

# Playing in a House of Mirrors

**Applied Theatre as Reflective Practice**

Elinor Vettraino and Warren Linds (Eds.)

*Foreword by Joe Norris*



*SensePublishers*

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*Applied Theatre as Reflective Practice*

*Foreword by Joe Norris*

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*To all of the reflective practitioners  
who have inspired us in the creation of this book,  
thank you.*

*The mirrors are there too, and fill him with many fragments of turmoil, bringing  
back memories and covering them up again before they are distinct.  
(Tarjei Vesaas, The Boat in the Evening)*

*I decided to go away into foreign parts, meet what was strange to me .... Followed  
a long vagabondage, full of research and transformation, with no easy definitions  
... you feel space growing all around you, the horizon opens.  
(Friedrich Nietzsche, The Wanderer and His Shadow,  
translated by Kenneth White)*

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JOE NORRIS

## FOREWORD

### *A Prepositional Proposition*

Over my career as a teacher and researcher I have come to pay close attention to the power implied by a number of prepositions and the definite and indefinite articles, ‘a’ and ‘the’. Epistemologically they situate knowledge as either prescriptive or a range of possibilities that privilege certain dimensions of time and people in various degrees of authority or collaboration. Understanding them is vital to the practicing of applied theatre and Linds and Vettrano have assembled a diverse collection of stories of practice that problematized their early vision of the book as “the definition of this text became increasingly elastic” (p. 2). The elasticity is the strength of this book, providing readers with possibilities, not prescriptions.

I have read some applied theatre books, chapters and articles that are overly prescriptive, trying to control the practice of others. These attempt to provide ‘the’ way to do things. Others are ripe with options. Kopp (1972) claims in the title of his book, *If You Meet the Buddha on the Road; Kill Him*, that each person’s journey is unique and no one can follow another’s path. However, he does celebrate the power of stories with the conviction that we can and do learn vicariously from others. Like Barone (1990), who believes that we take from stories that which we deem relevant and act accordingly, Kopp sees the pedagogical intent of stories and advocates their telling, not as ‘the’ route or course but as ‘an’ offering of insights to others.

The prepositions ‘to’, ‘for’, ‘with’ and ‘by’ also have significance to applied theatre projects. A number of years ago, during a safe and caring schools tour, a grade eight female student approached me after our performance/workshop and volunteered the following, “I thought you were going to come here and tell us not to do drugs. Thanks for trusting us to work things out on our own” (paraphrased statement from recall) (Norris, 2009, p. 130). Not only was she well aware of the actor/audience dynamics that places those on stage as experts who presented their conclusions ‘to’ their audience, but she rejected it. ‘To’ resembles the top-down ‘banking model’ of education that Freire (1986) highly criticizes. Applied theatre strives to have dialogic encounters with participatory elements in which all parties learn from their conversations. A quote often attributed to Lila Watson (2015) that she attributed to a collective experience sums it up nicely, “If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together”.

Combinations of 'for', 'with' and/or 'by' are the most common with applied theatre. Some programs have parties, other than those directly involved, conduct internal and external research to prepare performances 'for' audiences. Embedded is a strong sense of service toward others, but unlike 'to', these performances are designed as conversation starters. Rohd (1998) encourages 'activating scenes' (p. 103) that evoke strong enough reactions that the audience members want to change what they witness. I call them 'problem scenes'. While such performances are devised 'for' audiences, they serve as warm-ups that enable the subsequent conversations 'with' all participants.

Other applied theatre programs begin 'with' the people themselves and, through a series of theatrical activities, the participants come to reconceptualize themselves and the social and natural worlds in which they live. The results may or may not conclude in public performances. When the change process is the primary result, 'with' is the dominant preposition. When the participants take their work to other groups, both 'with' and 'by' play major roles.

In 'with' and 'by' relationships all participants, including workshop leaders, employ a variety of artistic lenses to expand their understandings beyond the pre-existing frames (Goffman, 1974) with which they entered. By working 'with' new groups, facilitators must expect that their understandings will also expand and change, thereby emulating Lila Watson collective belief. Rather than providing answers, participants and readers are invited into conversation. The chapters in *Playing in a House of Mirrors: Applied Theatre as Reflective Practice* are such invitations. Well storied, they have various proportions of expressing and explaining that Reason and Hawkins (1988) suggest. As readers, we travel along side witnessing their strong reflections before, in and after (another set of prepositions) their applied theatre work/play. By avoiding prescription, the chapters are evocative in nature, enabling readers to add their own thoughts to the stories, as the chapters invite virtual dialogues. They open-up rather than shut-down conversations.

My cast members often claim that the devising process changed their perspectives and behaviours. As they thoroughly examined the content and listened deeply to other perspectives, including those of their peers, they adapted and replaced existing beliefs with new ones. For them, as well as others, as made evident in the chapters, devising was a form of reflection in itself. As Lévinas (1984) claims, we need the Other to understand Self. Looking in the Face of the Other (Hendley, 2000) is like looking into a mirror; by seeing differences, we come to know who we are. Collaborative devising provides those involved with the opportunity to reflect 'before' they meet an audience. It is an end in itself that will be taken to others later.

Joking a forum theatre requires a strong improvisational skill set as one mediates what was planned with what is lived (Aoki, 2005). Whether the applied theatre presentation and/or workshop involves an audience in a forum theatre format or a group assembled to solely partake in activities and exercises, the joker or facilitator adapts, and sometimes abandons, the agenda to what emerges. Some chapters document how reflection occurs 'in' action as the leaders reflect in the moment and

redirect within milliseconds. Such examples demonstrate the complexity of working ‘with’ others.

All chapters have components of reflection ‘after’ the action. Through the distance of time, the authors step back and take another look at what they experienced. Their analyses of their ‘thick descriptions’ (Geertz, 1973) provide readers with both possible concrete examples to adapt to their own contexts and rationales that can provide guidance for future actions. The book contains a repertoire of choices, from which readers can pick and choose as they see fit.

