

APPLIED THEATRE RESEARCH, GRIFFITH UNIVERSITY AND IDEA

APPLIED THEATRE RESEARCHER ISSN 1443-1726 Number 10, 2009

Article 4

THEATRICAL REFLECTIONS OF HEALTH: PHYSICALLY IMPACTING HEALTH-BASED RESEARCH

by Julia Gray (Canada)

Abstract

This article explores the intersection of theatre performance and the dissemination of health research. A collaboration between health scientists and theatre artists to develop *After the Crash*, a play about brain injury based on health research knowledge, highlights differing methodological approaches and expectations of the ultimate theatrical outcome. Specifically, this article discusses how performed representation of the body contributes to the dissemination of health research through the lens of *After the Crash*. This relationship is explored in two ways: first, how embodied performance strays from traditional science-based dissemination methods; and second, the use of abstract movement in the context of a theatrical performance to reflect scientific health-based research. Future directions are also discussed to continue to draw parameters around the formal connection between theatre performance and health research.

Résumé

Cet article explore l'intersection entre la performance théâtrale et la dissémination de la recherche sur la santé. Une collaboration entre les scientifiques de la santé et les artistes théâtraux pour développer *After the Crash* (Après l'accident), une pièce sur les lésions cérébrales basée sur la connaissance actuelle en santé, met l'accent sur les différentes approches méthodologiques et les attentes des résultats théâtraux ultimes. En particulier, cet article discute de la façon dont la représentation par le comédien du corps contribue à la dissémination de la recherche sur la santé à travers le prisme de *After the Crash*. Cette relation est explorée sous deux aspects : d'abord, la façon dont la performance physique s'éloigne des méthodes de dissémination traditionnelle basées sur la science ; et ensuite, l'utilisation du mouvement abstrait dans le contexte d'une performance théâtrale pour refléter la recherche scientifique basée sur la santé. Les directions futures sont également discutées pour continuer à tracer des paramètres autour de la connexion formelle entre la performance théâtrale et la recherche sur la santé.

Resumen

Este artículo examina la intersección de la actuación teatral y la difusión de la investigación sanitaria. Una cooperación entre científicos sanitarios y artistas teatrales para desarrollar '*After the Crash*' (*Después del accidente*), una obra dramática sobre lesiones cerebrales basada en los conocimientos derivados de la investigación sanitaria, destaca los enfoques metodológicos y expectativas discrepantes del resultado teatral fundamental. En particular, este artículo estudia como la representación interpretada del cuerpo contribuye a la difusión de la investigación sanitaria a través de la lente de '*After the Crash*'. Esta relación se estudia de dos formas: primero, como se aparta la actuación corporizada de los métodos de difusión tradicionales basados en la ciencia; y segundo, el uso de movimientos abstractos en el contexto de una actuación teatral para reflejar la investigación científica basada en la salud. Se estudian también proyecciones futuras para continuar trazando parámetros en torno a la conexión formal entre la actuación teatral y la investigación sanitaria.

Author's biography

Julia Gray is a Canadian theatre director, playwright and researcher. Her most recent health and theatre collaborations include projects at Mt Sinai Hospital, University Health Network (both in Toronto), University of Toronto, York University's School of Nursing (Toronto), Toronto Rehabilitation Institute and The Cameron Bay Child Development Centre in Kenora, Ontario, Canada. Julia recently completed her MA in Theatre Studies at York University, and is the Artistic Director of Possible Arts, a company committed to the connection between health and arts.

Biographie de l'auteur

Julia Gray est metteur en scène, auteur dramatique et chercheuse. Ses collaborations en santé et théâtre les plus récentes incluent des projets à l'hôpital de Mt Sinai, University Health Network (les deux à Toronto), l'Université de Toronto, l'Ecole des soins infirmiers de York University (Toronto), Toronto Rehabilitation Institute et The Cameron Bay Child Development Centre à Kenora, Ontario, Canada.

Biografía de la autora

Julia Gray es una directora de teatro, autora dramática e investigadora canadiense. Sus cooperaciones sanitarias y teatrales más recientes incluyen proyectos en el Hospital Mt Sinai, la Red Sanitaria Universitaria (ambos en Toronto), la Universidad de Toronto, la Escuela de Enfermería de la Universidad York (Toronto), el Instituto de Rehabilitación de Toronto y El Centro de Desarrollo Infantil Cameron Bay en Kenora, Ontario, Canada. Hace poco, Julia acabó su Máster en Estudios de Teatro en la Universidad York. Ella es la Directora Artística de 'Possible Arts', una compañía dedicada a la conexión entre la salud y las artes.

