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Exploring Inclusion in a Therapeutic Theater Production

Angelle Cook
healtoriseva@gmail.com

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Exploring Inclusion in a Therapeutic Theater Production

A DISSERTATION

(submitted by)

ANGELLE COOK

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

LESLEY UNIVERSITY

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Lesley University

Graduate School of Arts & Social Sciences
Ph.D. in Expressive Therapies Program

DISSERTATION APPROVAL FORM

Student's Name: **Angelle Cook**

Dissertation Title: Exploring Inclusion in a Therapeutic Theater Production

Approvals

In the judgment of the following signatories, this Dissertation meets the academic standards that have been established for the Doctor of Philosophy degree.

Dissertation Committee Chairperson: Jason D. Butler, PhD July 29, 2020

Internal Committee Member: Marisol S. Norris, PhD July 29, 2020

External Committee Member: Sally Bailey, MFA, MSW, RDT/BCT July 29, 2020

Dir. of Ph.D. Program/External Examiner: Michele Forinash, DA July 29, 2020

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate School of Arts and Social Sciences.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Jason D. Butler, PhD

Dissertation Director

I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

Sandra Walker, MBA

Dean, Graduate School of Arts and Social Sciences

STATEMENT BY AUTHOR

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SIGNED: Angelle Cook

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ABSTRACT

The purpose of this study was to investigate the lived experiences of participants in an inclusive therapeutic theater production. This study was approached through a post-intentional phenomenological lens, informed by critical dis/ability theory. Ten participants with various dis/abilities took part in semi-structured interviews and eight of the ten participated in a focus group. The researcher followed a post-reflexion plan during the data collection and analysis process to bridle her biases and assumptions. Data were analyzed using the phenomenological method of thematic analysis. An art-based research process was undertaken, and a script, using direct quotes from the participant's interviews and the focus group, was created.

The researcher's findings centered around six qualitative themes and fifteen subthemes. Themes included Relationship Building in an Inclusive Environment, The Audience, Personal Stories, Personal Growth, Advocacy, and Inclusion. Overall findings indicated that the participants felt a sense of belonging and community, that they explored concepts of empowerment, and that they desired to make a societal impact by telling their personal stories.

Introduction

Growing up I had no memory of interacting with individuals with traditional dis/abilities such as Down syndrome or autism spectrum disorder. As an adult, I understood that I must have, but did not recognize these diagnoses in others. I also acknowledged however that when I was in school, those with dis/abilities were hidden away in classrooms of their own or in *special* schools and were not included in my daily interactions with my peers. Society has come a long way in the last several decades in placing those with special needs more into the spotlight. Social media abounds with clips of teens who are neuro-diverse or developmental delayed being asked to prom by a typically developing cheerleader or track star. These clips spread awareness that others with challenges exist and should be extended empathy, but they do not do much for the viewer to truly understand the person.

Though I did not interact regularly with individuals with traditional dis/abilities, I did interact with people who had mental illnesses and/or chronic illnesses in my day to day life. These people were in my family and in my neighborhood. I was saved from succumbing to this fate myself, in part, through the discovery of theater. The arts became my driving force; writing, acting, and singing became the pieces I clung to and that helped me to see there was a future beyond what was in front of me. It was not surprising then that I realized the power theater possessed, and as an adult came to work with adolescents who dealt with mental health issues through the arts: first, as a theater director and acting teacher, then, as a theater professor, and finally, as a drama therapist.

Ten years ago, I began working at the expressive therapy organization in which my research for this study took place. There I continued to work with adolescents and young adults with mental health issues, but I was also introduced to another population, that of traditional dis/abilities. Traditional dis/abilities are defined for the purpose here as dis/ability diagnoses such as autism spectrum disorder, deafness, blindness, cerebral palsy, intellectual dis/ability, developmental dis/ability, and so on. Soon I saw that separating these two labels, traditional dis/abilities and mental illnesses, was not so easy. So many of the individuals that I worked with who had anxiety or depression or ADHD, were also on the spectrum, had an intellectual dis/ability, or another diagnosis. So many of the individuals who I worked with who were diagnosed with a cognitive, physical, or developmental dis/ability also suffered from low self-esteem, a chronic illness, depression, or anxiety.

It is important to clarify the classification of traditional dis/abilities, mental illness, and chronic illness under the umbrella of dis/ability in this study. This is in line with the American with Disabilities Act definition of a dis/ability as “a physical or mental impairment that substantially limits one or more major life activities*”* (ADA National Network, 2018, p. 3*)* thereby including those with mental illnesses and chronic illnesses as having a dis/ability. Thus, the word dis/abilities in this study should be considered an umbrella term that includes those with traditional dis/abilities, mental illnesses and chronic illnesses.

I also wanted to recognize my use of the word “dis/ability.” Separating out *dis* from *ability* acknowledges the dual meaning of the word dis/ability and has been used by multiple scholars, researchers, and practitioners (Bailey, 2010; Ferri & Connor, 2014; Goodley, 2016, 2018; Lester, 2014; MacDonald, 2018). To examine the types of words that may be associated with both *dis* and *ability*, Goodley (2018) created a chart called *The dis/ability complex unpacked*.

Table 1

The dis/ability complex unpacked

Dis	Ability
Disabled	Abled
Emotional	Rational
Mad	Sane
Dependent	Autonomous
Intermeshed	Atomistic
Sitting	Standing
Collective Packs	Lone Wolves
Crip	Normal
Idle	Laboring
Entangled	Alone
Many others	The same

Goodley (2018) p. 7

Though this binary view may be limiting, and I acknowledge that a continuum between *dis* and *ability* does exist, it is also necessary to recognize the embedded practices of disablism and ableism in our society. Therefore, I found it important to separate the *dis* from *ability* when discussing dis/ability populations to ensure the split in the word was privileged, that the tension between the two parts was held, and to highlight that the word *ability* was central to my orientation to those who identify and/or are labeled as dis/abled.

Through the experience of working at the expressive therapy center and meeting and working with individuals with many different dis/abilities, I came to understand that we could not separate ourselves out, piece ourselves into separate boxes to fit in. In that, inclusion emerged; not only inclusion of the whole self, but inclusion of others, no matter their challenge. I came to understand that everyone had a challenge, something they were dealing with, and that everyone had something to offer, something that they could give back to the world. This study was approached in that vein. By diving deeper into the concept of inclusion, I hoped to better understand how relationships were formed, how equity and power may have come into play in the group dynamics, and how one may grow or change by being included. I hoped to achieve this by learning about the lived experiences of participants in an inclusive therapeutic theater production.

Statement of the Problem

Individuals with dis/abilities often find themselves excluded or marginalized in society, and many seek a sense of belonging and inclusion. Even within these populations, those with different challenges, such as intellectual and developmental dis/abilities versus physical dis/abilities, are separated into different groups. Inclusive therapeutic theater groups are one place people with multiple diagnoses can come together for a common purpose: in the case of this study, to put together a production that addresses the themes of empathy and inclusion. Currently there is a gap in the literature of studies on therapeutic theater, and no current literature on therapeutic theater productions with inclusive populations with varied challenges such as intellectual and developmental dis/abilities, physical dis/abilities, mental illness, and chronic medical illness. Additionally, there are no studies that focus on the experiences of various populations together in one inclusive group.

Statement of Research Question

The supportive environment created through theater productions encourages a type of vulnerability in participants. This vulnerability is required in sharing one's own story through a therapeutic theater production and may act as an equalizing agent among the cast members. In addition, the inclusive group model in which no person or challenge is valued or devalued over another, may create an ecosystem in which relationships are formed, grow, and deepen over time, and a sense of belonging is evoked.

The possible feelings of empowerment and belonging achieved through the inclusive model may also affect the participant's level of self-esteem and confidence both inside and outside of the group, helping them to create more complex and layered relationships in their lives. The guiding research question for this study was, "What is the lived experience of a participant involved in an inclusive therapeutic theater production?"

Research Approach

This study was conducted using a post-intentional phenomenological approach through a critical dis/abilities framework in order to explore the experiences of young people with a variety of diagnoses in an inclusive therapeutic theater production. Post-intentional phenomenology, an approach to phenomenology was devised by Mark Vagle (2014, 2018). This approach resists the binary classification of phenomenology as descriptive or interpretive. In defining post-intentional phenomenology as a whole concept, Vagle (2018) wrote, "…the phenomenon is seen as multiple, partial, contextual, in flux, and simultaneously producing and being produced" (p. 16). Through this approach I do not posit that I can capture one truth of the phenomenon, rather only my understanding of what is happening within the data at this time.

Both post-intentional phenomenology and critical dis/abilities theory aim to highlight multiple layers of understanding through multiple perspectives and acknowledge the intersectionality of all that is being observed. More information emphasizing the “post” in post-intentional phenomenology as well as a deeper dive into the tenets and philosophy of both post-intentional phenomenology and critical dis/abilities theory will be discussed in the methods section.

The data for this study was collected through semi-structured interviews and a focus group with the participants. A thematic analysis was used to analyze the data. Results were shown through grouped meaning units represented within themes and subthemes. Furthermore, an arts-based research approach was utilized through the creation of a short script.

Researcher’s Identity and Assumptions

As established, I have worked at the expressive therapies center where the study took place for ten years. I am a registered drama therapist and practitioner of multi-model approaches. I have been directing therapeutic theater productions with the expressive therapies center for eight years. In 2018, I conducted a quantitative pilot study that investigated the effect of a therapeutic theater production on the participants’ self-advocacy skills in the same program currently being studied.

I worked with all of the participants in this study previous to the current research; some through other therapeutic theater productions, and others through group settings. I am aware of the impacts my role as practitioner-researcher may have on the research. To assist me in examining biases and assumptions, and in line with the post-intentional phenomenological approach, a *post-reflexion plan* was followed (Vagle, 2018). Vagle defined post-reflexion as “not about setting aside our prior knowledge, assumptions, and beliefs about the phenomenon, but about exploring how they play a part in producing the phenomenon” (p. 153). This plan included writing a post-reflexion journal entry after each interview and the focus group, writing an initial post-reflexion statement, and engaging in a continual process of post-reflexion statements as the data were gathered and analyzed (Vagle, 2018).

With this aim, assumptions about inclusion, therapeutic theater, the participants, and the overall study were interrogated and reflected upon throughout the entire process. This practice allowed me to examine my own voice and bias separate from the voice of my participants. In addition, the post-reflexion plan helped to combat the ethical challenges some researchers cite in engaging in research with participants associated with the researcher themselves (Bourdeau, 2000; Yanos & Ziedonis, 2006).

Though my prolonged engagement with the inclusive therapeutic theater productions and participants can be seen as a limitation, studies also show that for those working with individuals with dis/abilities in research, a prior relationship may be beneficial. Benefits include an increased comfort level with the researcher, an easing in participant anxiety associated in engaging in the research, and an increased understanding of the participants capabilities, limitations, and communication styles (Knox et al., 2000; Musicka-Williams, 2018).

Since the expressive therapy center has been in operation, the inclusion model has been developed to include all types of diagnoses, as well as individuals without a diagnosed challenge. I contend that any therapeutic theater participant who did not have a diagnosed dis/ability, still faced challenges in their lives, such as alienation from friends or school, issues with family, or trouble fitting into the typical mold. However, as there were no un-diagnosed participants in the current study, inclusion is represented through the presence of individuals with traditional dis/abilities, mental health challenges, and chronic illnesses.

Definitions of Key Terminology

Inclusion. Inclusion is not typically defined outside of the context of education. Within the Individuals with Disabilities Education Act (n.d.), inclusion is defined as "children with disabilities…are educated with children who are not disabled, and…removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability...is such that education in regular classes…cannot be achieved satisfactorily" ("300.114 LRE requirements" para 2).

Inclusion in this study extends beyond the classroom and includes individuals diagnosed with traditional dis/abilities, mental illnesses, and chronic medical illnesses. Inclusion is defined as a group of people with varied types of challenges, all working toward a common goal: in this case, a therapeutic theater production. In this inclusive model, participants with no diagnosed challenge may or may not be present, depending on the individuals who chose to engage in the production. However, all who wished to share their story were welcome to participate.

Dis/abilities. Critical dis/ability theory aims to move away from the binary understanding of dis/ability as able or unable. This study defines traditional dis/abilities, mental illnesses, and chronic illnesses through a critical lens, which rejects the medical model of dis/ability. The medical model focuses on a person's deficit and views that deficit as a digression from the norm. Within the medical model, a person with a dis/ability should work to fit into the typical design of society and to correct their deficit as much as possible in order to fit into the normative environment (APA, 2012; Peña et al., 2016).

Though this study does not frame participants within the medical model, the participants themselves identify with the specific diagnosed labels they have been given and refer to these in telling their stories on stage. As most of society is constructed through the medical lens, the critical dis/abilities framework utilized in this study acknowledges that the participants cannot separate themselves from the society they live in and how a person with a dis/ability is viewed. Through owning their label, taking control over their narrative, and placing themselves into a position of influence on stage, the participants attempted to change the societal assumptions placed on them and expand audience members' perceptions of dis/abilities.

Through this study, those with traditional dis/abilities, mental illnesses, and chronic illnesses were defined and viewed not as having deficits, but as having differences that created unique challenges and opportunities for the individual. Their experiences in society were viewed as intersectional and multi-dimensional and unable to be captured through one angle.

