs, was completely thwarted when Bevan told me there were no large sheets of paper and we would have to do it on the whiteboard. We gathered around the board and worked through each section of the four squares.

In the 'What we know' section Bevan said he knew discrimination was caused by an abuse of power, of people struggling through and with their own powerlessness as consumers. It seems as if he had clearly reflected on what had happened in Kaikohe, as these were now quite different understandings of stigma and discrimination than he expressed at the beginning of that workshop.

In the 'What we think about' section one participant said she thought stigma was 'unproductive' and 'that it didn't work'. For the 'What we feel about it' section, John, who had said nothing for the fifteen minutes to this point talked about how people with mental illness stigmatised themselves. (The next day, this was echoed in the images we were to create in the drama when a mental health consumer who had joined us only for the aesthetic images session created an image of stigma that some one described as 'holding a knife to himself, pointing it to his chest himself'.)

In the section on 'What we don't know', participants listed that they did not know why people stigmatised, and whether it could be stopped or changed. I asked if there was anything else people wanted to add. When I viewed the video later I noticed I waited ten seconds before a participant told her story. Helen, a Maori woman in her late forties, sobbed as she told the story of when she was a child. An older member of her whanau (family), who had since died, had been very unwell and as a child she did not know what to do about it. There were so few of us in this room surrounded by empty chairs I felt we were somehow intruding into people's lives and stories without providing the right space and respect for them.

Helen said being part of the workshop had brought all the feelings back. I wondered what we had done to bring two members of our group to tears within such a short space of time when we had barely begun our workshop.

## **Desensitised Response**

I had been running workshops that tackled issues of racism or stigma associated with mental illness for nearly five years, often on a daily basis. It was how I made a living. By the time I had arrived to work in Kaitaia I had forgotten the emotional stress the first workshops had had on me five years before. I had forgotten the hard work that I had to do to keep myself safe and able to continue. After each workshop the debrief in the car on the way back to the office, the almost ritualised coffee in the staff room where I went over the day's work with colleagues, and the debrief when I got home, were part of my every-day approach to working with such emotionally charged material.

To come to a workshop advertised as using drama processes to look at issues around stigma associated with mental illness requires some courage and a sense, perhaps, that there are issues needing to be resolved from your own life history. No doubt the participants had tussled with those prior to coming to the workshop, and the hour waiting for the workshop leaders to arrive added to their trepidation of the day. Rather than building slowly and gently into the workshop I blundered straight in. Doris wept as she saw a photograph that connected immediately to the story that had perhaps brought her to the workshop in the first place. This had, it seemed, touched similar stories for others.

I realise now I no longer working in the anti-discrimination field, that when I had, I rarely fully engaged with the participants. As I listened to people reveal

their sadness, despair and anger through drama, sometimes on a daily basis, I had become desensitised to it. My nephew, an ambulance driver, had told me there was no way he could see his patients as human beings, because to do so would mean he would not survive. Drama was not as demanding as my nephew's role, but after five years I realised I was not personally engaging with the actual distress in the workshop. My response to Doris and Helen was not to share in their grief, but to merely consider their disclosures' impacts on the workshop. My own work in helping people to humanise was in some strange and paradoxical way dehumanising my approach to the participants. My somewhat perfunctory, "It's not easy to deal with this subject" was followed up by Bevan, who reminded the group it was okay not to share. He added that sometimes it was better to bring it out when you needed to. Helen agreed.

At this point Ann arrived. Ann had worked for the MHF in the Far North on a range of projects. She had been diagnosed with manic depression in her mid-twenties and was a highly respected member of both the consumer movement and the mental health community. We stopped to welcome her and she went around the room to hongi and kiss each of us. I summed up the morning so far and, as if to reinforce the vulnerability of the morning another participant, Nahi, then told her story of how her mother ended up in Sunnyside Hospital when she was a little girl. Again the tears flowed. Watching the video later I wondered if perhaps the lack of whanaungatanga meant people needed to make connections, so they made it through links to mental illness rather than through iwi.

Bevan then stood to acknowledge Ann and welcomed her. Ann stood and made connections to those in the group. She said, "I'm Maurice and Sharon's daughter. You'll all know my auntie Scarlett." She then told her own story of her diagnosis and described herself as a psychiatric survivor.

## Stigma

Janet Frame, one of New Zealand's most successful novelists, was also treated for mental illness in the austere psychiatric institutions of 1950s New Zealand. In her autobiographical novel *Faces in the Water* she describes how stigma affected her life.

My mother and I waited on the railway station for the Limited to arrive. I remembered how often, when I had been travelling past Cliffhaven and the train stopped to unload and collect mail and water the engine, I had looked out to see the 'loonies' standing on the platform. Now as the train halted, I watched the faces of the people staring from the carriages and I wondered if I had any distinguishing marks of madness about me, and I wondered if the people understood or wanted to understand what lay beyond the station (Janet Frame 1961:58).

I began a discussion on the definitions of stigma and discrimination by talking of the term's Greek etymology, referring to the branding or signs cut or burnt into a slave, criminal or a traitor's body. In response to my question as to why we thought people stigmatised others, Ann's response struck me as Foucaultian. She said people stigmatised others from the fear that mental illness could happen to them. She said a person with mental illness can be like a mirror, you can look in and see yourself. Foucault notes,

In this delusive attachment to himself man generates his madness like a mirage. The symbol of madness will henceforth be that mirror which, without reflecting anything real, will secretly offer the man who observes himself in it the dream of his own presumption (1965:27).

Ann continued by saying:

When you get sick and end up in hospital you know exactly what people are thinking about because you know what and how stigma works. You think, my God no one will want to marry me, I'll never get a job, because

now I'm under this banner. And we wonder why people complete suicide. You've already been given a death sentence, a life sentence you're going to have to live with all your life.

Like Janet Frame waiting at the platform for the train, Ann explained how aware she was of stigma: not only had she seen others stigmatised, but she had also stigmatised those with mental illness herself before she became ill.

When Ann finished her own story I distanced it all by speaking about everything in a matter-of-fact manner. I talked again of the Greeks and how they were branded so they could not remove the mark without dying, which was also both a life and death sentence.

It was now so hot in the room we could barely breathe. The cicadas outside the window were competing furiously with the trucks to make the loudest and most distracting noise. We decided to take a five-minute break before moving onto the next session. During the break I spoke to Bevan about my concerns with the low numbers, the vulnerability of the group and the difficulty of doing the drama work in such circumstances. I was ready to bail out and shorten the workshop to one day. We both agreed to think about it some more before deciding.

After the break I felt we needed to do something more active. We had been sitting for nearly two hours and I was aware the session had essentially consisted of me talking to or at the group. I was still hoping we could ease into the aesthetic images work at some stage. I chose to work with the proto-drama game we had used in Kaikohe.

One of the women who had gone to help in the mental health unit with lunch returned so I lined the seven participants up against the back wall and handed

out the role cards. I asked the questions and Bevan was the only one who moved more than two steps. Purely by chance Bevan got the same card he had in Kaikohe that told him to move as if he was a Pakeha man earning \$70,000 per annum. Unlike the first time, when Bevan charged ahead competing with the others who were racing on, he now anxiously watched behind him. When I viewed the video later I recognised that in replaying this game Bevan was actively reflecting on the last time he had played it. I also noticed as I read out each question Ann checked and re-checked her role card to see if there was any way she could give a yes response to the question and move.

At the end of the game Bevan revealed what the role was on his card. There were groans from the rest of the group (all Maori women except for John) and a chorus of "Oh, no wonder you're there." I asked each person to read out their card and then asked them to consider their progress in comparison to Bevan's. Ann said, "Bevan's role is considered the norm, what it is to be successful. We judge ourselves on his standard. It's unrealistic and unjust."

Ann had taken only one step and explained she had done so in response to the question, 'Your GP is kind and sympathetic to you', more out of hope than any realistic expectation, turned round and stepped back to the start line. She said, "For me seven years ago I would have been here and stayed here. Using the truncated language of the role card she said "27 year old Maori woman. Solo mother. Diagnosed with manic depression."

Ann then talked about the importance of awahi (support) to move off the start line. She remarked that moving off the start line with the help of someone else was much easier than trying to do it on your own. She talked about how in her own life the first steps had been the hardest. John then spoke of the importance of role models, of seeing others with mental illness make those first

steps, of seeing they had gotten off the starting line. Despite Sayce's (2000) criticism of the hero model and my critique of their use in the *Like Minds* campaign, John's comments suggested some support and purpose for their use in the project.

Just before lunch two more people arrived. Introductions were made and we spent ten minutes discussing and reviewing the morning's work. As we moved to go to lunch Bevan stood and told the group he really appreciated their involvement, but he was enormously disappointed there were so few there. He said if there were only eight people for two days it was not economical to continue, and that he was frustrated he had made the workshop accessible by making it free to attend.

The immediate response from Ann was that she would ensure there would be twenty people there the next day. Others also said they would support Bevan by ensuring the people who said they would come would be there. Bevan said he would discuss it with me over lunch and let people know afterwards.

At lunch Bevan explained to me privately his challenge had been deliberate and he knew the directness of the challenge would be rewarded the next day. His advice was to stall through the afternoon session and to restart the workshop the next day with a full group. I reluctantly agreed to a kind of afternoon that would drift along aimlessly. John also said he wanted to tell his story straight after lunch as he wanted to finish early. His story that afternoon began well. Finally, there was some laughter in the telling of the personal story to leaven out the sadness and tears in the morning. And there was music. Then he wandered off the story and began 'teaching' again at the whiteboard about the Human Rights Act and talking about the various forms of discrimination covered under the Act. He limped through to finish off the session with his song *Psychiatric Survivor*.

Bevan showed a series of overheads about the campaign in the North and his goals over the coming years and we finished for the day.

I felt completely defeated. I had hoped to build on the experience of the workshop in Kaikohe and see the Three Step Model in operation again. Instead the Model had become buried in a day that seemed to go nowhere. I was glad we had another day to get it right.

Bevan, Will, John and I headed to Ahipara Beach and swam until late. It was deserted and the surf was strong and pounding on our bodies. We said little of the day. We were all feeling low. However, the surf was just what we needed and by the time we got back to the motel I had started to feel optimistic about the next day.

## **Day Two**

I woke early and spent the first hours of the day thinking about how I would structure the day. I knew I would have to start with the participants spending time engaging in whanaungatanga. I would then need to clearly establish ground rules to move quickly into defining what we meant by stigma and discrimination and if John was up to it, build that around his story. In the afternoon we would hopefully move into aesthetic images work to crystallise the morning's work.

John had shared the motel unit with me. When I saw him he told me he had not got to sleep until about 4.00am, and that he had taken some medication to get to sleep then. He was groggy and seemed quite unwell. I suggested he go back to bed and I would wake him later. He could tell his story again when he felt a little better.

We started at 9.00am and this time there were nine people, with only three participants from the day before. We spent time reviewing definitions of stigma. Throughout the morning small groups of people arrived, including two more of those from the day before. By 11.00am there were eighteen people participating in the workshop. A further five came merely to show their support for Bevan, but remained for the rest of the day on the steps outside. Usually they were quiet but on occasions we could hear them playing guitars and discussing things quite loudly. At other times they walked through the workshop to go through to the kitchen or toilet.

At about this time Bevan realised the full complement of the workshop had finally arrived and he stood to welcome everyone for the third and final time that morning. In his mihimihi to the group he suggested we start again. The two-day workshop we had planned for - to do justice to the Three Step Model - was now reduced to four hours as John and I were to leave for the airport at 4.00pm.

After a full round of mihimihi and waiata we started. I felt stronger and more capable than I had at any time over the preceding day and a half. As we broke for the traditional kaputi following the mihimihi John arrived back up in the room. He looked refreshed and better too. He said he was ready to tell his story whenever I was ready for him. I said I would just do a small piece on discrimination and the law as Bevan had asked, and then I would pass it over to John. I said he needed to keep it short and snappy so we could set up the aesthetic images work.

Finally things were falling into place. The group now numbered up to 22, with 16 plus Bevan and myself remaining committed to the workshop.

We spent some time discussing the role of the legal framework governing discriminatory practice and mental illness. Debate centred on the difference between the law as it related to mental illness, and Maori lore and the rules and strictures that tikanga places on discriminatory practice.

Lunchtime over, John started his session. He was superb. In my journal that night I wrote he was "like a true rock n roll troubadour". He sang his way through his story and I could feel him connecting to the group. I had packed away the whiteboard so he could not go up to it and 'teacher'. There was an immediate shift in the feel and weight of the workshop. People were laughing and feeling like they were involved in something unique.

Two of the men who had stood on the balcony through the morning session came and joined the session through John's story making. They were musicians. After John finished his story they left and John spent the rest of the afternoon jamming with them on the balcony. I did not really notice the music through the afternoon but as I watched the video later I realised that often over the silences of the image work there were snatches of waiata competing with the trucks for distraction.

I then introduced the group to the Aesthetic Images work we were going to do. I kept my introduction to it very short. After nearly two days of having them seated I wanted to get them up and moving. I needed to shift them and myself from the disquiet and unease that had been created by the vulnerability I had seen the day before.

The participants leapt at the chance to be active. Those first few moments of negotiating with the group to accept the drama process are always a little scary. Heathcote recognises that this is the moment of the transfer of power from teacher to students. She describes it as a "realignment of relating"

(1984:21) where the students now have the “power to influence, not only watch” (1984:167). At this moment I am never too sure if participants will accept the power and responsibility for the next part of the workshop. I fear some day someone is going to turn around and say, “I’m not going to do that”. Today, however, participants eagerly took up the challenge and there was lots of laughing as the groups charged around playing at creating the various shapes. After we had created the final moments of the netball game in much the same way we had in Kaikohe, I was still unsure if I had created the picture of stigma strongly enough in the group’s minds because of the disruptions and disjointed nature of the past few days.

As I reflect now on this aspect of the workshop I recognise the participants also had not had the advantages of the art making that followed the PowerPoint presentation of the images of mental illness from art. In Kaikohe these had been an important part of the building strong images for the participants to work with in the aesthetic images. The PowerPoint projector had been stolen over the Christmas break and so, although not a deliberate decision not to show the images, the convention I then chose to engage in was designed to have a similar effect. I wanted the group to create their own visual images in their minds eye before creating them physically in the aesthetic images work. I therefore decided to ask them to engage in a process of creative visualisation about what stigma and discrimination looked like.

I asked each participant to close their eyes and create an image of what stigma and discrimination looked like. I asked them to firm it up by focusing on the way in which people stood or positioned themselves in their image. To assist them to build their images I started to use a range of reflective questions, such as:

- Who is there in the image?
- Who isn’t there?

- Why aren't they there?
- Who are people looking at?
- Who aren't they looking at?
- Who isn't looking?

The next task was to share the images in their small groups of four. A number of participants were able to describe actual images.

"I saw someone with a worried look on his face and two girls pointing and sniggering".

"It was the colour of black."

"He had a bag on his back and the words on it spelt SHAME."

Ann told her group, "I imagine we will have to act this out. I see someone crawling on the ground with this huge burden of other people on them but they are still on their own." Doris said that she saw barriers made of barbed wire.

The groups then created their group image based on the images shared within the group. This task required them to collectively reflect on each image as described by each participant, and then try and build a collective image of stigma and discrimination.

In retelling the story of the Kaikohe workshop in Chapter Seven I recounted each group's process through the aesthetic images convention separately. However, I will retell the story more chronologically for this workshop because there was greater overlap between the images than in Kaikohe, and a more cumulative tension and focus developed and built through the work.

As always seems to be the case in aesthetic images work each group worked quite differently. Some were up almost immediately trying out different images whilst others were content to sit and talk. The talk in all groups was intensely focused and serious. In Ann's group, Tui, who had only joined us at lunchtime,

was busy as a self-selected director shaping and reshaping the work by standing both in and outside the image. She urged the group to pay attention to the details of the image, telling Ann, who was stretched out on the floor, to sink into it harder and to stretch out her fingernails as if she was clawing her way along. As I watched them finish their images I felt the goose bumps and shivers run up and down my spine. I told Tui's group that I had the shivers and Tui said, "I do too".

I asked each group to hold their image so that we could each see them. Over the next 90 minutes we moved from group to group, first showing the original image, then editing it and then finally revealing a counter image to it.

Doris, who on the first morning had wept so openly, stood in the middle of a group who were laughing and pointing their fingers at her. This time her head was down and she was symbolically weeping. It was almost unbearable to view. I forced the rest of the group to look at the pain in the group by narrating over the silence: "This is the image of discrimination of people with mental illness". I held the silence for ten seconds and then asked them to break their stillness.

In the second group Ann was pinned to the floor by an enormous pillow. Mike was over to one side, striding off into the distance with one hand pointing to his chest, the other hand tight behind his back. Tui was standing on a chair above it all with both arms stretched out wide. I again narrated over the silence, knowing the words would force the audience to focus in and to reflect more closely on the image: "This too is an image of stigma of people with mental illness" and then I stood there silently for ten more seconds.

In the middle of the third group a young woman, who had only arrived that morning, was sitting leaning forward with her hands out in a begging fashion.

All backs were turned except for Bevan who stood as if he was offering her something, but he was slightly out of her eyesight and she would not have been able to see him. One woman was trying to kick the young woman and she too had her back half-turned from her.

Strangely this image was not as powerful as the first two. It was partly a technical issue. The woman kicking was struggling to stand still and retain her balance. It detracted from the rest of the image. (Later I showed her how to retain the intent of the kick but discussed with her how she could shift her position to be able to hold it within the image.) The other issue was that the first two images were grouped more tightly together. The distance between the actors in the third group dissipated the menace over the young woman. I talked this through with them later as they edited.

In the fourth and final image one participant, Kiriora, was sitting regally on a chair eating cake. She had positioned herself so she barely saw the woman on the ground - held back by the other two women - trying to break through and get her piece of the cake. Kiriora was the chairperson of the Trust that governs THOTT. She had the highest status within the room.