So far, unlike many forwards, I have avoided referring to chapters individually. Rather, like Watson and compatriots, I prefer the more collective approach, acknowledging the contributions as a whole. I have framed the first part of this forward with what Werner and Rothe (1979) would consider an external hermeneutic framework. I have taken a predetermined set of constructs, in this case, prepositions and articles and applied them to the chapters within the book. I now employ an internal hermeneutic frame, and focus on excerpts from the book itself. In keeping the quest for an elastic definition of applied theatre and honouring applied theatre’s aim of enabling voices, I now provide a found poem (Butler-Kisber, 2002) or quote collage of insights found in the book. Like a movie trailer, they provide salient points, hopefully without revealing too much of the plot that some trailers and forwards often do. To maintain the wholeness of the book, the quotes are deliberately not identified and minor poetic license was taken to maintain a flow. The following is my synopsis of the book:

*The Elasticity of:  
Playing in a House of Mirrors: Applied Theatre as Reflective Practice*

The idea begins...

Cast a wide net,

Very open ended,

An ever-evolving, ever-dynamic, ever-expanding web of interrelationship.

Need to expose vulnerabilities

A more intuitive approach.

The intuitive within us that enables us to know how to respond to given situations and the capacity to cope with the unexpected.

Collaboration of any kind requires a degree of letting go.

When I surrendered, and let go of “getting it right, perfect” I began to see the accomplishments, the moments of beauty, achievement, commitment, joy that comes from hard work.

Always risky.

How will you improvise your life?

Pay attention to how your environment performs you.

Take an imaginative leap into someone else’s experience.

Partner's willingness to care,  
Empathizing and connecting with the stories that others were telling,  
Monitored emotional states and addressed them.  
Active listening.

We experienced genuine joy in each others' presence, celebrating our desire to connect and laugh with one another.

Creating interpersonal attunement.

The idea of supporting resistance is intriguing.

"So, you think you're going to help me, do you?"

The understandable resistance to other people 'coming in'.

At this point people usually seem uncomfortable... not to do activities in which they potentially look silly.

See yourself beyond the mirror.

Felt empowered to criticise, suggest, and give of their own experience.

Getting to know the inner self is terrible, wonderful thing.

So where do our stories come from?

The human need to share stories in order to make sense of the world.

The whole process of storytelling and physicalizing the stories enabled me to take something which was pretty awful and horrible and look at it in another way, see it from a different point of view.

The power of collective and shared stories as a way of exploring self and, very importantly, accepting self.

This co-emergent self/other/world is plastic, mutable as knowledge is enacted, not pre-existent. Self-observation through metaxis allows us to see knowledge as it is enacted in each moment of the present, not as something which already exists.

The importance of playing with story in a fictional reality is bound up in the need to enable the teller, and the listener to a lesser extent, to have a safety net; a degree of distance between the real world story origin and the myth or legend generated.

His story of its coming into being: the story he has learned, responded to, remembered, made his own such that he can pass it on to others.

Even if your understanding of someone's story wasn't the real story; that was an accepted thing from the start anyway

One thing that has changed for me, though, since doing this work is that I have started writing things down – like a story,

Improvisation is first and foremost an exploration of relationship.

Co-operative inquiry is a way of working with other people who have similar concerns and interests to yourself, in order to (1) understand your world, make sense of your life and develop new and creative ways of looking at things; and (2) learn how to act to change things you may want to change

People try things out, reflect on what they've done, and then, based on this, re-do it differently.

The method encourages open communication, self-evaluation, curiosity and courage to explore new ways of communicating.

It invites reflection, which is a consequence of the inter-relationship between participation and conscious awareness: the desire to know.

Using role playing or simulations with various problems, professionals can develop a repertoire of smoother reactions.

Drama allows us to straddle the world of fantasy and the real-world experience.

People engage their imaginations in service of exploring the possibilities in their lives. This is a natural process.

Insight is grounded in enactment.

Imagination is indispensable to understanding the unknown.

People engage their imaginations in service of exploring the possibilities in their lives. This is a natural process.

Improvisational drama should be recognized as a sort of psycho-social laboratory.

In the re-living of experiences within a fictionalized context, the participants in the group had the opportunity to stand back from their realities and view them, as though through a 'stop motion' lens, finding moments of clarity and opportunities for change or transformation.

Part of the challenge is to seek the right questions to ask, or build in structures that can be appreciated as relevant.

Raising students' awareness of their assumptions, values and beliefs and make them more explicit.

Helped me alter my thoughts, see things clearer and from different perspectives.

The performance has meaning in the physical formation of the universe, and those who inhabit it. It becomes part of who we are.

Plays have to end in frustration caused by an unsolved conflict.

In trying to find solutions, we begin to have a better understanding of the problem, its causes, and its ramifications.

Impossible to take sides, or to reach a tidy answer.

The play had taken on a life of its own, and I had become entangled in its path.

The whole process of it gave you a different way of looking at things.

Enjoyed the wide-ranging discussions of possible solutions. Beginning to recognize how complex...

The performative emerges from and represents social relationships.

By the end of the enactment the room is full of options and observations.

Developing critical awareness.

Challenged to find ways to act in congruence with their espoused values.

Using life experience as a basis to reflect and learn.

A great deal to think about; some of the responses were expected, others weren't.

It was physically, intellectually and emotionally confronting.

How might we engage our students in meaningful reflection that touches the heart of learning?

Reflection is an opening to new worlds and ideas and involves loops of learning cycling back to the beginning perhaps but with newly aware senses.

Critical reflection that includes the willingness and ability to identify and critique our actions and the beliefs and motivations that underlie them. This requires self-awareness and willingness to take the risk of identifying our own actions that are not best practice, that do not align with the theories we believe in, that are motivated by our own biases or needs, or that do not best serve the people with whom we work.

Reflection as a multi-sensory, embodied activity.