Therapeutic Theater. Though there is no consensus in drama therapy on the definition of therapeutic theater, it is generally thought of as a model that places value on both the therapeutic process and the performance aspect. The rehearsals and the performance are part of the therapeutic process, while not sacrificing aesthetic performance value. As defined by drama therapists Hodermarska et al. (2015):

> A theatre grounded in the healing properties of relationship…it is a theatre that, in theory, praxis, research and reflection is intended as therapy in which participants and audience alike have opportunities to define, consider and process relationships of all kinds through and as performance. (p. 174)

Empathy. Though this study did not quantifiably measure empathy levels, increased empathy in the participants was noted within the results. Salmon (2003) defined empathy as “the ability to identify with and understand somebody else’s feelings or difficulties.” Using this definition, I saw evidence of some participants expanding their understanding of others through the therapeutic theater process.

Equity. Within the framework of this study, I acknowledged that participants were often at a disadvantage in their daily lives because of established societal norms. Therefore, I worked to make the rehearsal and tour process equitable, providing accommodations, such as making chairs available for those who could not stand for long periods of time, and designing and utilizing activities in which all participants could take part equally.

Equality. Though there were a variety of physical, mental, developmental, and intellectual challenges present in the participants, all were viewed by me as equal. I acknowledge that a hierarchy among the dis/abilities populations exist. Therefore, though I made every attempt to view and treat each individual as equal, there were inevitably others who may have felt differently among the group. To combat any feelings of inequality I used inclusive language, treated each person equally in status, rights, and opportunities, and sought to empower the participants to see themselves as capable and able to offer help.

Summary

This post-intentional phenomenological study asked, “What is the lived experience of a participant involved in an inclusive therapeutic theater production?” The methods used reflected a critical dis/abilities framework, and the data was analyzed through this lens. Through the study, I highlighted and framed the lived experiences of the participants, as I understood them in the current time and space of the research. I aspired to emphasize the voices of the participants through the results and to summarize their experiences in the discussion.

Literature Review

Landscape of Intersecting Topics

Within the current study, 80% of the participants held diagnoses associated with a traditional dis/ability, such as autism spectrum disorder, cerebral palsy, cognitive impairments, or Down syndrome, and 20% were dually-diagnosed with both a mental illness and a chronic illness. In addition, because of co-morbid diagnoses, four of the eight, or 50% of the participants with a traditional dis/ability also held dual diagnoses of either a mental illness or a chronic illness. Though this study used the umbrella term of dis/ability to include traditional dis/abilities, chronic illnesses, and medical illnesses, the current literature did not reflect this. Most literature was categorized according to traditional dis/abilities, mental illnesses, or chronic illnesses and focused on one type of diagnosis only (e.g., Down syndrome, depression) or one general population only (e.g. chronic illness, traditional dis/abilities). As 80% of the individuals in the current study held a traditional dis/ability diagnosis, the focus of the literature discussed in this chapter was on those with traditional dis/abilities, how they are viewed and treated, and their experiences in society. Research has shown that the discrimination of and stigma against individuals with mental illnesses (Bonnington & Rose, 2014; Clement, et al., 2015; Martin et al., 2007; Smith & Cashwell, 2010) and chronic illnesses (Rao et al., 2009, Monaghan & Gabe, 2019) mirrored that of those diagnosed with traditional dis/abilities (Branco et al., 2019; Lalvani, 2015; Salmon 2013) in that they all felt stigma and faced discrimination in society.

According to the U. S. Census Bureau, 2.8 million children were identified as living with a dis/ability in 2010 (Brault, 2011). Their definition of dis/ability was vague and included “having vision, hearing, cognitive, ambulatory, selfcare, or independent living difficulty” (p.1). The National Alliance on Mental Illness (2019) found that 20% of youth aged 13-18-years-old have a mental health condition. The number of youth who suffer from chronic illness such as asthma, diabetes, cancer, and epilepsy ranged from 15% to 27%, depending on the source. According to Morris (2006), youth with a traditional dis/ability are bullied at a higher rate than their non-disabled peers and have higher rates of pathology such as anxiety and depression. Those with chronic illness also have a higher risk of suicide. Ahmedani et al. (2017) examined health records of 2,674 people who had suffered from chronic illness and committed suicide between 2000 and 2013. The study found that 17 of the 19 chronic health conditions identified were correlated with a higher risk of suicide. In addition, adults diagnosed with a physical chronic illness have a high prevalence of comorbid mental illness (Abrahams et al., 2016; Cruess et al., 2003; Matte et al., 2016; McCabe, 2010). All of this is to say that those with dis/abilities face a multitude of challenges that are exacerbated by the treatment they receive in society. Behaviors such as bullying and exclusion worsen the effects of these dis/abilities, causing higher levels of mental health issues.

One way to address these disparities may be through inclusion programs. Inclusion is rarely addressed outside of an educational setting in the literature. Lindsay, Proulx, Scott, and Thomson (2014) indicated that inclusive classroom settings provided an opportunity for typically developing peers (TDP) to develop an appreciation of and acceptance for their peers with dis/abilities. Inclusion can create a sense of belonging and social acceptance for those with dis/abilities (Odom et al., 2011; Odom, et al., 2006) and positive social relationships and friendships can be formed among all participants

(Buysse et al., 2002; Odom et al., 2011). Studies have shown that having students with dis/abilities in the mainstream classroom does not negatively affect their TDP academic performance (Ferguson & Nusbaum, 2012; Hyatt et al., 2005). Staub (1999) found multiple positive outcomes in inclusive classrooms for the TDP, including increased social skills, increased self esteem, a codifying of personal principles, increased patience, and increased comfort in interacting with peers with dis/abilities. This is a dated study; however, it is referenced because of the lack of inquiry into the benefits of inclusion for general education students in the last twenty years. This in and of itself points to biases in inclusive education studies, despite the large number of current students with dis/abilities in the school system. Within the inclusion literature, as well as the dis/abilities literature, the inclusion of students with mental illnesses or chronic illnesses into the classroom is rarely addressed.

One setting that may support inclusive groups outside of the classroom are theater programs, specifically therapeutic theater productions run by drama therapists who can therapeutically address the nuanced group dynamics of an inclusive setting. The recognition of theater as a therapeutic medium may date back several hundred years to Johann Christian Reil (1759-1813) who used the term *therapeutic theater* in reference to drama practices used by employees at mental institutions to treat individuals experiencing psychosis (Casson, 2004, p. 58). Many have acknowledged the therapeutic benefits of theater, and from that realization, the fields of psychodrama and drama therapy grew. Austin (1917), who wrote the first known book on what he termed drama-therapy (Jones, 2013), established a working model of therapeutic theater. The focus of Austin's (1917) manuscript was on the creation of theater performances that were therapeutic in nature.

Austin believed in a therapeutic connection between the audience and the performer through the themes and roles being enacted on stage. Some drama therapists have defined therapeutic theater as a form of drama therapy that utilizes performances in a therapeutic context (Bailey, 2009; Emunah & Johnson, 1983; Emunah, 1994; Hodermarska et al., 2015; Mitchell, 1994; Snow et al., 2003; Snow et al., 2008). Therapeutic theater productions may be an ideal environment to support inclusive groups.

Dis/ability in the United States

Historically, individuals with dis/abilities in the United States have been discriminated against in education, health care, the work force, and fair housing, and have been denied fundamental human and civil rights. According to the U.S. Centers for Disease Control and Prevention (CDC, 2018), one in four citizens is living with a dis/ability, a total of more than 60 million people. Of the 60 million, around 2.8 million are school-aged children between 5 and 17-years-old (Brault & U.S. Census Bureau, 2011). With the prevalence of dis/ability in the United States, it should be noted that preliminary policies to improve the lives of those living with dis/abilities and to provide them with similar opportunities as their non-disabled peers were not put into place until the 1970s (ARC, 2018).

According to the ARC, the largest dis/ability organization of its kind that advocates for individuals with intellectual and developmental dis/abilities (IDD), one of the first policies put into place was the Rehabilitation Act of 1973, which outlawed discrimination of persons with dis/abilities in any federal employment or federally supported program (2018). The Individuals with Disabilities Education Act (IDEA) started in 1975 as the Education for all Handicapped Children Act and has evolved over the past three decades. IDEA prohibits discrimination of school-aged children with dis/abilities in the education system and requires all public schools to provide appropriate education for those individuals. The Fair Housing Act of 1988 ensures that those with dis/abilities are provided the same housing opportunities as those without, and that they are able to make modifications to their living quarters with landlords when needed for accessibility. The Civil Rights of Institutionalized Persons Act (CRIPA), passed in 1990, protects individuals with dis/abilities in prisons, publicly run mental health facilities, group homes, and nursing homes. The seminal 1990 civil rights law, the Americans with Disabilities Act (ADA), greatly extended protections of those living with dis/abilities in the United States. These laws have limited, though not excluded, discrimination against individuals with dis/abilities. In light of these longstanding discriminations against those with dis/abilities, a sense of exclusion and disconnection is likely present for many with various physical, mental, and emotional challenges.

In terms of setting dis/ability policy, Shogren, Luckasson, and Schalock (2017) asserted that these policies should address three main goals. They should: “promote human dignity and autonomy, personally satisfying human endeavor, and human engagement” (p. 259). The authors wrote that dis/ability policies should address the whole person and concentrate on factors, such as what the individual with the dis/ability wants or needs, and what outside sources may influence these wants or needs, be it environmental, financial, or other. Those with dis/abilities face a world of ableism and disablism. *Ableism* supports normative behaviors and abilities; those who practice ableism use this point of view to discriminate against people diagnosed with dis/abilities to devalue them (Hadley, 2013; Kirby, 2017). Hahn (1986) asserted that ableism:

> enables the dominant elements of a society to express profound and sincere sympathy for the members of a minority group while, at the same time, keeping them in a position of social and economic subordination. It has allowed the nondisabled to act as the protectors, guides, leaders, role models, and intermediates for disabled individuals who, like children, are often assumed to be helpless, dependent, asexual, economically unproductive, physically limited, emotionally immature, and acceptable only when they are unobtrusive. (p. 130)

By addressing concepts of ableism and disablism, research can begin to highlight the disparities faced by those with dis/abilities. One way to do this is to advocate for and utilize a higher representation of voices from dis/abilities populations in research.

Because of a lack of training and resources for current therapists, the American Psychological Association (APA) created a task force to design guidelines for the assessment and treatment of individuals with dis/abilities (APA, 2012). This document is similar in intent to the APA's Multicultural Guidelines (2017), in that they both encourage therapists to understand the population in question, examine their own biases and worldview, and understand the impact of society and other factors on their clients. The formation of the APA task force in 2012 to address therapists' knowledge gap of individuals with dis/abilities reflects that work is being done to address the longstanding disparities for people with physical, developmental, intellectual, and mental health challenges in the United States.

Models of Dis/ability

The APA guidelines (2012) identified three scientific models of dis/ability: the medical model, the social model, and the functional model. However, the functional model is rarely referenced in research that pertains to dis/abilities and therefore will not be reviewed. The medical model focuses on a person's deficit and views that deficit as a digression from the norm. Within the medical model, a person with a dis/ability should work to fit into the typical design of society and to correct their deficit as much as possible in order to fit into the normative environment (APA, 2012; Peña et al., 2016). Approaches in psychology that mirror this model with an aim to change or adjust the dis/ability in question are behavioral, cognitive behavioral, and psychodynamic.

The social model has largely changed the conversation around dis/ability in many countries, including the United States since the late 1970s (Waldschmidt, 2018). Waldschmidt (2018) outlined three main concepts behind the social model: that dis/ability is a product of social inequity and those with dis/abilities are discriminated against in society; that there is a difference between dis/ability, which is caused by society, and impairment, which is caused by biology; and that society is responsible for eliminating any obstacles a person with dis/abilities deals with on a daily basis. The social model shows how a person with a dis/ability can be impeded or helped by the environment in which they live and work (APA, 2012). For example, if a person in a wheelchair is hired to work somewhere but then discovers that the facilities where they work cannot accommodate their dis/ability, they will have to deal with physical barriers and attitudinal barriers in their workplace. The social model posits that it is society that is responsible for shifting in order to accommodate a person with a dis/ability, as opposed to the person with a dis/ability having to make concessions.

Bogart, Logan, Hospodar, and Woekel (2018) surveyed 1,762 college students (54% female, 80% white) of undisclosed ages with and without dis/abilities using the

Attitudes Toward Disabled Persons Scale (ATDP) measure, along with two subscales that measured perception of dis/ability through the medical and social model lenses. The researchers wished to examine attitudes of students with dis/abilities through these two lenses to see if there were any correlations between demographic variables, such as socioeconomic status and race, and perceptions of and attitudes toward people with dis/abilities. They were also interested in how those with and without dis/abilities differed in their views. The researchers tested the correlations between the variables in three scales. In line with the researchers' hypotheses, the findings showed that students who identified as having a dis/ability had a significantly more favorable attitude toward others who also had a dis/ability. Additionally, students with dis/abilities aligned more closely with the social model lens, while students without dis/abilities aligned more closely with the medical model. A regression analysis of the data showed that the lens through which dis/ability was viewed, medical or social, more strongly predicted favorable attitudes toward those with dis/abilities than demographics. While limitations exist with the medical and social model scales, no other similar and more robust scales are currently available. A majority of participants were white and of upper socio-economic status. As dis/ability is deeply embedded in race, culture, and society, the demographics could have greatly skewed the results. It would be informative to repeat this study with a wider demographic, specifically within cultures where stigma toward dis/ability is greater.