THEATRICAL REFLECTIONS OF HEALTH: PHYSICALLY IMPACTING HEALTH-BASED RESEARCH

Connections between theatre and medicine on topics such as embodiment and psychological trauma might be long-standing from a theatrical point of view (for example, through classic plays such as *Camille* by Alexandre Dumas, *Fils* or a contemporary play such as *Half Life* by John Mighton); however, the formal connection between theatre creation and the dissemination of health research is relatively new, having emerged within the past several decades (Gray and Sinding 2002). One particular connection between the practice of theatre and health-science research is the form of theatre to facilitate *knowledge translation*, which is the process of taking academic, health-based research on a particular topic and moving that knowledge to a specific audience, with the intention of reducing the gap between health-based 'evidence and practice' (Davis et al. 2003: 33).

This article explores how the translation of health research knowledge intersects with theatrical performance through the lens of a research-based theatre production called *After the Crash: A Play About Brain Injury*, of which I was the playwright and director (Gray et al. 2006). *After the Crash*, originally developed as part of a joint Toronto Rehabilitation Institute and University of Toronto research project, was created as a means to sensitise health-care providers working with traumatic brain injury survivors to their personal recovery experiences with the intention of improving professional practice. However, the play and its development process also raised methodological and conceptual questions about how performance practice merges with traditional scientific processes. The experience of creating *After the Crash* was an extremely positive one, where all members of the team — theatre artists and health researchers — were open and receptive to each other's traditions.

That said, inevitable cross-disciplinary language barriers arose. Cross-disciplinary challenges have historically risen through arts-related health research projects based on epistemological differences in approaches to working (Rossiter, Gray et al. 2008; Saldana 2003), and the process for *After the Crash* was no exception. The theatre artists and health researchers involved in the project had the united goal of theatrically reflecting the source material as defined by the scientific research. However, the methodological approaches and the ultimate outcome in representing the source material were understood differently by artists and scientists.

In connecting the practice of theatre with health-based research through *After the Crash*, I became curious about how representing the human body through performance contributes to the dissemination of health research. There are two main ways in which I explore this relationship here: first, I discuss how embodied performance strays from traditional science-based dissemination methods; and second, I discuss the use of abstract movement in the context of a theatrical performance to reflect scientific health-based research. I use *After the Crash* as my discussion's frame, through which these ideas will be examined; however, first I need to place the play within academic and practical contexts, as well as provide a description of the production and development process.

After the Crash: A play based on health research

After the Crash, using Rossiter, Gray et al.'s (2008) terminology, is defined as a 'theatrical research-based performance', in that it is a play which theatricalises but also stays true to the essence of health-based research data (2008: 136). The development of *After the Crash* was greatly informed by original research findings; however, the final production did not strictly adhere to the original data. This genre of performance utilises the 'aesthetic and creative power of theatre as an interpretive, analytic tool' (Rossiter, Kontos et al. 2008: 136), in comparison with ethno-drama, where the performance remains strictly tied to the primary research findings (Rossiter, Kontos et al. 2008: 134).

After the Crash follows two main characters, Elliott and Trish. Elliott is a young professional who is the victim of a car accident and subsequent brain injury. The play follows his recovery, exploring how his relationship with his wife changes, as well as looking at his physical and emotional journey. Halfway through the play, the plot shifts to follow Elliott's physical therapist, Trish, who also sustains a traumatic brain injury. Trish, a formerly physically active person, finds herself paralysed from the waist down, and the audience witnesses her emotional journey as she mourns the loss of her former life, including her physical abilities and her partner, who leaves her. Using text and traditional scene work, as well as

theatrical devices such as clowning, abstract movement sequences and mask work, the play addresses themes such as grieving the loss of your former self, seeing yourself in a new way, challenging assumed knowledge, moving forward in the face of undeniable odds, as well as the intricate relationship between brain injury survivors, their family members and health-care providers.

