

# **Converging Worlds: Fostering Co-facilitation and Relationships for Health Promotion Through Drama at the Grassroots**

**Christine Sinclair and Andrea Grindrod**  
(Australia)

## **Abstract**

This paper reflects on the development of a grassroots program for health promotion in which drama is the core pedagogy. Drawing on stories of practice and the findings of a recent action research pilot project, the co-authors — a drama practitioner and a health professional — canvass the complex issues associated with defining and nurturing co-facilitation and working relationships across health, drama and education at the grassroots level. Key findings from the action research project were the critical role of co-planning to support co-facilitation, and the importance of co-facilitation to ensuring a genuine sharing of the program between health and drama. The authors provide perspectives from the worlds of drama and health on these findings, and on their experiences of how a ‘convergent lens’ has changed their understanding and practice of both drama and health in the drama/health paradigm they have constructed in their shared worksite.

## **Résumé**

Cet article réfléchit sur le développement de programmes au niveau de la base pour promouvoir la santé, en utilisant l’art dramatique comme outil pédagogique principal. En se basant sur des anecdotes de pratique et sur les résultats d’un projet pilote de recherche appliquée récent, les co-auteurs — un praticien en arts dramatiques et un professionnel de la santé — se sont penchés en détail sur les problèmes complexes liés à la définition et au développement de la cofacilitation et des relations de travail à travers la santé, les arts dramatiques et l’éducation au niveau de la base. Les résultats principaux de ce projet de recherche appliquée mettent en avant le rôle critique du coplanning pour soutenir la cofacilitation, l’importance de la cofacilitation pour garantir un véritable partage du programme entre la santé et les arts dramatiques. Les auteurs apportent des perspectives issues des mondes de la santé et des arts dramatiques pour ces résultats, et de leurs propres expériences sur comment une ‘lentille convergente’ a pu changer leur compréhension et leur pratique des arts dramatiques et de la santé au sein du paradigme arts dramatiques/santé qu’ils ont construit et partagé ensemble.

## **Resumen**

Este artículo reflexiona sobre el desarrollo de un programa preliminar para la promoción de la salud, en el cual el drama es la pedagogía central. Basándose en las historias de práctica y los hallazgos de una reciente investigación de acción de un proyecto piloto, ambos autores — un practicante de drama y un profesional de salud — examinan los temas complejos asociados con la definición y el fomento de la facilitación en conjunto y las relaciones laborales dentro de la salud, el drama y la educación a un nivel inicial. Los hallazgos claves obtenidos de la acción en cuanto al proyecto de investigación establecieron el role critico de co-planear a fin de apoyar la cofacilitación y la importancia de la co-facilitación para asegurar un compartimiento genuino del programa entre la salud y el drama. Los autores ofrecen perspectivas provenientes de los mundos

del drama y la salud en estos hallazgos y en sus experiencias de cómo un “lente convergente” ha modificado su comprensión y práctica de tanto el drama como la salud dentro del paradigma del drama/salud que ellos han construido en su campo de trabajo que comparten.

### **Authors' biographies**

Dr Christine Sinclair is a Lecturer in Writing at Swinburne University. Until recently, she was a Research Fellow and Lecturer in Drama Education at the University of Melbourne. She is also a freelance community artist, working as a writer and director in many community settings.

Andrea Grindrod has a background in community health nursing and education. Her work over the past seven years at Ranges Community Health Service has been in the area of health promotion and mental health. For the past three years, Andrea has been coordinator of the Community Health & Drama Project (CHAD).

### **Biographies des auteurs**

Dr Christine Sinclair est maître de conférences en Rédaction à l'université Swinburne University. Jusqu'à récemment, elle était moniteur de recherche et maître de conférences en éducation d'art dramatique à l'université University of Melbourne. Elle est également une artiste locale freelance, qui travaille en tant qu'écrivain et en tant que directrice dans plusieurs endroits.

Andrea Grindrod possède une expérience dans l'éducation et les soins de santé au sein de communautés. Elle a travaillé dans les domaines de la prévention pour la santé et les troubles mentaux pendant sept ans au service de santé communautaire Ranges Community Health Service. Au cours des trois dernières années, Andréa a coordonné le projet Community Health & Drama Project (CHAD).

### **Biografías de los autores**

La Dra. Christine Sinclair da cátedra sobre la Redacción en la Universidad de Swinburne. Hasta hace poco, ella era Investigadora y Catedrática Fellow sobre la Educación del Drama en la Universidad de Melbourne. Asimismo, es una artista que trabaja en forma independiente dentro de la comunidad como escritora y directora dentro de muchos contextos de las comunidades.