The tension and the pain of the other images had cumulatively built so there was a decided edge and tension to the work. I jokingly referred to the scene as Marie Antoinette and the queens eating their cake. Bevan, quick as a flash, said they were all drama queens. The room rocked with laughter as the tension from the morning released into a noisy explosion of laughter.

Using humour to break the tension is a common theatrical device used to great effect, for example, in the drunken porter's scene in MacBeth. I am reminded of Heathcote's assertion that:

The difference between theatre and classroom drama is that in theatre everything is contrived so that the audience gets the kicks. In the classroom the participants get the kicks. However, the roots are the same: the elements of theatre craft (cited in Morgan and Saxton 1987:1).

I had seen the group prepare their image and was aware of the chance to use it to contrast it with the darkness and bleakness of the other images. I relished the opportunity to use the spectra of light and dark to make a drama lesson that has the structure of a well-made play (Morgan and Saxton 1987).

The groups then spent five minutes editing their work. Some quite significant shifts were made to a number of the images. Bevan's group moved much closer together and a large amount of time was spent working on facial expressions to sharpen the mood. By the way in which they approached their work I had a sense they knew their image had not had the same impact as the others. They were determined to improve its quality before they shared it again.

Tui stretched Ann out even further across the floor and worked on each individual finger so she now looked to be hauling herself along the ground with her fingertips. In Doris's picture the edited version had her standing rather than sitting. As her shoulders slumped forward and her hand reached up to her eyes the impact was even more disconcerting. Kiriora's group discussed whether the image would be stronger if the cake was eaten and all that was left was the empty plate with crumbs on it.

I asked Ann's group to take up their positions and to hold them as still as they could, so the other participants could say what it was that they saw in the image. Bevan led off by immediately focusing on Mike saying, "His finger is pointing at his chest and the gaze on his face is as if to say 'who me?'" Someone else said, "It's like he has a knife pointing at his front and his hand at the

back has a knife". Unlike the deconstruction phase in Kaikohe where Rona from the kitchen dominated, there was a steady stream of ideas about the image from around the room. Someone else commented that Ann looked as if she was crawling out from under her burden. Another person said, " She looks to me as if she has the answer but they won't let her release it, they won't listen to it". Some one else commented, "Her hands look like they are just gripping onto reality".

I asked the viewers to step back and I began to reflect on what had been said. I hoped this would make them reflect even more on what they had already seen. I hoped this would be heightened by the way in which I used the following reflective question:

I'm not going to get you to do it because I don't know you well enough, but if I had worked with you longer and did know you better I might ask you 'Where are you in this image? In your job where are you? Is this you or is this you?'

Following a long pause I asked slowly and deliberately:

Or are you somewhere else? I could ask you but I won't because it's a lot to ask of a person to now place themselves in the image.

By my asking but not asking, participants were challenged to consider exactly where they were in relation to the image. At one level I did not need to get them to physically move. By the way I posited the question and waited, I could tell people were working out for themselves where they fitted into this image. Schechner describes this form of work as 'conceptual performance' by which he means "where events never happen at all: the thought process is enough" (1990:49).

The stillness and silence that followed my "thank you for sharing the image" felt awkward. It felt as if my questioning had been too personal. The question

had probed deeply into the actions of those who were working in the mental health sector. Up until that point they were able to keep their views safely tucked away. They knew if I had asked them to go and stand in the image and they did it honestly, then their real attitudes and behaviours around mental illness would be revealed.

The question was powerfully disconcerting because it was a directly reflective question. It asked them to mix the real with the fictional. It challenged them to go and stand as themselves, as they really are, in the fiction of the image.

Doris's group then froze into their image. Bill was now lying face-down on the floor and Doris was standing facing the other way with one hand up to her eyes. "Measure this one up for the coffin," Kiriora joked. At the time I remember I was irritated that the beauty and tension in the image was cheapened by the flippancy of her comment. In viewing the video though I realised that perhaps the group was searching for some release of tension built up from the previous task. I now wonder if perhaps I should have given them an opportunity for some reflection outside the action, which might be termed passive reflection, for them to talk about the task that I had just 'not asked' them to do.

Reflecting now on the joke, instead of ignoring it I could have used it - by reminding the group that stigma does kill. However, I wanted to shift the focus to Doris so the dignity of her work would not be deflected. Perhaps too, if I had commented as above by forcing the group to be continuously on task, I could be accused of the sanctimoniousness that O'Toole (1998) warns process drama practitioners often fall into.

I looked at the image of Doris and said, "I don't think I've ever seen anything as sad as this image and I've been doing this work for a long time". And I

meant it. When I have looked back at the image on the video over the last few years its essential sadness has struck me every time. Perhaps, when I said that to Doris, I was reflecting back on her tears and the vulnerability I had seen the day before. I had had to deal with the real tears in the real world the day before, but strangely the real tears in the fictional world at that moment were even harder to deal with. Possibly its impact derived from the collision of the real tears and the fictional tears arising from the same felt experience of exclusion and discrimination. Maybe the distance the drama offered at this point allowed me to more deeply feel Doris's pain than the 'real' ones had the day before.

At this point Bill got up off the floor and came to look at the image Doris had created. Kiriora called out: "Oi you, get back down on the ground." Again the stillness and tension were broken by laughter. Someone else called out, "That's because she lives in Kaitia". There was more uproarious laughter. This time I joined in and putting my arm around Doris I asked laughingly, "Is that what it does for you?" Kiriora, who had not been there the morning before, spoke so softly and gently to Doris then that it took me a long time to decipher from the video what she had said. "Doris, it's from what we come from. True-life experiences have taught you to do that. So kia ora [words of acknowledgement]".

Kiriora was recognising that all we have when we work in process drama is what we bring to the drama and what we imagine. She knew what Doris was showing in the drama was close to the real life experience of not only Doris, but everyone in the room. A jagged edge of the self had brushed against the edge of the role. The tension it created was so tight we had to find a way to laugh. I acknowledged our need to laugh by saying what we had to do sometimes as human beings was to find something to laugh about because life

was so bad. I added, "Sometimes discrimination is so ugly we have to laugh at it, because otherwise how do you survive?"

Ann then reminded me that not only was the process drama operating as a lens through which to view ourselves, but that the particular convention of aesthetic images can be operated like a lens too. Ann said, "I see it from this angle." She was of course speaking both literally and metaphorically, having positioned herself on the other side of image to where the majority of the group was standing. "What I see in here I thought was initially ignorance but it's arrogance really." Her view into the image was determined both by her literal or physical stance, and just as importantly by the reflective stance she was taking based on her own life experience.

As I thanked the group for their work I chose to end the analysis of the image with laughter by telling Bill to get up off the floor and to do some work.

By now it was so hot in the room that I was running a small wet flannel around the back of my neck. I suggested we take a few minutes break. I stood on the porch outside to gather my thoughts and to both figuratively and literally cool down. After five minutes we gathered back and I overheard Tui talking to Bevan. She was telling him that the image had created a feeling of 'oho mauri'. I said I had never heard the term and asked her what it meant. She said, "Oho mauri is when the life force is awakened. When who we are, our mauri, the essence of ourselves becomes totally aware of itself". I said I wasn't exactly sure I understood and she said:

It's oho mauri. That is what happened. I'll give you a comparison so that you can liken the feeling to it. It's like sitting on the beach, in the still of the night and all you can hear is just the sound of the waves hitting the shore. Now picture yourself in a moment like that, that's what you call oho mauri. Or sitting in the still of the night and all you can hear is the

distinct call of the reru, or the night owl, it's just you and that night owl. It's that oho mauri that you can feel. A lot of that is used in counselling. Kia ora.

For Tui the work had wakened the very essence of who we were as human beings in much the same way that the beauty of nature can and does. I was humbled that our attempts at theatre had created such an impact for Tui. Others in the group were silently nodding and signalled their agreement with Tui's description of the similarity between what she described and our work.

Myerhoff describes something similar in her discussions of the relationship between theatre and ritual where "another state may come about, transcendence, where one is aware simultaneously of being in the flow as well as aware of his /her actions" (1990:247). Csikszentmihalyi describes flow as "where action and awareness merge, destroying a dualistic perspective, a performer becomes aware of his actions but not of the awareness itself" (cited in Myerhoff 1990: 247). The importance of transformation for Schechner is in the "startling ability of human beings to create themselves, to change to become for better or for worse, what they ordinarily are not" (1993:1). Tui recognised the importance of oho mauri transformation in therapy.

## **Nature and Reflection**

Wordsworth, like Tui, is more poetic in his descriptions of these moments of awe, of heightened awareness through reflection, of the transformative nature of such moments. On his return to Tintern Abbey after five years away he writes of the power of nature to transform so that people can see into the truth of things.

*That blessed mood,  
In which the burthen of the mystery,*

*In which the heavy and the weary weight  
of all this unintelligible world,  
Is lightened: - that serene and blessed mood,  
...  
We see into the life of things. (1802 in 1943:37)*

Tui and Wordsworth speak of the power of nature in creating a powerful mood for reflection, a sense where one becomes part of the flow. There are obvious similarities in the settings, the stillness and silence of the scene around Tintern Abbey, at Tui's beach and the stillness of the workshop images. More importantly, all three scenes are transformative as they have the potential to change who we are and who we see ourselves to be. And yet there are important differences in the nature of the processes of reflection in each example.

One of the key differences between reflection in drama and reflection as understood by Tui and Wordsworth is that the latter two describe scenes of solitude. Even though Wordsworth is at Tintern Abbey with his sister Dorothy, in this and his many other poems on the power of reflection he speaks of recollection as a quiet, solitary and singular process. Tui's experiences on the beaches or in the bush are also dependent on her aloneness. Process drama allows, however, for group or socially constructed reflection. Each participant's reflection is further shaped and added to by the reflections of others. In process drama there is not just the quiet internal dialogue of Wordsworth but also often the frantic and noisy sound of laughter and chatter. Wordsworth's reflection is also after the event, a passive process of crystallising and thinking about the lived experience. In process drama the reflection is occurring even as we are acting. It occurs within the lived experience of the drama.

I was very keen to interview Tui after the workshop to delve further into her sense of what 'oho mauri' meant. Tui gave me her phone number and I tried

unsuccessfully for several months to make contact before giving up. However, I spoke to Amster Reedy about what he understood of oho mauri. Amster said that mauri is one of the most important of Maori spiritual concepts. "Mauri," he said, "is something that has no beginning or end, it flows through and in and about you. It is the very essence of who you are. 'Oho' means to awaken, to bring back to life. It's a powerful construct for healing people who have lost their sense of who they are" (Personal communication 2000).

## **Therapy or Healing**

In Kaikohe I had been concerned that the work I was doing with John in particular was somehow straying into the realm of therapy. Had Tui seen my work as tapping into therapy? Or had she simply seen the connections between drama and psychoanalysis as the founder of psychodrama, Jacob Moreno had. Schechner suggests that the "four great spheres of performance - entertainment, healing, education and ritualising are in play with each other" (1993:20). Perhaps Tui could see the relevance of the aesthetic images convention and might take some of it into her counselling work later.

In using Schechner's model to explore the nature of the image, perhaps we can see that the image operated for different people within each or some or all of the spheres. Tui saw the work with Doris was healing for her and for us. My goal was educational, but of course there were elements that were healing, such as with Doris and with Ann. Other parts were intensely entertaining as the laughter and the tears we shared amply demonstrated. And the whole process existed and particularly ended as part of Maori ritual gatherings.

In the workshop, Bevan's group now recreated their image. Again people commented on the evident sadness. Kiriora thought the image was layered,

that lots of things were happening, some of them contradictory. I agreed that stigma was not a simple process and that the law we spoke about in our morning session would not fix it. Someone commented he found the image harsh. I asked them to be more specific. He said he saw it in the surprise and shock in the stigmatised person's face.

Ann walked up to the one who was stigmatised and said, "What's wrong with you? Snap out of it". The tone of her voice was so practised and natural I was not sure if she was saying it for real, or saying it as a line in a script that extended the image work into a small scene, or saying it as a description of what she saw. Regardless, it was clear it was said by someone who had heard this many times before. In watching the video I noticed a coldness and abrupt tone in Ann's voice, a superior voice of authority that immediately diminished and dismissed the anguish of the person with mental illness. Ann simply turned around and said, "It's what I've heard all the time. It's what is said all the time." In one sentence Ann moved from the specificity of her own lived experience, to the lived experience of the people in the fiction, and to the lived experience of people with mental illness.

Tui again said she felt oho mauri in the image and as the group finished I noticed Bevan breathing in and out, slowly and deliberately. I was reminded of the beginning of his mihimihi when he stood to welcome everyone that afternoon. He had started with the ritualised beginning: "Tihei mauri ora" (My breath gave me life). Again he focused on his breath to move himself from one world into another.

Kiriora's group stilled themselves into their image as Kiriora picked up the plate. Whilst we had been working on the other images she had inadvertently eaten the rest of the cake on her plate. The plate was empty except for a few residual crumbs - and people were being stopped from getting them. I

commented that stigma was about people wanting to get hold of power; it was about who has power and what people would do to keep hold of it.

The groups had unpacked in sharp detail what they felt stigma and discrimination was and how it functioned. They had understood it at both cognitive and affective levels. They knew its pain, the deep sadness and anger, the injustice of fighting for crumbs, and so it was time for them to consider what it might mean to counter it, to find its opposite.

I instructed the groups how to put together a counter image and watched them work on building them. As I listened in I noticed they were constructing narratives around their images. The first images had been read in terms of what they meant to the audience at a symbolic level. However, I realised they also contained specific stories and roles. In Bevan's group, for example, as he positioned himself for the image he said, "So I might be your brother or cousin so I'll be ...". Ann's group was now also considering what the audience would read into their work. As the group was attempting to work out a basic shape for their image, Ann wondered how the other groups would read it if it was a straight line or a circle. For Doris it was all very simple. In this image she said, "I'm happy rather than sad."

We started by looking at Ann and Tui's group. Rather than the linked arms and circles I had seen them trying out, they had opted for an image of people on a waka (Maori canoe). The image of the waka is almost clichéd within New Zealand society for explaining how teams or groups of people need to work together. The metaphor of the waka is used by government agencies as it pushes its central messages of social cohesion. Terms such as "we all need to be on the same waka" and "we all need to be paddling in the same direction" have been used to sell a range of government messages, from the need for social homogeneity to criticising those who criticise government.

At the time though, and in terms of how the groups saw it, the image was described as demonstrating balance, of inclusion, of moving forward, of everyone on board, of everyone paddling: having a contribution to make towards a clearly perceived goal. Perhaps it was exactly the sort of counter image the bureaucrats and politicians funding the project hoped to see. They might read it as mental health consumers contributing economically, paying tax dollars rather than receiving them.

We looked next at Bevan's group. There was a physical levelling out. The person who had been on the ground was literally uplifted and standing on the same level with every one else. Tui noted in the counter image everyone had gained, that there was a sense of celebration. Ann noted:

It's liberation from all the energy that goes into maintaining a dynamic that is unhealthy for everybody. And when the energy goes out of that it is empowering for everybody because it puts an end to all the power games. A lot of energy goes into that. It's exhausting.

I latched onto her point. The literature is quite clear that arguing against discrimination on a moral ground is a waste of time (Spoonley 1990; Sayce 2000; ILO 1999). A counter image showing that the opposite of discrimination also benefited the discriminators seemed to be enormously important. Ann, who was a mental health consumer and also worked in the system, knew exactly how damaging stigma was for everybody in the mental health system: - there would be benefits for everybody if they could be freed from it. I suggested mental health professionals needed to be freed from stigma as much as mental health consumers. In doing so their practice could be freed from the shackles of stigma and discrimination.

As discussed in Chapter Four there is little point in making anyone feel guilty for stigmatising. What is important is showing possibilities and benefits for

other ways of working. The benefits for mental health consumers in a non-discriminatory environment are obvious. What this image showed was how such practices could be liberating and freeing for mental health professionals.

O'Toole (1998) suggests process drama has rarely wanted to view oppression from the oppressor's viewpoint. He suggests, "we stay within our own comfort zones of virtuously disapproving of the morally insupportable" (1998:24). In Kaitaia we acknowledged people put huge energy into supporting a structure that discriminated because it was useful and it worked for them. Instead of taking the moral high ground, the first two counter images revealed the benefits of anti-discrimination to the discriminators. The images' arguments were that there were even more useful and beneficial ways of working, for everyone, stigmatised and stigmatiser alike.

In returning to the next image the barriers were gone. Everyone was presented sitting on the same level sharing what was now a replenished plate full of cake. The audience read the image as showing acceptance. Someone spoke of their surprise that one of the people who, in the first image barred access to the cake, was now handing the plate around. The sharing of the cake, I suggested, had occurred because there had been forgiveness. The workshop ran at the time of Clinton's apologies to the American people over the Monica Lewinsky affair. In Australia, John Howard was resolutely refusing to apologise for generational abuse of Aboriginal rights. In New Zealand the Queen of England had recently apologised to Tainui (iwi of the Waikato region) for land confiscations of the late 19<sup>th</sup> Century. I noted that night in my research journal there was a sense people had been drawn back to John's singing of 'thank you' earlier in the day. I noted, "the power of a consumer not railing against the oppressor but saying thank you to the system that saved his life". The image of John singing seemed to be in the counter image.

If O'Toole (1992) is right in that we draw from the drama back to the specific context in which the drama occurs, it is also clear there is a temporal element to that context. In viewing the videotapes years after the workshop, when the apology issue was no longer pervading both the media and my own consciousness, I could no longer see or feel the connection. The analogy I drew for the need for an apology to be made to mental health consumers for the treatment they had received over generations fitted the social and political context of the drama in 1999. I doubt, however, if I would see or make the same connections today.

In Doris's group everyone was seated. Doris was looking directly at the person who in the first image had been pointing and laughing at her. There was a huge grin on her face and as we stood and looked we spontaneously applauded. There seemed to be huge relief and release witnessed by us all that the sadness of the first image had been eradicated. Those of us who had been there for the whole time hoped some of the sadness we had witnessed for real the day before had also been released. Perhaps we recognised that, in accepting her mental illness in the drama, we had accepted her for who she truly was.