Anastasiou and Kauffman (2013) argued against the social model of dis/ability, viewing it as narrow by virtue of only taking into account the societal effects on a person with a dis/ability and ignoring the biological and psychological effects. They proposed that viewing dis/ability as binary, either socially or biologically, is a flawed approach. Instead, they advocated for a blending of these two models and posited both are essential in comprehending and defining dis/abilities.

Positive Dis/ability Identity and a Sense of Belonging

A sense of belonging is important to most people. For those with dis/abilities who are marginalized in society, this sense of belonging may be more difficult to achieve in their everyday life. Studies have shown that having a positive dis/ability identity can contribute to sense of belonging for those with dis/abilities (Mejias et al., 2014; Raver et al., 2018). Though some believe that labels create stigma for people with dis/abilities (Kirby, 2017), others believe there is empowerment in taking the label back from society and giving the person who identifies with that label an opportunity to redefine it. In addition, acknowledgment of the label may increase positive dis/ability identity which has been shown to relate to a person's sense of belonging (Raver et al., 2018). Anastasiou and Kauffman (2013) supported the idea of applying labels to those with traditional dis/abilities (such as autism, cerebral palsy, Down syndrome, and so on) in order for them to access the appropriate services.

Bogart et al. (2018) utilized the rejection-identification model in their study, which argued that stigmatized people, such as people of color and the LGBTQIA community, can minimize the effects of stigma by identifying with their group, rather than with the majority culture. The authors applied this argument to individuals with dis/abilities to encourage disability pride. The International Classification of Functioning, Disability and Health (ICF) survey was used to examine whether the ICF factors of impairment, personal, and environment were able to predict dis/ability pride. Findings showed that the ICF personal factors (age, gender, income, etc.) and environment factors (social support, stigma) predicted dis/ability pride; however, the impairment factor (number of impairments, pain, etc.) did not. A partial relationship between self-esteem and stigma in reference to dis/ability pride was found, supporting the rejection-identification model that identifying with those within one's subgroup may deter stigma, support higher self-esteem and foster a sense of belonging.

Similarly, Raver et al. (2018) found that young adults who positively identified with their dis/ability felt a greater sense of belonging. The researchers surveyed 502 participants with a dis/ability across 32 colleges and universities, 29 of which were in the United States. Participants completed measures on dis/abilities status, need to belong, sense of belonging, social support and positive dis/ability identity. Findings showed those who felt greater social support were more likely to also attest to a sense of belonging and positive dis/ability identify. This research supports the notion that being engaged in a supportive social environment, such as a therapeutic theater production, can increase one's sense of belonging, especially if the environment supports positive dis/ability identity.

Inclusion Model in Education

As stated, the generalized meaning of inclusion is embedded in education. However, the idea of inclusion in education was not introduced until 1975 when the Education for All Children Act*,* now IDEA, was introduced (Dudley-Marling & Burns, 2013). Before IDEA, only one in five children with dis/abilities was educated in the public school system in the United States (Dudley-Marling & Burns, 2013). It was not until 2004 when IDEA was revised that it became a legal mandate for students with dis/abilities to be provided their education in the least restrictive environment (LRE), moving many students with dis/abilities into the general education (or regular) classroom (von der Embse et al., 2001). In 2015, according to the 37th annual report to Congress on the implementation of IDEA, more than 68% of students with dis/abilities were in the general education classroom during 80% of their day (U.S. Department of Education, 2015).

In 2012, the overall graduation rate in the United States was 81%, while for students in the special education system the rate was only 63.9% (Kirby, 2017). Furthermore, less than 40% of those who graduated high school from the special education department received a standard diploma. Kirby also reported that while the national dropout rate in the 2011-2012 school year was 7%, the dropout rate for special education students was more than 20%. Likewise, the employment rate for special educations students after graduation was lower than that of their peers, and only 14% of special education students had enrolled in college two years after graduation, as opposed to 53% of their typically developing peers. All of these statistics point to a deficit in the education system for those with dis/abilities. If and when students in the special education department graduate high school, they are faced with numerous societal challenges that may impede their ability to succeed. By providing inclusive programs outside of the school system, such as the therapeutic theater productions, individuals with dis/abilities may be able to build a support network that can increase their chances of success outside of school.

Inclusive Arts Interventions

As established, multiple studies on inclusion have shown benefits for both the person with the dis/ability and their TDP. Changes in attitude are most successful when those with and without dis/abilities are placed in equal status to one another and are engaged in a common goal (Sullivan & Glidden, 2014). Wooster (2009) promoted an empowerment structure in which those with and without various challenges were placed in an inclusive environment where each participant was on equal footing with one another, making all the participants co-creators. In much of the literature on inclusive settings, the TDP were often brought in as volunteers or mentors versus equal participants, giving the idea that it is only the TDP that are capable of helping, and that the people with dis/abilities cannot help, further disempowering this population.

Wong (2008) found that the attitudes of non-disabled students were changed after being placed with students with dis/abilities. These results were based on pre/post data from the Students' Attitudes toward People with a Disability Scale taken at the start and end of the academic year. Studies such as this encourage inclusion and reduce stigma, which can be debilitating for people with dis/abilities (Bailey, 2016; Dingle et al., 2013; Nieves Martinez-Hidalgo et al., 2018; Orkibi et al., 2014).

Traver and Duran (2014) studied an American dance program that paired girls from elementary and middle school with dis/abilities with female high school volunteers who did not have a diagnosed dis/ability (*M* Age = 16), aiming to qualitatively investigate the experience of the high school volunteers. The older girls were placed in a helper capacity rather than on equal ground with participants with dis/abilities. After spending the fall and spring together, each group of dancers performed in the annual spring recital. Each volunteer helped one dancer throughout their time together by mirroring and shadowing them in class and during the performance.

The study took place over a 3-year period and included 73 of the total 116 unique volunteers that participated in the program (Traver & Duran, 2014). The participants (*N* = 73) completed a pre/post study questionnaire and were involved in the program for a minimum of one academic year. A qualitative content analysis was used to assess the results of the pre/post questionnaire. Four themes were identified for the volunteers: 1) increased awareness of those with dis/abilities, 2) development of a new construction of what it means to have a dis/ability, 3) acceptance and appreciation of different bodies, which allowed for an opportunity to appreciate their own bodies and abilities and to understand that those with dis/abilities are still capable, and 4) the building of a community between those with and without dis/abilities.

The researchers showed a change in attitudes from the volunteer girls, which may affect how the girls interacted with people with dis/abilities outside of the dance studio and into the future (Traver & Duran, 2014). A further exploration of this study could be through the examination of the experiences of the girls with dis/abilities in the program, to see if their experiences mirrored that of the volunteers. This research supports other studies in which benefits are shown in inclusion programs for the TDP.

Another performance-based intervention placed participants with autism on stage next to their TDP in Los Angeles (Kim et al., 2015). Only the participants with autism (*N* = 18, *M* age = 15) were part of the study's collected data. The intervention consisted of a 5-week play production process in which the participants and their TDP met five days per week for about four hours a day to create an original musical, *Joining the Spectrum*.

From the description of the intervention, it appeared that the participants with autism and those without were placed in creative collaboration with one another, all learning similar techniques such as acting, dance, improvisation, and tech-design.

A pre/post design was followed, with pretests administered a week before the start of the production and the posttest directly following the intervention (Kim et al., 2015). Five scales were utilized that examined self-esteem (Rosenberg Self-Esteem Scale), empathy (Empathy Empathy/Systemizing Quotient), trust (Trust Resiliency Scales for Children and Adolescents), comfort with others (Comfort with Others Resiliency Scales for Children and Adolescents), and support from others (Support from Others Resiliency Scales for Children and Adolescents). Additional data were collected through structured observations during the rehearsal process and performances following the Social Communication, Emotional Regulation, and Transactional Support Model (SCERTS; Prizant et al., 2006), which was established for people with autism to evaluate communication skills. The data collected through the SCERTS were used to triangulate data from the measurement scales.

Results of the measures showed a statistically significant change in the scales measuring self-esteem, empathy, and comfort with others (Kim et al., 2015). The other two scales, trust and support from others, showed no statistically significant changes. To strengthen this study, the effects of the intervention on the TDP could be examined.

The arts intervention studies discussed showed positive impacts on the participants, both those with dis/abilities and the TDP. More studies that focus on arts interventions are needed, especially those involving inclusive environments that combines multiple types of challenges and which put all participants on equal ground.

Therapeutic Theater

Therapeutic theater, a method in drama therapy, aims to use both a process-oriented and performance-based approach with a variety of populations. Therapeutic theater, as defined by Snow et al., (2003), is the use "of theatrical performances as a method of therapy" (p.73). Hodermarska et al., (2015) defined therapeutic theater further by writing:

> A theatre grounded in the healing properties of relationship…it is a theatre that, in theory, praxis, research and reflection is intended as therapy in which participants and audience alike have opportunities to define, consider and process relationships of all kinds through and as performance. (p. 174)

Also called "Performance Style Drama Therapy" by Emunah (1994), drama therapists have long recognized the value of performance in association with therapy. Emunah and Johnson (1983), among others, believe that one of the pivotal components of therapeutic theater productions is that of the public performance. Mitchell (1994) proposed a three-phase therapeutic theatre process used by current practitioners, which included the rehearsal process, the public performance, and the post-production processing with the participants. Within the model of therapeutic theater, a trained drama therapist is a key element in creating a successful and therapeutic experience for the participants (Snow et al., 2003). Grainger (2013) wrote that therapeutic theater is "exploring the nature of the performers as well as the nature of the performance" (p. 182).

Therapeutic theater productions have been used with many populations including adults with IDD (Snow et al., 2003, Snow et al., 2008; Snow et al., 2017), as family therapy (Kaynan & Wade, 2018), with individuals with chronic illnesses such as aphasia (Wood et al., 2020), with at-risk adolescents (Burch et al., 2019) and with students (Harari, 2015; Hodermarska et al., 2015) among others. Similar performance-based models in drama therapy are ethnodramatherapy (Snow & D'Amico, 2017), self-revelatory performance and autobiographical performance (Emunah, 2015), and therapeutic theater performance research (Sajnani, 2013).

Other origins of therapeutic theater include the work of Freire (1970) in *Pedagogy of the Oppressed,* and of Boal (1979) who created his own methodology in *Theatre of the Oppressed* (TOP). Boal's (1979) model asks audience members, or *spect-actors,* to be actively involved in the creation, process, and resolution of the play. *Spect-actors* will take the place of other actors on the stage to offer their own solutions or a differing perspective to problems being explored (Boal, 1979). Boal's TO offers transformative opportunities to groups who are denied a voice in their communities and governments to embody realties different from their own and feel empowered.

Studies completed using therapeutic theater have shown positive shifts in the performers' reported self-esteem and/or self-confidence, an increased level of community among participants, a therapeutic healing achieved through the process, and an opportunity to share their voice and story in a safe space (Bailey, 2009; Emunah & Johnson, 1983; Emunah, 1994; Hodermarska et al. 2015; Mitchell, 1994**;** Snow et al., 2003; Snow et al, 2008).

Therapeutic Theater with Populations with Dis/abilities

There have been few studies published on the drama therapy method of therapeutic theater and even fewer studies in which the researcher worked with populations with dis/abilities. Still some studies do exist, including the use of therapeutic theater with traditional dis/abilities (Snow et al., 2003), with mental illness populations (Emunah & Johnson, 1983; Johnson, 1980; Stembridge de Aguilera et al., 2018,) and with chronic illness populations (Wood et al., 2020).

Snow et al. (2003) utilized a phenomenological approach to examine the experiences of a group of adults with developmental dis/abilities as they created a therapeutic theater production of *Pinocchio*. Each aspect of the show was therapeutically driven, from casting, to the creation of the script, through the rehearsal and show process, and into post-show reflections for the participants.

The goal of the production was to improve participants' self image, increase their self-esteem, and further develop their self-confidence (Snow et al., 2003). Twenty participants ($n_{female} = 6$; $n_{male} = 14$) with diverse developmental and intellectual dis/abilities took part in the therapeutic theatre production. The study results focused specifically on six participants who played key characters in the production. Data were collected through two sources: researcher observation notes of the six participants and pre/post interviews held before rehearsals began and again after the final performance. The interviews consisted of nine different open-ended questions about their knowledge of the play and their experience of being part of the production. Prior to their involvement in the therapeutic theater production, all participants were part of a 2-year expressive arts therapy group. *Pinocchio* was their first performance-based experience.

The observational notes collected by the researchers were analyzed qualitatively to determine emergent themes and general findings (Snow et al., 2003). Participants exhibited increased engagement levels and a greater focus of attention and motivation overall during the rehearsal and show process. The researchers also noted increased levels of expression and spontaneity in the participants. Another bi-product of the production process appeared to be a deeper development of friendships among the participants. This was noted through the researchers' observations of participants encouragement of one another, their increased ability to work together, their increased "ease" with one another, and by showing empathy toward fellow castmates.