Andrea Grindrod tiene una formación en enfermería para la salud y la educación de la comunidad. El trabajo que ha desempeñado en los últimos siete años en el Servicio para la Salud de la Comunidades de la Sierra ha sido en el campo de la promoción de la salud y la salud mental. En los últimos tres años, Andrea ha sido coordinadora del Proyecto de la Comunidad sobre la Salud y el Drama (por sus iniciales en inglés CHAD).

[Chsinclair@swin.edu.au](mailto:Chsinclair@swin.edu.au)

## **Converging Worlds: Fostering Co-facilitation and Relationships for Health Promotion Through Drama at the Grassroots**

Active engagement in intellectual and artistic activities is one way in which we can re-evaluate our perceived reality, and our collective habits of thinking and acting. This engagement can expose communities and decision-makers to previously unimaginable ideas which challenge our values, leading to personal growth, lifelong learning and change. (Mills & Brown, 2004: 9)

*‘So tell us about this health & drama project Andrea?’ my colleagues ask me at a regional health promotion meeting. ‘Well,’ I begin, painfully aware that all eyes are currently on me and I need to somehow sound like I know what I’m talking about, and even more concerning, somehow translate an inkling of understanding to them. ‘It’s a drama and health project, kind of teaching health through drama, it’s ... it’s kind of like role play, but it’s not role play.’ The silence in the room continues, waiting for some words that might register. ‘Well, there’s this guy Boal ... he founded the work of the Theatre of the Oppressed ... and he worked with Third World countries on social issues and he coined this term ‘metaxis’ ...*

*A colleague interrupts, ‘pardon, is it ...?’*

*... ‘errh ... no,’ I reply ... ‘it’s not something you do at the end of the financial year ... It’s kind of like when you’re in role play, you’re not yourself ... well you’re yourself of course ... but you’re both yourself and someone else at the same time’ ... the silence is deafening. (Andrea, Health Promotion Project Worker)*

### **Introduction**

This paper reflects on the development of a grassroots program for health promotion in which drama is the core pedagogy. The paper attempts to construct a ‘convergent lens’ through which to examine and represent the emerging understandings of both the health professional and the applied theatre practitioner from research conducted into this practice. A central focus of this discussion is the impact that building and engaging in a drama/health partnership has on two key participants, on how this process changed them, and on the way they defined the drama/health paradigm in which they worked. This focus is reflected in the different voices employed through the text. The health professional’s experience provides a counterpoint to the discussion of the program, and the paper concludes with a move from the third to the first person plural, as health and drama practitioner views converge.

### **Bringing health and drama together in the ‘Hills’**

Health is a state of complete physical, mental and social wellbeing, not merely an absence of disease.

Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. (World Health Organization 1986)

This story begins with a small community health organisation that discovered drama pedagogy and decided to look for a sustainable way to embed drama practice into their approach to health promotion. This organisation, Ranges Community Health Service, situated in an outer suburban region of Melbourne (informally known to its residents as ‘the Hills’), first encountered health and drama working together at a health conference, in a workshop run by eminent drama practitioner Helen Cahill. Helen’s workshop focused on working with young people as ‘experts’ in adolescence and medical students learning about key management factors in adolescent health. A series of carefully designed drama activities provided the structure for the workshop and, significantly, the young people had been given some prior training in these activities. The medical students were well versed in the theory of dealing with young people, but had not necessarily encountered ‘real’ young people since they themselves had been adolescents. The Health Development Manager from Ranges was especially struck by the immediacy and the impact of the drama techniques, the power of the young voices, and by the way that all the participants — including those watching — started to think differently about the health issues at the core of the workshop. This is what their organisation should pursue in health promotion, she proposed.

Recent research (Boal 1995; Cahill 2005; O’Toole and Burton 2005; O’Toole 1992) has suggested that the embodied learning processes associated with drama pedagogy lend themselves to a greater engagement with content by the target group, and that by putting the drama tools in the hands of the target group (e.g. young people) that they themselves can take a role in the education of the others (e.g. peer groups, health professionals, student teachers).