People spoke of the power of *kanohi ki te kanohi* (face to face) interaction. Amster Reedy explained to me that this concept is central to communication in the Maori world. "If you want to sort something out, you need to show your face, you need to let people see you for who you are" (personal communication 2002). The image, I suggested to the group, told us we needed to work on these issues, not wait for the 'faceless' bureaucrats in Wellington to come up with solutions but as human beings, face to face.

There were forty minutes left before John and I would have to leave to catch our plane back to Auckland. I had a choice: either move to Step Three and

look at how people might move from the first image to the counter image; or I could end by following the processes and protocols of poroporoaki.

Having messed up the beginning of the workshop by racing to get things done I had learnt there was no point in rushing things. It would be more important to close our two days together properly and appropriately than to rush and wreck the process. If it is a central part of process drama in the North to lift the curtains with powhiri and whanaungatanga, then poroporoaki is the only appropriate way, within both the cultural and drama contexts, to finish the day.

I explained what we would have done with more time: we had at least worked out where we were and where we wanted to end up with aid of the project. I said I hoped they would be able to take back to their own practice what they had learnt: instead of working it out in the drama they would have to do it as they lived it.

Bevan stood to speak first. He started by acknowledging and thanking all who had turned up in answer to his challenge of the previous day. He then turned to thank John and me, and to wish us a safe journey back to Auckland. Tears streamed down his face as he described the power of the images. He acknowledged finally the power of the North and the stories that are born and told there. Bevan is Nga Puhi and as he finished the women stood and sang Nga Puhi waiata for him and for us. The men who had come to support Bevan - by standing on the balcony all afternoon - finally came in and played their guitars and sang. There were not many dry eyes in the room.

The speeches and the songs lasted for fifty minutes. John stood and closed with *Arthur*, his song about a friend of his from his days in the boarding houses of Ponsonby.

*I met a man named Jesus  
He used to wander  
The city streets at night  
And run up a tab at city cafes  
While he shouted his friends  
All bread and wine  
He believed he was Jesus  
The second Son of God  
Over medicated and crucified  
Perhaps he was*

Again there was a stillness and a silence in the room and a feeling of what I would now describe as oho mauri.

## **Reflections on the Two Days**

The trip home was very fast. The plane was so small and noisy that John and I could not really talk and anyway, I was absolutely shattered. I felt like I had run a marathon. We agreed we would meet over the weekend to talk through the two days, and also to check on how each other was feeling. John visited the next day looking refreshed, and we talked only briefly about the workshop.

John and I were booked to run a workshop the following Wednesday for the staff of the Mason Clinic in Auckland. The Mason Clinic is the most secure forensic unit in New Zealand. I had previously worked in a secure environment, when I taught at Stamford House Regional Remand and Assessment Centre in London in the 1980s. I was anxious about returning to a locked room to do drama. I also clearly remembered the cynicism and distrust we had of people who came to the Centre tell us how to do things.

As John and I planned for the Mason Clinic workshop we discussed the Kaitaia workshop and made changes based on our reflection of what we thought had worked and what had not. I wanted to pare down and separate out completely

the discussion around the law and mental health, to concentrate more on the aesthetic images convention.

I was determined we would attempt Step Three of the Model as I had felt cheated that we had not done so in the North. The rather simplistic and naïve counter images needed to be challenged. The clearest way to do that was through using Step Three. I had been thinking about the Marie Antoinette image over the three or four days since the workshop. We had not seen them move from the first image to the second and I wondered if they could have done it honestly. Such abuse and arrogance of power historically has only ever been overthrown by violence. The cake was never going to be shared willingly. For the peasants to get any bread, let alone cake, they had to guillotine the aristocracy. Even then they only got bread, and the equal sharing of power proved illusory.

I was hoping that less pat counter images could somehow be wrung from the work. The tension of moving from one to the other might demonstrate the lack of depth or honesty in the work I had a feeling they had got away with in Kaitaia. It seemed far too easy to simply say there would be a sharing of power without beginning to show how.

I had to admit to myself I was deeply disappointed with the work done in Kaitaia. I had started badly; I had recovered in the first part of the image work, but then failed to see it through to completion. John was less harsh on me and suggested that a whole range of things had conspired to defeat us. Not least among these was a roving and changing workshop group. John felt I had coped flexibly with the demands of the shifting population in the workshop. I knew the workshop as it was structured could be delivered in a day, as long as people were dedicated to being there for the time and there were sufficient numbers to participate. I knew the Mason Clinic would be able

to give me staff in sufficient numbers and they would also attend for the whole day. I had to somehow get the same commitment from Bevan before we headed for the next workshop in the North, at Rawene in the Hokianga.

On reflection now I am less harsh on myself. There were clearly moments for Ann, for Tui and Doris where the fictional worlds of the drama had deeply impacted and collided with their real lives. In those moments productive aesthetic tension had created moments of genuine theatre, allowing all of us to reflect on our roles in countering stigma and discrimination. The most effective and affective moments had given surprising glimpses into the lives of these women.

As we planned we recognised there were good things from the workshop that we wanted to keep as part of the work from then on. We both felt the creative visualisation had really helped crystallise the work of the morning. It was to become a staple part of the workshop for the next two years.

## **The Mason Clinic Workshop**

This workshop was not filmed or written up in the research journal. However, it is important to discuss some features as they have a significant bearing on the thinking and arranging of the workshop that was held in the Hokianga later. Moreover, the interview I had with John to discuss the Kaitaia workshop happened after we had completed the Mason Clinic workshop. The two workshops were discussed comparatively throughout the interview, an important discussion that feeds into this thesis. I offer here a brief description of the work John did as part of the group that worked through the aesthetic images convention, and then move to more general matters as they relate to the central question of this thesis.

The commitment of the group to the convention had been initially limited, and unlike the work in both Kaikohe and Kaitaia. John and I both commented on people's reluctance to get up and move. I lamented, "They couldn't even make a letter M." I said I noticed it was not really until they did the editing process with the first stigma image that I felt I had negotiated any commitment to the work. John's comment as a participant was instructive.

In the netball exercises they are following you, you are in control and then suddenly you hand the control over to them. It's the moment of transfer of power and they get the chance to tell each other what is going on.

I replied that the editing process gave participants the responsibility to care about the quality of what the image looked like. They had to care for the form. In Kaikohe it had taken until the editing phase to get real engagement in the process, and again it was at this point control over the image was passed over to them. In Kaitaia, I think the group had already taken control over the work and were committed to it as they worked on the first image of stigma. It was why I almost did not bother to get them to edit - they had already got to where most groups get to after the editing process.

In Chapter One I talked about the energy created by reflective process when it operates as a tension between the fictional and the real world. The energy of the editing process is perhaps related to the participants' desire to effectively represent what they wanted to say. In the editing process participants became aware they had a real and meaningful part in shaping the work. They could have a stake or ownership in it based on their reflections and editing of the image. I believe this is what made for the qualitative shift in the work at this point in the drama.

The first image of stigma at the Mason Clinic showed John playing the role of a mental health consumer forced to run a gauntlet. He had his eyes tightly shut, his head down and his fists clenched, as he looked set to tumble down the gauntlet. To his right someone was taunting him, further on the right was someone who seemed set to strangle him, next was a woman dressed in black who symbolised pain. Across from her someone had her back turned but still forming part of the gauntlet run, symbolising ignorance. At the far end, blocking any escape, was the unit manager representing the mental health system.

Throughout the following interview, John and I kept commenting on what a remarkable and bizarre image it was. I was fascinated, as I had been in Kaikohe, by why John had ended up playing the role of a mental health consumer. I was also concerned the group, all of whom were mental health professionals, had placed a mental health consumer in a role where he faced a gauntlet of abuse by roles played by mental health professionals. There was no recognition that, even though he was facing the gauntlet within the fiction, John had done it before in his real life. They also did not recognise that making John face such a gauntlet was abusing him again. It seemed they had either completely underestimated the potential dangers of such a metaxis by not understanding the nature of the drama process, or had unwittingly revealed a disturbing lack of professionalism and a capacity to further stigmatise people with mental illness.

On reflection now it seems it was probably a mix of both. I do not think the staff had any understanding of how powerful their image was until we had gone too far down the process of unpacking it to alter what they had done. I recognise the participants were responding and drawing from their own personal lives, in which the rules are clearly defined in discriminatory and stigmatising ways. John was more pragmatic in his response: "I can't

understand why anyone in the mental health system would want to take those roles, even in a drama for a few minutes.”

I asked John how he felt playing the role of the consumer and he said:

To be honest it looks funny when someone like Wayne in the first drama (referring to the trial drama in Ponsonby) took on a consumer role. He looked so strong and magnificent.

I then asked him what he thought being a consumer added to his portrayal. He said:

Because if you haven't any real experience of the other side of it, how can you show it in the drama with such conviction? And that is what scared me about the Mason clinic, because the gauntlet felt so real and how did they know how to do that if they hadn't already. For me, for them to acknowledge what they mightn't have done but at least witnessed over the last twenty years is pretty scary stuff.

If the mental health professionals were unaware of the metaxis generated by this image, John was very clear about what was happening for him. There were obviously raw and jagged edges colliding with each other in the connection between the real and imagined worlds as John stood with eyes closed at the start of the gauntlet he had run many times over in real life. John was aware there were some pretty raw edges revealed by the staff as well.

In reflecting now I can see there was some enormous bravery in the honesty of what the mental health professionals were showing about themselves. The bravest was perhaps the unit manager, in placing herself as the ultimate block at the end of the tunnel. It did not surprise me it was a manager in the most secure mental health environment in the country who could do that. Her role reminded me of a specific time in my own life where I had played a similar

role. I hoped running drama programmes in the secure unit in London would transform those young men's lives. At the end of each shift as the boys went to their cells - or rooms as we euphemistically called them - I deliberately chose to be the staff member to lock them in. I did this so I could not fool myself I was above and outside the system that locked up those young men.

John chose to take the role because he knew, or at least thought he knew, that to do justice to it, it needed to be played by someone who could bring to it the real emotions and feelings of a consumer. He did not deny others could bring similar life experiences to bear in playing that role. He was clear that by a mental health consumer playing the role "they would get better results." By 'better results' I take it John was recognising the stronger the aesthetic quality of the image, the stronger the meanings generated.

What was truly scary for John, however, was the realisation that the mental health professionals were not just constructing the image from their imagination. It was built on and derived from reflecting on their lived experience. John said, "I was not scared that they could do it but scared that they could do it so convincingly". Perhaps this was why the images in Kaitaia had been so moving. We can all imagine what oppression looks like, what discrimination looks like, but if we have lived it then the images will resonate with their honesty and strength. As Kiriora had noted in the workshop, "It comes from living in Kaitaia".

The counter of the gauntlet image was of the group sitting in a circle and holding hands. John recalls he thought the image was weak and 'a cop out'. I agreed with him and said I thought it lacked honesty, and they had gone for an easy answer.

In the discussion leading up to the creation of the counter image John had argued for the gauntlet to remain. He wanted someone to walk the gauntlet with him, so the image would acknowledge that discrimination would never really go away. Mental health services could act as a partner to protect consumers rather than being the block at the end of a tunnel that forces them to walk back and forth along the gauntlet. The group of mental health professionals did not listen to the one person in the group who had a personal understanding of what he needed and was translating it into the way the image could be constructed. Instead, they had the answer: to sit on the floor and hold hands.

I suggested to John that perhaps the group's unwillingness or inability to acknowledge the difficulty of true partnership in recovery would lead both patient and professional facing the societal discrimination and stigma together. This was reflected by the real situation where the group was unwilling and unable to listen to John's suggestions about what to do in the fictional setting. John said it was interesting the unit manager was willing to try out John's suggestion but the others were not. John remembered in the game of netball the manager had taken the role of the referee and had said, "I want to play that role because I'm not really a player".

The group tested out Step Three: the movement from the first to the counter image. The person taunting was the first to sit on the ground, then the person attempting to strangle, then the ignorance, then the pain. Finally both John and the head of the unit sat down at the same time, ending up *kanohi ki te kanohi*.

I found myself leading the deconstruction of the image. I used my role to provide outside reflection because the rest of the group said very little. I said the first issue the clinic needed to resolve was the taunting and disrespect

shown to people through the inappropriate use of language. If anything was going to counter stigma, the unit had to first tackle the way in which people spoke to each other. I said I thought the process was clear. I expected changes be made in terms of policy and procedure around language used by staff in their interchanges with patients.

My reflections drew from the particular, of their image to the specific context of the unit, rather than to any generalisable concept of what needed to be done to counter stigma universally. In terms of combating stigma it was exactly the sort of work envisaged in the Three Step Model.

John said the group was surprised I had been able to take so much meaning from the image. He said,

Here is them doing a drama and they didn't think it had any consequences. And when you started to take some sense and reality out of it they were, 'oh it is there' and I don't think they were prepared for that. Whereas in the North they knew what was happening when they were doing it.

It seems as if John thought the group was just doing the drama without necessarily reflecting on its significance. There was no oho mauri and no active reflection until I reflected on their work from the outside. John said in both Kaikohe and Kaitaia there was a very ready awareness of the significance of what we were doing, and an engagement in the reflective process came naturally. In the Mason Clinic it had to be grafted on by my reflections as the facilitator. The central importance of Step Three of the model, of moving from the first image to the second was reinforced. It was this part of the Model which allowed for the challenge to be made about what the Clinic would need to do to change. Without it, we would have ended up in a circle holding hands without really considering if that is where they wanted to go. What steps we

needed to take to begin the break from the current image would have remained unanswered.

### **Planning for Rawene**

Planning for the Rawene workshop occurred on two interrelated levels. Firstly, I needed to organise the publicity around the workshop with Bevan and stress the importance of one stable group of people for one day. Secondly, I needed to structure the day so we had plenty of time to finish the Model. This would mean cutting back on the First Step of identifying stigma by dropping some of the tasks I had done in earlier workshops.

In terms of the research my initial questions now needed to be refined so I could check them against the emerging themes. These new questions now included:

Can the Three Step Model allow for active reflection on behaviours relating to stigma and discrimination?

How does the process operate as a reflective tool for examining workplace behaviour?

Can this reflection act to counter stigma and discrimination?

How does the specific context shape the process? The specific context in each of the three workshops being Maori, or more specifically Nga Puhi, and centred in the North;

Finally, was my work so severely constrained by the pre-ordained goal of the project of countering stigma that the work would always degenerate into soft and easy answers?

This was to be my last workshop in the action reflection cycle of this research. I knew from the experience of Kaitaia, regardless of my planning, I could not be sure of anything. Once I got to the North I would just have to relax into the structures established for me there. In running drama workshops I have

always nervously anticipated what will happen with a group I have never met, in a space I have never seen before. My trepidation was now added to by a desire for the workshop to yield enough information to at least discuss the questions above. In doing so, I would then be able to answer the central thesis: How does process drama work to assist people to reflect on their attitudes and behaviours associated with mental illness?

# Chapter Nine

## Tapping into the Wairua

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### Dramatis Personae

Bevan	(Nga Puhi) Project manager, THOTT
John	(Pakeha) Co-facilitator, MHF
Will	(Nga Puhi) Camera operator
Annie	(English) Mental health consumer project manager, MHF
Frances	(Pakeha) Support person
Derek	(Nga Puhi) Kaumatua
Jason	(Nga Puhi) Consumer representative, Northland Health
Christine	(Pakeha) Vicar's wife
Arapeta	(Nga Puhi) Mental health community worker
Marian	(Nga Puhi) Mental health community worker
Sheryll	(Nga Puhi) Mental health community worker
Alice	(Nga Puhi) Mental health community worker
Shayla	(Nga Puhi) Mental health community worker
Jill	(Papuan) Trainee community worker

There was something really special about the Hokianga workshop because there was a certain wairua about it (Will)

On May 28 1999 I drove north again to complete this series of three workshops. Rawene is a solid five-hour drive from Auckland. There are two ways to Rawene, either through Whangarei and Kaikohe, the site of our first workshop, or turn left at the Brnderwyn mountain range, head through Dargaville and then on and through the Waipoua Forest. Even though it is a slighter longer trip I had driven through the Waipoua Forest for two reasons. The Forest is home to Tane Mahuta, the largest kauri tree in the world. Going north it makes sense to at least pop in and pay your respects. Once leaving the Forest it is only another half-hour drive before reaching the mouth of the Hokianga Harbour and seeing the two headland taniwha, Araiteuru and Niwa, who guard the harbour. As I had done before, I stood on the hill to pay my respects to this most beautiful and sacred place before driving a further five minutes into Omapere. I arrived just as the sun was going down behind the Heads and met up with the rest of the team running the workshop the next day. Rawene lay twenty minutes further up the harbour.

Three others had joined John, Bevan, Will and myself. Bevan and Will had driven up from Whangarei with THOTT kaumatua (elder), Derek. Bevan had brought Derek to assist us in the powhiri and protocols the next day. Because we were working on a marae in the very heart of Nga Puhi country, Bevan had ensured someone more senior than himself would speak for us at the powhiri as we gained entrance onto the marae. Annie Gosling and Frances had followed behind me from Auckland and they rounded off our group. Annie had been employed by the MHF to work on the *Like Minds* project, as a mental health consumer to provide a range of services. She also provided a consumer perspective to the feedback on the workshops run by the Foundation, and she

was in Rawene to evaluate my performance. We had agreed prior to her coming north she would act as a participant observer in the workshop and provide feedback that could be used both for the Health Funding Authority and my research. Frances is Annie's partner and was attending as a support person for Annie. After the workshop they were heading further north to run workshops with consumer groups.

We met for dinner and talked briefly about the day ahead. In particular we planned for the powhiri. The kawa for the powhiri would be Nga Puhi. We would be called onto the marae and we would speak inside the house. Following the formal whaikorero (speeches) and haruru there would be a shared meal and people would then return to the whareniui (large house or meeting room) and mihimihi. We would go onto the marae as a group together and our kaumatua, Denis, would speak for us.