Analysis of the pre/post interview data revealed several main themes: that the participants were happier through the play process, that they felt proud of their achievements, and that they displayed greater confidence and self-esteem in the post interview. In analyzing the observations and pre/post interviews together, Snow et al. (2003) determined that the participants achieved a "reduced sense of stigmatization and improvement of self-image, increased socialization, enhanced communication and interpersonal skills, improved self-confidence, more spontaneity and freedom of expression, increased sense of responsibility/maturity, a sense of accomplishment, an expanded, more positive sense of self" (Snow et al., 2003, p. 81). These findings seem to reflect results from other therapeutic theater studies (Bailey, 2009; Emunah & Johnson, 1983; Emunah, 1994; Hodermarska et al. 2015; Snow et al., 2008).

Limitations to the study were that the researchers focused on only six out of the 20 participants' experience with no rationale for this choice, other than that the six participants played key roles in the production. In addition, there was not a follow up to determine if the initial gains remained over time. However, the Snow et al. (2003) study was seminal in the drama therapy field for its use of therapeutic theater with individuals with traditional dis/abilities. No similar studies that specifically used therapeutic theater were found.

More studies have been completed using therapeutic theater with populations with mental illness (Emunah & Johnson, 1983; Johnson, 1980; Stembridge de Aguilera et al., 2018.) There are two seminal studies that will be discussed briefly: Johnson's (1980) study and Emunah and Johnson (1983) study. Though these studies are very old, some key findings that have been supported by newer research should be mentioned. Johnson's (1980) study which was completed in a psychiatric hospital sought to examine the effects of being in a theater performance for patients during two separate productions.

Results from the first production showed that participants were more social and exhibited fewer symptoms than the control group during the 4-week rehearsal and performance period (Johnson, 1980). However, the post-intervention measure taken 4 weeks after the play concluded indicated that participants' symptoms had worsened ($t(7) = 1.53, p <.10$) and they were less engaged in social contact ($t(7) = 2.20, p <0.05$). The participants were back at their baseline pre-show measure numbers, between the eighth and 12th week after the production. Analyzed results from the second production showed that there was a slight decrease in social contact after the production but no worsening of symptoms. Johnson (1980) attributed this to the weekly processing meetings that were implemented after the second production concluded. In the meetings the participants talked about their feelings around the production: through engagement in the rehearsals and show, and after the show had ended. Johnson determined the post-show processing was an essential step for the well-being of the patients at the hospital. Mitchell (1994) and

Jones (2007) also posited that the post-show processing is an important aspect of therapeutic theater.

Emunah and Johnson (1983) worked on a series of plays with actors who were in a psychiatric hospital or were former patients. The plays were then performed for other patients or in various community venues. The authors examined their combined experiences of working with psychiatric patients and described the commonalities they witnessed through the rehearsal process and play process. Main findings that mirrored later findings in therapeutic theater studies (Bailey, 2009; Hodermarska et al. 2015; Snow et al., 2003; Snow et al., 2008) were that the cast merged as a unit and created relationships together, a sense of community among the cast was cultivated, and participants were able to feel a sense of achievement and pride and see themselves in a new light.

Stembridge de Aguilera et al., (2018) completed a qualitative study which used the therapeutic theater model with mental health clients in New Zealand. The lead researcher was a drama therapist and an occupational therapist, and one aim was to increase their understanding of therapeutic theater from an occupational perspective. The study asked, "How does taking part in an adult mental health therapeutic theatre project enable health and wellbeing, from the participants' perspectives?" (p.32). Six clients and four staff took part in the therapeutic theater production and participated in semi-structured interviews about their experience in the show. Rehearsals for the production took place over three months and concluded with three performances that were open to the public. Participants' ages ranged between 25 and 67 years old, and the mental health clients held a variety of diagnoses including depression, anxiety, bi-polar disorder, and schizophrenia. An iterative qualitative analysis was completed, and categories were placed under three themes: ‘Setting the Stage’, ‘Taking the Stage’, and ‘Moving on to the Next Stage’ (p.33). Key findings in the results were that the therapeutic theater model afforded opportunities for self-expression and skill and role development, that a sense of community was built and valued, increasing the participants’ sense of belonging, and that participants identified new strengths in themselves, evoking a sense of empowerment and an ability to see other ways of being in their lives. Though this study was not completed in North America, its results of the use of therapeutic theater with dis/ability populations aligns with findings from previous studies.

Wood and Mowers (2019) created an operationalized model for therapeutic theater, the CoActive Therapeutic Theater (CoATT) Model, which was specifically designed to be used with populations in recovery from disorders such as aphasia, eating disorders, and substance abuse disorders. Therefore, it would be fair to state that Wood and Mowers (2019) have designed a therapeutic theater model that may be able to be used with some chronic illness populations in recovery. Wood and Mowers proposed that there are three types of therapeutic theater models that are typically used with clinical populations: Applied Theater, Five Phase/Self Revelatory, and Autobiographical Therapeutic Theater, and that the CoATT model is its own approach. Wood et al., (2020) worked within the CoATT Model for a study with participants with Aphasia, a language disorder often caused by a stroke. Wood et al., wrote, “The Co-Active Therapeutic Theater model was designed to support people in recovery as they re-introduce themselves to the community at large after stepping out of higher levels of treatment” (p.1). After engaging in a 12-week production process which ended in a public performance, four of the five participants took part in a focus group to discuss their experiences with the CoATT Model. An Applied Thematic Analysis was used to analysis the data from the focus group. Findings were groups under five themes: *Meaningful relationships; Increased belief in self; Invigorating experience; Unique healing opportunity; and Perceived speech and language improvement.* Some of these themes, specifically the building of meaningful relationships, the increased sense and belief of self, and the healing that occurred during the process, mirror other results in the literature of working with populations with dis/abilities.

Hodermarska et al. (2015) sought to explore the ethics and aesthetics of therapeutic theater in their study at New York University's drama therapy program. The authors acknowledge the complexity of ethics around therapeutic theater when working with vulnerable populations writing, "On the one hand, performing the therapy leads to insight that might take years to achieve otherwise. However, revelations in the theatrical process can precede an individual's readiness for such insight" (p.182). They go on to write that there is risk-taking in therapeutic theater that the drama therapist must be aware of, but in that risk there is an opportunity for participants to be seen in a new light by audience members, and ultimately by themselves. Hodermarska et al. (2015) beautifully acknowledged the complexities of therapeutic theater when they wrote:

> In therapeutic theatre, the individual holds the group as she is held by the group. It is a relational process. Within the structures of group process and self-reflection, she searches for the freedom to come out finally and to be applauded for doing so. And when she fails, and when she falls, she picks herself up and asks more questions of those who cannot necessarily answer but can listen and

> hold. She is a hero journeying towards a destination not easily known, acknowledging the weight of the obstacles that block her way, accepting the help of good enough guides to lead her back to the theatre and its double, which is home. This is how performance heals. (p. 183)

The research on therapeutic theater is still being built, and drama therapists are still defining the concept of therapeutic theater itself. However, participants, audiences, and drama therapists are recognizing benefits. More empirical research is needed in the area of therapeutic theater to further define it as a construct and to further show what the form may be able to do for marginalized voices and communities at large. Still, main findings of an increased sense of self, of community building and a sense of belonging, and of feelings of empowerment are important findings to note.

Summary

As established in the literature, those with dis/abilities often experience discrimination in their everyday life in the field of education and beyond. Programs which foster a positive dis/ability identity can help to increase one's sense of belonging. Classroom inclusion supports positive outcomes for students with dis/abilities and their typically developing peers, including a sense of belonging and social acceptance for the student with a dis/ability and positive social relationships for everyone involved in the process. Therapeutic theater productions have also shown an increase in self-acceptance and feelings of belonging, as well as feelings of empowerment for personal and societal growth and change. Relationships created through therapeutic theater productions create a sense of community and self-worth among participants, an important factor for those with dis/abilities who may be lacking these opportunities in their everyday lives.

Method

Statement of the Problem

Individuals with dis/abilities often find themselves excluded or marginalized in society, thereby affecting their sense of belonging. Even within these populations, those with different challenges, such as intellectual and developmental dis/abilities versus physical dis/abilities, are separated into different groups. Individuals with dis/abilities experience stigma from the world at large (Paterson et al., 2012) as well as self-stigma (Ali et al., 2012). Inclusive therapeutic theater groups are one place people with differences can come together for a common cause and promote group acceptance, form relationships, and cultivate a sense of belonging.

Research Question

Following a post-intentional phenomenological approach, this study aimed to examine the lived experience of participants in an inclusive therapeutic theater production. The guiding research question for this study was:

- What is the lived experience of a participant involved in an inclusive therapeutic theater production?

Secondary questions included:

- What role does inclusion play in the experience of the participants?
- What role does inclusion play in the formation of relationships through the production process?
- How may the inclusive model support or not support equitable power distribution among group members?

Theoretical Framework

Critical Theory Framework

This study was conducted and analyzed through the critical theory lens, more specifically the critical dis/ability lens. Critical dis/ability studies are part of the critical theory approach. Scholars who take this approach work to move away from binary understandings of dis/abilities and expand the perspective into a multi-dimensional point of view in which many factors are at hand in creating a person's dis/ability (Waldschmidt 2018). Critical theory, as defined by Austin and Prilleltensky (2001), is a social justice movement that aspires to resist the use of psychology as a platform in which to propagate oppression and inequality. Critical theorists question the dominant narrative in society and examine critical issues such as racism and ableism (Hadley, 2013). Expressive therapists who work through this lens deviate from the conventional oppressed/oppressor dynamic with their clients and attempt to equalize power in the client/therapist relationship.

In recent years there has been a call to action by expressive therapists to embrace the critical theory approach in order to make the professions more accessible to marginalized populations and to use the arts as a vehicle to make changes in society (Baines, 2013; Mayor, 2012; Nolan, 2013; Sajnani, 2011). Several tenets of critical dis/ability theory were outlined by Peña, Stapleton, and Schaffer (2016) including a call for educators to resist an emphasis on deficit when working with students with dis/abilities and to critique, acknowledge, and work to change disparities within the educational system for students with dis/abilities. The authors advocated for the voices of people with dis/abilities to be represented in this process, allowing them to express their own needs and interests. Moreover, aside from addressing inequities in education, these actions should extend to the social and political realm to help eradicate the subjugation of people with dis/abilities. Within the current research study, I worked to the best of my ability to provide an equitable space for the participants, where their voices, needs, and opinions were honored. This was reflected in the scripting process in which the participants were encouraged to have an open dialogue about any changes they wanted in the script and freedom to change any lines they recited in the show that did not ring true to their story.

Post-intentional Phenomenology

This research utilized a phenomenological approach to explore the participants' experiences. More specifically, I aligned myself within a post-intentional phenomenological approach and a critical theory lens. What follows is a short introduction to the concepts of phenomenology and of the post-intentional approach.

Phenomenology is a qualitative research method originally conceptualized by Edmund Husserl (Wertz, 2005). Phenomenologists seek to explore lived experiences. Husserl's phenomenology utilizes the belief that scientific research starts with an unbiased description of what is happening with its subject matter (Wertz, 2005). Husserl's (1913) theories were expanded upon and shifted by Heidegger (1988). While Husserl's phenomenological approach was descriptive in nature and sought to find the "essence" in a lived experience, Heidegger took an interpretive approach, thus creating two orientations to phenomenological study. Heidegger also posited that to understand phenomenology, one must engage in "concrete work" and not just read about the topic from a theoretical point of view.

> An introduction into phenomenology does not take place by reading phenomenological literature and noting what is established therein. What is required is not a knowledge of positions and opinions. In that way phenomenology would be misunderstood from the very outset. Rather, concrete work on the matters themselves must be the way to gain an understanding of phenomenology. (Heidegger, 1997, pp. 6–7)

Some later phenomenologists felt limited by the bilinear approach and went beyond Husserl's and Heidegger's theories (Vagle, 2018). Vagle situates his phenomenological approach into a post-intentional lens. Breaking down Vagle's meaning of *post-intentional* is necessary for clarity. The word "intention" in American English is prescribed to mean "purpose;" however, intentionality in phenomenology differs.

> …phenomenologists use the word 'intentionality' to mean the inseparable connectedness between the subjects (that is, human beings) and objects (that is, all other things, animate and inanimate, and ideas) in the world. (p. 28)

Within post-intentional phenomenological there is an understanding that there is not one ultimate truth; rather I, as the researcher, am capturing my perception of what is happening in the data. It is my job to depict an authentic representation of what I am seeing while acknowledging my own lens and biases. This acknowledgement comes, in part, through the post-reflexion plan discussed earlier. As a reminder, post-reflexion is an exploration of how our prior "knowledge, assumptions, and beliefs" may inform our understand of the phenomenon. (Vagle, 2018, p. 153). In addition, in data analysis themes do not *emerge*, instead I bring my own lens and biases to the data and how I understand it.

Vagle (2018) uses the hyphen in post-intentional with purpose and not as a prefix. This use of "post" differs than how it is used in post-modern, as the aim of post-modern is to depart from the previous philosophical view of modernism.

> *Post*-intentionality is not meant to suggest a departure from or an opposition to intentionality. Rather, the conceptual move is meant to experiment along the edges and margins of phenomenology using some post-structuralist ideas. (p.128)

With this, Vagle does not align solely with Husserl's (1913) descriptive approach or Heidegger (1988) interpretive approach. Instead, as with the belief that there is no one ultimate truth to be understood from a singular angle, there is also no one way to approach understanding or studying a given phenomenon. In defining post-intentional phenomenology as a whole concept, Vagle (2018) wrote, "…the phenomenon is seen as multiple, partial, contextual, in flux, and simultaneously producing and being produced" (p. 16). Within the current study, the post-intentional lens was used in the post-reflexion processes, which were engaged in alongside the data collection, as well as in the analysis of the data, and ultimately in how the phenomenon was understood and discussed.