### **Description of the Sherbrooke Pilot**

In 2005, inspired by what they had seen at the health conference, the staff employed in the Ranges Health Promotion Program took the first steps towards setting up a community-based partnership involving young people and health professionals, placing drama at the heart of the practice. They invited a local school to assist them in piloting a program that they called Community Health and Drama (CHAD). With the help of the drama teacher and the student welfare coordinator, a special Year 10 program was created. Once a week, these students would work on the development of drama skills, workshop facilitation activities and some simple forum theatre techniques, with their drama teacher and welfare coordinator, two community health nurses and an experienced drama facilitator. The aim was to prepare these students to take a leading role in workshops that brought them together with a range of health professionals from the region. ‘Ranges’ and the school committed to the pilot throughout 2005, and eventually the students developed a series of small forum theatre pieces and took leadership roles in a number of workshops with health professionals. For the health professionals who participated in the workshops, the experience of engaging with the young people was powerful and enlightening. In preparing for the workshops, the students addressed strategies for seeking appropriate health support and other help-seeking behaviours, and in doing so their own attitudes to help-seeking and their awareness of resources available to them in their community improved markedly. Although the pilot proved to be difficult, and perhaps too ambitious for the Ranges staff at that time, it did affirm for them that continuing to pursue a health drama paradigm within their approach to health promotion was worthwhile:

*I was usually filled with trepidation on Sunday evening. The CHAD class was scheduled on Monday morning. Whilst I mostly enjoyed the class once we got started, the lead up was not enjoyable. I always felt like I was supposed to know what I was doing as project*

*co-coordinator, and I rarely did. For the most part I had a feeling of dis-ease and I was concerned about letting the students down. When something didn't look right in the classroom, I couldn't put us back on track, when the new drama teacher was lost, I couldn't find the way, when there were silences in the class, I couldn't fill the void. I felt destabilised. I could not work comfortably using drama and I failed to see the relevance or role of my health expertise. (Andrea)*

Two critical discoveries were made in the forging of this first drama, health and community partnership. First, ongoing and meaningful partnerships between the health and education sectors are complex and challenging. Inevitably, the agendas of the partners will be different, as will the institutional understandings and infrastructure that constrain certain activities and value others. Goodwill and a commitment to a shared outcome are important, but not quite sufficient to ensure sustainability. Timetabling and finding a common language to talk about the work at hand are also pivotal rather than peripheral issues.

Second, when a drama pedagogy is placed at the centre of the partnership, the complexity is heightened. Regardless of Ranges' commitment to developing a community health and drama program, it realised that it could not proceed without appropriate drama expertise — in the form of a drama practitioner (within or beyond the school setting). It also identified the need to build its own internal capacity to work within a drama-infused health promotion program.

### **Working in the dark**

*I found it difficult working on the CHAD project during this time. It was like working in the dark. We had a strong commitment to approaching health issues using drama, but that was not enough in itself. We not only needed expertise and advice from the drama field for this project to continue, we also needed expert practical assistance. An issue for project sustainability and feasibility. (Andrea)*

An important working relationship emerged out of the 2005 school pilot. Community drama and applied theatre practitioner Chris Sinclair became involved with the establishment of the partnership with the school — she was a 'Hills' resident and a parent of children at the school. In this capacity, she provided drama input on a voluntary basis to the program for the first few months of the pilot. Andrea Grindrod was the Ranges staff member leading the project known as CHAD, and was one of the community health nurses who attended classes and workshops at the school throughout the year.

Subsequently, Ranges allocated funding to engage Chris as a consultant in its ongoing drama-based work, and Andrea and Chris began to work closely together. The professional relationship signalled the beginning of a dialogue between health and drama, and the first stage of constructing a drama/health paradigm appropriate to this specific context.

### **Forward steps**

For the next two years, the challenges that emerged from the school-based pilot translated into more questions and challenges for Ranges, as it continued to include community health and drama in its health plan. Several questions dominated the thinking and planning of the health promotion staff at Ranges:

1. What do we as health professionals need to know and be able to do in order to develop and run a community health and drama program?
2. How do we talk about this approach to health promotion with our colleagues?

3. What kind of partnership/relationship do we need to set up with a drama practitioner?
4. How do we engage the education sector in an ongoing and genuine partnership with health?

The health promotion staff planned a small action research pilot project to address these questions. The participants would be health professionals and teachers, attending drama-based workshops designed to introduce both groups to the concept and practice of using drama to teach and promote health in schools. These participants would also be co-researchers in the action research.

This small pilot study proved to be a turning point for the Community Health and Drama program at Ranges Community Health Service. Not only did it provide some insight into the questions formulated by the drama and health practitioners in order to drive the research, but it cast new light on more fundamental questions, such as the nature of the partnership between drama and health in this context.