The next morning we gathered outside the waharoa (gateway) of the marae attached to the hospital on the hill outside Rawene and waited for the call to bring us on. From the porch of the house it is possible to see down over the harbour. There were another eight people waiting for the call to walk onto the marae. There was an equal number waiting in the house for us. That night as I talked to John about the day and recorded our conversation, I said, "I knew that as I went on to that marae the day would stay with me all my life."

The night before Bevan had said he saw the powhiri structure as "acknowledging everyone and what they bring to the workshop, who they are and what their stories are". When I stood to whaikorero I acknowledged my connections to the area and those taniwha through Briar and Caitlin's iwi connections.

When I interviewed Will and Bevan that night about the workshop they spoke of the central importance of the powhiri to the success of the day. Will said,

I think with the Hokianga workshop I felt more comfortable in that workshop than the others. Because of the dynamics of whanaungatanga I was able to taatai (connect) myself to the kaumatua, to the people of that area. So I felt like tangata whenua already because I made those connections there. During the breaks because it was so intense I was actually tired. I was able to lie down on those mattresses and I had no worry in going to sleep there.

Bevan spoke of how the powhiri established the space for us to work in the way we did. He said, "It was because of the initial tikanga process that allowed us to, in a safe environment, be ourselves."

That night we also acknowledged our own fears about going into the Hokianga to do the work. Bevan said,

I was very aware of the very special, sacred place the Hokianga is and I was unsure if we could complete the message and I had some concerns going into that area. You know I wasn't comfortable myself but just the way it evolved. And then in whanaungatanga we see people related to people and we knew it was just the way it was meant to be, everything else would just come in line with that.

### **Permission to Take the Information Away**

The powhiri established connections between us, as visitors, and the people we were to work with. Permission to video for the purposes of this research had already been sought and given. However, when I stood to speak I asked again for permission to film. Several years before my family had travelled to the region and we had visited several urupa (gravesites) to visit Briar and Caitlin's ancestors. We had taken photographs of the urupa and on our return to

Auckland had stopped in Whangarei, the spiritual border of the start of the North. The camera and film were lost. When we returned to Auckland, Briar was told there was no doubt the pictures needed to remain in the North as she had not got permission to take them out of the region.

I felt that it is one thing to have academic permission to take the video and then write up about those experiences themselves, but I also needed permission from the land itself to let go of the secrets of the day ahead. That permission had to come from the tangata whenua, the people of the land. In my journal I noted that the powhiri had cleared the way and opened the gates for the workshop to take place. It also cleared and opened the way and the gates for this chapter to be written.

In drama terms we had set the protocols of opening the show correctly. The curtain was now drawn back and we would be able to run the day according to the tikanga and kawa of that area. Bevan also noted we would be protected by the tikanga as well. I felt strongly that the mistakes of Kaitaia would not plague us in Rawene.

The powhiri also relaxed me, and I discussed that with Bevan later that night:

What runs underneath these things, it was really like a feeling to me of coming into the wairua, the whanaungatanga there and then just being carried along there until the end of the day, because I was really nervous up until the powhiri and then I just relaxed knowing that we would get there.

Bevan replied, "Yes you don't try to mess with the wairua. It's connected to the people you are with and the land that they are from."

Eighteen people stayed for the day's workshop. The kaumatua who had welcomed us onto the marae would be around but would not join in the work.

Two senior managers from the mental health services in the adjoining hospital explained they were unable to stay for the day as they had 'work' to do. They had come simply to welcome us and promised they would check in later. I felt as if they were devaluing the work by not attending. I was also aware the impact of the work would be lessened if senior staff opted out of the process. Barbara did return to check in later in the afternoon and stayed for the last ninety minutes of the workshop. I was surprised to see Derek stayed. I realised that simply by staying and working with us, he gave mana to the work; by virtue of his kaumatua status this was far greater than the senior managers would have given.

The group consisted of eleven Maori women, three Maori men including Bevan and Derek, four Pakeha women including Frances and Annie, a young woman who was a trainee mental health nurse from Papua New Guinea, and John and myself as the only Pakeha males. The majority of the group worked as mental health nurses or support workers with Hou Ora Hokianga. Bevan had explained to me the night before that Hou Ora Hokianga had separated itself from the mainstream a little more and so got little outside input. The Hokianga is one of the most isolated regions in the country. Hou Ora Hokianga had further isolated themselves from mainstream services by adopting largely tikanga Maori processes in their structure and work with clients.

Many Maori mental health consumers previously locked up in Auckland institutions had returned to their tribal areas in the North when community care had left many of them, as John said, "shuffling the streets of Ponsonby". Jason was one such consumer who had made his home in Rawene after years of incarceration in large institutions in the city. He worked with Hou Ora Hokianga as their consumer representative. Christine was the only non-health professional in the workshop. She described her role as 'the vicar's wife' and had obviously developed a strong carer relationship with Jason.

The day had started in Kaikohe with tears. In Rawene, as we viewed the photographic images and introduced what they said about mental health, we laughed. Arapeta said the image she was holding had chosen her. The formal structure of going round one by one was relaxed as people chipped in with witty asides. Derek introduced his image by talking about his niece who had been unwell, otherwise the response to the images felt less personal than the ones in Kaitaia.

An older Maori woman, Arapeta, selected the same image Doris had chosen in Kaitaia: a woman with her hand over her mouth. Everyone else had stayed sitting as they spoke, but Arapeta stood to add weight to her comments. She said,

I chose this picture of reality. It's about women. It's about the diminishment of the mana of women. It's about being kept under wraps, not being able to get out, about women who are closed in, the stigma that they are the problem and so put them away some where.

She carefully and slowly placed the photograph back into the middle of the circle and said, "It's real, it's here and it's about the diminishment of the tapu and mana of women." I was not sure if she was having a dig at the structure of the workshop where the facilitators were all men, and I am sure at one level she was. Perhaps she was also talking about other more personal issues, or she was talking about the political issues relating to the role of women on the marae and their lack of speaking rights.

Annie challenged my lack of response to Arapeta later, saying I had not acted on what Arapeta had said. Annie asked, "Who did most of the talking? It was predominately women at the hui [gathering], and the men did most of the talking." The challenge was a fair one. Bevan, John and I had come to the North to present a workshop about stigma and discrimination. As kawa

dictated, Derek had spoken for us as a group during the powhiri. In the fictional contexts of the drama we confronted issues of stigma. In the real context, however, Annie, and perhaps Arapeta, had simply seen the continuation of another form of discrimination where men again dominated the discourse.

Marian said when she picked up her image she had simply done so because she liked it, but when others had started saying clever things about their images, she looked at it again and saw things she had not seen before. In watching the video I became aware of how much this exercise was similar to, and a rehearsal for, the reading of the images later on. In the interview I did with Christine later she said, "I learnt from others [viewing their image] and realised that we must have been having a similar impact on other groups." In both instances the participant was reflecting on the reflections of others and building other layers of meaning into their own image and reflections about it. In this way there were built up layers of reflection that started back at this moment in the workshop where the participants were looking at the photographs. Some of this would be translated into the reflections of the images and then those reflections would be layered by the reflections of others.

I explained to the group there was not a set of information I wanted to pass on through the workshop process, as all the information was in brochures in a prepared pack they could take away. I said the goal or purpose of the day was to assist them to tell each other what was happening in their area. I said I wanted to help them take a step back and reflect rather than tell them what stigma was, because it was pretty clear to all of us there anyway. I stressed it was not my job to come up and change attitudes (although in fact the Health Funding Authority was paying me to do exactly that). I joked that people from



of a white male-dominated society, but in the things that really count they are just as likely to succeed.

It seemed a reasonable challenge that the indicators of success I had chosen were monetary and based on inclusion in what could be described as male middle class ideals of participation and acceptance. I suggested to her these were standard and traditional notions of success and that was part of the game: we were measuring against 'normative' values that devalue those outside the norm. She retorted that in playing the game I was reinforcing these values. She argued there were many who rejected them and who had a different set of values to those revealed through the game. Success, she said, did not have to be in anyone else's terms, just your own.

In future workshops I played two versions of the game. First, I played the game the way I had to this point. Similar results and comments were made as those made in these three workshops. I then played the game with a set of questions similar to those suggested by Annie and people responded using the same card. In that version of the game the Pakeha executive had no advantages and several barriers to success. In discussions after the games groups would often talk about the differences between the two games in terms of how traditional measures of success also acted to keep people in their place. Achievements in the really important things in life, such as relationships or creativity, were not valued or seen as important as monetary or normative definitions of success.

In viewing the videotape I realised the questions also reinforced a heterosexist picture of success. Questions about children in schools and in-laws suggested and assumed a pathway through life which was rather narrow and exclusionary. As a gay woman, Annie had seen the value system operating behind the questions in a way I had not, and she was quick to draw my

attention to it. If I had any doubt about the value system I was unconsciously reinforcing, Derek made it abundantly clear. He retold his story at the end of the process about how much better his niece was because she was married now, and that her husband had to be patient but firm with her.

John started his session by singing his song about Arthur, the same song he had closed the workshop in Kaikohe with. He told the group that Arthur had come from the Hokianga. Later that night John spoke passionately about Arthur and what had happened to him:

Why did he and others have to shuffle through the streets of Ponsonby?  
Why did they have lock us all up? Why couldn't he have come home?  
Wouldn't the Hokianga have healed him? Wouldn't the Hokianga heal anybody?

At the start of his story John continued to make connections to people in the room. John introduced himself in pidgin to Jill, the student nurse from Papua New Guinea and explained he had spent the first years of his life on a mission station in Papua. He then acknowledged Jason and said they had spent time locked up in Kingseat Hospital together.

For the first twenty minutes of the story John told the story, seated with his guitar and punctuating the story with his songs. Jason joined in freely and told stories of his experiences in Kingseat. Towards the end of the story Jason asked John about his medications and a lengthy discussion followed around the benefits and side effects of lithium.

His concentration broken, John abruptly stopped his story and went to the whiteboard and started to ask questions about discrimination and the law, as he had done in the two previous workshops. The previous night I had again stressed to John that I felt he should not interrupt his story by doing this. I

was enormously frustrated as I watched the spell he had created with his story be dispelled by his attempts at 'teaching'.

Annie was critical of this process as well. Later in the interview, she summed up my own feelings when she said,

The story needs to be ring fenced. This is a traumatic story that is powerful. It needs to be told as a story, with a sense of ritual around it. It needs to have a beginning, middle and an end.

In the trial workshop John had asked the group to move and sit closer together, telling them he was going to tell them a story. That instruction had physically created a space for the sharing of the story. The moment he went to the whiteboard in Rawene he broke the physical connection and engagement in the storytelling by standing and talking at the group. I realise now that John was always going to take this role and hold a discussion on discrimination. We should have planned for that to happen at a different time in the workshop. When I left the Foundation about fourteen months later and John continued to run workshops he immediately took this role. Phoenix Research, the evaluation company overseeing the project, reported on this in very positive terms. They saw this as an empowering process whereby he was not restricted to a 'mere' storytelling slot but was acting as a co-facilitator.

Annie's advice on what to do with the interruption about medication from Jason, however, was contradictory. At the start of the interview she said,

Jason comes to the workshop from the consumer culture so he doesn't necessarily follow the structure of the workshop as an educational setting. And so he spoke when he felt like that and he knew that would be allowed.

I asked if it was important to allow that to happen and Annie said, "Yes its very rare for consumers to have a space to express their point of view and to tell their stories." Later, however, she said,

Telling your story doesn't need interjections. You're telling something about yourself that's not pleasant. The medication dialogue needed to be stopped. John's space was invaded. Normal classroom management applies, which means you don't always have to listen just because it's a consumer who is speaking. Saying "Hey Jason. Can we do this later?" is appropriate.

It strikes me it is always much easier to talk about how to deal with inappropriate behaviour in a workshop with adults than it is to deal with it at the time. These difficulties were again reinforced by comments made by Derek just as John finished. Derek decided it was time to share a joke and told a long and offensive story about a person who stutters. At the end of the joke noone laughed and I was unsure of what to do. If I had failed to use normal classroom management with Jason I was even more reluctant to do so with the kaumatua. Unlike a normal classroom structure where the teacher has the power by virtue of her/his position, as the Pakeha visitor I was there under the protection of Derek. He was the one who spoke for our group to gain entrance into that room and to do that workshop. I was in no position to operate classroom management structures because in relation to Derek they did not apply.

Fortunately the call to lunch came and after inoi (Christian prayer said in Maori) we ate a huge lunch of local seafood and salads. In the interview later Annie told me how she had been at that marae a few years earlier for a consumer consultation meeting. The staff had not been as welcoming and accommodating and instead of fresh seafood, lunch had comprised of tomato soup and two pieces of white bread. For Annie our visit to the Hokianga sat

within the wider context she had experienced in her previous visit. Annie said the senior managers and staff had also said that day they would come back and check what was happening, but she read it then that they wanted to make sure nothing dangerous or revolutionary was planned by their patients.

John started the session after lunch by singing two songs. Unbeknownst to John they were two songs that had had enormous significance in my own life. He started with the Gene Vincent song,

*When I want you  
I need you, I want you  
All I have to do  
Is dream, dream dream dream*

As a four-year old it was my theme song as I wandered through the house irritating my older sisters. John then started to sing another old song I had not heard since my childhood with the haunting lines:

*When I grow  
Too old to dream  
You will live in my heart.*

My father had sung this to me as a child. I now remembered the huge sadness I had felt, that people could grow up and not be able to dream. One of the deepest and fondest memories I have of my father is of him telling me I would never grow that old and that I would always be able to dream. Even now I can remember choking back the tears as John sang those old songs. John finished by saying, "I think sometimes people get afraid to dream, they lose so much. They lose sight of the end of the tunnel and they don't dream any more." The music had touched me in a very particular way because of the memories it had stirred.

In watching the videos later I became increasingly aware that in all three workshops, every time John sang the mood and atmosphere of the workshop shifted. On occasions the music released the tension as it did in Kaikohe.

Sometimes it acted as a means to show our togetherness as we sang waiata in support of people. At other times it focused us back into the work of the day as this session had done. The light-hearted nature of the first song contrasted with the seriousness of the next, and then John summed up his feelings before handing back to me. Bevan described the shift that the music created by saying,

The workshop starts with being warmed up by thinking, and the music and then the drama moves them into feeling. The music works because of the wairua as opposed to the head stuff only. But in my heart when I hear the music and see the drama, it hits here [pointing to his chest] and it stays there.

In the poroporoaki Derek acknowledged the role John played by saying that the music acted like a piece of whariki (woven mat) where the workshop was woven together by the music.

### **The Legacy of Role Plays**

As I introduced the aesthetic images convention that afternoon I was very clear in distancing the work we would do from the mechanistic and functional role-plays I critiqued in Chapter Three. Evelyn Taylor (2000) describes a series of horror stories about adult role plays where participants are humiliated and ridiculed. Unfortunately, many people will have had similar if not as horrific experiences as the ones she details. Although training role plays so many have endured have little to do with the art form of drama, they are often described as the drama session of a workshop. When introducing a drama session with adults it is a fear of the subsequent humiliation they expect to be wreaked on them that frequently causes the slight look of panic to spread across the room.

Christine, in the interview later, stressed how important it was that I relaxed people by telling them they were going to do drama rather than role play. She said her expectations of the drama were very low because:

I have done drama where you act out role plays, and as much as I have had a lot of fun in that sort of thing, I've found it threatening because I'm doing things I'm not familiar with. It's frightening because it's often something you've not experienced or else it's something very close to you.

Annie had a slightly different perspective on people's initial response to drama activities in mental health service training.

I wondered about resistance with a group who are normally presented material in highly academic terms, in a transactional way and how they would respond to something they might see as play or something that consumers might do. It's all very well for those poor consumers to do recovery stuff but we're well and fine and we're professionals.

Francine in Kaikohe had reminded me that people could find drama difficult because they have to touch other people. In much the same way I had forgotten that some adults found drama easy to dismiss because, as Christine said, it is often presented just as 'a bit of fun'. In the mental health context Annie and the busy senior staff had reminded me that creativity and play was something consumers had the time to do, not staff.

I therefore asked the group to trust me to not shame or embarrass them, and that they would not have to do much more than stand in a very still pose and talk about it.

Usually I run through seven or eight shapes to give groups a sense of what we are doing and to relax them into the work we are going to do. John had told

me how important this was for him when he first did this work. However, after three images it became clear the group were not only thoroughly enjoying the work, they were also putting a huge amount of energy and commitment into it. In viewing the video I was surprised at the level of commitment so early in the process. I realised my decision to move straight onto the netball scene was not driven by time constraints, but by my recognition the group not only understood how to do the work, they were keen to get on with it.

In Kaitaia there was a real buzz and excitement at getting up and doing something and when I had stilled them into the image there was always noise and laughter that dribbled on past the call for stillness. In Rawene, the moment I said 'still' there was absolute silence. The groups were able to focus and hold the stillness for lengthy periods of time from the very first image. Each group executed the movement from the first to the second image in the netball game in total silence and accuracy.

Annie's partner Frances is a trained professional actor. She had never done process drama or aesthetic images before but her commitment and focus to the work had an impact on the quality of the whole group's performances. In the second image of the game she played the role of someone who had been on the losing team. I commented jokingly that the way she looked was so real I was scared she was going to hit the referee. In watching the video I was struck at how pleased all the groups were in their work. They saw drama could be something that could be fun and hard work, and also something that could be done well.

Whenever I do this work I am very conscious that, for many of the participants, those three seconds of movement from image one to image two is the first aesthetically pleasing piece of drama work they have ever done. I am aware regardless of what else might be achieved with the group, I have at

least given them that. The first part of the session promised great things for what we would undertake with the images around stigma and discrimination.