Research Design

This phenomenological study investigated the lived experiences of a group of adolescents and young adults who were engaged in an inclusive therapeutic theater production. Research was conducted in two phases: the interviews and then the focus group, through the post-intentional phenomenological approach informed by critical dis/abilities theories. In both post-intentional phenomenological and critical theories, typical narratives are deconstructed to create new meaning. Within this process, the dominant voice is critically examined to assess the issue from differing points of view.

Also, within these approaches, societal assumptions are questioned such as: who are the oppressed and the oppressors in these scenarios? and Who is holding power or being denied power? Additionally, in post-intentional phenomenological and critical theories ones' objective reality is tied to one's experiences and cannot be separated from culture or society. Therefore, a person's day to day life reflects their reality, and this reality is affected by factors such as environment, culture, socio-economic status, and government.

During the phases of the research, a parallel post-reflexion process was followed (Vagle, 2018). I participated in a "Why Interview" (Roulston, 2010) and wrote an "initial post-reflexion statement" (Vagle, 2018, p.155). The "Why Interview" addressed my preliminary assumptions about the research study. In this interview, the same questions that were asked of the participants were asked of me. I then did an initial examination of the responses for personal biases and opinions that were present on the research topic. After the participants were interviewed and the data was in the process of being analyzed, I went back to the Why Interview to look at similarities and differences between my experience and the participants' experiences.

The "initial post-reflexion statement" was another way to address assumptions, as well as frame my perspective and beliefs. Vagle (2018) compares this statement to "subjectivity statements" written in qualitative research to "describe your role as a researcher, your assumptions, beliefs, and perspectives, and your background—especially as all of these relate to the phenomenon" (p. 155). However, Vagle writes that a post-reflexion statement should be the start of an ongoing reflexion process that should happen over the course of the research. This differs from the typical approach in subjectivity statements, which are written at the start of the research process and not reexamined.

Once the data gathering initiated, a post-reflexion journal was kept throughout the process. This journaling took place after I completed each interview as well as after the focus group. I also wrote three additional post-reflexion statements during the data gathering phase when thoughts about the phenomenon and my relationship to it arose. One of those post-reflexion statements was utilized as my introduction to this study in which I outlined my previous experience and perspective of working with individuals with dis/abilities. During the interview process, I asked each participant to visually represent through art-making their experience of inclusion in the therapeutic theater production. After the interview concluded, in addition to the post-reflexion journal entry, I completed an art-based response to each interviewee's own art.

Context/Environment

The current research was conducted at an expressive therapy center in northern Virginia that uses a performance-based method combining drama therapy and music therapy. I completed a previous study at the same site. The previous quantitative pilot study utilized an inclusive therapeutic theater production for young people with dis/abilities to establish if involvement in the production could affect self-advocacy skills, specifically, assertiveness. The therapeutic theater intervention, in which participants played versions of themselves, thematically centered on the characters advocating for their needs. The Drama Therapy Role Play Interview, an established role-play measure developed by Snow (2009) for participants with dis/abilities, was used as the pre- and post-test measure. A single-sample *t*-test was conducted to determine if any difference existed between the pre-test and post-test scores for assertiveness. The participants scored significantly higher in the post-test ($M = .88$, $SD = .92$) than in the pre-test $t(12) = (3.48)$,

$p = 0.005$, showing that their levels of assertiveness had significantly risen. The agent of change which caused the increase could have been achieved through several means: education on self-advocacy concepts for the participants, discussion about personal self-advocacy efforts the participants were engaged in, or embodiment of a character who advocated for their needs.

The expressive therapies center will celebrate its ten-year anniversary in the fall of 2020. I have been employed by the center since it opened in 2010. In 2011, the organization created the Same Sky Project, in which original therapeutic theater productions tour to local elementary, middle, and high schools. The organization's website describes the Same Sky Project as follows:

> The Same Sky Project features a traveling group of performers who advocate for and promote messages of empathy, love, inclusion, acceptance and inspiration through music and performance. Conceived in 2011 by a client with cerebral palsy, the Same Sky Project showcases a changing group of teens, each with different challenges who perform original shows at local school assemblies in an effort to communicate their daily struggles and aspirations to fellow classmates. (The Same Sky Project, 2019)

Since the project's creation, touring shows have been seen by more than 80,000 audience members. One of the projects shows, *A Will To Survive,* based on the story of a young man who took his own life, performed to a sold-out audience at The John F. Kennedy Center for Performing Arts in Washington D.C. The following will detail the process of the script creation, the format and features of the rehearsal period, and an overview of the tour for the current production utilized in this study.

Script Creation Process

The creation of the script for the fall 2019 therapeutic theater production, named *Reach Out*, began in early summer of 2019 after the cast was set. As the director, I began to piece together the script initially to give it its structure, focusing on the themes agreed upon by the creative team, a music therapist that served as the music director, and the creative director of the organization. The themes for *Reach Out* were empathy and inclusion. Previous therapeutic theater cast members, as well as the creative team, expressed that these concepts seemed important for our middle school audience members to learn about. The cast members represented a wide range of dis/abilities and were individuals who were interested in talking about their challenges, telling their stories, and were able to commit to the rehearsal and tour process. An invitation to cast members from previous therapeutic theater productions was sent out, and anyone interested in joining the new cast was included. In addition, three new members joined who had never been a part of the touring therapeutic theater productions.

To create the initial draft of the script, I utilized some songs from previous productions that fit into the themes of empathy and inclusion. A new song, titled “Reach Out” was written by the creative director, and a participant who was a singer/songwriter was asked, and agreed, to contribute a song as well. Within and around the songs, monologues or short scenes were created using the participants’ real life experiences. For returning cast members. an initial scene or monologue was scripted based on previous pieces they had written. For new cast members, I worked with the individual participant to see what they wanted to talk about in the script. New cast members who were capable of writing their own monologues or scenes did so, and for those who were not, I wrote the scene or monologue, and then reworked it with them as they saw fit. During our first week of rehearsals, the participants were free to discuss any changes they wanted in the script. Several participants asked to change specific lines they spoke, which they were able to do. The finalized script can be found in Appendix A.

Rehearsals

Rehearsals for the therapeutic theater show took place for four weeks between August and September and included 13 rehearsals lasting for 1.5 hours during the week and three hours on Sundays. At the start of each rehearsal, I facilitated a check-in where each participant shared a good thing that had happened since we last saw each other, a not so good thing, and a thing they were looking forward to. This check-in served to ground the participants in the room, gave them a chance to release negative events they had carried into rehearsal with them, an opportunity to celebrate the good things that had happened, and a general space to share and connect with one another. Following the check-in, the cast warmed up vocally as a group, usually learning or practicing any group numbers. During the first week of rehearsal, the script was blocked, and any lines that were deemed necessary to change by either director or the cast were addressed. Most cast members reworded or rewrote at least one of their lines in the script. During this time the cast was together in one large rehearsal space and practiced skills such as patience, focus, and flexibility. Once the show was blocked, the cast would sometimes break into smaller groups to practice music, scenes, or lines together. To close out each rehearsal the participants engaged in a compliment circle where they would compliment one another and receive compliments. These varied between cast members complimenting one another's skills, attitudes, or appearance. This time allowed for further connecting time between the cast members.

Tour

Reach Out toured local schools, starting mid-September and concluded at start of December. During the tour, the cast traveled to 12 locations and performed 18 shows for a total of 7,572 audience members. Most of the shows took place at local middle schools for both sixth and seventh grade classes. After each show, I facilitated a talk back where the audience members were able to ask questions of the cast and comment on the performance. During this time, the audience members would often talk about their own experiences with dis/abilities or other challenges they faced in their daily lives. This question and answer portion gave participants additional opportunities to share parts of their story, as well as to be seen as the expert by the audience members who often asked for advice. The cast was prepped for the type of questions they may be asked and cast members who'd been in previous shows shared their experiences of answering audience members questions. I was on stage for the question and answer and was able to direct general show questions to a variety of cast members to ensure a diversity of voices and perspectives.

Over two days of the tour the cast performed at a 1,200-seat theater, the Hylton Performing Arts Center, run by a local university. There, middle school students were bussed in to view the performances, filling the theater. Several participants mentioned this experience as a highlight in the touring process for them.

Figure 1

The cast of Reach Out at Hylton Performing Arts Center

Figure 2

The cast of Reach Out at Hylton Performing Arts Center

Photos by Sharon Hallman Photography

Participants

Participants for this study came from the therapeutic theater production's 2019 fall tour. Ten cast members took part in the tour, as well as a music therapy intern, and a theater practitioner who assisted backstage and onstage as needed. The cast members represent a mix of traditional dis/abilities, mental illnesses, and chronic illnesses. All cast members that signed on for the study were able to answer the research questions as they were all engaged in the inclusive therapeutic theater production. The study was approved by the institutional review board and the cast, and parents, when appropriate, were emailed with an invitation to take part in the study. An information meeting followed shortly thereafter to address any questions, talk with the participants and parents through the study process, and to obtain consent and assent forms from those interested in participating. Consent and assent forms are in Appendix B. All ten cast members opted to take part in the study.

Each participant was given multiple opportunities to choose their pseudonym for the study, and five of the 10 participants opted to take advantage of this. The other five did not express an interest in choosing their own pseudonym. What follows is a short profile of each participant. In addition to the participant descriptions, a table is included with demographics. Following the critical dis/abilities lens, I believed it important to expand on the typical demographic chart to give a more fully rounded picture of each individual. Often those with traditional dis/abilities, mental illness, or chronic illness are seen as one-dimensional numbers or statistics on a page; the following is an attempt to combat that limited scope of understanding of the participants. With these profiles I attempted to be as transparent as possible and describe the participants as they may describe themselves. However, these profiles were also created through my perspective of how I see the participants.

Farrissimo

Farrissimo is a singer/songwriter who provided an original song “Caribbean Beach” for the *Reach Out* script, as well as another song “See Me,” which is featured in the arts-based narrative of this study. Farrissimo graduated with a degree in music two years ago and is currently teaching voice and piano at a music studio. He likes to gig at wineries and generally loves to perform music, both originals and covers.

Katie

Katie loves to laugh and loves her friends. She is best friends with Theora, another participant in the study. One of her favorite movies is *Frozen.* She has dressed up as the character Elsa in the past to perform the song “Let it go” in front of an audience at a recital. Katie is an actress and singer and loves being on stage performing.

Esperanza

Esperanza originated the concept of Same Sky eight years ago when she was only sixteen. She wanted people with different challenges to have a voice in the school system and a platform to tell their story. Thus, the Same Sky Project was born, under which many original shows have been created, including the one in the current study, *Reach Out.* Esperanza is a fierce advocate for people with challenges and works to change perceptions about what someone with a dis/ability is capable of. She enjoys deep conversations about life and loves to wheelchair dance.

Buddy

Buddy loves to sing, play guitar, sax, piano, and perform on stage. Some of his favorite memories are from being in Same Sky shows and the organization's summer musical theater camps. Buddy has a great sense of humor and often makes people around him laugh. He is sincere, thoughtful, and kind.

Lenny

Lenny is a born performer. He loves using character voices, especially Mickey Mouse and the Muppets. He is a storyteller and a puppeteer. Lenny is friendly, kind, curious, and a good friend to many. Lenny is very good at making other people laugh and brightens up a room with his genuineness.

Louise

Reach Out was Louise's first production with the organization, though she loved being in theater and chorus in high school. Louise made friends easily and brought her kindness and empathy to each rehearsal and show. Louise is an author and an advocate. She wrote a book with her sister about what it is like living with Down syndrome and has done several book signings.

Jackson

Jackson loves to play the piano. He is a fan of Disney music and cartoons. He loves animals, cows in particular. Jackson is great at speaking his mind and asking for what he wants. Though he only has one vocal cord, he is able to sing by producing certain sounds. Jackson has been a part of Same Sky for several years and enjoys telling his story on stage. He also loves to participate in the organizations summer musical theater camps.

Adele

Adele is a singer, musician, and actress. She is a longtime advocate for autism awareness and is outspoken about injustices she perceives. She loves musical theater and seeing shows in New York. Adele will graduate high school this year. She hopes to pursue computer science at a school in New York after taking a gap year. Adele has performed and spoken at many events, advocating for those on the spectrum.

Janelle

Janelle loves to help others. She joined Same Sky after a show came to her school, and she was inspired by the stories she heard to tell her own story. *Reach Out* was Janelle's third show. She is graduating this year and was accepted into a university where she will study to become a nurse. Janelle loves to sing and was also in the choir in school.

Theora

Theora is the youngest member of the cast. *Reach Out* was her second Same Sky show. Theora is a singer and actress. She has a deeply kind heart and is always ready to help others. Theora is a talented artist and likes to cosplay. She enjoys video games and being with her family.

Table 2

Demographics

Participant	Gender	Age	Dis/ability	Mental Illness	Chronic Illness
Farrissimo	Male	26	Blind	---	Seizer Dis.
Katie	Female	25	DS	---	---
Esperanza	Female	24	CP, Near Blind	---	---
Buddy	Male	21	ASD	---	Seizer Dis.