For the health and drama practitioners working on this ongoing exploration of drama in health settings, funded and operated at grassroots level, a number of critical findings emerged from this small action research study.

The first was the appropriateness of the methodology. Action research methods provided a framework for shared and focused reflection — the participants engaged in the workshops as co-researchers and enriched the emergent findings with their insights as health or education experts. The cycles of action and reflection also enabled Chris and Andrea, as research leaders, to respond immediately and through action to discoveries made in their field. Given that time and resources were short, this reflexivity enabled the researchers to devise and shape the nucleus of a ‘training model’ for health and educational professionals. Based on their experiences in this project, the researchers hope to further investigate the potential for action research as a methodology to complement more conventional forms of project evaluation traditionally employed in the health sector.

The second critical finding related to the nature of co-facilitation. As this paper suggests, bringing two sets of expertise together carries some hazards. When drama is placed at the heart of shared practice, it is easy for the drama practitioner to assume leadership, gliding over the concerns of the health professionals and subsuming their pedagogical agendas within the learning and aesthetic agendas of the drama practitioner. Through the reflective processes of action research, this issue was addressed in this project. The health and drama practitioners leading the work identified gaps in the workshop processes they had set up. They found instances when health was not acknowledged as central to the endeavour, instead operating as a pretext and conduit for the drama rather than the other way around. They also discovered that their initial workshops were powerfully engaging for the participants; however, as an approach to introducing participants to the specific skills they might be able to adopt in future practice and preparing the way for future co-facilitation, they were limited.

Chris and Andrea took some simple but significant steps to address the question of co-facilitation. They began to plan sessions together. Previously, Chris had shaped the drama workshop and Andrea had slotted the ‘health’ in where appropriate. In co-planning, the key question became ‘What is the critical health issue to be addressed?’ and the subsequent question became ‘How can drama strategies serve this inquiry?’ Co-planning was time consuming, but through the dialogue of planning, the health professional’s voice began to emerge.

The notion of *inquiry* as the central premise of the work led the researchers to understand that co-facilitation was not about the drama practitioner leading health-related segments of workshops, and a health professional leading drama exercises, but about each of the workshop leaders understanding the nature of the *inquiry* and the nature of the *form* at the heart of the workshop; which teaching and learning strategies opened up the inquiry at key points; and how to draw explicitly on their own areas of expertise. Co-facilitation, therefore, was about supporting the knowledge and expertise of the other facilitator and collaborating on the pursuit of the key point of inquiry at the heart of the workshop or program. In this context, the focus would always relate to health.

The third critical finding from the action research emerged directly from the discoveries regarding co-facilitation. In working together to plan workshops, the researchers began to develop a model to assist health and education professionals to design and implement a health and drama program in their own work context.

The model is deliberately both structured and open. It is also provisional — awaiting further opportunities to apply it and explore it in a range of health promotion settings. The ‘model’, not surprisingly, mirrors effective team-teaching practice and sound pedagogy from any educational context, and is constructed on a set of simply articulated principles:

- that a clearly defined *health issue or construct* is determined before planning begins;
- that the inquiry into this issue can be considered through a drama inquiry space, a health inquiry space, and a reflective space (framed by a health inquiry or drama focus);
- that movement from one kind of space may occur sequentially (as above) or as needed, within one session, or the shift of inquiry modes may occur from one session to the next; and
- that the inquiry operates in a co-operatively constructed and regularly reiterated *safe space*.

Planning for co-facilitators begins with a question: What change in understanding for your participants, would you hope to achieve through a drama/health workshop program or individual workshop? Key characteristics of the spaces are outlined below.

### ***Drama space***

- Fictionalised framework, distancing the participants from their connection to the issue being considered.
- Operates imaginatively and playfully.
- Engages the whole body.
- Learning through empathy — through looking at something while standing in somebody else’s shoes.

### ***Health inquiry space***

- Provides a focus to the health/learning agenda.
- Draws links between the fictional and the real world.
- Uses questioning and discussion strategies.
- Provides opportunities to deliver factual health information and dispel health-related myths.
- Often attends to social, emotional and mental health issues.

### **Reflective space**

- May draw on drama or health strategies.
- Privileges the voices of the participants.
- Ensures the safety of the participants through checking in and checking out.
- Provides clarification and reiteration of information learnt.

Andrea played a pivotal part in establishing and leading the action research study, and yet was quick to acknowledge in the early workshops that she did not feel confident to take a lead in the health and drama inquiry. It was not until the last session that she took the opportunity to ‘road test’ the model that had been devised. Her reflections highlight a further aspect of the health/drama praxis: the health professional’s fundamental principle — do no harm.