I began the creative visualisation session by referring back to what Jason had said during his mihimihi. Jason had said, "We all know what stigma is. We can see it we can hear it, we can smell it and we can feel it." Annie was the first to have a picture crystallised in her mind's eye and it did not take very long before I thought everybody had the image, as they had all put their hand up to indicate when they had got the image fixed. I asked them to go back to their groups and share their images, then from the discussion to make one composite image. When I watched the video, however, I realised not everyone had his or her own image. One person was heard saying to her group, "I could picture mental illness but when he said 'picture stigma' I had no idea what he meant."

For some the images were very concrete. Bevan said, "I saw three women and one of them is covering in the corner whilst the other two are pointing and arguing with each other." Jason described his image as: "They had their backs to me and no one is communicating. I've been a black sheep all my life." Arapeta said the image brought back a picture of her friend who "could only grunt, she lost any other way to communicate."

In Kaitaia the groups had worked differently. Some were up immediately and trying out images whilst others talked for much longer. In comparison, the groups here in Rawene seemed to work much more slowly and deliberately, building their images almost in complete silence. As they worked I told them to focus particularly on where they placed their hands and feet and where their eyes looked, to help us to read the images. I stilled the images by counting down slowly from ten and at zero said 'still'. As they took shape I began to feel

goose bumps on the back of my neck. As I noted in my journal that night, "I was unnerved and moved by the power of the images". I said to the group:

This is about the fifteenth time I have done this sort of workshop and there is something about the images in the North that I haven't worked out. Why are they so powerful? We said we'd come to the North and tell you about stigma and discrimination. What could we tell you, you know it for yourself already.

I had to go and stand out on the porch for a few moments to get my breath back for the rest of the session, to shut my eyes away from what I had just witnessed, look out over the Hokianga Harbour and marvel at its beauty.

I asked Bevan's group to take up their positions in the image. They had picked up on his idea of someone cowering in the corner. Two people were sitting in chairs arguing and two people were facing the person cowering in the corner with their arms out in front of them. Aware they had to show the image to other people Sheryll said, "But I'll have my back to everyone". I explained, "That's all right, this is a different kind of theatre and you can stand the way you need to and we'll work it out." Mechanistic role plays might put people off drama but I wondered how many stage-blocking exercises done in school classrooms had taught 'immutable laws' about theatre that were counterproductive to creativity.

People read the image very closely. Jason said, "I see someone who will agree to anything because so many people are focused on her." In viewing the video I recognised the powerful impact of his reflection on the rest of the group. The lengthy and pained silence spoke volumes as I assumed people reflected on how much this might happen in their own workplaces.

In the next image Christine and Arapeta are stilled as if they are in mid-step, arms around each other. A figure is on the floor facing their backs, kneeling as if in prayer, and Jason is standing on the other side of her facing the other way.

In the interview later Christine said she had thought the image was much simpler than the other ones. It was only when the other participants started to read the image she realised there were "layers in our work".

The group started to read the image by suggesting there were three parts to it. There was Jason, who represented rejection and sadness, a plea for help in the middle, and the cheerful walking away from the problem represented by Christine and Arapeta. I had assumed Jason was representing a mental health consumer in the image and so had everyone else. Our 'error' was never corrected. It was only clarified when I spoke to John later on that evening. He said, "Jason actually didn't play the role of the consumer, he played the role of society who had turned its back. It was the one on the ground who was the consumer".

Had we all rushed to place Jason in the consumer role, assuming that was the only role he could play? I asked Annie the question in our interview and she suggested that the argument about whether it was community or consumer was irrelevant in the Hokianga context. She said,

They saw the community as the consumer and the consumer as the community. Although an individual might experience stigma, in the Hokianga the whanau/community experiences it.

Regardless, the intention of the image was the opposite of how it was interpreted. When I said to relax the image, Jason simply held out his arms and said "A group hug?" In the interview later, Christine talked of how

difficult and emotionally painful she had found playing the role of the person who simply walked away from the issue. She said,

The group hug was so healing. I just knew we had to restore our relationship with one another. I needed to be restored with the girl who had been isolated. I needed the physical hug.

It seems the nearly five minutes of silence maintained by the image makers as viewers described the pain and anguish created required some resolution. Christine noted, "I only realised truly how powerful the image was when it was resolved." The healing of the hug was, it seemed to me, another moment of dramatic ellipsis where the gap between the self and the other completely disappeared. In the hug that followed the image they hugged as the people who had hurt each other in the drama, and they hugged each other as people who had shared something in the drama that was very real.

The hug was then later to be used by the group as their counter image. Created from the tension *of* the drama as a genuine response to the feelings wrought *through* the drama it was then used to symbolise the resolutions of the issues *in* the drama. The reality of the hug remained later on but it was then also a fictional hug that carried with it the weight of performance.

The next image had Derek seated in a chair with a vacant stare on his face; Jill, from Papua was facing him, but being held back violently by two others as she tried to reach across to him. In reading the image the viewers spoke of the power struggle. Some read the image as Jill acting as the consumer, and others thought Derek was acting that role. Either way they agreed the image showed a struggle of wills. Jason reduced the generalisations to the particular by suggesting the image was of someone being dragged off to a psychiatric ward. He laughed and said it reminded him of exactly what it looked and felt like. I said I saw it was about power and that within the image some people

were withholding and abusing power. I asked the group who were viewing the image to picture where they thought they were in the image in terms of the roles they played, either in the community or in the mental health services. As I had done in Kaitaia I explained I did not know the group well enough to actually get them to do it. Even before I had finished speaking people moved silently into the image took their position and held it silently. I heard in the video Christine say very forcefully, "I know where I am" as she strode over and knelt beside Derek in a comforting position. Jason and Annie both moved towards Shayla.

I was left to read the image as I was the only one not in it. I simply noted that some people had moved in to comfort those discriminated against, and some had gone to confront the discrimination they saw. I said most had gone in to do a bit of both, to bridge the gap between the protagonists. I also said that as someone who worked for the Mental Health Foundation I was not sure where I fitted in the image.

In reflecting back I know I should have asked people to comment on what they did and why. This would have provided a rich vein for reflection outside the drama in terms of what they had done. The shocked silence and gentle shaking of heads as the groups relaxed from their stances indicated to me that my concepts, as discussed around the Kaitaia workshop about the dangers inherent in stepping into the image without any role protection, was accurate. For some the collision was particularly hard and it generated an intense response from one participant.

Annie's reflections on this section of the drama were forthright and highly critical. She was quick to pick up on my failure to include a reflective process after the image work:

I found it deeply patronising to watch these bridges being built between the oppressor and the oppressed, by everybody. It's rather namby pamby caressing sort of behaviour, like being a sick child, it's rather infantilising behaviour, and it would have been great to have been able to ask, why do you do all that?

Annie was right at one level, the question deserved to be asked. But it would not have been fair to ask people who were stepping into a fictional world as themselves to justify what they did in that fiction.

I said I saw she and Jason were taking confrontational roles rather than caring or comforting roles. I had noticed they had both worked in concert in the manner in which they took up their places, and they had done that without any consultation between them. Annie said, "I took the position of taking the consumer away and out of the image to join the consumer movement." I asked her if she was aware as she was doing the drama that she was symbolising the consumer movement. She said she was.

It seems that even though Annie was entering the image as herself, she knew in doing so her actions were transformed from an actual response to a symbolic response by virtue of being in the fiction. Annie said there was also a considerable difference between what Jason had done and what she did in the image. Jason, she said, was still engaged in fighting the system. She was saying to the consumer: leave the system and join the consumer movement.

By entering into the drama as themselves instead of in role, the reflected images they got back were simply mirror reflections of their real life roles. Their positions within the drama merely illustrated, although graphically, the distinctions between Jason and Annie's work within the consumer movement. If they had entered the image in role they might have been able to try out a

range of different positions and felt what it might feel like, for example, as a mental health professional or a parent in the image. Such a task might have produced images of other possible roles they could choose to play.

Annie's response to what happened next as we analysed her own image was far more critical. It asked serious questions that challenged the whole basis of the work to date. In this image Annie was slumped forward in a chair with her head almost between her knees. Frances and Alice were seated on either side of her, engaged in conversation with each other. Arapeta was facing Annie with an admonishing finger pointing directly at Annie.

Jason immediately commented he saw the consumer "getting it again". He said she was "hammered down". I was immediately reminded of Ann's image in Kaitaia, where she seemed to be burdened down with the weight of the world. My second thought was that Annie too was playing a consumer and I wondered why she had played herself. In the interview later Annie again challenged my assumptions. She told me that, yes, she was playing a consumer, but not herself. She made me feel even worse when she told me not to worry that I had confused the two things, that it was typical for minority groups to be homogenised so all consumers were seen as being the same. Annie was playing the role of a consumer who was faceless, just like John had done in the first workshop; someone weighed down like Ann in the second workshop, whose character was unable to see or talk about what was happening around and to her. As Annie very clearly reminded me, that certainly was not her nor how she saw herself.

I asked Annie how they had created the image and she said the group had picked up on her ideas. She told me, "I described my image and they said they wanted to see it so we tried it out and that is what we ended up with." I asked her how safe she felt playing her role and she said she did feel safe with that

particular group of people. She was not so sure she would be so happy doing something so raw with just anybody. To explain the rawness she said, "It's because you're physically representing and it's difficult to detach and talk in a pseudo objective way *about* issues rather than talk about them as *I*".

Heathcote describes this effect as "now and imminent time" (1984:161). She says students reframe their language from the third person to the first when they talk in role. In the aesthetic image, however, there was no dialogue. The rawness Annie was talking about was the internal dialogue. It was what she was saying to herself in the first person that was so raw.

Annie acknowledged in the interview later that physically representing the image had another impact when she said, "Having the whole body positioned in that way takes it away from just being the mind or intellect, which often orders and filters things without us really being aware of it". Boal (1995:8) describes this process as the "cops in the head that sift and control our thinking". The physicalisation of the event had allowed Annie to short-circuit or dislodge the 'cops in the head', because the drama acted at a physical and emotional level rather than a purely cognitive.

I again asked the group where they felt others who were not already framed within the image might be. To avoid them moving into the image I said I wondered where the Mental Health Foundation might position itself. I wanted to distance the response away from a personal one so I asked rhetorically if they thought the Foundation in the campaign needed to be supporting Annie's role or confronting Alice's. I suggested that 80% of the population would not recognise what the image was about. As I was about to break the image up people started to move into it. Jason faced off the finger wagging Alice, again confirming his position as someone still wanting to fight within the system.

Christine got down on her knees and, with her face only centimetres from Annie's, enveloped her in a hug.

I commented to the group how Christine had recognised the power and need for support and that she had shown real bravery in getting in so close to offer what she could to help. Later I asked Annie how she felt about the manner in which Christine had helped her in the image. Annie's response was again forthright. "I didn't see but if I'd seen her doing that my response would have been to smack her one. I'd have had a violent response to that, like piss off." I was reminded of the 'piss on pity' campaigns (Sayce 2001) and the desire by mental health consumers not to have oppression replaced with pity, but with recognition of their rights as human beings.

Annie was angry I had not allowed her to voice that to Christine in the workshop. After the image I had again simply thanked the group and moved on, without allowing them to reflect on what they had seen or done. Annie was adamant that in failing to do so I had avoided the crunch part of the day. She said,

To discuss that was exactly the meat of those issues. Because if she is going to come along to these things she needs to get it. Because I would have said to her cut your namby pamby bleeding heart liberal claptrap with me. I don't want you smoothing it over. I don't want you treating me like a seven year old. What I want you to do is stand up like a grown up and I want to stand up like a grown up too.

Annie's point was that I had too quickly read my own desire to smooth things over into Christine's actions, and perhaps my response was a little infantilising and 'namby pamby'. Christine saw it completely differently. In the interview later I asked about her response to Annie and she said, "My instinct is to get

down to those who are hurting. It was about showing getting alongside and trying to make a difference on a personal one-to-one basis”.

Perhaps Annie is right, I am soft. I could no more confront Christine with Annie’s comments than I could have confronted her with my own discomfort at seeing her so closely on top of Annie in the image. And I need to recognise I was soft with Annie. I did not challenge her on what could be seen as a very narrow and doctrinaire approach to the work. I could have challenged that her attacking Christine, and by default myself for being paternalistic, was a cheap shot after the event when she was as unwilling as I was to challenge Christine in the workshop.

In one sense I did not challenge Annie because I recognised I was in a no-win position in the interview. Any challenge could have and probably would have been read by Annie as a non-consumer male heterosexual denying the validity of the views of a lesbian mental health consumer in a typical abuse of dominant positions of authority. Annie knew I would defer to her personal knowledge of the issues of stigma and discrimination and so would refrain from challenging her position of authority. I was not willing to challenge her use of that authority to undermine nearly everything everyone else did in the workshop from Jason to John, from Christine to myself.

At this juncture in the workshop I felt emotionally drained and the rest of the group also looked shattered. In the other two workshops I had not dared to stop the workshop in case the energy and tension created was frittered away. Bevan came up, however, and said he thought we needed to stop for a break. In the interview later he said, “You had to keep going in Kaitaia to sustain the energy, the flow. In Rawene it just built up, up, up. Without stopping we couldn’t have continued”. We took a five-minute break and I went and stood outside again, catching my breath and looking out over the harbour.

Alice joined me on the porch of the meetinghouse. We stood in silence for some time before she said, "You know why it [referring to the images] is so powerful don't you?" I muttered something about the power and beauty of the Hokianga but I felt out of my depth. She said, "It's working because you've tapped into the wairua. If you hadn't, you would have wasted your time coming here today." I must have looked a little perplexed and she said, "It's everywhere here, it flows through the land and its people and you're right, it's very powerful."

When we reconvened, the groups worked on their counter images in the same quiet and methodical way they had approached their first images.

Jason's group presented their group hug. In watching the video I noticed I did not open up the images to much discussion. Instead I spoke about what I saw. I became almost the sole reflector, or mediator of reflections, within the room. I had done this because I knew time was pressing. As I had come back into the room I was told the ferry that people were taking to get to the other side of the harbour was leaving at 3.30pm, and we would need to be finished with time for poroporoaki and time to get down to the wharf. In one moment I had lost forty-five minutes of time. Annie was critical in the interview of the manner in which I reflected about the images in this session and I did not defend myself in the interview by saying I was simply responding to the sudden change of time.

Annie felt that as the facilitator I spoke too much anyway. I said I was often in the position of looking at something in an image and recognising people were not seeing what I was seeing, and my reflection on that would be useful in identifying other issues in the image. Annie said, "If you say it they still won't see it. Because they won't have heard it if it comes from you as the teacher." I wondered if perhaps my attempts at an open-ended process were only

illusory, if I was merely going to read in the images what I had already anticipated and planned to be there. Perhaps the work was far more didactic and closed than I was prepared to admit and simply cloaked in a process that pretended to give a more democratic reading to participants. Annie recognised the danger of the facilitator role becoming the 'teaching' role when the facilitator becomes the arbiter of the reading of the images.

And for Annie, my reading of the images was completely different to her own. I did not allow a process where those differences could have been debated either through the aesthetic image convention or outside it. I described the images as showing a healing of the rift between consumers and the community. I said the embrace showed the healing that needs to occur, of the pain and hurt that discrimination causes in the community for both consumer and those who discriminate. I said such healing makes all of us better human beings. The hug in this image, the manner in which Bevan's group shifted so in their counter image the group were now sitting in a circle holding hands and supporting each other, and in Derek's group's counter image whereby he was now sitting also supported in a circle, had reinforced my understandings of how people needed to resolve discrimination and stigma through healing.

For Annie the group hug was total anathema. She said,

They make an assumption. One hand on the oppressor, one hand on the oppressed, trying to bring them together. Why on earth would you want to be brought together with the oppressor? I don't give a shit if the oppressor realises how bad they've been. I don't give a damn. I actually don't want to be around giving them my time and energy to help fix them. ...Those images were aesthetic images of oppression. They were just softer and more acceptable and you were too soft in not confronting them with their dishonesty. You let them squirm away from facing things.

Annie's total rejection of the importance of the mutability of the oppressor saw her fall into the trap she had accused me of being in. She homogenised oppressors as much as she rejected the homogenisation of consumers. However, in her recognition that the power to free the oppressor rests with the oppressed, she rejected her need or desire to free them as well. Ann's sense in Kaitaia that everyone has the potential to gain from a process that frees consumers from discrimination cut little ice in Annie's dogmatic approach to the work.

I had worried in Kaitaia that the counter images were too easy and therefore naïve and now Annie said she saw the Rawene ones as dishonest. Were the groups giving me, the teacher, the answer they thought I wanted? Was my predetermined end of the workshop to show that the answer to discrimination was to heal the relationships in the community? I wondered if Annie would have denied Christine the opportunity for healing by saying, "Oh you're an oppressor, go get your own hug."

O'Toole (1998:24) reminds us of the dangers of furtive agendas in process drama: when we do not attempt to understand the motivations of the oppressor because "that's too uncomfortable - oppressors are oppressors are oppressors". I can accept the criticism inherent in Annie's discussion that I had failed to complexify the solution as the Three Step Model had suggested to me was necessary for success in anti-discrimination work. I can accept the process needed to be taken further and to simply leave their counter images unchallenged left them with simplistic and rather naive answers. I can even accept that for some people who have been discriminated against and hurt too much they do not want healing offered as a solution: separate paths may be the only solution. However, I remain unable to say that people in the Rawene workshop did not deserve to have the hurt of their first images resolved in the counter image they presented. Saying 'oppressors are oppressors are

oppressors' may be naïve too or just plain political correctness. In creating the Three Step Model I had eschewed confrontational anti-discrimination work that simply tells people they are wrong and need to change their behaviour because confrontation was ineffective.

Perhaps, rather than being too critical of myself and the work, I need to accept the groups had seen and demonstrated very similar answers because, at one level, respecting and caring for people is a simple solution. It is not any less valid as a solution because of its simplicity. Where I had gone wrong in process drama terms was perhaps to look for solutions rather than a set of possibilities. I had then accepted these solutions as if they were end of the drama, rather than attempting to further problematise or complexify the simplicity of their answer.