Embodiment is reflection... reflection as embodiment

Exploring both what happens through embodied work to individuals and how this work enables critical reflection.

Reflection as a collective experience is arguably richer and more valuable because of the input of others to the individual's thought process together to offer new knowledge in a way that isolated practice would not.

How do we access and act upon...

*Who shall I become in my encounter with you?*

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KATE COLLIER

## **2. TRANSFORMING REFLECTION THROUGH A FORUM THEATRE LEARNING APPROACH IN HEALTH EDUCATION**

### INTRODUCTION

This chapter will illustrate how a modified form of Forum Theatre, Forum Learning, was employed as an educational strategy at the University of Technology Sydney (UTS) to stimulate critical, reflective learning in students who were diabetes educators, health professionals involved in educating patients who have diabetes.

Forum Theatre was developed in the late 1960's by Augusto Boal (1979) initially to help poor and disenfranchised groups of people in Brazil realise there were practical options and strategies that could be employed to help change their situation. The theatre technique employed by Boal in Forum Theatre encouraged participants in groups to develop improvised scenes that depicted their personal experience of being oppressed. It then challenged them to replay and alter the outcome of these scenarios so the participants could explore other ways of dealing with and improving, their situation. Change is promoted through "critical consciousness, exploring and rehearsing alternatives and seeking possibilities for future action" (Strawbridge, 2000, p. 11).

Later, when working in Europe with different participants who were not materially and politically oppressed in the same way as the poor of South America, Boal modified his Forum Theatre approach. He identified that privileged participants were oppressed less by external factors than by internal influences such as their limited perspectives. Boal (1995) identified these mental limitations as being like a "cop in the head" which prevented people from seeing how ideologies presented in the media for example, restricted their choices and power to act and challenge so called 'established truths'. Boal adjusted to this new European context and adapted his theatre strategies to focus more on therapeutic learning. He continued to adapt and further develop his theatre techniques to meet the changing needs of the people and places he worked. Forum Theatre therefore, is presented as a flexible model that can be used in educationally diverse situations "for the comprehension of social and personal problems and the search for their solutions" (Boal, 1995, p. 15).

Diabetes educators are not a conventionally oppressed group but they often work in extremely difficult circumstances with a wide range of people, where resources, especially the time they have with diabetes patients, are often inadequate to deal with

the educational challenge of helping these people change their lives. The stresses involved in their professional practice can lead diabetes educators feeling they are not in control, which is a form of disempowerment. Therefore, a modified form of Boal's Forum Theatre approach can be seen to be a relevant strategy to use with diabetes educators. It has the potential to empower them so they can "take control of their lives and change prevailing power relations" (Brookfield, 2005, p. 71) through an exploration new possibilities and approaches to their professional practice.

I modified the Forum Theatre approach to meet the learning needs of the diabetes educators I was working with and named this strategy Forum Learning. The modifications made use of the Forum Theatre arts strategy to emphasise its reflective learning potential rather than the political dimensions or therapeutic aspects of the approach, though these were often also present in some form.

Theatre, in the form of drama-in education, has been employed systematically as a learning strategy in educational institutions since the 1950's (Bolton, 1979; Byron, 1986; Heathcote, 1984; Slade, 1954; Way, 1967) and applied in a variety of subject areas such as History, English and Social Science to teach specific content, and explore social, and personal relationships within a dramatic context. In the sphere of Adult Education where I work and the students are mature age, the learning emphasis tends to be on using their life experience as a basis to reflect and learn (Boud, Cohen, & Walker, 1993). The Forum Learning approach I developed therefore focuses on learning through critical reflection.

I specifically designed Forum Learning as an educational tool to help diabetes educators reflect and practically examine the relationships and communication complexities involved in motivational interviewing. Motivational interviewing is a person-centered, goal-orientated method of communication for eliciting and strengthening intrinsic motivation for positive change. The primary goal of motivational interviewing is to draw out from the patient their reasons for concern and the arguments they find convincing for change (Miller & Rollnick, 2002). This technique is used to encourage a change in attitude in diabetes patients towards their lifestyle choices. These choices can be extremely difficult for diabetes clients to accept. They often fail to recognise the alterations that need to be made in their lives to ensure their future wellbeing and how to implement change as this challenges their existing, strongly established belief patterns and behaviours. Consequently, promoting perceptual change in their clients is a major professional challenge for diabetes educators. The dramatic form of Forum Learning offers the possibility of helping diabetes educators look at the complex situations they encounter with their clients in multiple ways and to 'reflect-in-action' as well as 'reflect after' as is more usual, in the post-activity discussions. When the diabetes educators play out and observe different possibilities within a problematic scenario in Forum Learning, it has the potential to stimulate critical reflection and transformational learning: "observing itself, the human being perceives where it is, discovers where it is not, and imagines where it could go" (Boal, 1995, p. 13).

Transformation is stimulated by “an unexpected situation that makes you think differently about something you have taken for granted up to that point” (Brookfield, 2012). Transformational learning involves learners in reflective practices that challenge established patterns of thinking and as a consequence can promote attitudinal change (Mezirow, 2000). “The human being alone possesses this faculty for self-observation in an imaginary mirror” (Boal 1995, p. 13).

This chapter will describe the professional context of the learning, the theoretical principles that inform Forum Theatre and how it was modified into Forum Learning and implemented in practice as a reflective learning approach in this context. Finally it will demonstrate, through written feedback collected from participants, how the Forum Learning approach can promote transformative learning through the multiple reflective approaches offered by this strategy.

### THE PROFESSIONAL LEARNING CONTEXT

The Graduate Certificate in Diabetes Education and Management has been offered to students at UTS for the past twelve years. It consists of four compulsory subjects that are completed within one year and the program is delivered on-line and through two four day face-to-face workshops in Brisbane and Sydney. One of the unique features of the program was that it was developed and taught by Adult Education and Health specialists so students were presented with contrasting learning approaches both in the way content was presented and the kind of educational focus adopted. The Adult Education approach used experience-based learning strategies, including drama, to explore the challenges of facilitating learning in the diabetes health context, and had a strong focus on reflective practice. Health used lecture-based learning with a focus on experts in the field sharing their knowledge and professional experience.