*I enjoyed the session I facilitated immensely. I was thrilled with the increased level of confidence I had. It was to be a pivotal personal moment where I shifted from engaged observer to practicing facilitator. A shift two years in the waiting.*

*On reflection, I realised that the key to this personal shift lay not in the confidence of knowing what to do, but rather in knowing what not to do. The action research had raised important issues of safety, especially for the health professionals. I became acutely aware of what should not be done when facilitating in a drama/health paradigm, more than what should be done, and it seemed that this was the critical missing element that I needed to move forward. I was not so frightened of facilitating poorly as I was of not having the skills and expertise to direct the work to maintain appropriate levels of safety.*

*For this to occur, I needed to know intimately and thoroughly the drama paradigm. Knowing what not to do translated to knowing how to respond skillfully and confidently no matter what situation arose, a benchmark that I could work with. The drama/health paradigm by definition requires working in areas of personal risk and with spontaneity (protected by ‘distancing’), and with this comes responsibility and duty of care to participants.*

*This increased level of competence allowed me to experiment with the work, knowing that first and foremost I was a safe practitioner, giving me permission to practise the skills of facilitation more confidently. (Andrea)*

### **Sustaining CHAD**

While CHAD continues at the community level, funded by Ranges Community Health Service, its efficacy and sustainability have been challenged by the principal funding source, the Department of Human Services:

the use of creative processes needs broader recognition in the policies of government health agencies. To a large extent, they remain on the margins of health activities and, when they are introduced, it is more often as a one-off project rather than as part of any sustained policy and program commitment. (Mills and Brown 2004)

The commitment to the long-term inclusion of CHAD activities within the health promotion plan comes from the individuals involved and from the support of these individuals by senior management at Ranges. It is embedded in the overall health plan; however, it is still very much driven by Andrea as project leader. The question of sustainability is a very real one — there is no one else at Ranges who could take on the project. After three years, CHAD remains an exotic branch of the Health Promotion area, requiring the use of an unfamiliar language, different

ways of approaching training, facilitation and partnerships — in fact, a different way of thinking about health. In health-speak, there has been no ‘capacity-building around CHAD in the organisation’.

### ***Road-testing the drama/health inquiry space paradigm***

While it is true that the CHAD program has remained on the margins, something significant has occurred in the past six months in the ‘Hills’ and the outer eastern region. Other health organisations are looking for ways to include drama-based approaches in their health promotion or capacity-building (training) programs. New organisational partnerships are beginning between schools and health organisations (one of the goals of the action research project). Andrea has been working for several months with a teacher who participated in the research study — the teacher, trained in drama and English, was allocated Year 9 health. The drama/health inquiry model that was introduced in the final weeks of the pilot became the starting point for their work together. The dialogue between drama teacher and health professional is facilitated through this framework. Andrea and the teacher have evolved the simple notion of a health inquiry space and a drama space into an approach to teaching sex education with Year 9 students aged 13–14. Within the drama/health framework they have devised, there is a safe and distanced space (through drama) for students. There is also an opportunity for teacher and health professional to explore the social factors that influence behaviour, in the context of ‘safe sex’ messages and the essential information about sex and reproduction that their curriculum obliges them to provide.

Andrea’s confidence in facilitation, based on knowing what not to do, prompted her to develop the relationship between the drama and health inquiry in a way that has engaged the Year 9 students (principally through the drama activities) and enhanced their knowledge base about contraception and sex (principally through a more formal delivery of health information). The reflective process in this context is housed within the drama inquiry space. As Andrea and the teacher planned and reviewed each session of the sex education program together, they continued to adapt and refine the simple model presented in the pilot study. As they reflected on the health education purpose of the program, they became increasingly aware that drama was not always the most appropriate form for their teaching. Their experience had some similarities to Ball and Smith’s in the applied theatre project *Man’s World*, where they ‘used a number of participatory activities including discussion, brainstorming, small group work, skills based radio and video production training and drama. However, drama did not always prove to be the most appropriate method for exploring a particular personal, social or health issue.’ (Ball et al. 1999: 112–13). In contrast, Andrea and her co-facilitator discovered that, while using a ‘drama inquiry space’ was invaluable for addressing emotional or social aspects to a health issue, it was not particularly useful for examining the health issue itself.