A simple question such as 'If someone had shown this image as their first image of discrimination, what might it say about how discrimination might work?' would have shifted and reopened the entire process. On reflecting on my own practice I am reminded there is often far more to be gained in working in process drama by asking the right question than in telling the answer.

Christine's description of her need for healing, and the look on peoples' faces as they hugged, suggested a genuine response. This could not be dismissed as dishonest and disingenuous, designed to meet my needs as the teacher. Nor is it fair to accept Annie's contention that somehow they were false and hid the real discrimination underneath. There was, to me, a need for people to say what we did this morning was not real, that it was only play. There was a need for healing within the real context and a healing within the fiction at the same time. It was a moment of true dramatic ellipsis.

Even Annie had to accept the work we did had pushed people out of their emotional comfort zones. She admitted, "People couldn't have taken much more oomph. I think people were relieved that they didn't have to dig too much deeper." And perhaps I was too. Standing on the porch with Alice, I had got a little frightened. Being told the work had tapped into the spirit of this ancient land and the way it breathes had been an enormous compliment to the work and myself, perhaps I had dug as deep as I was willing to go. Perhaps, Alice might have told me, this was as deep as the wairua would have let me go anyway.

In terms of the emotional exhaustion from the work Annie felt that we could not have gone any further that day. Perhaps I was right all along about needing two days for this work. Annie suggested what we needed was time to go away and reflect and talk about the work in some other way, then come back to it the next day. To have structured the kinds of other conventions we had used in Kaikohe, including the collective drawing, to process what we had done that day, struck me as a useful and different kind of reflection people could have done. I was reminded again of the manner in which people after a play gather in the bar to discuss what they have just seen, as a form of reflection. People who had had so much active reflection through this drama process perhaps now needed time to engage in reflection outside the drama. In those moments people could have been prodded and questioned about the counter images.

Annie's group presented a counter image that was different to the others. Although the people beside her supported Annie as the mental health consumer, there was no physical touching between her and the others in the image. Annie was now up and seated, and Alice was also now seated. They were, as I noted to the group, *kanohi ki te kanohi*. In my reflection to the group I seized on the difference of the gap between Annie and the others and

said that the small gap showed Annie had her support but that she was there on an equal footing with Alice, able to look at her face to face. This was as close as I ever came to a criticism of the way in which Christine had moved in so closely on Annie earlier. It was the only time I suggested there was even a slightly different outcome to what the others had shared.

In the interview with Bevan and Will that night, Will told me that at this point in the drama he had stopped filming. He explained why by saying:

There was something really special about the Hokianga [workshop] because there was a certain wairua about it, and that sort of guided me on how much video I taped. It was just a message I had, it's time to stop. I wanted to start from the beginning of the powhiri but I couldn't do that so I looked out at the harbour... I had three batteries and they usually last all day but they seemed to run out much quicker. Honestly. I knew then that was it. The day was over. And that was just the guidance I had.

The recollection of this part of the workshop therefore comes only from my research journal and the interviews I had with participants. This is one reason for the lack of detail in my retelling of the next session but I must admit to not having attempted to dredge everything I could remember about that session from my memory. If Will was uncomfortable about filming it, perhaps some of what happened there, for whatever reason, was destined to stay there.

There was very little time left before we needed to finish for the poroporoaki. I barely had time to explain how Step Three worked. Again there was no time to physically rehearse. Bevan's group moved in a way that showed the role of family in assisting with making a difference. This was also true of Derek's group's image, and Jason's group was a simple replay of the movement they had made to form the group hug after they had shared their first image.

In Annie's group, however, no one moved for the first eleven seconds of the twenty-second count down. It was as if they were all waiting for someone else to make the first move. Finally, Alice sat down and dropped her finger, Frances and Shayla sat up and at nineteen seconds Annie sat up and fixed Alice with a look that chilled. The accusation inherent in Alice's finger pointing had transferred to the stare in Annie's eyes.

Apparently, Annie was not going to let me get away with my reflection on the importance of healing. She changed the entire intent of the final image simply by marginally shifting the angle of her head and steeling her gaze at Alice. It was almost a carbon copy of the counter image they had first tried, but the tiniest alteration had changed the entire meaning. It was a sophisticated manipulation of the art form on Annie's part that showed she was unwilling to buy completely into the seeming consensus about the way forward. The shift in tone of the image was not lost on anyone in the room. This shrewd use of the art form allowed Annie to undermine, challenge and complexify the process because I had failed to do so.

In an enormous vindication of the process, Annie had wrested us away from yet another simplistic view of the counter image of stigma and forced us to think. The agonising stillness of the eleven-second wait before anyone moved had heightened our desire to see resolution and healing of the pain. It seemed to grow more tangible with every second, and at the moment where we hoped for resolution, Annie swept it away from us. It was a bold statement that Annie was determined to make and she did it with barely more than a tilt of the head and a look that I can remember even now. Aesthetically, it was extremely powerful and at one level I know I marvelled at its audacity. Christine later said, "It just simply took your breath away, the intensity of it all".

I asked Annie about what had happened. She said,

They had decided to lift me out of the chair with an arm under either arm and I said, actually I'd like some dignity and get out of the chair myself thank you. Their idea was paternalistic.

I asked if the image had then ended up the way she wanted it to, and she said, If I'd had my way I'd be sitting on the chair by myself, none of them would be there. So I ended up having to compromise where I wanted to be with those who were in the drama oppressing me. I will stand on my own. I'm a valid human being and you can all just go do something else.

On reflection I wonder if the stare in her eye was directed as much at me as it was at the role Alice played. As I had described the model for healing in image after image, I now have a very real sense that her final stare was a rebuttal of that as much as it was of Alice's role. Annie said,

There was no way am I even considering being lifted up. Being able to show how our group arrived somewhere else was very important. I wanted to consolidate that as a truth, as an important event.

When Annie said, "I will stand on my own," she meant both within the drama and also in real life. "It's not my role to work with the oppressor, I've got other things to do. It's why I sat in my image and did nothing until they'd sorted out their shit and then sat up." I asked if she saw it was my role to work with the oppressor and she said, "Yes I do, it's your job though to bring strong processes and strong systems for people to reflect on what they are doing."

One problem Annie saw was that other members of her group were, as she said,

Still not letting people stand on their own two feet, they're saying we'll pick you up. Here's the way to stand, stand like this. We'll let you stand.

A consumer knows they can stand and how to stand, they're just not allowed.

I could have challenged her for generalising the nature of consumers as she had done with me. I could have challenged her for making sweeping generalisations about the others in her group. But I felt then as I do now that there would have been little to gain from such a confrontation. At another, deeper level I recognised the insightfulness of her comments, although I winced at the thought they were largely directed at what she considered to be my mishandling of the workshop. I tread a delicate line of not wanting to roll over too easily, yet also not wanting to be needlessly defensive of the work.

I was not surprised at the time that Annie chose to remain seated. However, I have since wondered what Annie's response might have been to the image of John in the darkness on the chair in the Kaikohe workshop, with Bevan and Francine arguing whether it was empowering or not to help him down. Would Annie have fought for the right of John to stay faceless and headless? Would she have condemned both Francine and Bevan for assuming the consumer wanted to be freed and that he could not decide this entirely on his own? Or do we paralyse with fear any action if we see in everything the possibility of further oppression? In the workshop I merely noted that the image suggested things might not be as easy as it appeared in the other images, and that there were a range of choices available to people.

The poroporoaki began with inoi. It had been a long day and we were all exhausted. When Jill stood she spoke first in her native dialect of Papua. She said the images we had created had shown her there was much in common between the people of the Hokianga and her own people. This was the first time since coming to New Zealand she had felt comfortable enough to use her first language. She said the afternoon was something that would stay not only

with her for the rest of her life but it would stay with everyone. She sang a gentle Papuan lullaby as her waiata. I was transfixed by how the drama had crossed so many worlds in the afternoon to make such connections with this young woman from the highlands of Papua.

I stood and acknowledged the two taniwha at the mouth of the harbour. John sang *Psychiatric Survivor* as a waiata for us both. Derek closed and then we all sang Whakaria Mai, the Maori version of *How great thou art*. Bevan later that night said that again the singing was so important because,

The waiata at the end of the poroporoaki is a cleansing of everything that has happened. We can leave it there. And the kaumatua will make sure that happens and away we go.

The farewell of hongis and kisses was protracted. I felt the afternoon had gone on for hours. Christine said later she was amazed at the intensity of the day. She said, "It felt at times as if it was vibrating around the room." She was speaking of the drama but I wondered about what Alice had said about the wairua. Tapping into the essence of a place can give you one hell of a ride.

### **Reflections that Evening**

That night I was elated with what had happened during the day. My sense, when I stepped on the marae, that events of the day would be significant and special had been borne out. I had been part of a process drama that was startling in its ferocity and its connection with me as a human being. I was also exhausted.

I knew though that the Three Step Model, although delivering in part what I had hoped for, had some serious flaws. Annie had been able to articulate the growing discomfort I had with the final images. She had hinted at a way to resolve some of the issues I had about the easy answers I could see surfacing.

Paradoxically the resolution she offered was to say that I needed to ensure the counter image not be seen as a resolution of the issues. Her slight manipulation of the form by simply altering the image suggested to me further exploration through other drama conventions might prove useful.

To complexify the issue and demonstrate a wider range of possibilities in both the final image and the movement between images a range of dramatic conventions could have been employed. For example, in a variation of forum theatre, people could have taken the role of people in the image and tried out other ways of moving from the first to the second image and then reflected on what they had done. Alternatively, participants could have replaced individuals within the counter image, taking different poses to indicate different possibilities. Or people from different groups might have edited the counter images using the same process we had used in the editing processes in Kaitaia and Kaikohe. In doing so the original attempt would still be honoured but it would open up the aesthetic images for further reflection and debate.

Essentially I realised the Three Step Model was too simplistic for what I had wanted to achieve. The work was providing a clear image of discrimination and offering solutions to the issue. I had, however, failed to fully interrogate the solutions and build into the process drama conventions that I had used frequently in other situations (O'Connor 2000). In that sense I was soft on the participants and at one level the process was soft too. My stated intention in the workshop was to provide an opportunity for participants to reflect on their behaviours rather than to change attitudes, and to work alongside groups rather than confront them. In the final images, and the transition steps in between, I had not used the lens of the process to dig more deeply into the ambiguities and murkiness of discrimination. Christine's comments in the interview also alerted me to the fact that perhaps I had got the mix wrong. She described the process of the workshop as one where "we responded

instinctively to what you asked us to do, we then paused and clarified what we were doing and then you affirmed what we do.” At one level I wanted to affirm them in their efforts but I also wanted to challenge them more deeply than I had.

The process of physically placing them in the roles had been challenging. It was about how much further we might have gone. Annie said,

The images showed so much hidden oppression, of covert agreement between the oppressor and the oppressed. A lot of people in that workshop will engage in that sort of behaviour - that’s the point - they might think ‘fine I can do that in their context’ but being put physically into those images means you can’t get away from the fact that you do it.

Bevan’s description of the workshop was different again. He said we had warmed them up with thinking and then moved to a feeling response.

That’s how Maori work, bro. We don’t just think about things, we feel them. We can do the intellectualising thing, but experiencing it at a felt level, that’s how we work in our life. The workshop brought out a deep sense of mamai (pain), the sense of loss, of grief and it’s personal. So it heals stuff because your journey is from here [pointing to his head] to here [pointing to his heart].

Bevan acknowledged that the central role of the powhiri in lifting the curtain or opening the pathways to do this work was then completed by the poroporoaki where things were settled again. The tumult of the play tosses and vibrates through the room and then things are returned to what they were at the beginning, just like a Shakespearean play.

## **Ako and Narrative Pedagogies**

Russell Bishop and Ted Glynn (2001) identify a set of fundamental principles to guide the working with Maori students in mainstream settings. Bishop and Glynn draw attention to the manner in which the word ako's literal meaning is to teach and to learn. Metaphorically, ako emphasises reciprocal learning. They suggest this means "teachers and students can take turns in storying and restorying their realities, either as individual learners or within a group context" (2001:6). They recommend a narrative pedagogy approach to the curriculum that allows students to investigate those things which "arise from the conversation about the story and a relationship can then emerge in which both stories are heard, or where a new story is created by all the participants" (2001:8). Such an approach, they suggest, requires a shift in the metaphors we use to describe our work with Maori away from the deficit model to a co-constructivist model.

Whether I had, as Alice suggested, tapped into the wairua of the Hokianga I had certainly tapped directly into what Bishop and Glynn (2001) refer to as Kaupapa Maori theory and practice. The power of the response came from a group who are not used to having their stories acknowledged or shared in an educational setting. Greenwood (2000) suggests that Maori expectations of drama are that it tells other people's stories. At one level Alice was acknowledging I had worked with the stories of that area, of its people and to do otherwise would have been a failure.

Greenwood also speaks of how "a theatre process that focuses on the building of images has immediate resonances with the carved, painted and woven imagery that is traditional to the marae" (2000:233). I was strongly aware after my discussions with Alice on the porch that, although ostensibly the work was performed without an outside audience, there was a more powerful

audience in the ancestors who watched all we did from the walls of the whare. I was aware that other stories, as Greenwood (2000) reminds us, are to be found in the carved patterns on the roof and the walls and formed a visual and spiritual context for the storying we made.

Our workshop had operated within the tikanga of the marae. We had come and been welcomed, through whanaungatanga we established our relationships with the land and its people, and we had shared our stories wrapped in the safety of that process. Through the workshop we attempted to honour the stories of all those who were there. The impact of the work was felt by everyone, regardless of where they came from: Pakeha from the city and the young woman from the highlands of Papua. We had left with the blessing of the people who had welcomed us on to their land.

## **Karakia**

*Meanei nga uri o nga maunga*

*Nga uri whakatapu o nga awa*

*Hokianga ki Taumarere*

*Nga Puhi nui Tonu*

*Uri o Rahiri e*

*Here we are the descendants of  
the mountains*

*The next generations of the  
Hokianga and Taumarere rivers*

*Greater Nga Puhi*

*Descendants of Rahiri*

# Chapter Ten

## Emergent Patterns and Themes

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Patterns are “regularities of behaviour or forms of interaction which occur over and over again” (Altrichter 1993:134). Altrichter suggests that in categorising patterns emerging from the data of qualitative research it is important to initially “code deductively - using the prior theoretical knowledge and searching for relevant passages” and then to code inductively whereby “categories are chosen during and after scrutinising the data” (1993:124). The patterns allowed me, as Hopkins notes, to “see beyond specific examples to underlying structuring trends” (1985:13).

Using the theoretical understandings of both process drama and anti-discrimination practice within a mental health context, several categories for analysis have arisen from the data. In this chapter I critically analyse these categories to “unravel the intricate and messy happenings which characterise the pedagogical moment(s)” of the workshops (Taylor 1996:30).

The categories I see arising from this research are: forms of metaxis and reflection in process drama; the development of the Three Step Model, the Model’s possibilities and its limitations; the place of performative Maori ritual in the context of the workshops; and the limitations and strengths of case study methodology.

### **Models of Reflection**

Taylor reminds us, “Little is known about the character of reflection in action yet without immediate and ongoing reflective activity it is difficult to see how any teaching or learning event would ever occur” (1996:30).

In Chapter One several models of the reflective process were discussed. Shakespeare's mirror to nature, Heathcote's (1984) Brechtian notion of drama acting as visiting another room, and Somer's (2000) notion of drama as a bridge between two worlds, all rely on a purely mimetic understanding of art. In mimetic art, which Neelands (1994) suggests underpins the Western tradition of performative art, drama is divorced from the social and political world in which it exists. High art forms become the preserve of the rich and privileged. Bolton recognised interpreters have disagreed as to whether Aristotle meant imitation, representation or metaphor, but when seen as imitation, mimesis is "a necessary but insufficient component of dramatic behaviour, that imitation alone is too restricting" (1992:1). Process drama, Neelands argues, "is mimetic but it doesn't deny the possibility of there being a metaxis between the dramatic and the real. The idea that life and art are rigidly separate areas of experience and cannot coincide is challenged in educational drama" (1994:10). Csikszentmihalyi (1983) cautions that the binary two-world concept reduces the richness and complexity of dramatic play to too easily a defined process. He suggests instead that role and self are distinguished by different rules and goals. Voss Price labels these "frames of existence" (2001:149).

In several moments in each of the three workshops there appears to be some evidence that process drama acts as a non-mimetic art form. Instead of whole and separate entities, or separate worlds, "the boundaries between life and art are blurry and permeable" (Schechner in Neelands 1992:10).

In Kaikohe, John's precarious state on the chair and the possibility of him falling had the participants and John worried at two levels simultaneously. There were consequences for real in John falling but even more serious consequences within the metaphorical truth of the fiction. John says he was aware that what was happening was occurring in both the real and fictional

contexts simultaneously, or as Boal says "the image of the real is real as image" (1995:44). John acknowledged that most mental health consumers are dropped off the chairs metaphorically and at one level it would have been more 'real' to symbolise that by falling. However, John had been very determined not to fall in his own life and he was equally determined not to fall within the fictional role either. Later in the same drama John recalls the moment of freedom from the shirt that had covered his face. In a statement about both his real feelings and the feelings of the role, John commented, "Just getting my face back was cool". John's smile as he broke free was both a genuine response in the real context and also metaphorically true within the drama. He was freed both symbolically and literally and the smile was both genuine and metaphoric.

Francine's discomfort at watching Bevan undoing the first button and then her reading that he undid the rest was, as she described, "about how the image encapsulated her fears for the project". It was not a mirror image of the project but rather a heightened and altered image that allowed her to reflect on her own relationship to her work. Nahi, who had said so little throughout the Kaikohe workshop, in the poroporoaki described this process of the undoing of the buttons as, "for me this was a very real moment. It hit me how real this drama is although we are acting it out. It was so real."