The students who attend the Graduate Certificate in Diabetes Education and Management program come from diverse professional backgrounds that include nurse educators, dietitians, physical exercise specialists, pharmacists, podiatrists and doctors. This is indicative of the multi-professional approach that is required to deal with this complex disease, which can over time affect the overall health of diabetics. All those who enrol in the program are already qualified health professionals, are usually experienced practitioners in their chosen specialism and in many cases are already either formally or informally, involved in diabetes education. These mature-age students are looking to add another specialist health qualification to the ones they already have.

The field of diabetes education is also diverse. Practitioners work in many different settings: in public and private hospitals and doctors’ surgeries; in community centres and specialist diabetes education centres; in remote areas of Australia with indigenous communities and in inner-city settings with a range of age groups and people from different cultural and socio-economic backgrounds. The focus of their work is to ensure their patients understand what it means to have diabetes, how it can impact on their health and how to manage it effectively in their everyday lives. This

involves not only educating patients on how to medicate and monitor their condition but also how to change their diet and lifestyle to sustain their health into the future and prevent the occurrence of further medical complications.

Recent health policy changes (Lee & Dunston, 2010, 2011) have directed health professionals to adopt a patient-centred learning approach to health care (Ford, Schofield, & Hope, 2002; Morris, Dalton, Govern, & Symons, 2010). This means that the health educator acts as a facilitator who informs, encourages and supports patients to take responsibility for maintaining their health into the future. In many cases the patient has to make huge changes to their lives, radically altering what they eat, how they exercise and their intake of alcohol and cigarettes. Not surprisingly, many patients resist making these changes and altering patterns of behaviour developed over a lifetime. This makes the job of the diabetes educator a particularly challenging one, and depending on the level of funding available, they may only have between two to four half hour sessions with a patient to achieve these goals. These time constraints, and the magnitude of the learning brief, can be disempowering for the diabetes educator. There is a tendency for the educator to cope with these challenges by taking control of the situation and telling the patient what they should know and do. This prevents the patient from making their own choices and decisions and consequently disempowers them and restricts the learning and subsequent behaviour changes that can occur.

The complex communication and relationship skills that diabetes educators need to develop to meet these professional challenges is an area that I taught on the Graduate Certificate in Diabetes Education and Management program. Presenting the topic in a theatre form such as Forum Learning gives the learning that occurs a special reflective focus because “theatre is more visible, more vivid than (life) on the outside.” It presents a view of life that is “simultaneously the same thing and somewhat different” so demands to be noticed and reflected upon (Brook, 1998, p. 11). Importantly, in relation to Boal’s Forum Theatre approach, Forum Learning remains a strategy that focuses on empowerment and the ability to find areas of change in oppressive situations.

Before describing the process of Forum Learning in more detail and how it was employed with diabetes educators, it is necessary to take a step back and examine the theoretical basis for this practice and the importance of Boal’s Forum Theatre in the development of the modified Forum Learning approach.

#### THE CONCEPT AND PROCESS OF BOAL’S FORUM THEATRE

Forum Theatre was deliberately designed as an educational process but was not intended to be “didactic in the in the old sense of the word and style, but pedagogic, in the sense of collective learning” (Boal, 1995, p. 7). It presents a dramatic form where “the spectators intervene directly in the dramatic action and act” (Boal, 1979, p. 126) and was devised as a means of empowerment through the practice of actions

that might lead to a possibility of change. It is this focus on practice that may lead to change that I saw as most relevant to the needs of diabetes educator.

Boal renamed the participants who take part in his dramatic events ‘spect-actors’. This term is used to stress the dual nature of the performance process: it is to do with action but also with watching action and being critically aware at the same time that “theatre is born when the human being discovers that it can observe itself; when it discovers that, in this act of seeing, it can see itself *in situ*: see itself seeing” (1995, p. 13).

It is the strategies that Boal used to promote critical learning through theatrical form that I believe have most impact on the potential learning for diabetes educators and which I incorporated into the Forum Learning approach. The key reflection strategies taken from Boal were: Image Theatre development and analysis, which in my work is referred to as ‘Still Pictures’ (Neelands & Goode, 1990), the improvisation of alternative scenarios and the facilitator as ‘Joker’. These strategies are described briefly below.

The body is the starting point for Forum Theatre. Participants in small groups are asked to create frozen images of an event that has particular significance for them in terms of demonstrating an unresolved “social or political error” (Boal, 1992, p. 18). Although the facilitator suggests a learning focus, it is the participants who choose and decide how to interpret the experience they wish to represent. They are the creators, the actors and the directors of the scenario, so they determine how the images should be presented. However, they are given analytical feedback from and are influenced by other participants and this encourages reflection on what has been created.

The Still Pictures are gradually developed into improvised scenarios that show the unresolved problem in action. Then the ‘game’ of Forum Theatre really begins. The aim of this exercise is to challenge the ‘vision of the world’ presented by the performers. This happens when a member of the audience intervenes in the action and offers a different vision, another possibility of what could have happened, to challenge the moment of oppression that has been portrayed. The audience member takes over the part of the oppressed person in the piece and re-plays the scene with the changes she envisaged. The actor who has been replaced does not retire immediately “but stays on the sidelines as a kind of coach or supporter, to encourage the spect-actors and correct them if they go wrong” (Boal, 1992, p. 20).

Other audience members can then offer different suggestions and try to find a solution to the problem. Alternatives are practiced in action and then discussed. It is this connection between doing and critiquing that is at the heart of the Forum Theatre learning process.

The problems depicted in Forum Theatre may or may not be resolved but the value of the process resides in how the complexities inherent in any situation are revealed and how theatre is able to demonstrate the many ways of approaching or thinking about them. Boal (1992, p. 237) suggests that Forum Theatre should generate “a



dialog about the oppression, an examination of alternatives, and a ‘rehearsal’ for real situations.”

