

ETHNODRAMATHERAPY



A NEW METHODOLOGY AS APPLIED TO DIVERSITY TRAINING OUTREACH

A special performance-based research/clinical program of *The Centre for the Arts in Human Development* at Concordia University, Montreal

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ETHNODRAMATHERAPY EXPLAINED

PURPOSE

The purpose of this brief document is to assist the viewer to better understand how the method of *ethnodramatherapy* (edt) came into being, what it really is, and how it has been applied. It is a big word – some might say a bit of a fancy-dancy neologism. However, broken down into its three component parts it begins to make some sense. *Ethno* is the Greek prefix meaning “nation” or “people,” as it is applied to a specific cultural group, and is highly related to the word “ethnic.” *Drama* is also derived from the Greek, specifically from the word *dran* which means to “do” or “act.” It often implies the “representation of an action,” like a story being told through action in a play. *Therapy*, once again, originates in a Greek word, *therapeia*, having the connotation of “healing” in both a medical and spiritual sense. In its most general view, then, *ethnodramatherapy* can be seen as a form of drama therapy that deals with a specific cultural group, although this could mean a group of people who share a common health issue. In its most specific sense, it is a combination of *ethnodrama*, a performance-based ethnographic research method, with the techniques of *drama therapy*, an action-oriented form of creative arts therapy.

BACKGROUND THAT PAVED THE WAY FOR THE DEVELOPMENT OF ETHNODRAMATHERAPY

Stephen Snow, the originator of *ethnodramatherapy*, began his career as a drama therapist in a nursing home in Brooklyn, New York, in 1985. At that time, he was also completing a doctoral dissertation in the department of performance studies at New York University on the performance of *ethnohistory* at a living history museum (Snow, 1993). At Wartburg Lutheran Home for the Aging, his major focus was the implementation of a therapeutic theatre method called *living history theatre*, a combination of oral history, ethnography and life review process (Charnow, Nash & Perlstein, 1988). This was a quasi-ethnographic approach to theatrical creation combined with a therapeutic process, *the life review* (Butler, 1963). For example, at the nursing home, Snow developed a scene in his first living history theatre piece, *The Life Revue*, in which three elderly women, all from different Caribbean Islands, sang the folksong, “Sly Mongoose.” Using life review and role play methods, the reminiscence with this folksong brought these women back to some of the joy of their childhoods and gave them a chance to share their ethnicity with the audiences for the play. All of this was a precursor to the development of *ethnodramatherapy*, two decades later.

Snow had come to be interested in the field of drama therapy through his study of dramatic healing rituals with Richard Schechner, who, in the 1980s, had developed a formidable interface between theatre and anthropology (Schechner, 1985). There were two visiting professors at NYU who also had a great impact on Snow's evolving perspective: Victor Turner and Barbara Myerhoff. Turner was in the process of establishing a method he called *performing ethnography*. At the University of Chicago and the University of Virginia, he had students perform ethnographic texts rather than just read them. He states: "...we have been experimenting with the performance of ethnography to aid students' understanding of how people in other cultures experience the richness of their social existence..." (Turner & Turner, 1982, p. 33). Snow had been applying this approach in his doctoral research on living history; at the nursing home in Brooklyn, he began to apply it to *living history theatre*. Along with this methodology, he was extremely influenced by Myerhoff's work on the power and meaning of personal stories in people's lives (1978). From Myerhoff, Snow learned the psychological value of being able to tell one's meaningful stories. At the same time, he was being trained in *psychodrama*, so he was also witnessing the power of *performing* one's own stories as a form of therapy.

As he continued to develop as a drama therapist, Snow used similar self-narrative methods with his clients at Bronx Psychiatric Centre. For instance, he created a play with a patients' advocacy group around their personal experiences with psychopharmacology. Because this was based on the authenticity of personal stories, it had a great impact when it was performed for an audience of psychiatrists, psychologists, psychiatric nurses and social workers by in-patients at the hospital. The audience was confronted with the experience of what it is really like to be a mental health *consumer*.