Lenny	Male	20	ASD	---	---
Louise	Female	20	DS, SLI	---	---
Jackson	Male	20	CP, ID, SLI		TBI
Adele	Female	18	ASD	ADD, GAD, Dep.	---
Janelle	Female	17	---	GAD, Dep.	TBI, Bleeding Dis.
Theora	Female	14	---	GAD, Dep.	Fibromyalgia

Note. DS: Down syndrome, CP: Cerebral Palsy, ASD: Autism spectrum disorder, SLI: Speech language impairment, ID: Intellectual dis/ability, TBI: Traumatic brain injury, ADD: Attention deficit disorder, GAD: Generalized anxiety disorder, Dep: Depression

Interviews

Phase one of the research was individual interviews that took place once the production started its tour and the participants had been engaged in the inclusive model for approximately eight weeks. Traditional interview formats can be limiting for those with intellectual or developmental dis/abilities. Though it is common practice to utilize a traditional question and answer approach in qualitative interviewing, which privileges verbal responses (Bagnoli, 2009, Nind & Vinha, 2016), creative methods of responding, such as through a role play, generate new opportunities in which to access the participants experiences (Halcomb, 2016).

In light of this, at the start of each interview, I extended several options to the participants for how they could answer the questions; through a verbal response, a written response, an illustrated response, or through a drama therapy technique such as role-play, improvisation, or puppetry. Paper and art supplies were accessible, as well as puppets. These options were presented to give the participants various means with which to express themselves. The use of creative techniques, such as role-play, in qualitative interviewing (Bagnoli, 2009; Deacon, 2000; Nind & Vinha, 2016) addresses the belief that knowledge can be disseminated and understood in multiple ways (Boydell et al., 2012; Eisner, 2008; McNiff, 2008). This aligns with the post-intentional and critical dis/abilities perspective that there are multiple ways of knowing. It also acknowledges that typical qualitative interviews privilege those who are highly verbal and may not provide individuals with dis/abilities the tools in which to express themselves. In addition, researchers cite visual methods (Jurkowski, 2008), as well as dramatic processes (Deacon, 2000; Norris, 2016; Waite & Conn, 2011) as methods in which to support participants with dis/abilities as they engage in qualitative interviewing.

One participant, Lenny, opted to complete the entire interview through various puppet characters. He also participated in a role-play during the interview. Katie participated in one improvisation during the interview as well. All other participants opted to answer the questions verbally. Jackson, who only has one vocal cord and talks through a device, typed his answers, playing the "voice" of his device to talk for him.

The final interview questions asked: Would you draw a picture of your experience of inclusion in this show? This gave the participants an opportunity to visually express their lived experience. Farrissimo and Esperanza are blind or near blind and Esperanza does not have use of her arms; therefore, the researcher extended the options for them to dictate their visual response or to engage in a hand-over-hand technique where the participant guides the researchers hand on the page to draw or write. Both Farrissimo and Esperanza opted to verbally describe what they saw. Farrissimo depicted an image, which can be found in the results chapter, and Esperanza envisioned an acrostic, which I wrote out and can also be found with the results.

All ten participants who were in the therapeutic theater production opted to take part in the research study and were interviewed. The interviews were filmed and then transcribed. The interviews lasted on average about 30 minutes for 60% of the participants, around an hour for 30%, and one participant interview lasted for 15 minutes. The 15 minute interview was likely shorter based on the participant's more limited verbal skills.

Interview questions included:

1. Tell me about your experience of being part of this group?
2. Tell me about a special/memorable/important moment from this experience?
3. How do you define inclusion in your own words?
4. Have you made any friends during the rehearsal or tour process? If so, tell me about the friend(s) you have made. If not, why do you think you haven't made friends?
5. How do you feel about being in a theater production that uses your real life experiences and stories?
6. What has been your experience of participating in the rehearsal and show process?
7. Do you remember an occasion when you felt equal to others in the cast? When you did not feel equal?
8. Would you draw a picture of your experience of inclusion in this show?

Focus Group

The second phase of the study was a focus group that took place at the end of the tour, the day after the final show. The focus group consisted of the same participants who took part in the interview process; however, there were two participants who were unable to make it because of last minute scheduling conflicts. As there was a variety of cognitive functioning levels among the participants, the focus group allowed for a space in which the participants could build and relate to one another's ideas, each helping the other to articulate certain thoughts. It also gave an opportunity for participants to disagree with one another, as a few did about their experiences during the question and answer portion of the tour.

The focus group was opened with a non-verbal warm-up activity of making sounds with body or voice percussion. Following the warm-up, I asked the group the questions. Puppets were made available in the center of the circle for any participant who wished to utilize them. As with his interview, Lenny spoke through puppets through most of the focus group. The focus group lasted about one and a half hours.

The participants signed assent/consent forms to join in both phases of the research. Each participant also had the power to change their mind and opt out of the second phase of the research. The focus group was recorded and then transcribed. Questions that were asked included:

1. Have you grown or changed through this process (as a performer, as an individual)? If yes, how so?
2. Have you learned anything through this process about inclusion or empathy? If so, what have you learned?

3. Have you felt a sense of belonging or connection with the cast? Why or why not?
4. Do you remember a time when your felt excluded during this process? Why or why not?
5. Do you remember a time when you were able to be a leader or helper? How did that feel?
6. Is playing yourself instead of a character important to you? Why or why not?
7. Is there anything else you'd like to add?

Data Analysis

The data was synthesized and analyzed through a post-intentional phenomenological approach and critical dis/abilities lens using Braun and Clarke's (2006) six-step process of thematic analysis.

1. Familiarizing yourself with your data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report (p,87)

Bridling was utilized (Dahlberg et al., 2008; Vagle, 2018) through the entire process of data collection and analysis. Within most phenomenological research, the concept of bracketing is used. According to Tufford and Newman (2012), "bracketing is a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research process" (p.80). Bracketing seeks to put the researcher's history and perceptions to the side in order to see the phenomenon studied through new eyes. However, Dahlberg et al., (2008) and Vagle (2014) contend that a better approach is bridling, as they posit that putting pre-conceived notions and ideas about a phenomenon to the side is not possible. Vagle (2014) wrote, “when bridling, we try to cull our agency so that our agency alone does not determine the phenomenon” (p. 69). Therefore, instead of putting our assumptions to the side without further acknowledging them, as is done in bracketing, bridling seeks to clearly outline the researcher’s assumptions through reflexion (Dahlberg et al., 2008).

The interviews and focus group were video recorded and then transcribed. Data was manually coded during initial thematic analysis. The coding software MAXQDA2020 was used to further organize the data. Once the codes were initially placed under a theme in the software, each meaning unit was printed out to once more be manually organized. Following that step, the data were organized and coded for a final time into the software. As established, with the post-intentional lens, themes do not emerge, rather I as the researcher coded meaning units that seemed to represent the participants lived experiences. As per Saldaña (2015) a code is a “word or short phrase that symbolically assigns a summative, salient, essence capturing…attribute” (p.4). This allowed for me to identify “regular or consistent occurrences of action/data that appear more than twice” (p.5). From the thematic analysis coding process, six categories and 15 subcategories were named based on frequency of meaning units.

Arts-based Inquiry

Once the thematic analysis was completed, I engaged in an Art-Based Research (ABR) process to further illuminate the participant’s voices and explore the identified themes. ABR first began to emerge as a practice in the 1980’s (Viega, 2016). Since then the scope, methodologies, and processes have expanded and been refined and the practice has been used in multiple fields such as creative arts therapies, social sciences, ethnography, and arts education (Viega). There are many ways of knowing explored in Art-Based Research (ABR); embodied knowing (Kossak, 2015), kinesthetic intelligence (Gardner, 2006), visceral responses (Leavy, 2015), aesthetic understanding (McNiff, 2008), nondiscursive knowing (Langer, 1957) and subjective knowing, both explicit and tacit (Prior, 2013). Kossak (2015) wrote, "Arts-based knowing and inquiry used in expressive arts therapy can help bring about greater personal, interpersonal and psychological understanding because art expression utilizes creative intelligence to examine experience" (p.30).

After coding the passages that best captured my understanding of the voice and story the participants seemed to be telling me, I printed out all individual meaning units, 86 in total. The meaning units were arranged first by participant to ensure that each voice was included. The codes were then numbered to be easily tracked as the next step was cutting each individual meaning unit out so it could be arranged into a narrative. The meaning units were reread and then grouped together in what loosely represented similar themes as those disseminated in the results above. There was no initial plan to group them into these similar themes, however after reading through them individually they seemed to easily group together in separate categories. The categories included; growth, talk about dis/abilities, talk about mental health, community, inclusion, talk about being in the show, and finally an uncategorized group of stand out lines that seemed practical to be used as transitions through the narrative. During Farrissimo's interview he provided me with a song he had written after he joined the cast of *Reach Out* titled "See Me." This song was inspired by his experience in the therapeutic theater production. "See Me" was used as an anchor and through line in the narrative. Once the song and the meaning units were grouped together into loose themes, I began to manually piece together the narrative of the play. During the piecing together, 23 meaning units were discarded for not fitting into the flow of the story being told. All lines in the play are verbatim from the interviews and focus group, including my lines. The song was split into three parts for structure in the narrative.

I opted to engage in an ABR process to honor the post-intentional and critical dis/abilities lens that there are multiple ways of understanding, experiencing, and disseminating knowing. Through this lens, I created the short script featuring the participant's voices outside of the typical results format, to allow the reader to engage with the participant's narrative. The script is another way of sharing my findings as I perceive the participants lived experience of the therapeutic theater production.

Socio-cultural Perspective

The studies participants do not present an ethnic diversity, with the entire cast identifying as Caucasian. Socio-economic status varies more, though formal income demographics were not collected. The study utilized an inclusive model and is inclusive of all abilities, cultures, religions, genders, sexualities, race, and any other identifying factors. However, that does not mean that every difference was represented. Through the critical lens framework, all participants are seen as capable, and I attempted to contextualize the unique social and cultural challenges a person with differences may face by creating a space for open dialogue during the rehearsal and tour process where participants could share their daily life experiences.

Post-Reflexion Process

During the data collection I engaged in a parallel post-reflexion process. This included participation in a Why Interview (Roulston, 2010) an initial post-reflexion statement and post-reflexion journaling (Vagle, 2018), after each interview and the focus group, as well as post-reflexion statements when thoughts about the phenomenon and my relationship to it arose. The purpose of the following is to bridle (Dahlberg et al., 2008; Vagle, 2014, 2018) the research study by acknowledging my assumptions and ideas about the phenomenon.

Why Interview

The Why Interview was conducted for a couple of reasons. First, to verbalize and bring to light my biases, unconscious or conscious, about the experiences of the participants and second to determine if any of the researcher's experiences were mirrored with the participants experiences. The Why Interview was conducted by a music therapist who was familiar with the therapeutic theater process but had limited experience of working within the process itself and was familiar with semi-structured interview techniques. The Why Interview took place several weeks before participant interviews and lasted approximately one hour. The interview was transcribed and read before the participant interviews were conducted to determine if any questions should be reworded for reasons of flow or biases. The Why Interview was further analyzed during the same period of data analysis of participant interviews and the focus group. The meaning units were coded, and themes were created. Two themes*, researcher assumptions* and *balance of aesthetics and therapeutic value* seemed to be outside of the experiences reported by the participants.

Within *researcher assumptions* I spoke a lot on my beliefs about how inclusion may have been manifesting through the process. I stated, "I feel like the defining factor of what we do is inclusion. I don't think it's therapeutic theatre or music therapy. I think lots of people do versions of that but aren't utilizing inclusion in the same way.” This shows that I had a strong assumption coming into the study about the mechanism of inclusion.

I went on to address the power dynamic within the inclusion model, “I think that's one of the big things about the inclusion program that's really important is that everybody's on equal ground, everybody's dealing with something, everybody has something to give back to the world.” This is another indicator of a privileged opinion that could skew results.

Within the theme of *balance of aesthetics and therapeutic value* it was clear that I placed importance on this balance, though the participants did not seem to concern themselves with this topic. As the director and drama therapist I was aware of this balance between presenting a show with pleasing aesthetics and maintaining therapeutic value for the participants. This was clear in reading the Why Interview. An example during my discussion of the rehearsal process:

> I think one of the most difficult things for me, during the rehearsal process is balancing the therapeutic intention with the aesthetics. Because I feel like those are both equally important. And I feel if we don't put a good show, a solid show together, our impact, we will be losing something on impact level. But if we don't have a cast who feels seen and heard, and that they have a voice in the process, then we're not going to have anyone who's going to be able to get up there and really deliver it.

This balance seemed to matter to my experience in the therapeutic theater production. This has been reflected by other drama therapists in the literature as well

(Hodermarska et al. 2015). Though I am not sure how these biases may affect how I understand the participants' data, it seems important to note. Later in the interview I reflected on my perception of the audience's reaction and how that related to the aesthetics of the show, "Watching the show in the audience sometimes I'm fighting between my director aesthetic self and my therapist self. When I watch the audience watch the show, I am my therapeutic self, because I see their rapt attention and respect." This points to some assumptions I have about how the audience experiences the show, which as the participants also reflected on how they perceive the audiences experience may influence how I presented or coded data specific to this topic.