Overseeing the action is the facilitator who Boal names the ‘Joker’—‘the director/master of ceremonies’ (Boal, 1992, p. 237). She is responsible for ensuring that the Forum Theatre process and its specific rituals are adhered to. The ‘Joker’s role is also to provide a pragmatic ‘sounding board’ for the suggested solutions that the group proposes in Forum Theatre and checks that they are not using ‘the rules of magic’ to solve problems. This refers to solutions that are impractical and unrealistic. For example, a group of participants who are exploring problems they are having with their managers at work decide they are going to win the lottery and will never work again!

Forum Theatre therefore, can provide a valuable learning framework for diabetes education students. It introduces participants to the key elements of theatre form but in a way that is less likely to intimidate either participants or facilitators who are unused to working in this way. It allows participants a great deal of autonomy by letting them decide what scenarios relating to their experience, should be explored. It also encourages them to engage in problem-solving and deal with issues that arise in the scenario so they determine what is learned through this process. Forum Theatre does this in a manner that both challenges and protects the participants by finding a balance between how engaged or detached they are from the drama. It is Forum Theatre’s ability to detach participants from the drama whilst they are still in it that encourages critical, reflective learning.

Those participating in Forum Theatre are drawn into the drama because they choose the topic to be explored. This could be seen as dangerous as the participants could relate so closely to the topic under consideration that they are unable to separate fiction from reality. Boal uses theatre form to counter this. He avoids using ‘now time’ which is the most difficult dramatic time in which to operate as it so closely resembles that of real life. Instead he utilises the Still Picture convention. This freezes the action and stresses the artifice of theatre form and represents past and future time modes. The movement into ‘now time’, is very gradual and because the emphasis is on including only the elements that are essential to communicating meaning, the symbolic aspect of theatre is stressed and acts as a distancing device.

One of the other key elements of theatre that Boal uses in Forum Theatre is the suspension of form. This creates a sense of dramatic tension as time after time the drama is stopped, replayed but not completed. Instead it is presented again and again, allowing a further exploration of its form and meaning to take place. Boal claims that “in theatre any break stimulates” (1979, p. 170). It forces the participant to momentarily move out of the drama and look at it from the outside as an audience does. This helps the participants sustain a psychic distance from the event and encourages reflection.

Forum Theatre provides a model of learning that empowers participants to create their visions of what the world could be rather than what it now is. This is done in a

critical, pragmatic way that does not allow participants through the ‘rules of magic’ to create unrealistic, impractical solutions. Boal consciously uses a range of theatre forms to help participants achieve this learning goal.

The Forum Theatre approach described above clearly has the potential to educate and therefore can be seen as relevant to the development of health professionals. However, there is a contradiction between what Boal sees as Forum Theatre’s fundamental learning goal, which is to bring about political change, and the educational goals set out in curriculum for The Graduate Certificate in Diabetes Education and Management. Therefore, before using the Forum Theatre approach with diabetes educators, it was necessary to develop Forum Learning, a modified form of Forum Theatre that better reflected the professional learning goals of the Certificate program. I will now describe how I used the modified version, Forum Learning, as a reflective learning strategy to teach motivational interviewing with a group of diabetes educators.

#### FORUM LEARNING IN PRACTICE WITH DIABETES EDUCATORS

Primary Health Care, one of the subjects offered in the Graduate Certificate program, focuses on ‘the therapeutic relationship between diabetes educators and those for whom they provide care’. It is designed to broaden ‘students’ orientation to helping people manage and cope with diabetes by emphasising a self-management model of care’ (University of Technology, 2014). One of the topics taught in this subject is motivational interviewing which I was responsible for as a drama and adult educational specialist.

Forum Learning is one of the strategies I employed to help students on the program not only link theory to practice but also understand through a process of critical reflection, that there is no one correct method to deal with motivating clients. Throughout the Forum Learning session the educational focus is on the curriculum topic of motivation and motivational learning. However, as you will see, issues of disempowerment and empowerment are included in the briefing and de-briefing of the Forum Learning exercise.

The motivational theory topic I taught in the Primary Health subject workshop was a four hour session. Class sizes have varied from sixteen to forty but once numbers get too large, it is hard to ensure everyone participates in the forum and that their problem is examined. The whole session was facilitated using experience-based methods (Beard, 2006, 2010; Boud, Cohen, & Walker, 1993; Boud & Miller, 1996; Kolb, 1984) culminating in a Forum Learning session.

The first hour and a half of the session began with an examination of the concept of motivation starting with the students existing knowledge and understanding of the topic; this was developed as a ‘mind-map’ on the white board. Then an ‘Egg Timer exercise’ (Beard, 2010) was conducted where students working in small groups, were given four sheets of coloured paper and asked to come up with the

essential steps involved in motivational interviewing. These were laid on the floor in a sequence of one to four in a ladder formation (see Figure 1) so the group can compare and contrast their proposals (groups were identified by their having different coloured sheets). Finally these sequences developed by the students are compared and contrasted with established theories of motivational interviewing and a strategy for practice established.



*Figure 1. The 'Egg Timer' exercise. Looking at the concept of motivation and the steps involved in motivational interviewing*

The rest of the session time was taken up with presenting the Forum Learning strategy as a means of exploring how theory can work in practice. Students were split into groups of four or five and each had to come up with a personal example of a time in their professional practice when they found it difficult to motivate a client and felt disempowered as a professional. The story must finish with the problem unresolved. These stories were shared amongst the small groups. Each of these groups was then asked to choose one story that interested them all and that they would like to develop further. Once they had done this they created a Still Picture like a physical photograph, of the moment of most difficulty and disempowerment for the diabetes educator in the story and her patient (see Figure 2). The facilitator made it clear that the person whose story was chosen must not play themselves in the scenario. According to Boal, depending on the style or theatre genre used in a theatrical presentation, “the distance between actor and character can increase or diminish” (1995, p. 23). The separation of the storyteller

from their character in the scene being developed helps to ensure that all participants retain a critical distance from what is being presented and do not identify emotionally too closely with the person represented.