The creative development process of *After the Crash* was based on empirical, scientific research about traumatic brain injury. The research team held focus groups with traumatic brain injury survivors, their family members and health-care providers. The transcripts from these focus groups provided the data used to develop the play. The transcripts were analysed by a data analyst using traditional, social science-based qualitative analysis methods, as well as undergoing a theatrical and narrative processing by me and the actors involved in the creative process. Theatre artists and health researchers worked together to develop the play; the artists worked intensely on a daily basis to develop theatrical material, which was presented to the researchers and community members for continued feedback to help focus the script. Within this project, as with many applied theatre projects, the work required a balance between the academic, educational needs of creating research-based theatre for the purposes of knowledge translation, and making strong dramatic and artistic choices, thereby making the art compelling, complex and engaging.

The creative process of developing *After the Crash* consisted of a multi-layered process of improvisations and brainstorming ideas based on the transcripts. As the playwright, I independently refocused the material generated from the improvisation and brainstorming sessions, exploring the themes from the transcripts through dramatic structure and character development. I then brought the newly refocused material back to the actors and continued to rework the text; this process also involved physical and abstract improvisations based on the qualitative thematic coding done by the dramaturg/data analyst. Three-staged readings were conducted throughout this process to receive feedback: one reading with only researchers (consisted of sitting around a table and reading the script); one with invited audience of focus group participants and researchers (consisted of a partially staged reading — each scene was roughly staged and the actors had scripts in hand); and final dress rehearsal (full production, including movement sequences, transitions, etc.). In between each staged-reading, feedback was gathered and integrated into the script and production. For a more detailed account of the creative process, please refer to Rossiter, Gray et al. (2008).

Presenting presence: Connecting to health research through performance

During the development process, tension grew around the representation of some of the source material, specifically source material reflecting how brain injury survivors can often use aggressive language and be sexually antagonistic. This incident involved several health researchers asking the theatre artists to modify content in the play that was felt to be too aggressive (specifically overt coarse language that was sexual in nature), and the situation was often addressed as the health researchers' objectives conflicting with the artistic interpretation of the material. These sexual and aggressive confrontations occur in the play within the context of a physical therapist's professional practice, with the intention of reflecting how this known behaviour might impact the clinical work of members of the target audience. However, questions surfaced around whether representing the sexually aggressive source material was appropriate for a professional health-care audience.

In health care, the importance of moving beyond traditional modes of research dissemination, such as the journal article, to more innovative methods continues to be recognised (Kontos and Naglie 2006). Indeed, Kontos and Naglie write about the limits of the written text, indicating its flattening effect when processing data through traditional qualitative research methods (2006: 301). The authors champion the use of performance as a way to express the 'experiential immediacy of the body present in the original data-gathering setting' (2006: 302), which is essential to health-care practice and research, and is so often lost in traditional, textual forms of research dissemination.

This translation process from the flattened, qualitatively processed written word to the embodied performance has some discrepancies. Actor, playwright and university professor Anna Deavere Smith (2000) writes of how, in academia, researchers 'study' issues and how, in the theatre, 'we must embody the material' (2000: 96). In dealing with sensitive material, Smith states that 'professors can glide right over the students' complicated feelings or their own complicated feelings about the subject with the excuse that they have to "cover the material". In the theatre we can't simply "cover the material"; we "become the material".' (2000: 96) Smith is speaking in general of 'the academy', but I am more narrowly

applying her argument to the traditional health-based research field within academia.

Smith touches on a significant difference between the academy and the theatre: *covering* material versus *becoming* material. Through the process of the written word, the health researcher represents research findings through a cerebral understanding of that material, whereas in the theatre, in order for material to be represented, an embodied understanding must occur for the artists involved to fully relay that material to their audience. In relating this to *After the Crash*, a health researcher might be able to articulate verbally the impact of the sexually aggressive nature of a brain injury survivor on the professional practice of a physical therapist more clearly than a theatre artist, but the artist's job is in fact to embody or reflect that complex reality, personally and wholly.