Overall the Why Interview allowed me to reflect on what I was bringing into the research study and to keep that in my mind as I analyzed the participants' data. During my post-reflexion journaling I was able to continue this process, by not only articulating my perceptions about what the participants may have been saying during the interview, but by also reflecting on personal thoughts and feelings as they related to the phenomenon when they arose. The entire post-reflexion plan helped me to bridle my assumptions and beliefs alongside my participants' data and hopefully led to a deeper understanding of my view of the phenomenon while allowing space for the voices of the participants to be privileged outside of my own experiences.

Results

With the critical dis/abilities lens, I hoped to illuminate the personal experiences of the participants, all of whom are among populations that are not often represented in research. I wished to emphasize the voices of the participants by representing as many relevant meaning units (direct quotes from the participants) into the results section that seemed to articulate their experience. This chapter will show the results of the qualitative data.

It should be noted that the voices of the nonverbal or limited verbal participants are not as featured in the results as the verbal participants. Because of their limited responses in the interview and focus group, it was difficult to expand their telling of their lived experiences other than through language. The drama therapy techniques and the art-based responses were given as options to all participants in the hope that it would expand the participants sharing of their experience. Additionally, the final interview question was created in order to provide all participants an opportunity to reflect artistically what inclusion was to them.

As the themes identified in the interviews also appeared in the focus group, both sets of data are represented within the same categories. In addition, thematic results from the Why Interview that were represented in the interview and focus group data are also included within the results. The themes of *Balance of aesthetics and therapeutic value* and *Researcher assumptions*, which were not represented in the participants data and only in the Why Interview, were discussed previously.

The ten interviews and one focus group yielded six categories, and 15 subcategories. These categories were determined through a thematic analysis process of familiarizing myself with the data by transcribing the interviews and focus group and engaging in an initial reading. Creating initial codes and searching for themes followed this. The identified themes were reviewed, and subcategories were determined based on the occurrence of specific codes within the text. The themes and subthemes were defined and redefined through an iterative process. Following the write up of the thematic analysis results is an art-based research narrative in the form of a play, in which I aimed to further capture the voice and experience of the participants.

Table 3

Categories and Subcategories

Categories	Subcategories
Relationship Building in an Inclusive Environment	Cast connections
	Helping others and asking for help
	Equity and power
The Audience	Audience impact
	Audience impact on participants
Personal Stories	Character versus self
	Telling my story
	Autonomy over narrative
Personal Growth	Through the show process
	Through telling my story
Advocacy	Empathy and understanding
	Being seen by the world
Inclusion	Inclusion defined

	Visual representations of inclusion
	Effects of inclusion

Thematic Results of the Individual Interviews and Focus Group

Relationship Building in an Inclusive Environment

The most widely noted theme, with 99 meaning units, centered on *Relationship Building in an Inclusive Environment*. Under this theme, three subthemes were noted, *Cast connections, Helping others and asking for help*, and *Equity and power*. All three categories deal with the types of relationships that were formed and the relational dynamics that were explored through the inclusive environment. Often those with dis/abilities find themselves on the fringe of society. The ease of social interactions that may be taken for granted in many people's lives may be unavailable as widely to those with these diagnoses. This view is represented throughout this theme. All ten participants are represented in this theme and the meaning units were identified in both the interviews and focus group. This trend, that themes appeared in both the interviews and focus group, continued through all six themes identified.

Table 4

Relationship Building in an Inclusive Environment

Subcategories	Frequency of Meaning Units Across Transcripts
Cast connections	57
Helping others and asking for help	25
Equity and power	18

Cast Connections.

The first subtheme, *Cast connections*, was the largest subtheme among all the datasets with 57 meaning units. Words such as *friends* and *friendships* appeared often in this data set. Esperanza said, "*I love seeing all of the friendships and what we've been able to create here, which is kind of cool,*" and "*I have made some friends in Reach Out and have watched other friendships form.*" Theora stated, "*I've seen how different friendships are with different kinds of people. And how similar they are in different ways.*" Buddy said, "*I love the cast, because they're like my teammates*." Adele stated, "*Overall I just I feel more, I just feel connected with everyone, there's no one person I feel like I'm completely isolated against. It's like a string of a web, we're all together in this.*"

It seemed like the participants felt as if the environment was friendly and conducive to making connections. Lenny, through an owl puppet, said, "*Well, he does like being part of the group.*" Katie stated, "*It's a play that my friends are in,"* and "*My friends love me."* Farrissimo expressed,

> *I certainly have felt such a connection. I feel a great sense of community in this cast, and at A Place To Be in general. I empathize with everybody here and I find it very easy to socialize with people. Like I said earlier, sometimes I would come up to someone backstage or wherever we were and just say, "Hi," and, "How are you doing?" And maybe even have a conversation with them for a few minutes.*

This ease of conversation stood out to Farrissimo as he later stated that it was not available to him in his day to day life, outside of his family interactions.

In talking about the cast as a whole, Janelle said:

> *We all have reasons as to why we're here, which is more than likely that we all share the same reason, we don't think that anyone else is like us, but we want to*

be. And so we're like, okay, let's make it ourselves, let's be our own selves, but be ourselves together.

One moment of connection that stood out happened during the focus group between Lenny and Janelle. Lenny, who is a young man on the autism spectrum, was speaking through a butterfly puppet and decided to reveal his feelings about Janelle to the group. Janelle is diagnosed with anxiety and depression, as well as a bleeding disorder and a TBI.

Lenny/Bella the butterfly: *Besides the usual presents he's going to get this Christmas, there is one other present he wants*.

Angelle: *All right. What's that?*

Lenny/Bella the butterfly: *Her (pointing to Janelle)*

Angelle: *Her?*

Lenny/Bella the butterfly: *Janelle here.*

(Lenny comes over and whispers in Angelle's ear)

Lenny/Bella the butterfly: He's in love.

Not only was Lenny able to recognize his feeling for Janelle, but he was able to express them in the safety of the group. Though Janelle did not feel the same way, she was kind in her response to him later. In another environment, a confession such as this could have had a different outcome, with the group making fun of Lenny or Janelle being unkind in her response. It appears through the way the participants spoke about the environment and their ability to be vulnerable with one another that they perceived the group to be a space in which they could be honest about their feelings and still be accepted.

A friendship that formed in a previous summer therapeutic theater production and continued through *Reach Out* was that of Theora and Katie. Theora and Katie celebrated their first "friendiversary" in the months previous to *Reach Out* with a special outing and gifts for one another. Theora has anxiety, depression, and fibromyalgia and Katie has Down syndrome. Theora is highly verbal and Katie less so. Theora described the complexities of their relationship during her interview.

> *I think it's just fun. I don't know, cuz me and Katie have our little inside jokes, even though it's a lot of... Katie isn't a very self sufficient person, and she needs to rely on other people for a lot of things, and I'm always willing to help her with those things, but we still have a regular friendship. We have little jokes, we have little things we say to each other, and we truly do care for each other. And it's… I don't know, it's that same kind of caring, with all the people in the cast.*

Later she went on to say about Katie:

> *We still just have this these amazing moments, and I think about, we had a.. our last sleepover we had, it was at her house, and we had this amazing time at her pool, and I think about it all the time. And there was music on, and we were, we were dancing around in the pool and, and I would pick her up in the pool, and she would pick me. It was just so fun, and we were just laughing nonstop. And it's so great to be with her, and I love it so much, and I love her so much, and I have no idea what I would do without her. (getting teary) Because I probably, if I, if I had never met her, even with all this other stuff that I've been doing, just take out Katie from all of this, I would still be a completely different person than how I am now.*

Angelle: *How do you think Katie changed you?*

Theora: *I think she's made me a more considerate person.*

In her interview with me, Katie spoke multiple times about the friendship she has with Theora. She said, "*I like talking to her and giving her a big hug*." She went on to say, "*Theora helps me out too, with my lines*" and "*I made a best friend necklace for Theora,*" and "*Theora is nice to me and loves me much.*"

The friendship between Theora and Katie may seem unlikely to some. When connections between people with intellectual or developmental dis/abilities and those who are neurotypical are formed it's usually represented in modern society as one person helping the other or being their "buddy." Instead Theora and Katie speak of a deep friendship and connection. It may not look like other friendships, as Theora expresses, but it's still a deeply felt connection.

Esperanza has been with the therapeutic theater productions since the beginning in 2011 as it was actually her idea to create the touring productions. She talked about her perspective of the connections she observed in the cast:

> *So what stands out to me right now, and it all happened back stage, so I don't think you saw it, but what stands out to me, as a person who has been doing this for years, is to see, to see some of the new people be like, "I don't know what the heck I'm doing," and then to get some of the old guys to say "Hey come on, let's do this this way." To watch the friendships that are already formed, like Katie and Theora, to watch those two is hilarious. To then be able to go up to Farrissimo and be like, "I'm pretty stressed right now, can you sing a couple lines*

> *of See Me" and somehow that calms me down. I don't know how it does. I think we all just want to be seen.*

Esperanza spoke about the multiple types of connections witnessed among the cast members, including herself, and the community that was being built backstage and onstage. The inclusive environment that was fostered through the therapeutic theater production seemed to support multiple types of connections, feelings of acceptance, and the cultivation of friendships.

Helping Others and Asking for Help.

In our society, a person with a traditional dis/ability, mental illness or chronic illness may not be thought of as someone who can offer help as they are rarely represented in any type of media in this position. In the interviews and focus group, seven participants expressed a time when they were able to offer help in the inclusive environment that was provided. Louise, who is diagnosed with Down syndrome, said about offering and accepting help, "*I can do both; I can accept help and can be helpful... I didn't realize, but it feels good to help someone even though it's kind of hard sometimes to help someone and be out of your comfort zone*." Farrissimo, a singer/songwriter who is blind, had an opportunity to feature one of his original songs in the theater production. He spoke in his interview about the experience of having another cast member, Esperanza, ask him to play another of his original songs for her:

> *It felt awesome. She told me before the show that she had the music I performed in her head ever since Sunday, which is awesome to hear. She said when she feels anxious about some things, like the music in her head seems to calm her down.*

Buddy, who is on the spectrum, said during the focus group:

Buddy: *It made me feel good to be a helper, and like I was helping you, Lenny, on your line, "What's it like getting through the day." And especially Esperanza*.

Angelle: *Bringing Esperanza to different parts of the stage?*

Buddy: *Yeah.*

Angelle: *Yeah. And how did it make you feel to be able to help Lenny and Esperanza?*

Buddy: *It made me feel kind of proud and stuff. Proud, sort of way.*

Theora also expressed feeling pride in her position as a helper. She said in her interview:

> Theora: *I feel like I've established myself as a helper a little bit because ... I feel like I've tried to put myself out there as, "Hey, if anybody ever needs help, you know who to ask." I kind of, I just really love to have the position of someone who gets to help.*
>
> Angelle: *What does it make you feel when you help?*
>
> Theora: *It makes me feel proud of myself and just like I've accomplished something huge. I don't know, just knowing that I've helped someone in a way, that helping someone can make them feel relieved or happy or anything. Just knowing that I've done that for someone is a great feeling to have put back on you.*

Though there was no question directed at feeling pride, like Buddy and Theora, three other participants also used the word pride or proud to describe how they felt about something connected to the show. When asked in his interview how he felt about being in a theater production that uses his real life experiences, Jackson said, "*I like doing The Same Sky. It made me proud.*" At the end of the focus group when asked if anyone had any final remarks, Louise stated, "*To me it's really the about performances because I'm proud of myself, my parents are proud of me.*" Finally, in the focus group when addressing her choice to talk about her anxiety on stage, Janelle said, "*And for me now to actually be able to talk about it, I'm proud of myself for that.*" This mention of pride may have to do with the participants feeling self-worth and empowerment to make a change for themselves and others, pride at being able to tell their story and at possibly helping others with that story.

Adele decided early on in the tour that she would help with the microphones since she had more stage experience than some of the other cast members. About her position as helper during the tour she stated:

> *Helping Buddy with reminding him of places and help fixing the microphone, it made me learn to be more flexible, and to be less agitated, and keep a more open mind. And it's helped me develop my leadership skills and my mentoring skills and possibly my theater directing and production skills, I guess.*

On how it feels to be a helper, Adele said:

> *It feels kind of empowering. It feels like ... 'cause I've never ... I feel like I'm kind of in position of authority, which I'm not usually in, kind of a symptom of being the youngest child. So it feels really empowering when I get to help someone else when they might have trouble with something on stage.*

Theora also found herself in a position of power during rehearsals and the tour, put there by Esperanza:

> *I think Esperanza's been kind of testing me, she told me that she's… she doesn't feel like since she's getting older, she says "I can't do this forever." And she said that she wanted to pass some of it down to me and she said, "I'm kind of trying to train you a little bit with the things that I usually do." And it was like "Oh my god no pressure." I look up to Esperanza so much, and I, it's just like, amazing, she's like an idol to me. And I'm tearing up a little bit, but she's passing it down to me.*

This statement seems to show the deep respect that Theora has for Esperanza. Perhaps because of the inclusive environment, Esperanza, who is in a wheelchair with no use of her arms and legs and has to rely on others help for almost everything in her life, is placed into a position of power and prestige by Theora. Theora does not seem to see Esperanza as someone with a dis/ability but as someone with innumerable abilities.