In Kaitaia, viewing Doris as she stood in the image made me acknowledge that I'd never seen anything as sad before, in either real or fictional worlds. Her tears were really felt by us all, and presumably by herself. Christine at the time acknowledged the resonance of the image was "It's from what we come from." Her statement acknowledged, as Bolton (1992) suggests, the imitative process of drama only tells part of the story of the power of drama. Doris's image showed simultaneously *within* the fiction that the reality of life in the Far North both informed the fiction and displayed itself *as* the fiction.

In Rawene there were extremely powerful moments where the frames of existence collided with some force. These moments suggested to me that rather than the binary picture of discrete, well-formed 'rooms' as discussed in the introduction, we might picture the self and the role as rough, not so fully formed, or jagged entities in constant contact with each other. Somer's (2000) models all have clearly defined outlines but they might be better drawn with more indistinct edges or frames, perhaps even with permeable membranes. Such a model might more accurately illustrate what happens at moments of deep reflection in process drama.

This model would help explain what happens when the self and the role meet. When the rough edges of the self and role hit they spark and create a friction, a heating, and a shuddering in the collision. In Rawene these moments of collision were very unpredictable and powerful. Christine and Annie's world views collided in the fictional image of Christine comforting Annie without Annie wanting her there. In Annie's violent response to the moment, "If I'd seen her doing that my response would have been to smack her one", we see a moment where their worlds rubbed and created the friction or tension that Bolton defines as "imperative tension" (1992:11).

Boal argues, in metaxis "The oppressed must forget the real world which was the origin of the image itself, in its artistic embodiment" (1995: 44). As Boal (1992:24) notes, when playing Othello, Desdemona can never actually be strangled. Annie could not hit Christine for real because if it happened in the fiction, it would also happen for real. And yet it became clear in the interviews with both Christine and Annie that neither of them forgot the real world in the making of this image. As Annie said, "I would have said to her 'cut your namby pamby bleeding heart liberal claptrap with *me*. I don't want you treating *me* like a seven year old.'" Christine talked about "*My* instinct is to get

down to those who were hurting". Rather than forget about their real worlds, both Christine and Annie brought them to collide with the fiction.

Boal suggests, ironically, the only person who could genuinely strangle Desdemona is a madman playing the role of Othello. In the mimetic process of the Western stage that might be true. In process drama, which is not simply mimetic, it is possible to intensely feel the anger of Othello, or in this case Annie in role as a downtrodden consumer, and to know what it was like to strangle/hit Desdemona/Christine for real.

Annie's manipulation of the image at the end, when she slightly shifted both head and gaze to undermine the meanings read into the drama, also demonstrated that Boal's (1995) and Somer's (2000) notions - that the flow between the fictional and the real is uni-directional - may only tell half the story. Boal suggests that the actor "practices in the second world (aesthetic) in order to modify the first (the social)" (1995:44). Boal argues here that the self reflects on the role and then may take that for further action. However, in this moment in the drama Annie-in-role reflected back on herself and took from that into further creation of the role. The permeable membrane allowed for the flow to move and alter both the role and the self or, in Voss Price's terms, to shift and change the rules and goals within each frame of existence.

The permeability of the frames of existence offers other possibilities in process drama. When Ann in Kaitia walked into the image of stigma created by another group and turned to the person in the role of consumer saying, "What's wrong with you? Snap out of it", she was operating in several frames at the same time. Firstly, her statement operated as one about the image; secondly, it became part of the image's fiction. Ann had taken her reflections on her own self into the drama and had altered the drama created by the other group. However, what she said was a line she had never had the power to use

in her own frame of existence. The drama had empowered her to try out the words and sense what it felt like to exercise that power. The rules and goals of each frame are not immutable and unchangeable. Process drama allows the rules to become flexible, alterable and negotiable.

At one level it was this flexibility of the frames that so angered Annie. Annie's determined rejection of the hug that Christine's group did simultaneously for real and within the fiction was based on her awareness the hug was both real and fictional. Annie was sure the real need for human affection that this hug both symbolised and meant within the fiction, also symbolised the paternalistic nature of the discrimination this group engaged in. For Christine the fiction allowed her the opportunity to heal for real. She said, "I needed to be restored with the girl who had been isolated, I needed the physical hug." Both Christine and Annie brought to the hug their own frames of existence and each took different things back to those worlds.

In a post-modern world (Derrida 1997; Foucault 1998; Lacan 1997) we also recognise the self is actually a multitude of 'selves'. Permeable and multiple selves hit the multiple fictional roles, which are group and individually created.

### **Mirrors and Reflection**

In considering how this dramatic tension between self and role relates to reflection, Richardson reminds us that "In post-modern mixed genre texts, we have moved from plane geometry to light theory, where light can be both waves and particles" (cited in Taylor 1996). Having first considered metaxis as the transference of particles, it might therefore be instructive to look at it in terms of light waves.

In mimetic art reflection can be understood as Shakespeare understood it: by looking in the mirror one seeks to see the true nature of things, or see the

imitation of oneself. In *Hamlet* the simple play to catch the King has one predetermined image to reflect back to Claudius. Morality plays were and still are designed as flat surface mirrors. The one truth or at least the imitation of reality in these sorts of drama is played back for an audience to view. Drama exercises such as functional roles plays and simulation exercises are designed so that, by looking into the mirror, individuals and organisations can see what needs to be fixed in a functional and mechanistic manner. "Van Ments suggests that role play can be used to practice various types of behaviour, change attitudes and provide rapid feedback" (Smigiel 2000:275). These functional role plays fail to acknowledge the ambiguities and blurriness inherent not only in the relationship between art and reality, but inherent in life itself.

Ackroyd (1999) raises the question of how drama, when it deliberately neglects the reflective mode, can be used to promote 'truths' where the ends being sought are contestable. She gives examples of how such exercises might be used: to promote smoking, or to encourage a group to run into mortal combat with vigour. This reminds us of the "need to ensure that our practice comprises more than simulation exercises and role play, that it is truly reflective [refractive], and that we debate the purposes of what we are doing" (1999 internet).

## **Lenses and Refraction**

Unlike the flat mirror in mechanistic role play and simulation - so often the preserve of workplace training - in process drama the mirror is dimpled and broken, obscured in places, operating as a convex or at other times a concave lens. As such it throws unexpected and distorted images back. It does not imitate what looks into the mirror but deliberately highlights some things and obscures others. It is deliciously and sometimes dangerously unpredictable in

terms of what might be revealed and what might remain hidden. The key for the facilitator in process drama as she/he helps to construct roles and fiction is to shift the lens so different angles and shards of light might go into unexpected places. It is the manner in which conventions are chosen and sequenced in process drama which allows for this judicious placement of the lens. The key for the facilitator is not to manipulate the lens on her/his own, but to allow the lens to be constructed so individuals and groups can look into the parts they want or need to look. Sometimes they will be surprised by what they see, but neither the facilitator nor the participants can fully be sure of what can be seen in a dimpled and uneven mirror surface.

The refracted images thrown back by process drama are hard to plan for, and are more democratic and open-ended than in those forms of drama that merely reflect or imitate who and what we are. They create what O'Toole calls "maverick meanings" (1998:25). Unlike the tidy processes of reflective tools including role plays and simulations that Shon (1983) suggests to solve problems and dilemmas, the dimpled reflections of process drama can further problematise or offer a range of possibilities that could never be seen in the flat surfaced mirrors of those processes.

There are grave risks in looking for a universal truth in what the dramatic lens might reveal rather than allowing ourselves to play with the dappled half-truths that spring from distorted reflections. Turner reminds us, "the raw material of theatre wherever it is found is also the stuff lies are made of" (1990:37). O'Toole suggests the notion that drama can lead to an understanding of the deeper truths of the universals of humanity has been a misguided endeavour. He suggests it leads to stridency and sanctimoniousness (1998). He reminds us it is in drawing from the drama to the very specificity of the real context, rather than universal statements one can tenuously draw from them, that gives drama its significance (1992). "Because drama uses specific contexts as well

as common themes, students are able to reflect on their position in a range of possibilities, and become aware of the values embedded in the particular construction of events" (Nicholson 2000:25). Barthes (cited in B O'Connor 1999:20) reminds us that "everything which claims to be universal and natural turns out to be cultural and historical".

When looking into the broken and dimpled mirror of process drama participants seek to find differences from themselves. They consider and reflect on what makes the role different from who they are rather than seeking for the imitation or mirror image of themselves. In role participants can try out the parts of themselves not available to them in everyday life. In the broken reflection that they see back they recognise themselves more clearly, not in the similarity the role has to themselves, but in the difference the role has made to who they are.

If process drama acts not to imitate or reflect reality but rather acts to distort, highlight or obscure aspects of reality, then it might be more accurate to think of reflection in process drama as refraction. In using refraction to describe what happens, we acknowledge that in process drama we do not attempt to reveal the truth about the self or the worlds in which we live. Rather, we seek to reveal a multiplicity of selves and truths, of possible and contradictory and rejected truths and worlds and perhaps, most importantly, of emergent selves and worlds previously unimagined and yet to be.

We can reconsider the model of self and role, or fiction and non-fiction, so instead of a model showing a two-way flow between two separate distinct entities, we can instead reframe the model so it shows the other of role contained within the self. At the moment of reflection this model reveals the self looking inwards to the role that is inside. During the reflective or refractive process of drama, the image is refracted back so it draws things to the surface

that were either hidden or submerged within the self. The productive tension is generated when things are brought up from the inner other to rub against the self. Because we are unaware of exactly what might be refracted back, the moment when it touches can be surprising or deeply affective. John's singing of *When you grow too old to dream* had unexpectedly drawn to the surface the other of my childhood and it had rubbed in a way I had not expected.

In this sense the refractive process draws out what we did not know we already knew. It re(k)news old things we had misplaced or forgotten, and that resurface when we take the opportunity to play ourselves as another. As Bruner suggests,

There is within each person his [*sic*] own cast of characters, an ascetic, and perhaps a glutton, a prig, a frightened child ... the great works of the theatre are decomposition of such a cast, the rendering into the external drama of the internal one, the conversion of the internal cast into *dramatis personae* (1990:28).

## **The Quality of the Aesthetic Experience**

It is only momentary, of course, but the power of the exercise [tableau] lies in its capacity to produce for a few seconds that very quality that professional actors work to achieve for the length of a play performance (Bolton 1992:25).

Throughout the workshops participants worked to ensure there was quality in both the form and content of their work. In Kaikohe and Kaitaia I noted the editing process provided a real tension to the work. The groups focused on not merely telling their stories, but in finding the appropriate dramatic form to do so. Participants enjoyed the opportunity to create pieces of drama of quality that Bolton refers to. The quality had a direct bearing on the quality of the refraction. It moved us on occasions to tears and to laughter, to anger and resolution and gave us on occasions, as Jenny Simons suggests, an

“unexpected gift of discovering new possibilities about ourselves” (cited in Nicholson 2000:165). The goose bumps I felt on numerous occasions as I looked at the images of pain and despair, or at attempts these people made at righting their images, told me of the richness of the participants’ real lives. The quality of the tragedy in Doris’s image allowed the group to acknowledge what it meant to live in Kaitaia. The quality of the work in Rawene in depicting the isolation and hurt of discrimination demanded a real healing for those who created the images.

Even functional role play advocates recognise the inherent difference between functional role plays and a drama that acknowledges its art form. van Ments “counsels against the dangers of trainers of what he terms ‘creative drama’ whose expressive possibilities and tendencies are likely to cloud the clarity and undermine the control factor of those instrumental purposes” (Smigiel 2000:275). The process drama had not merely been functional and prescriptive. Sayce (2000) and the ILO (1999) research had been clear such processes were doomed to failure. Instead of clarity and control, we had, as Sayce suggests is important, “set new narratives running” and seen our workshop participants not as “passive recipients of our correct message, but engaged in dialogue” (2000:227). In doing so we had clouded and made ambiguous and denied the tendency to prescribe right answers.

## **The Development and Applicability of the Three Step Model**

Chapter Four explored recent research relating to both general anti-discrimination practices and to research on the effectiveness of projects to counter stigma and discrimination associated with mental illness.

The Three Step Model which informed the five workshops discussed in this thesis, was a synthesis of the Anti-racism model posited by the ILO research (1999) and the Disabilities Inclusion model described by Sayce (2000). Both recognise that stigma and discrimination are not caused only by ignorance. Both models recognise a rights-based approach that focuses on the narratives of those who discriminate is likely to be the most effective in changing the lives of those discriminated against. Rather than simply provide groups with information about desirable behaviours, these should be negotiated in a process of dialogue. Instead of simplifying and reducing the issues, one needs to complexify them (Sayce 2000).

The Three Step Model begins with participants identifying for themselves, both cognitively and affectively, what stigma and discrimination might look like. Central to Step One is the telling of the consumer story that in these workshops was told by John Matteson. The purpose of the story is not to elicit an empathetic response to the plight of the consumer. It provides an opportunity for participants to reflect on their own narrative in terms of their relationships with mental health consumers. Step Two requires participants to consider what conditions within the workplace would signal that stigma and discrimination had been successfully countered. In Step Three participants consider the ways in which this step could be achieved. In doing so the tools that informants in the ILO research said they needed to make a difference were negotiated with the participants. In the workshops we used an adaptation of Boal's "image of transition" (1995:115), which we named aesthetic images (after Eriksson and Janssen) to summarise or crystallise all the other conventions used in Step One and for Step Two and Three.

The three workshops revealed the model allowed participants to focus on and set their own narratives about how they discriminated and stigmatised, and to consider and negotiate how that might be altered. For some, the workshops

were enormously challenging. Francine at Kaikohe had to consider the nature of her involvement as a non-consumer in the *Like Minds* Project. Nahi said she had to reconsider the way in which she enabled people to find employment in her work at the local Work and Income Office. Tui in Kaitaia had seen the potential of drama to oho mauri, to waken the essence of who we are as people, and in Rawene I was challenged by the determined stare in Annie's eyes.

The workshops provided an opportunity for both consumers and non-consumers, Maori and Pakeha, to co-construct these narratives in ways that, on occasions, revealed uncomfortable truths about our relationships. In Kaikohe we watched John's buttons being undone and Rona, Francine and myself saw in that process our own stories. Our different stories, however, became the story of the afternoon. In the Mason Clinic a group of mental health professionals made a mental health consumer face a gauntlet of hatred and vilification in a drama process and then were forced within the drama to face the consequences of their decision to make that gauntlet. In Rawene both Christine and Annie co-created an image that meant entirely different things to each of them.

The Three Step Model attempted, rather than provide simple answers to issues of stigma and discrimination, to further problematise and interrogate those solutions. Annie's challenge in Rawene, that the counter image and steps in between were soft and namby pamby, showed how easy it is to fall into the trap of presenting easily digested answers. No doubt Annie would have been as critical of the counter images in Kaikohe and Kaitaia. For example she might have described the waka image Ann's group created as pat and smug and perhaps even silly and naive. At worst she might have seen it as discriminatory, by buying into a paternalistic set of values around a need for everyone to be working for the same goals. I know Annie would tell me she

was not going to jump on the one big waka just to keep anyone happy. Annie would want a separate waka for consumers, driven and directed by them and it would not necessarily be heading in the same direction as the main waka.

My growing dissatisfaction with many of the counter images is that the Three Step Model, if left at this stage, is incomplete and ineffective because it suggests a linear progression to resolution. The Model needs to be a spiral cycle, which suggests there is no end point in the process. After Step Three, participants need to reinvestigate the image of Step Two, and again consider a further counter image and the steps in-between. The reinvestigation of the image can be done using a range of process drama conventions. The Spiral Three Step Model recognises that problems of stigma and discrimination in workplaces do not have one single or simple answer, but instead argues for an endless process of refinement and refraction.

### **Possible Consequences for the *Like Minds* and Similar Projects**

The Spiral Three Step Model should suggest to planners of the *Like Minds* and similar projects, that countering stigma and discrimination is not achievable through one-off workshops providing information, simply raising awareness, or prescribing behaviours. The Model requires an ongoing commitment to reflective practice whereby attitudes, behaviours, institutional and wider issues of discrimination are discussed and negotiated within narrative structures such as the process dramas described above. In the absence of someone who can assist in the creation of these dialogues and narratives through process drama, our earlier discussions on the narrowness and non-negotiability of role play and simulation clearly suggest that they are not an appropriate substitute. Process drama is a central and non-negotiable component of the model.

This is an expensive and time-consuming process. Ann reminded us in Kaitaia, however, that countering stigma is beneficial for everyone, not just consumers. "It's liberation from all the energy that goes into a dynamic that is unhealthy for everybody. And when the energy goes out of that it is empowering for everybody."

Heather Smigiel is one process drama specialist who trained a number of trainers without previous experience to use process drama in organisational settings. Her study showed:

Participants in these training programmes where drama was trialled often learned more than had been originally planned and some trainers observed that the trainees had retained and developed what they had learned in the drama (2000:281).

In the debriefing situations common to role play and simulations, Smigiel suggests "participants demonstrate how they have corrected mistakes and misunderstandings, relating the outcomes to the original aims" but that in process drama when they engage in reflection they work with "an analysis of motive and emotion, of emerging meaning" (2000:276). The Spiral Three Step Model recognises that it is exactly these complexifying, reflective and negotiated processes that have the best chance of dismantling discrimination within workplace settings.

*The Project to Counter Stigma and Discrimination Associated with Mental Illness* may wish to consider trialling the Spiral Three Step Model in mental health and other settings, and training trainers in the use of such processes.

## **The Place of Performative Maori Ritual in the Context of the Workshops**

The workshops undertaken in Kaikohe, Kaitaia and Rawene occurred within settings that by virtue of their geographical settings involved Maori rituals, especially in terms of powhiri, poroporoaki and the use of waiata.