It is through the performer's presence, their body and voice, that the audience receives information. Amelia Jones (1998) writes of artists embracing the use of the body, with all of 'its sexual, racial and other particularities' to 'unhinge the very deep structures and assumptions embedded in the formalist model of art evaluation' (1998: 5). While Jones is referring specifically to the use of the human body within formalist modern art, embodied presence is clearly linked to theatre as well. Jones also writes of the 'engagement and exchange' that occurs when using the body directly in art (1998: 10). Indeed, renowned theatre director Jerzy Grotowski (1976) defines theatre as 'what takes place between spectator and actor' (1976: 183), indicating that theatre's communicative process can take place without costumes, sets, lighting, music and even text. Without relying on text, as the audience we are asked to reflect on the body before us, using only that body and all of its cultural, social, racial, emotional, mental, intellectual, physical and sexual aspects as reference, thereby reflecting on the material independently.

Simply put, the *presence of the body itself* carries great weight in communicating or challenging an idea. If, as Kontos and Naglie have indicated, performance offers the opportunity for the immediacy of the body to be explored, the body alone offers the audience members a chance to reflect for themselves on ideas being presented, independent of the guidance or control of words. This approach of viewing bodies in space in the context of health research pushes against, as Kontos and Naglie (2006) state, the limits of the written text by asking the audience to interpret the material presented for themselves.

Through performances of *After the Crash*, I would suggest that the embodied reflection of material from the original focus groups was indeed startling. Physically reflecting data about traumatic brain injury through the expression of aggressive, sexual language strayed from traditional forms of health-based research dissemination, often heavily confined to the control of the written word.

Being physically faced with an actor playing a character with a brain injury, getting very angry and shouting 'fuck off', leaves a very different impression from reading in an academic journal that a client with brain injury may act in an inappropriately aggressive way. In choosing to use the *human body* through theatrical performance to reflect academic research on health (in this case, traumatic brain injury), one is agreeing to move beyond the limits of the written text (Kontos and Naglie 2006: 301). This mode of communication — embodied theatrical expression of health-based research — has the potential to be highly effective, leaving a great impact on the audience, but it also has the potential to be disconcerting. The performers' presence, with all of 'its sexual, racial and other peculiarities' (Jones 1998: 5), asks us to question how we think about meaning (1998: 14), and the audience responds to this penetrating presence — hopefully through self-reflection (Grotowski 1976: 186). The discomfort with this reality of embodied expression, if used effectively, can lead to such self-reflection, and ultimately to provocative learning, which one could argue is the goal of knowledge translation or bridging the difference between health care research and practice.

Movement reflecting data: Representing science abstractly

During the developmental process of *After the Crash*, debate also emerged around the use of abstract movement sequences in the production. Some felt concerned that these sequences would obscure the initial research findings and qualitative themes in a production whose primary purpose was knowledge translation. Others felt that, in fact, the movement sequences spoke to an emotional truth represented in the research findings that text alone could not communicate. It is interesting to note that the partition in this debate did not clearly divide between theatre artist and health researcher camps, although the majority of members with concerns were researchers. Some artists also had concerns, in the same way that some of the researchers were enthusiastic about the abstract movement sequences. Out of this debate, questions about the role of aesthetic and abstract representation in theatre for the purposes of transferring health-based research knowledge came to light.

As an example of one of the movement sequences, the character Trish has just learned that not only has she sustained a brain injury, but her partner has left her and she has injured her lumbar region, and will never walk again. The audience witnesses a piece of choreography where Trish imagines she can walk and dance — she steps out of her wheelchair and gracefully glides downstage, with the other actors moving with her. With great poise, she shifts her body and imagines being able to move around freely, as the other actors slowly shift away from her, leaving her in isolation. She reaches out with her arms, stumbles and eventually falls. The other actors fall and rise. She struggles to stand, turns to her wheelchair, slowly walks towards it and sits. She adjusts herself in her chair, placing her feet on the footrests.

Dance theorists push Jones's ideas about the performer's presence further by discussing how the presence of the dancing body on stage asks audience members to challenge their perceptions of mainstream social and aesthetic principles. Dance ruptures the perception of both time, as ordered through past, present and future, and space, as dance does not usually occupy a specific place. Dance disrupts our cerebral understanding and experience; it 'forces us to confront what our bodies alone can understand ... it is always in excess of our comprehension and this is its joy and its terror' (MacKendrick, 2004: 150).