*Figure 2. Still Picture development: representations of diabetes educators and their clients*

Each of the small groups' Still Pictures were shown one at a time to the other student participants and they commented on them according to Boal's (1979) denotative (descriptive), connotative (interpretive) and symbolic levels of analysis. The denotative level required the students to just describe what they saw in the Still Pictures in an 'objective' manner; for example, 'there are two people in the Still Picture sitting on chairs; the person on the left has her hands in their lap and the chin is on her chest; the woman on the right is facing the other person and her left hand is placed on the other person's left arm'. The students then moved to the next level, connotative description and began to add their interpretation of what is going on; for example, 'the person on the left looks as if they may be a patient in distress and the person beside her is the diabetes educator showing her concern'. It is not always possible to reach the symbolic level of picture analysis because of time but when a gesture or physical placement of people in space has resonances of issues that go beyond the scenario presented, the symbolic elements of non-verbal communication can be highlighted; for example, 'the setting up of a table with the health professional behind and the patient on the other side on a lower chair, emphasises unequal power relationships'.

Whilst the students analysed the Still Pictures of each of the small groups (or if the numbers are large a sample of the small groups) the people in the Still Picture are listening and absorbing what has been said. They do not give their feedback on what they have heard but once all the Still Pictures from each of the small groups have been analysed, the groups get back together and use the analysis to strengthen their picture and make it clearer if necessary. Then each small group develop two more Still Pictures to add to the original: one showing the moment before the moment of most difficulty and the other the moment after (but this must not be a resolution scene, the problem must be presented as an unresolved one). Selected groups show

all three pictures in time sequence, one after the other with the moment of most difficulty ‘sandwiched’ between the moment before and after. The facilitator claps to indicate when the students showing the pictures should move from one moment to another. The audience groups analyse the pictures again but this time spend less time on the denotative level of analysis.

The process is repeated with two lines of dialogue created for each of the three moments in the scenario and finally the scene is presented as an improvised piece of drama. The students look at the different dramas and choose one they would like to work on further. It is only after this period of careful preparation that Forum Learning can properly begin!

#### A SCENARIO EXAMPLE

A diabetes educator is meeting for the first time with a new patient, a sixteen-year old girl who has Type 2 diabetes. Type 2 diabetes occurs when the pancreas is not producing enough insulin and the insulin is not working effectively (Australian Diabetes Council, 2014). She is accompanied by her parents who insist on talking on behalf of their daughter so the educator and patient are unable to communicate effectively. The educator needs the parents understanding so they can support their daughter with her treatment, but the educator also must be able to establish the patient’s needs so she can motivate them to change their diet and lifestyle to best manage their condition. The educator and the patient are both disempowered in this situation as their needs are not being met. How can the situation be changed to empower all those involved so they feel supported and in control?

The student group was reconfigured so they sat in a semi-circle and those acting out the drama were placed in front of them as in a theatre setting. The facilitator drew attention to the space where the drama will be enacted then described the rules of Forum Learning. These rules were that the small group acting out the scenario will play it through a couple of times showing the unresolved problem. Members of the audience were then invited to take on the part of the diabetes educator and empower her and the patient by offering alternative strategies to address the problem presented using the principles of motivational interviewing that they learnt about in the morning session.

Those coming into the drama to change it cannot use ‘the rules of magic’ and suggest a completely unrealistic solution such as the diabetes educator informing the parents that there is a new policy in this clinic that prevents them from accompanying their children during an education session. The made up policy would be professionally unacceptable in this workplace context; additionally, the problem of getting the parents to support their child with their diabetes treatment has not been addressed.

After the scenario had been performed and an audience member had presented a resolution, this was discussed as a whole group with a focus on the behaviours that were observed (referring back to denotative analysis) and the impact this had on the

patient and others in the scenario. For example, as the facilitator I may ask, “What did the educator do differently in this replay of the scenario and what impact did it have on the people involved and the situation?” Personal criticism, for example, ‘I did not think the way you introduced yourself to the patient was appropriate’, is discouraged (referring back to connotative analysis). More audience members were encouraged to offer different strategies of empowerment and resolution. The dialogue between the audience and actors continued and was enriched by the different perspectives that were offered. Boal (1992) emphasises that it is more important to achieve a good debate than a good solution.

The potential for Forum Learning to stimulate reflection and promote transformational learning will now be examined further. The nature of reflection and the contribution of theatre form to the deepening of this reflective process is a key strength of both the Forum Theatre and the Forum Learning educational approach.

#### FORUM LEARNING AS A REFLECTIVE LEARNING APPROACH

Boud, Keogh and Walker (1998, p. 19) describe reflection as being “an important human activity in which people recapture their experience, think about it, mull it over and evaluate it.” They argue that through this deliberate process of returning to an experience, and the consequential conscious reconsidering of it, we can evaluate it and “begin to make choices about what we will and will not do.”

Reflection has been presented as an essential tool for continuing professional development (Boud, Cressey, & Docherty, 2006; Brookfield 1987, 1995, 2005; Schon, 1987, 1996) because it encourages professionals to be more conscious of their practice. Brookfield argues that this increased consciousness helps professionals change and continue their learning in the workplace.

Educators use a range of reflective strategies such as journaling and discussion, to help learners analyse their experiences more deeply. Some reflective activities require individual reflection whilst others such as Boud et al. (2006) ‘productive reflection’ approach, emphasise the need to reflect in groups.

Wright (1995) sees Forum Theatre as a reflective strategy because it encourages the development of different perspectives that can give rise to significant change. He argues that change occurs first and foremost in the individuals but the action that results from such a change is necessarily social.