In 1992, Snow moved to Montréal where he took the position of Associate Professor in the theatre department at Concordia University. As part of his research, he began to work extensively with adults with developmental and intellectual disabilities, especially adapting a model of therapeutic theatre for and with them (Snow, D'Amico & Tanguay, 2003). In 1996, he co-founded the *Centre for the Arts in Human Development* and, in 1997, the Drama Therapy Masters Program. Although during this period (1998 -2003) Snow focused his research mainly on assessment in the Creative Arts Therapies, in 2002, a graduate student, Ron Scott, presented him with a research proposal to review, "The Place of Performance in Qualitative Research." This introduced Snow to the writings of Dr. Jim Mienczakowski (1995, 2001) who had developed a substantial performance-based research method called *ethnodrama* and had applied it as an approach to health education in Australia.

ETHNODRAMA SPECIFICALLY FOCUSED AS A HEALTH EDUCATION METHOD

The concept of *ethnodrama* had appeared earlier in the collaborations of anthropologists with Moreno, the founder of psychodrama (1946). In 1953, anthropologist Joseph Bram may have been the first to coin the terminology when he reflects how, "I suggested to Dr. Moreno that psychodrama, when used in this context, should be identified under a separate name, such as ethnodrama" (p. 255). *Ethnodrama*, as later defined by Mieniczakowski, belongs to an approach called *performance ethnography* and was influenced by the performing ethnography method of anthropologist Victor Turner (Denzin, 2003). Mieniczakowski recognized the importance Turner had on the development of his own work, combining "...the aesthetic assumptions of performance and the methodological and theoretical ambitions of research..." (Mieniczakowski, 2001, p. 468). However, in his doctoral studies, Mieniczakowski (1995) took this research approach in a new direction, applying it to health education. His doctoral research was on the use of *ethnodrama* to explore the lived experience of individuals with schizophrenia and also that of persons with alcohol and drug problems. In both cases, ethnodramatic theatre productions were developed to help educate professionals in the health system and to catalyze positive changes in their treatment of clients.

Here is a well-articulated definition of Mieniczakowski's model:

...ethnodrama is explicitly concerned with decoding and rendering accessible the culturally specific signs, symbols, aesthetics, behaviours, language and experience of health informants using accepted theatrical practices. It seeks to perform research findings in a language and code accessible to its wide audiences. (2001, p. 468)

This quote underlines two of the most significant functions of the *ethnodrama* method as conceived by Mieniczakowski: (1) the research report comes in the form of a performance; (2) the method is used as a form of health education for a specific population who are looked upon as a *cultural system*. The *ethnodrama* procedure is applied to any "health consumer group" in the same way: focus groups and ethnographic interviews are used as material to develop a portrait of the authentic lived experience of the *informants*; a process of *informant validation* of the script is implemented in which the participants correct, edit and verify what *they* want in the script; rehearsal is instituted for the preparation of the performance of the script, either by outside actors or, as in a later *ethnodrama* on brain damage, by informants who perform in the play, themselves; a process of *informant validation* of the performance of the play, before it is presented to any audience, is completed by participants; a performance of the *ethnodrama* is presented for an audience of health care providers, including doctors, nurses, social worker, psychologists, health administrators, and the general public; and, finally, post-

performances forums with healthcare providers and consumers are established to identify problems in the health system to be corrected and strategies are put in place to correct them.

The above is the essential ethnodramatic process that has been used by many researchers who have applied *ethnodramas* to various health situations. Johnny Saldana, a major expert on and practitioner of *ethnodrama* in the United States, has used the method in other ways; for instance, to capture the experience of homeless youth living on the streets in New Orleans (2005). Besides its use as health education research, Saldana has anthologized many other applications of *ethnodrama* in research (2005, 2011).

COMBINING ETHNODRAMA WITH DRAMA THERAPY AT THE CENTRE FOR THE ARTS IN HUMAN DEVELOPMENT

After being introduced to *ethnodrama* by his student, and already having a strong background in *performing ethnography*, Snow, as a seasoned drama therapist, began to realize the great potential for combining the research method with a therapeutic process. From a thorough reading of Mienczakowski's writings, he saw that this integration was latent within Mienczakowski's conception of *ethnodrama* as a vehicle for health education. The latter often speaks of the "emancipatory potential" of his work (1995, p. 221). Mienczakowski also relates his construct of "emancipatory potential" to *therapy*, noting that the method he developed for

health education "...is not only emotionally experienced but can be logically related to therapeutic strategies leading to individual change" (Mienczakowki, Smith & Sinclair. 1996, p. 445). It was on the basis of this connection that Dr. Snow began to experiment with integrating drama therapy into the ethnodramatic process as a way to provide participant health consumers with a genuine therapeutic experience.