In choosing to use abstract movement to communicate qualitative research themes about brain injury, such as grief, loss of self and anger, the team chose to push the boundaries of how the audience receives the information. The team was asking audience members to 'confront what [their] bodies alone can understand' (MacKendrick 2004: 150) before turning that experience into words. This experiential element, experiencing the material before articulating it — while central to the theatrical experience — also means that the empirical evaluation of such an intervention can potentially be difficult.

However, in using abstract movement as one mode of communication within *After the Crash*, we were not only using the performer's body to reflect this material; rather, the *form* of performance was also being used to communicate ideas and challenge perceptions. Art, whether a decorative vase or a piece of theatre, is 'at root a meaning-making activity in which symbolic forms are deployed to take us on some kind of journey ... It may be a *retreat* from the everyday, or it may be a *detour*, offering us some vantage points from which to see the everyday in a new light or from a new angle' (Jackson 2005: 109). At the heart of the aesthetic process in theatre, as well as the action on the stage, is 'the realization created by the audience' (Jackson, 2005: 109). The best aesthetic practice is one that sustains 'the complex texture of the drama and the challenge to its audience's preconceptions, requiring active engagement and reflection both during and after the performance. The inclusion of characters and voices that genuinely resist neat categorization will be necessary if both learning and aesthetic experiences are to take place, if the audience is to be challenged rather than pacified.' (2005: 112). Abstract representation of the more intangible concepts that emerged from the focus groups certainly deviates from traditional academic modes of research dissemination, which tend to be carefully assessed and controlled.

The risk in creating and presenting abstract representation in theatre, of course, is that the audience might not understand what you are trying to communicate; the level of abstraction is so great that the audience is left in the dark. However, clarity is a continual challenge in artistic creation, regardless of the form; there is always a risk of being *unclear*, thereby confusing your audience. Whether text-based or presented more abstractly through movement, the objective in creating theatre is to be clear — regardless of the mode of communication.

Enabling the audience to interpret the theatrical material being presented is, in great part, an immense strength of what the art form of theatre has to offer. Abstract or symbolic representation 'should not be misunderstood as appearing to undermine or compromise work that is social, progressive, transformative and educative' (Jackson 2005: 108). This abstraction or almost decorative representation offers a '*retreat* from the everyday', which allows an audience member to see the material in a new light (2005: 109). If done well and with clarity, the abstract representation can in fact complement traditional forms of research dissemination, allowing the audience members *space* to reflect on the material personally and to integrate that material into their own experience.

This processing by the audience is at the crux of the theatrical experience. This communication, or 'what takes place between spectator and actor' (Grotowski 1976: 183), is in large part how theatre has the potential to be so powerful and leave a strong impression. Ultimately, 'the realization created by the audience' (Jackson 2005: 109) is where theatre holds its greatest power. The research-based theatre process, and ultimately the product, occurs with the intention of the audience learning or growing

personally, spiritually, emotionally and intellectually. The audience is impacted by and interprets the theatrical experience only through complex representation of the source material, be that through text, symbolic images or abstract movement. Compared with traditional health-based research dissemination methods, where the written word manages the audience's reception of the material very closely, this theatrical space has the potential to be daunting.

In the final production, a balance ultimately was struck, where the team of artists and researchers felt that we were reflecting the source material accurately and authentically, in addition to comfortably portraying the material to an audience full of health-care professionals. Regarding the expression of sexual, coarse language, the artists eliminated excessive swearing but kept the embodied, heightened anger and frustration that accompanied the original offensive language. The movement sequences, however, stayed in the production in their entirety — after presenting the play to several audiences who responded positively on the whole, it was decided that each movement sequence contributed differently to the overall play. Deciding which movement sequence should be eliminated or changed seemed arbitrary when individual audience members responded to each sequence differently. The team was keen to explore further the impact of the movement sequences on audiences as a means to translate health-based research data.

Conclusion

Further discussion is needed as the areas of theatrical performance and health-based research continue to connect. First and foremost, questions around the notion of *truth* need to be explored further: What is truth? Who defines what truth is? What is authentic? Who defines authenticity? And how are these questions traditionally approached from scientific, empirical views in comparison with theatrical and artistic perspectives? As an extension of these primary questions, how are these 'truths' traditionally represented through these different fields? What happens when these differing processes of searching for truth and representing that truth merge? More exploration also needs to occur about how the *form* of theatre connects with the translation of health-based research knowledge. Specifically how do dramatic choices, dramaturgical work, imagery, character choices, staging and design affect the way scientific research data are translated?