Schechner describes rituals as "ordinary behaviour transformed by means of condensation, exaggeration, repetition and rhythm into specialised sequences of behaviour" (1993:229). In the workshops, the ordinary tasks of welcome and farewell were ritualised into specialised and performed behaviour and acted as "bridges, reliable doings carrying people across dangerous settings" (1993:230). In Kaitaia I had foreshortened the ritualistic opening of powhiri and whanaungatanga and headed straight into the workshop, blundering into the dangerous settings of Doris's grief. In Rawene, Bevan recognised the powhiri had allowed us "to, in a safe environment, be ourselves." Because of the particular significance of the Hokianga to Maori, Bevan acknowledged he:

had some concerns going into that area. You know I wasn't comfortable myself but just the way it evolved and then in whanaungatanga we see people related to people and we just knew it was just the way it was meant to be, everything else would just come in line with that.

The powhiri in these workshops acted in much the same way as the raising of the curtain in professional theatre. It marked the beginning of the process drama and in ways as complex as the rules of theatre, established the manner and rules under which the drama might operate. The ritual of hongiri and haruru also bridged the welcoming and acceptance into the workshop of people who arrived after the powhiri. At times these formal individual greetings felt to me as if they cut right across the work we were doing, especially in Kaitaia when there were so many late arrivals. And yet these ritualised moments were

absolutely vital in acknowledging the new person who had arrived into the group. Often without these ritualised greetings, people who arrive in workshops are not acknowledged or are only in a perfunctory manner, and then struggle to identify with and become part of the work.

Throughout all the workshops the process was punctuated with the singing of waiata. Sung to support what someone has said, the singing also acted to shift the focus or mood of the workshop. At times we laughed and sang along and at other times the music dragged us deeper into the work of the day. Derek described music as acting as a piece of whariki, where the workshop was woven together by the music. Bevan also spoke of the way in which waiata acted to close our work, "the waiata at the end of the poroporoaki is a cleansing of everything that has happened."

Poroporoaki is a much more sophisticated and performative activity than the reflective circle that often closes process dramas in non-Maori settings. Participants made every effort to be poetic in their reflections on the day and in acknowledging the power of the work. Tears flowed freely in the poroporoaki of all three workshops, waiata were performed with actions and feeling. Some like Nahi found in the safety of the process the opportunity to speak to the whole group for the first time in the workshop. Jill found the safety to speak pidgin for the first time in New Zealand. The karakia or inoi that mark both the beginning and ending of the powhiri and poroporoaki focused on the spiritual nature of our connections as human beings.

These rituals were not used because they heightened the experiences of the process drama that occurred between each end point. They should not be commandeered as suitable conventions for process drama outside these contexts. They occurred because they are the customs and ritualised practices of the people I worked with and of myself. However, there is much to be

gained in translating across to other contexts some of the principles underlying these practices. For example, the ritualised greetings and farewells that belong to the culture and or context in which the drama occurs cannot be short cut so as to complete some other process planned for the workshop. Each individual needs to have their status acknowledged when they arrive into a process drama and people need the chance at the end of the process to speak freely and poetically about what they have experienced.

### **Importance of Place**

In both powhiri and poroporoaki people made their connections not only to the people who were there but also to the land where the workshop was taking place. In Ponsonby, it was only once John started to tell his story that I acknowledged to myself the importance of Ponsonby in my own narrative. In both Kaikohe and Rawene, however, the powhiri gave me the opportunity to make my connections to the place where we stood. In my whaikorero at the start of each workshop I acknowledged the two taniwha that guard the Hokianga Harbour and recognised the special relationship I felt with this part of the world. In Rawene, Alice acknowledged that the stories and spirit of the land infused the workshop so we were not merely working with the narratives created by those who attended. We also worked with the stories that resided in the whakairo (carvings), kowhaiwhai (paintings) and those handed down from the tupuna (ancestors) who were now part of the land that embraced us. Her tribute that I had tapped into the wairua of the Hokianga was humbling. Alice also understood the flow that Csikszentmihalyi (1993) describes is not simply something that people enter into in concentrated endeavour, when she said, "it is everywhere, it flows through the land and its people and you're right, it's very powerful."

This thesis, which originated and on occasions flowed within the wairua of the North, will eventually need to be returned to that flow in the North. It will be greeted and welcomed in the ritualised form of powhiri as one of the stories that flows through that land.

## **Limitations and Strengths of Case Study Methodology**

John Carroll (1996) recognises that case study is an appropriate methodology for attempting to reify the non-reproducible experience of drama. In these case studies I have attempted to tell, in the richest way possible, the story of something which exists only in the shared memories of the participants. In answering the question of how process drama assists people to reflect on their attitudes and behaviours associated with mental illness I have not attempted to evaluate the effectiveness of the workshops, to quantify or measure their success in countering stigma. If I had wanted to do that then other forms of data would have needed to be collected and analysed. However, Phoenix Research collected and analysed data to measure the impact in mental health settings of workshops based on the Three Step Model.

### **Effectiveness Survey**

In July 2002 Phoenix summarized their research of the work undertaken with mental health services over the preceding three years. This work included the workshops described here and a further twenty four which continued to use the Three Step Model. John and I delivered ten of these workshops together, and John and one other MHF staff member delivered a further fourteen after I left the Foundation in November 2000. The following data summarises the findings following a series of in-depth interviews with staff from mental health services in the Auckland region.

- About one in five reported having made a 'large' change in their behaviour to reduce stigma and discrimination 'as a result of the project' and similar levels were reported for changes in understanding and attitudes.
- Almost half reported either 'large' or 'moderate' changes.
- People felt their organisations had made fewer changes than they had personally.
- More than one in ten felt there had been 'large' changes and over a third felt there had been 'large' or 'moderate' changes in their organisation as a result of the project (2002 3).

Mental health services had been exposed to other aspects of the project, including the National advertising campaign and in some cases the Hearing Voices workshop. However, the Three Step Model, prior to adaptation to a Spiral Model, was reported as making some clear difference to the provision of service within mental health institutions in the region. Unfortunately, the researchers did not ask any consumers if they had noticed any changes in how they had received services.

Although far from conclusive and despite the research's inability to draw a direct correlation between the workshop and these reported changed practices, the results are encouraging. The workshop's refractive quality might have improved the experiences of those who use mental health services in the Auckland region. A consumer consultant noted:

At this morning's senior management they talked about the ongoing benefits of the workshops that the Mental Health Foundation does ... how they've reviewed some of their practice and policies too, because of things that they hadn't thought of as being discriminatory, so I think there's huge value (Phoenix 1999:70).

## **Matching Form and Content**

As I have struggled with the lens and dimpled mirror metaphors to describe the processes of refraction in process drama, I have become more convinced about the appropriateness of these metaphors for my research. They acknowledge that the research was not attempting to find a flat mirror to hold up to nature and tell it as it was. Rather, in exactly the same way as process drama, I used different lenses to shine light into darkened corners and attempted to illuminate previously obscured corners of process drama praxis. As I had done in the workshops where there was only a general idea of where the drama might go, I had relaxed into and trusted the research to take me where I needed to go. It might have been easier to plot a process that searched for an objective truth as to what was happening in the workshops, a kind of morality play research model, but then, like process drama,

Unpredictability and uncertainty removes us from the world of singular truth, and plunges us into multiple realities and multiple visions. It is this multiplicity which is at the heart of the reflective practitioner design" (Taylor 1996:36).

The lens and dimpled mirror metaphors acknowledge there are a range of truths that can be revealed both in process drama and the methodology used in this thesis. However, if we are looking at the possibility of referring to reflection in process drama as refraction then perhaps we should begin to define what we might mean by refractive practitioner research.

# Chapter Eleven

## Conclusion

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This research set out to explore the ways process drama works to assist people to reflect on their attitudes and behaviours associated with mental illness. In each of the three workshops studied we saw how participants used the process to reflect on their own practice in relation to stigma and discrimination. This chapter summarises the themes which have emerged from an analysis of the three case study workshops. These final two overarching themes emerge out of the patterns and themes discussed in Chapter Ten and are limited to an exploration of two new models suggested within this thesis: a model for describing how reflection works in process drama, and the Spiral Three Step Model which I suggest offers the best possibility for countering stigma and discrimination associated with mental illness.

### **New Model to Describe Active Reflection in Process Drama**

In this thesis I have presented a new model to describe how reflection operates within process drama. This model challenges and reinterprets existing understandings of reflection in process drama. The model utilises the notion that the real and the fictional worlds in process drama are not as discrete or as autonomous as they have been previously described (Heathcote 1984; Boal 1994; Somers 2000). Schechner sees that "the separation between art and life is built into the idea of mimesis that has been so decisive in the development of Western theatre" (cited in Neelands 1994). Instead, the new model suggests that process drama is even less mimetic than Bolton (1992) or Neelands (1994) suggest.

Process drama practitioners have acknowledged since Heathcote (Wagner 1972) that they strive to create drama where participants are “able to simultaneously understand their journey while being both the cause and medium of the work” (cited in Taylor 2000:71). Heathcote suggests she has struggled to “perfect techniques which allow my classes opportunities to stumble upon authenticity in their work and to be able both to experience and reflect upon their experience at the same time” (cited in Taylor 2000:71).

The new model of refraction suggests a new double paradox in explaining how process drama operates. In process drama we strive initially to simultaneously create an empathy for the fictional role and a distance with the purpose and intention then of collapsing that distance in unexpected ways. Although the fiction provides a distance for the self to view itself in role, it is when the distance collapses that these moments of authentic learning occur. For Heathcote, this is a stumbled-on moment of authenticity (1986). For Simons it is the “unexpected gift in which students find new possibilities and new ways of representing and interpreting their worlds” (cited in Nicholson 2000:165).

In the three workshops we saw numerous instances where the real and the fictional collided. These moments of dramatic ellipsis (O’Toole 1992) suggest that, rather than seeing thickly-drawn lines that demarcate the real from the fictional, we need to see them as less distinct and separated, or as Schechner suggests as “being permeable” (cited in Neelands 1994:10). I recorded many instances where real feelings passed through permeable membranes from the real worlds into the fictional world and out again. We saw how what happens in the fictional world impacts and alters understanding, ideas and feelings in the real world. I have suggested it is the collision and rubbing together of the fictional and the real that creates the productive tension of metaxis.

There are a number of instances throughout the workshops that can be described as such moments. I have selected three here. In each of them the impact or collision between the two permeable frames of existence was so violent and sharp it seemed as if a piece of the fictional was dislodged and then lodged within the real, to become part of that person's real life.

Francine's reaction to Bevan's movement in Kaikohe was to dislodge a question mark into her real life so that, for a further two years, Francine discussed with me her questioning of her role in the project in terms of the drama, often referring to events in the drama as if they had really happened.

For Christine in Rawene, the hug that followed her group's first image healed relationships both within the drama and outside the drama. In that movement she signalled both for real and metaphorically her care and commitment to Jason. Jason, who had told us his story of constant rejection, was accepted not only within the drama but also for real. For Jason the piece that had dislodged was healing and salving. Process drama it appears at this time operated at an educational level and at a therapeutic level.

In the third moment I was the one whose life was altered by the drama, experienced as an observer of the drama rather than as a direct participant. As Annie changed the whole context and meaning of her image by simply altering the angle of her head and the look in her eyes, I knew that the challenge was not merely to Alice across the image from her, but also to me as the facilitator. I felt chilled to the bone by the passion and focus of her challenge. I became immediately aware of the limitations of the work I had done and saw how easy it was to become a technician in my work rather than an artist for as O'Neill suggests, "The craftsman uses skills to achieve a predetermined end, but the artist uses skills to discover ends through action" (1995:65). I have replayed that moment many times since. It is as if a piece of that drama has lodged

itself indelibly into my thinking about process drama. Her recognition that her most difficult challenge would come if presented from within the drama paradoxically reinforced my faith and belief in process drama.

The model also suggests that refraction acts to draw up to the surface those things revealed in role. In acknowledging the inherent paradox of process drama, O'Neill argues:

In reflection, the students made both explicit and implicit connection with their own lives... I have found that however deliberately the drama may be distanced from real life, it is invariably the deepest concerns of their own lives that participants discover in their drama (1995:4).

O'Neill recognises that reflection in drama relates to deeply personal and context-specific learning rooted in each participant's own sense of who they are and who they might become. The reflection does not draw out an understanding of some universal value system for humanity. Instead it draws to the particular life of the participants. This can be seen clearly in Francine's questioning of the nature of empowerment through the undoing of John's buttons. She may frame the question in terms of how it might be achieved as an abstract construct, but her interest and engagement with it is deeply personal and particular to her own life story. The transformation of Doris's tears was about a personal journey. Attempts to make generalisable statements from it would be dangerous and unwise.

## **Reflection and Refraction**

Argyris and Schon's (1974) notion of the reflective practitioner is one where reflection operates to provide a clear picture of how the professional operates within the workplace. They describe a range of reflective tools including role play and simulations to assist people in developing professional workplace

practices. The tools help to provide clear and straightforward pictures of how the professional is performing. The reflective tasks are predictable and repeatable. The tools assist management in achieving the predetermined end of more effective and efficient staff members.

Process drama in these workshops was far more powerful and sophisticated than a simple reflective tool. If we are to seek a term to more accurately describe what happens in process drama, then the notion of it as a 'refractive tool' might be more useful. Refraction more accurately defines the unpredictability, the non-repeatability, and the artistic endeavour of process drama. It also alludes to the ability of process drama to bend light into places that have been well hidden to reveal new and often quite startling discoveries.

### **Research as Refractive Practitioner**

If it is more accurate to describe the process of reflection in process drama as refraction then perhaps it is more accurate to describe this research as a piece of refractive practitioner research. In doing so it would acknowledge that, rather than a flat mirror, I have used a range of lenses and dimpled mirrors to play with the ambiguities of the findings, to bend light into my own practice and to challenge it deeply. The term would also suggest that some parts of the research have been highlighted and magnified, while other parts of it have perhaps been lost or misread. It acknowledges too that as I have looked into the world of others through this research I have come to understand better my own practice and life as a result.

## **Spiral Three Step Model**

The Three Step Model is a synthesis of the Anti-racism model posited by the ILO research (1999) and the Disabilities Inclusion model described by Sayce (2000) and I suggest, from the literature, it seems to be the most likely model to successfully counter workplace stigma and discrimination.

The three workshops suggested, however, that the Model might be too unsophisticated a process to make the difference sought. The rather soft and naive counter images in several workshops and the manner in which the Step Three movement was only challenged and questioned in Kaikohe suggested a need to adapt the Model. An analysis of the workshops suggests that an adaptation to a Spiral Model, where organisations constantly and consistently interrogate their attitudes and behaviours by using process drama to construct the narrative of that interrogation, might be the most useful.

Further research into the Spiral Three Step Model would help us to know how process drama assists people to reflect on their attitudes and behaviours associated with mental illness. It might also indicate whether it will be effective in positively changing the lives of mental health consumers and those who work with them.

Investigation into the applicability of the Spiral Three Step Model in other settings and with other forms of discrimination might also provide further insight into its effectiveness.

It is also recommended that refractive practitioner research further investigate the implications from the findings of this research for process drama. In particular, more study is required on the nature of permeable frames of existence within process drama. This will help us to further define and

understand the power of process drama as an art form and as a pedagogical tool.

## **Starting Small**

Will, whose camera on the workshops provided the most lasting and strongest lens into the workshop, was an integral but largely silent witness to the workshops. It is to Will that I turn to for the last word. In this small story we see the possibilities inherent in this thesis. Will felt the workshops at a deeply personal and emotional level. During them, between them and after them he had refracted deeply on what they meant in his own life. He took from the particular of his engagement in the drama to his own particular real world and changed things to improve the lives of those mental health consumers he works with.

Will told the story of a sign that was posted in the driveway of the community house he manages.

Will: "The sign said: 'Visitors to Park on the Street' meaning not down the driveway. When I first saw it I thought, that's wrong, but did nothing. It wasn't till I'd been to Kaikohe that I recognised what I didn't like about that sign. That it was stigma attached to our house in a neighbourhood where we are trying to integrate mental health services into the community. It was that workshop that opened my eyes and it was the workshop that told me what to do about it. If I hadn't been to the workshop I would still have felt uncomfortable about it but I wouldn't know what to do about it.

Me: So what did you do?

Will: We ripped it out.

# Glossary

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Ako	to teach/learn
Awhi	support
Haruru	part of powhiri where people meet for the first time
Hongi	pressing of noses and sharing of breath
Hui	gathering
Inoi	Christian prayer said in Maori
Iwi	tribe
Kaitiaki	spiritual caregiver for a marae, building or area
Kanohi ki te kanohi	face to face
Kaputi	literally a cup of tea but more usually a meal
Karakia	incantation
Karanga	ritual calling of people onto the marae
Kaumatua	tribal elder
Kaupapa	goal or foundation
Kawa	protocols and processes
Kia ora	words of acknowledgement
Kowhaiwhai	paintings
Mamai	pain
Mana	status
Marae	traditional meeting place, including the meeting house
Matauranga	knowledge
Mauivi	Maori sickness
Mauri	Essence of being
Mihimihi	process of introductions
Nga Puhi	tribe from Tai Tokerau
Ngati Porou	tribe from the East Coast of the North Island

Oho Mauri	to awaken the life force
Pakeha	New Zealander of European descent
Papatuanuku	Earth Mother
Poroporoaki	farewell ritual
Powhiri	welcome ritual
Reru	night owl
Taatai	to connect
Tai Tokerau	North of the North Island
Tangata whai ora	people seeking wellness
Tangata whenua	people of the land
Taniwha	sea or river creature
Tapu	sacred
Te Ao Marama	the world of light
Te Kore	the void and darkness
Tiaki	mentor
Tihei Mauri Ora	my breath gave me life
Tikanga	protocols
Tautoko	support
Tohunga	expert
Tupuna	ancestor
Urupa	gravesite
Waharoa	gateway
Waiata	song
Wairua	spirit
Waka	canoe
Whaikorero	speech
Whakairo	carvings
Whakatauaki	proverb
Whanau	family
Whanaungatanga	establishing familial connections by genealogy

Whangai	adopt
Whare	house or room
Wharenui	large house or meeting room
Whariki	woven mat
Whenua	land

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