In addition Forum Theatre as an art form can draw upon the specific properties of drama to promote reflective learning (Collier, 1999, 2005, 2010). It has a sense of destiny. In the theatre the audience knows that every aspect of the action they are observing will lead to a particular destined future. Every word that is said, every gesture portrayed, every action that happens, has a special significance. This creates dramatic tension and “the peculiar intensity known as ‘dramatic quality’” (Langer, 1979, p. 308). It is the intensity that Brook (1986) was referring to when he defined theatre in its most basic form as a man walking across an empty stage.

Obviously the man walking across a space is not in itself inherently theatrical. It is the observer's focusing on this act and their expectation that the walking *will have future significance* that makes it theatrical (Collier, 2005, p. 137).

Boal has a strong sense of how theatre operates as an art form and uses this form to develop critical awareness. He notes the importance of establishing the space where the drama is going to take place. The kind of space designated is not important but the recognition 'that 'here' is 'the stage' and the rest of the room, or the rest of whatever space is being used, is 'the auditorium': a smaller space within a larger space' (1995, p. 18) is crucial to the development of aesthetic concentration. According to Boal, it is the interpenetration of these two spaces that creates the 'aesthetic space', a space that draws attention to itself because it is the focus of an audiences' gaze and 'attracts centripetally, like a black hole' (1995, p. 19).

Forum Learning employs Forum Theatre strategies so it also has the potential to use theatre form to stimulate reflective practice but with the emphasis on examining professional rather than political practice. Once the diabetes students' professional experience stories are given form through the development of dramatic scenarios, they take on a special quality because they are filtered into particular 'scenes' which are 'bracketed off' from the chaotic mess of our of everyday experience. This allows a situation to become like a scene from a play and as such it can be viewed differently and contemplated in a way that eliminates distractions. This can bring about a heightened consciousness that promotes perceptual change and encourages the reflector to pay attention to the scenario and look at it as an audience might do. Consciousness then "shifts into another gear" and the displayed object or person becomes "a signifying, exemplary image" (Carlson, 1996, p. 40). An example of this is Andy Warhol's famous screen print of a Campbell's soup can. This ordinary object becomes extraordinary because it has been taken out of its everyday context and re-presented as a framed print.

This heightened form of consciousness is part of the aesthetic experience that drama as an art form can provide for participants. This dimension of heightened attention is not only relevant to the elements of dramatic form mentioned above but also related to the participants' experience when they create a scenario for Forum Learning. This involves participants being involved in acting out a situation but also as spec-actors being aware at the same time that they are contributing to a presentation of a piece of artifice: a representation of reality. Bolton (2000, p. 18) proposes that "all drama is dependant on participants having a dual awareness of both the 'real' and the fictitious worlds." This form of heightened consciousness in drama is known as metaxis (Boal, 1995). Metaxis offers participants the opportunity to view experience from the perspective of being simultaneously part of, yet apart from, the role they have adopted: "simultaneously existing in the two realities of the me and the not me" (Landy, 1991b, p. 4). This dual awareness allows participants to reflect-in-action, the "thinking what they are doing while they are doing it" (Schon, 1987, p. xi) rather than outside it at the end of the scenario.

Boal in Forum Theatre manipulates form in a way that both engages and distances participants from the scenario being explored. In Forum Theatre it seems as if Boal's intention is to gradually build up the drama in a non-threatening manner. Flemming (1995) notes however, that the initial still picture or tableaux strategies are also techniques that "provide focus and slow the drama down—they halt the onward rush of story line in order to promote reflection, engagement and serious attention to the consequences of actions" (p. 3).

He does this for a purpose and that purpose is to engage participants in critical learning. It is only when there is a balance between engagement and detachment in drama that there will be an understanding of how the worlds of fiction and reality operate. Once that has been achieved then metaxis can take place and participants can experience their capacity to observe themselves in action. For, as Boal (1998) suggests:

This possibility of being simultaneously Protagonist and principal spectator of our actions, affords us the further possibility of thinking virtualities, of imagining possibilities; of combining memory and imagination—two indissociable psychic processes—to reinvent the past and to invent the future. (p. 7)

Forum Learning is able to harness the reflective strength of Boal's theatre arts approach to promote a state of metaxis in its participants. Their involved-detachment in the dramatic scenarios they have created allows them to experience "concrete dreams" (Boal, 1995, p. 21) and see the possibility of what could be—how a situation could be transformed. Transformational learning can then occur "when, through critical self-reflection, an individual revises old or develops new assumptions, beliefs, or ways of seeing the world" (Cranton, 1994, p. 4).

I will now illustrate, by analysing the feedback from diabetes educators who participated in Forum Learning sessions held in Sydney in 2013, the educational impact of reflective learning on these participants.

#### THE REFLECTIVE IMPACT OF FORUM LEARNING ON HEALTH PROFESSIONAL STUDENTS

At the end of the Forum Learning session, students filled in a detailed evaluation form. This form collected both qualitative and quantitative data but for the purposes of this chapter I will focus on the qualitative data collected from forty two participants from the Sydney group in 2013 and relate it to the principles of critical reflection examined in the previous section of this chapter.

Students were asked to evaluate and give examples of their participation in Forum Learning as an actor and as an actively engaged member of the audience. They were questioned about what they learned and its relevance to their professional practice. Whilst students referred to the explicit content of the workshop—motivational interviewing—and expressed a better understanding of the principles and practice



involved in that approach, other issues emerged that were of equal importance. The key learning points that were highlighted in the evaluation forms were:

- an appreciation of different perspectives
- the danger of making assumptions
- the importance of promoting self-esteem and respect in their communication with clients
- the communicative power of body language, active listening
- the empowering effect of having different options
- the need to empower participants by allowing them to develop their own strategies and solutions.