In March 2006, Dr. Snow, as Principal Investigator, received a three-year \$168,000 grant from the Social Sciences and Humanities Council of Canada for a research study entitled "Performance-based research: changing perspectives on developmental disabilities through *ethnodrama*." It is the process of this research, and the resultant performance as its research report, that form the basis of this DVD documentary. The ethnodramatic theatre production was given the title, *It's A Wonderful World*, by the developmentally disabled participants. Between 2007 and 2008, it was performed for many audiences: peers, professionals in the field of developmental disability, elementary school children, high school students and the general public. Although the fundamental focus of this research was de-stigmatization and the measure of "change of attitude" in the audiences, the therapeutic impact of the drama therapy, and other creative arts therapies processes used in the development of the *ethnodrama*, were duly observed and recorded. This was the seedbed for the development of the method to be called *ethnodramatherapy*.

DISCUSSION QUESTIONS

- 1 Developmental disability:** Have you worked with adults with developmental disabilities as a therapist? If so, which modalities did you use? Have creative arts-oriented approaches been a part of your work?
- 2 Role-playing others:** In the video, performance is said to give marginalized populations a chance to express themselves through role-playing both other people as well as themselves. What do you think are the therapeutic benefits of role-playing someone else, as opposed to yourself? How about for adults with developmental disabilities in particular?
- 3 Playback Theatre:** Have you ever participated in Playback Theatre or drama therapy? As opposed to presenting your own story for others, what could be therapeutic about watching someone else present it? What have you noticed about your clients' responses as you've reflected their stories back to them?
- 4 Internal response:** What feelings came up for you while watching the actors develop, rehearse, and perform? Were your responses positive, negative, or both? How might you work with your own countertransference in a session with an adult with a developmental disability? Would you do anything differently than with a higher-functioning client?
- 5 Stigma:** Can you think of instances in your life in which you've felt stigmatized by others? How did you handle it? Have you ever noticed yourself stigmatizing others? How might your personal feelings toward a particular group be influenced (or not) by cultural notions of what's acceptable?
- 6 Expressive arts:** What did you think of the masks the actors made for their performance? Have you used expressive arts therapy with your clients? What media did you use, and to what purpose? Have you created therapeutic art yourself? What other art projects can you think of that could help adults with developmental disabilities process their experiences?
- 7 Personal reaction:** What were the most compelling parts of the ethnodramatherapy project for you? What impacted you the most? What, if anything, brought up resistance? Did anything surprise you?
- 8 Emancipatory potential:** Do you agree with Snow that ethnodramatherapy has "emancipatory potential"? Why or why not? What other populations might benefit from this style of work? Do you regard ethnodramatherapy as different from what you may have seen in typical drama therapy or Playback Theatre?

HOW ETHNODRAMATHERAPY IS EMPLOYED IN THIS DOCUMENTARY FILM, IN THEIR OWN VOICES


- From the very first scene, *playback theatre*, an important drama therapy technique and an enormously effective means of gathering personal stories, is utilized.
- In *psychodramatic* fashion, participants serve as auxiliary actors in the performance of each others' stories.
- Participants are supported to develop genuine expressions of their feelings through acting, singing, dancing, and artwork; they are given the opportunity to *name* these emotions.
- Masks are used as a *distancing* technique for the painful memories of being stigmatized.
- Feelings are *projected* into all forms of art in the play.
- *Monologues* of experiences important to the participants are presented.
- The growth of self-esteem and self-confidence is *witnessed* as participants perform their authentic experiences for different audiences over many months.

OTHER PROJECTS AND FUTURE PLANS WITH ETHNODRAMATHERAPY

For other past projects and future planned projects with *Ethnodramatherapy*, go to cahd.concordia.ca

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