Further exploration is also needed around the notion of evaluation. The evaluation of the impact of scientific work is significant, especially in the area of health care, and the articulation of how and why research-based theatre interventions are or are not effective is vital in order for them to continue. However, as discussed earlier, given the importance of the experiential nature of witnessing a theatrical performance before turning that experience into words, the evaluation of such experiences is proving to be challenging (Colantonio et al. 2008).

In conclusion, I will highlight two main points about the connection between theatrical performance and the dissemination of health research. First, through a theatrical performance based on health research such as *After the Crash*, the audience is faced with an embodied, real-time reflection of the body. While this physical representation is partly what health researchers are looking for through performance and theatre, the reality of being directly engaged with the human body has the potential to be jarring. Second, as an extension of this concept, the presentation of the body — whether through abstract movement or through realistic representation — strays significantly from traditional scientific dissemination methods. The researchers and artists involved in the theatrical project are asking the audience to process the information they are encountering independently. This is part of theatre's strength: to allow the audience the space to integrate what they are witnessing into their own experience, thereby leaving a strong, lasting impression. The performer's body through research-based theatre allows the audience to experience the embodied, humanistic aspects of health-based research through witnessing, and it is what remains with the audience member after the performance that leaves an impact. The power of the presence of the human body through theatrical performance has the potential to contribute to bridging the difference between health care 'evidence and practice' (Davis et al. 2003: 33).

References

- Colantonio, A., Kontos, P., Gilbert, J., Rossiter, K., Gray, J. and Keightley, M. (2008). Research-based theater for knowledge transfer. *The Journal of Continuing Education in the Health Professions*, 28(3): 180–85.

- Davis, D., Evans, M., Jadad, A., Perrier, L., Rath, D., Ryan, D., Sibbald, G., Strauss, S., Rappolt, S., Wowk, M. and Zwarenstein, M. (2003) The case for knowledge translation: Shortening the journey from evidence to effect. *British Medical Journal*, 327: 33–35.
- Gray, J., Rossiter, K., Colantonio, A., Kontos, P., Gilbert, J., Keightley, M., James, S., Machin Gale, S., Nacos, M. and Prince, M. (2006) *After the Crash: A play about brain injury*. First Performed at Department of Dentistry, University of Toronto, September 2006. Script remains with J. Gray.
- Gray, R., Sinding, C., Ivonoffski, V., Fitch, M., Hampson, A. and Greenberg, M. (2000) The use of research-based theatre in a project related to metastatic breast cancer. *Health Expectations*, 3(2): 137–44.
- Grotowski, J. (1976) The theatre's new testament. In R. Schechner and M. Schuman (eds), *Ritual, play and performance: Readings in the social sciences/theatre*. New York: The Seabury Press, pp. 182–89.
- Jackson, A. (2005) The dialogic and the aesthetic: Some reflections on theatre as a learning medium. *Journal of Aesthetic Education*, 39(4): 104–18.
- Jones, A. (1998) *Body art: Performing the subject*. Minneapolis, MN: University of Minnesota Press.
- Kontos, P. and Naglie, G. (2006) Expressions of personhood in Alzheimer's: Moving from ethnographic text to performing ethnography. *Qualitative Research*, 6(3): 301–17.
- Mackendrick, K. (2004) Embodying transgression. In A. Lepecki (ed.), *Of the presence of the body*. Middletown, CN: Wesleyan University Press, pp. 140–56.
- Rossiter, K., Gray, J., Kontos, P., Keightley, M., Colantonio, A. and Gilbert, J. (2008) From page to stage: Dramaturgy and the art of interdisciplinary translation. *Journal of Health Psychology*, 13(2): 277–86.
- Rossiter, K., Kontos, P., Colantonio, A., Gilbert, J., Gray, J. and Keightley, M. (2008) Staging data: Theatre as a tool for analysis and knowledge transfer in health research. *Social Science and Medicine*, 66: 130–46.
- Saldana, J. (2003) Dramatizing the data: A primer. *Qualitative Inquiry*, 9(2): 218–36.
- Smith, A.D. (2000) *Talk to me: Listening between the lines*. New York: Random House.