Participants in Forum Learning repeatedly stressed that they gained new insights into their understanding of diabetes practice by “learning from other peers in the interactions.” One student said how this had shown him/her “how other people conduct their practice” and approach similar clinical problems differently. The Forum Learning process raised the possibility that there are alternative ways to deal with problem situations. Students reinforced the idea that Forum Learning “offered ways to manage complex situations” and allowed them “to consider the consequences of different approaches.” This echoes Linds’ (1998) comment on the powerful impact of replaying the scenarios in Forum Theatre whereby, “in trying to find solutions, we begin to have a better understanding of the problem, its causes, and its ramifications” (p. 3).

Of almost equal educational importance to students was “seeing from another point of view”, especially the insight they gained into how the diabetes educator and the patient have different perceptions and expectations of their meeting. Many students recalled the denotative and connotative analysis they used to ‘read’ the Still Pictures and stressed that “it is important not to make assumptions” or pre-judge the patient and their needs.

This led to an appreciation of the complex interpersonal communication skills that were necessary to gain an understanding of the patients learning needs because as a student commented, “our agenda is unlikely to be their agenda.” Some of the communication skills that students identified were “interpreting body language” which they saw as “essential in clinical practice” active listening to provide patients “with more space to reflect” and to allow them to “hear the patients story” so the educator can “identify the need/goal of the patient.” Active listening also enabled the educator to consider “the issue of exploring what lies behind the statements” of the patients. Open questioning was also identified as an important skill to elicit “responses from the patients to allow them to develop solutions/strategies” once the patient is offered choices they can “take more responsibility” for their treatment and are empowered. The need for building the self-esteem of the patient and their “feelings of worth” were considered to be crucial as was “the importance of affirmation for the client.” Students suggested that this could be developed through encouraging “respectful, mutual relationships and demonstrating empathy.”

The experience of being an engaged audience member as well as an actor was appreciated. A student reflected that it helped her/him “to look at the angle of the educator and client (patient) and see their different perspectives’ as well as reiterating that the session should be “client-centred and personalised for individual patients.” Forum Learning’s ability to allow participants and the audience to view the problem situation more objectively comes through in these comments:

Seeing things from the outside emphasised that it is not personal. It is not about you. (Participant Y, S6/8/13)

There is no one ‘right’ or ‘wrong’ answer. (Participant H, S6/8/13)

This suggests that the form of Forum Theatre has promoted ‘metaxis’ and the ability to see a problem in a more objective manner.

Participants in the Forum Learning Session were also able to identify the links between what they experienced in the scenarios and their ‘real life’ professional practice. A student recognised that:

the identification of different techniques helps remembering to use such techniques in real life scenarios. (Participant F, S6/8/13)

Another student saw the scenarios as applicable as they had given her “some strategies that I can use to assist clients to make fundamental behavioural change.” Yet another said that it gave her “a chance to observe interactions that I am involved in daily.”

The final comment below demonstrates how the Forum Learning experience has encouraged perceptual change in this learner. It also reinforces that Forum Theatre can be a powerful stimulus for critical learning and change.

I value this activity as it has provided me with many alternatives, options and strategies rather than the ‘one size fits all’ approach to patient education. (Participant J, S6/8/13)

## CONCLUSION

This chapter has explored how Boal’s Forum Theatre was modified and used as a reflective learning strategy with health professionals studying to become diabetes educators through a University Graduate Certificate program. Whilst Boal’s Forum Theatre approach offers a range of learning strategies that are relevant to professional practitioners, it is “first and foremost political theatre rooted in his experience of violent oppression and Latin-American politics” (Strawbridge, 2000, p. 8). Boal’s focus on political learning did not meet the curriculum needs of the university Graduate Certificate program so was modified by the author into the Forum Learning strategy. This modified version of Forum Theatre facilitated the attainment of the professional learning goals outlined in the curriculum, in this case, motivational learning skills. It also emphasised the importance of “critical self-reflection, a process that lies at the heart of transformational learning,”: a form of

learning that promotes attitudinal change (Cranton, 1994, p. 59). The social and political goals that are fundamental to Forum Theatre still remain to a lesser extent in Forum Learning through the examination of the power relations between diabetes educators and their patients.

Forum Learning was developed as a learning strategy to stimulate critical reflection in diabetes education students by challenging their established ideas of professional practice. Self-reflection becomes critical when it involves “a searching view of the unquestioning accepted presuppositions that sustain our fears, inhibitions and patterns of interaction, such as our reaction to rejection, and their consequences on our relationships” (Mezirow, 1991, p. 7).

Forum Learning provided diabetes education students with a context for critical reflection because it created through the improvised exploration of a range of professional scenarios, different perspectives that challenged established practice. These improvised scenarios also offered the students options to empower them and their patients as they negotiated how best to jointly manage the impact of diabetes on their patients’ lives. Most importantly, diabetes education students were encouraged to use their imagination to consider different ways they could conduct their professional practice:

Imagination is indispensable to understanding the unknown. We imagine alternative ways of seeing and interpreting. The more reflective and open to the perspectives of others we are, the richer our imagination of alternative contexts for understanding will be. (Mezirow, 1991, p. 83)

Forum Learning’s use of dramatic form offers the participants a range of learning possibilities in addition to an understanding of the complex communication skills involved in the practice of motivational interviewing. This learning is achieved by acknowledging that inequity exists in the use and abuse of power in relationships and expressed through the conscious use of dramatic form and the development of still and moving images. The dynamic manipulation of time, action and role in Forum Learning allows participants in the scenarios to be both in the experience and yet outside it (Landy, 1991a). They can critically evaluate what the situation means to them through the process of metaxis and this provides the opportunity for reflection ‘in action’ as participants in the scenarios and ‘outside the action’ as part of the actively engaged audience. They are learning not only the content of the issue under exploration but also something about the nature of theatre and how to manipulate its forms in order to gain insight into learning issues.

Forum Learning as an art form therefore, can offer a uniquely powerful strategy for learning: a space to explore how we live in society and how we live in the world. It has the capacity to offer multiple views and value varying perceptions of any event that is performed. In this way it invites “the exploration of ambiguities, pleasures, unease and contradictions which contemporary living entails” (Nicholson, 1999, p. 85).

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