### **Conclusion: Two practitioners reflect on embodied learning, aesthetic encounters and metaxis**

In the time we’ve spent reflecting on CHAD, we have returned often to the question of learning through drama and the nature of drama-based pedagogy. We’ve grappled with the word ‘pedagogy’ — just one more word from the vocabulary of the academy that does not translate easily into the world of health promotion. To be clear, however, it is the word that does not translate, not the practice. Health promotion staff and drama educators share a focus on teaching and learning in their respective worksites. When the worksites merge, as in community health and drama, the question of how teaching and learning is undertaken is both challenging and

fundamental. In our experiences with health professionals and teachers, we have been reminded of the power and immediacy of *embodied learning*. We've speculated that it was witnessing this in Helen Cahill's workshop that first drew the Ranges staff to want to use drama in their health promotion work.

From our first workshops with the health professionals, we noted that the engagement of the participants shifted when we moved from the ubiquitous PowerPoint presentation of 'important information about drama and health' to physical, drama-based activities requiring an imaginative and personal investment, through the body. From here, we created transitions into activities that were more deliberately crafted and designed to engender an aesthetic experience. In these transitional moments, we discovered ways to house the challenging and difficult stories from the health sector in distanced, but personally powerful, forms. This was by no means easy. We stumbled early and often, sometimes moving beyond what felt safe for the group, and then having to retreat and review. Bringing drama teachers and health professionals together magnified the challenges that we two project leaders had encountered frequently as collaborators, including the necessity: to negotiate and clarify meanings and experience from the other person's professional perspective; to move beyond discipline specific language; and to find ways to frame a genuinely open inquiry through open questions and then to find forms to accommodate the responses. The symbolic languages of drama proved invaluable, as did a periodic reminder of just what 'health' is, as the lynchpin to this drama/health paradigm. As Helen Nicholson suggests when she describes the function of the aesthetic within the drama space:

Because the aesthetic encompasses a range of artistic and dramatic narratives, it offers both a safe place from which to explore values, emotions and experiences, and invites a more dangerous, and unsettling, challenge to familiar beliefs. (Nicholson 1999: 21)

In this fusion of embodied engagement with the aesthetic space, provided by the dramatic form, new ways of knowing and understanding appear possible. A description by Boal (1995) of the consequences of this kind of fusion is useful here: 'It liberates memory and imagination. Through the properties of the aesthetic space, art and pedagogy meet.' The aesthetic space, says Boal (1995: 21) 'promotes learning by experience'.

When health is invited in, a new space of inquiry is created: the drama changes the content; the content defines or informs the drama. The relationship is dynamic, dependent on context, purpose and personnel.

### ***Partnerships and relationships***

In an applied drama/theatre context, partnership is 'core business'. In fact, the 'intentionality' which is seen as a key characteristic of applied theatre practice (Ackroyd 2000) implies the action of drama or theatre reaching beyond itself to another field or another sector. As Judith Ackroyd (2000) suggests, applied theatre practitioners 'share a belief in the power of the theatre form to address something beyond the form itself' in such fields as theatre in education, community development or health promotion. A partnership between the applied theatre practitioner and the site or sector to which it is being 'applied' is implicit in the term itself. However, partnerships in the health sector usually mean institutional partnerships rather than partnerships between people. Where health and applied theatre converge, however, is in the implementation of partnerships, at grassroots level, as institutional arrangements are only as strong as the commitment and continued employment of the people who negotiate and manage them.

We came together as representatives of two different sectors and, while building the partnership that became CHAD, we built a professional and personal relationship. It is a relationship built on countless meetings, planning sessions, phone conversations, collaborative presentations and a shared commitment to community-based practice. Through this lengthy collaboration, and now writing about it, we have arrived at a convergent lens which makes it possible for us to conceive of a drama/health paradigm appropriate for our shared context:

*I call it 'drama imperialism'. As the person experienced in the form and in the pedagogy, I assumed it was the drama professional who would lead the program and that the health professional would support. However, this was a project conceived by a grassroots community health service and it was being driven by the needs of the health professionals who wanted to find ways to engage more meaningfully with community members about health. It was not enough to bring my drama expertise into their world, however carefully and sensitively. The health professionals needed to set the agenda. (Chris, CHAD drama practitioner)*

*It is not merely the application of health to drama, nor the application of drama to health, which implies doing something to the other, it is a process of deep learning, of being willing to give something up in order to hold and accommodate something new, and to allow two separate worlds to transform and converge as a new understanding that is neither only drama or only health any more. (Andrea, health promotion project worker)*

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