For a while after her TBI, Janelle could no longer be a helper, but through her experience with the shows, she was able to regain some of those skills. She stated:

> *I always help others. I know, it's kind of funny, a little backstory, but my mom used to call me mother hen when I was in kindergarten and first grade. And even kind of older 'cause I never used to do my own work. I always went and helped other people with their work.... And I always used to just take care of everyone. Like I always used to go take them to the nurse, I always used to help everyone. And so like my nickname was like mother hen for the longest time and like I guess I regained that title again through the shows.*

Katie shared during her interview how she was able to both ask for and offer help to her fellow cast mates:

> Katie: *Theora helps me with my lines.*

Angelle: *Theora helped you*.

Katie: *And Lenny helped me.*

Angelle: *Lenny helped you?*

Katie: *Yeah.*

Angelle: A*nd did you get to help anyone in the show?*

Katie: *I helped Lenny too.*

Angelle: *You helped Lenny learn his lines?*

Katie: *Yes.*

Angelle: *So it sounds like you helped people and you got helped.*

Katie: *Yep.*

Those with special needs are not often in a position of power where they can offer help, and the participants seemed aware of this power dynamic in asking for, offering, and accepting help. Lenny expressed, in third person through a butterfly puppet, "*One thing I know for sure, he wants to help before he's the one who needs help."*

Both Adele and Janelle shared their experience of growing up as someone with special needs and how help was often thrust upon them. Both of these responses were prompted from the focus group question, "Do you remember a time when you were able to be a leader or a helper in Reach Out and if so, how did that make you feel?"

> Adele: *And a lot of times that's what makes it hard for me to actually ask for help if I need it, because it was such a fear of like if I asked for it, they'll just keep giving it over and over again when I don't actually need it. Like if I'm struggling in school, but teachers are like, "Oh, can we help you with this? Can we all do that?" And I love their intentions, but I want to be able to ... I can take care of*

myself, and I'm not like incapable, and I'm not child minded, and I can take care of ... And even though your sentiments are great, I can take care of it myself. I really struggle with finding a balance between accepting help and knowing that I can do it myself.

Janelle*: I always had people constantly asking like, "Oh, can we help you?" Like when I was injured or whatever and I couldn't say no at that point 'cause it was out of my control. I didn't get to make the choices myself. I always had to get help. I never asked for it and no one even asked if I wanted the help, they always just gave it to me. So when people, when I first started the shows here, when they first asked me if I wanted help, it felt weird to me 'cause I was like, "This is weird. Like they're actually asking if I want help this time, and they're not just helping me, they're allowing me to like actually make the decisions on my own and all that." And so now, I don't feel like I need to ask for help unless like I truly need it. At this point I can help myself and so much so that like I don't even always need help.*

As expressed by Adele and Janelle, for those with dis/abilities, help is often thrust upon them. For people like Esperanza, help is required to accomplish almost every one of her daily tasks. Being in a position to help another person seems to be an important experience for the participants. The inclusive environment presented multiple opportunities for the participants to help one another in various capacities: getting around in rehearsals and onstage, contributing to the script, helping with lines and microphones, providing comfort or advice for each other, and allowing them to enroll as a leader and helper.

Equity and Power.

During the interview I asked the participants, “Do you remember an occasion when you felt equal to others in the cast? When you did not feel equal?” This seemed like an important topic to address because of the critical dis/abilities lens of the study. Also, by being on stage, participants are put into a position of power and influence with the audience. This is a role most do not get to play in their day to day life. Aside from answering the question about equality directly, the participants also addressed the themes of equity and power at various points during their interviews and the focus group in more subtle ways.

When asked if they felt equal to their cast members, only one participant, Lenny, seemed unable to understand the concept of equality. However, quoting Lenny from the previous subcategory, “One thing I know for sure, he wants to help before he's the one who needs help,” I believe that even though he could not verbalize his feelings about equity, he was aware of the power balance in his life.

Everyone seemed to understand the concept of equity in their own way. When ask if she felt equal or not, Louise stated, “*I felt equal in the cast because everyone is so nice and very supportive.*” Farrissimo echoed that statement when he said, “*I remember feeling very equal to the cast when we’d all be singing together and, and just we’d just be singing out loud to the crowd on stage and everything.*” Later he said, “*A time that I also feel equal is when, if we have a lot of time between shows or before a show, I am finding myself sitting with someone, just having a nice big conversation with them.*” These scenarios may seem simple, but for someone with a dis/ability, a feeling of being separate can be prominent and the opportunity to be in a community where one can just sit and have a conversation is not as prevalent as in typical daily society. For the participants the feeling of being equal seemed to mirror the feeling of belonging and being a part of something.

Buddy stated, "*I do feel equal, to all my friends.*" When asked if he feels different or the same as other people in the cast, Jackson said, "*Good, same*," and Esperanza stated, "*I never felt less than*." Katie said she felt equal and named two specific cast members, "*I feel equal to Theora and Louise*." Janelle described feeling most equal when she met other cast members with her same diagnosis, TBI. She said, "*…And it's like, 'Whoa,' like 'I am a part, I'm not alone in that.' And that's a time when I felt equal*."

Theora stated, "*I think that I always have the perspective … that everyone is, is equal in their own way. And I think that everyone, every single person ever, needs to be treated as a human being.*" In a similar but different sentiment, Adele said, "*Overall I genuinely think that, I would not say equal because we're all obviously not the same, but it just seems we're all just human. We're all just in this terrible world togethe*r."

With these statements, it seems clear that the participants may not have defined equality in the exact same way. However, they all reported feelings of equity, whatever their understanding of that concept may have been. Through both the post-intentional phenomenological approach and the critical theory lens, there is no one single understanding of a concept or how a societal phenomenon may be experienced. The variation of language around equity with the participants is a good example of that.

Esperanza, who uses a wheelchair, talked more extensively about her feeling around equity and power. She stated:

> *Sometimes, the only way to be influential is to be equal. And I learned that on my*

> *journey, especially the last couple months. But I think from having…so, being in a chair, you're not in position of power most of the time. So that when you are in a position of power, you have to be really careful. But the only tool that you often have is your voice.*

Though I cannot say for sure what Esperanza meant when she said, "*you have to be really careful,*" in reference to being in a position of power, I can posit because of my relationship with her. Esperanza had expressed to me previously that she was afraid she would and could abuse her power if too much was granted to her. I do not know the consequences of that potential abuse of power or how much power is too much for her. I think this points to the unique societal position that Esperanza is in as she's had little experience exercising power in the past and therefore was unsure of how to manage it.

Later in her interview she also said:

> Esperanza: *Power isn't something….what's weird is on stage, I have power. But I also need help, big time.*
>
> Angelle: *So you get to be powerful on stage, but it doesn't always generate to the rest of your life?*
>
> Esperanza: *Yeah. So, what happened is, when I got power, I kind of took it. Because being physically disabled, they don't often think of us as able to be overly powerful, which is something that I'm trying to break.*

Though Esperanza may not have viewed herself as someone with power most of the time, Theora seemed to put Esperanza into a position of power in her perspective:

> *I… in my vision, Esperanza was like a superstar like, oh my god, she's like a celebrity. And to me, she was like, untouchable, she was just this, I don't know.*

> *She was someone I felt nervous to talk to... she's amazing, I didn't know what to do. But to see now how much we've gone from that because through Abira and everything, we were, we would have little conversations and stuff but during* Reach Out*, it feels so much more, because she's asked me sometimes, because occasionally Katie will just run away and do something and she'll say, "Is Katie okay?" to me, and we'll have little laughs every now and then. And it's always fun to have that with anyone but it's just completely, I'm shocked that she trusts me enough. I don't know why; she's always been like a superstar …*

Esperanza echoed the language around trust when she expressed to her cast members in the focus group, "*I've always felt like you guys look up to me, I don't know if it's because I've been here for so long. You guys just, even though I don't know why you trust me, but you seem to.*"

Trust in each other may be another way the participants felt equality among themselves and likely contributed to their feelings of community connection overall. From the results of the *Relationship Building in an Inclusive Environment* theme it seems that participants felt a sense of community and belonging among the cast and that through that they were able to build relationships in which they could feel equal and offer and ask for help.

The Audience

In any live theater experience, the audience plays a role of their own. In the theme, *The Audience*, two subthemes were found, *Audience Impact,* meaning the perceived impact the show had on audience members, and *Audience impact on participants,* meaning how the audience effected the cast on stage.

Table 5

The Audience

Subcategories	Frequency of Meaning Units Across Transcripts
Audience impact	28
Audience impact on participants	16

Audience Impact.

Eight participants were represented in the *Audience impact* theme from both the interviews and the focus group. The theme also came up in the Why Interview. Some participants talked in general about how they perceived the impact of the show on the audience. Buddy said, "*I think audiences really like it…they are really respectful, and they listen to what each one of us has to say*." Observing the audience's reaction to the show, Theora stated, "*It's so great when you see kids like leaned in, and they kind of, they have their mouths open, it's like they get it*." Later in the interview Theora also stated, "*I think that there's someone out there in the audience, at least one person through the entire thing, that goes home at the end of the day and really thinks 'Wow, the anxiety song is exactly what I feel*.'"

After Farrissimo's step-niece saw the show his aunt reported that his niece and her fellow students had cried during. When asked why he thought they'd cried Farrissimo said, *"Oh, just because of the stories that are being told, like, just the way the show is going, like the whole purpose of it*."

Within the subtheme of *Audience impact*, there were multiple meaning units about the audience members sharing their own stories in the question and answer portion of the show. Lenny, Esperanza, Farrissimo, and Adele all spoke to this. When asked what he thought the audience thought about the show, Lenny said, "*I'm sure they love it."* When asked, “*Do you think they like hearing people's stories*?” Lenny responded, “*Some people have had stories of their own.*”

Esperanza said, “*To see all those kids in the audience stand up and give their own monologue, I think that is the magic of what we do*.” Later she stated, “*The Audience gives their own monologue sometimes, and I’m just like, like ‘Oh gosh, what will happen next,’ and ‘What will come out of their mouth.’*” Farrissimo said, “*I think it does have impact because of the, not only because of the questions that we get asked, but the stories that we that we've been told from them.*” Adele said about the audience sharing their own stories, “*They're talking more about their personal struggles and how they're ... and their challenges and how they're similar to us on stage*.”

Two participants saw a previous therapeutic theater production the organization toured as an audience member before joining a future cast. Both spoke of the impact the show had on them as audience members. Janelle stated about the show she saw in her high school, “*And it was like, ‘Whoa, like, that's me*.’” She went on to say, “*I know that had it come to my middle school, I would have been changed. So, I want to continue to go to other middle schools and try and inspire other kids.”* Theora spoke of a former cast member she saw that sang about her depression and anxiety and said, *“...it spoke to me so much.”* She continued to say:

> *But when she sang her song, I was like, “Well, I don't know this girl, but I feel like I know exactly what she's saying,” I hope that people in the audience have that same experience because I sat in the audience and I cried. I know it was so important to me. I don't even remember any of the show, but I know, I know how it made me feel.*

In her interview Adele reflected on what it may have been like if the show had come to her middle school while she was there.

> *If my school had a show, a show like this come in sixth grade or like earlier, my peers would probably have been more open, and I probably would not have gotten so badly treated as I did.*

Five meaning units were designated from the Why Interview into the *Audience impact* theme. These segments of the interview stood out because I echoed some of what the participants stated about their perceptions of the audience and the impact it had. About being an audience member myself and watching others I stated:

> *When I'm in the audience, I get to really observe; not a person talks, not a person moves, everyone or I'd say 98% of them are laser focused on the stage and are really drawn in by what they're seeing.*

I also spoke about my observations of audience members sharing their own stories:

> *When we started touring, I couldn't believe how comfortable really, some of the kids were, to be able to stand up talk about themselves… we've had kids in middle school stand up and say, "I don't have any friends, and I'm really lonely. And I'm wondering how can I make a friend" and in moments like that, I can say, "Raise your hand if you see this person, and you want to reach out to them, and you want to be their friend," and 200 hands go up; you really create these kind of beautiful, genuine moments, and it's because they are being opened up to talking about it in the first place because of the show they just witnessed.*

It seemed like the perceived impact on the audience from the participants and from myself was positive. While on stage the participants saw the audience as interested and empathic. The participants seemed to appreciate the trust the audience members gave to them by opening up and sharing part of their own stories.

Audience Impact on Participants.

The second subtheme noted was the *Audience impact on participants*. Eight of the participants spoke to this topic in the interviews and in the focus group. Two participants spoke to the impact of having their family members see the show. Farrissimo said, "*Something that really stood out to me was the time when my grandmother came to see the show…when she saw it, she was amazed. She said she really enjoyed it. It was awesome to hear that from her.*" When Jackson was asked about a special moment that stood out to him in the show process, he answered, "*When family and friends came to see the show.*" Janelle spoke to the impact of interactions with audience members, "*I've talked to several kids at my school that are younger that have seen me in it, and they were like 'whoa, you were in that.' Just knowing that some of them have seen me has been really cool."* Esperanza talked about her experience of seeing audience members who were also in wheelchairs watching the show:

> *...part of it might be, "Oh my goodness, these people are me!" Like, when I see kids in chairs in the audience. I'm just like, "Hello," and I think the more that we get more friends that move around like us and the more that we see each other, the better.*

Aside from general observations about the impact of audience members on the participants, five individuals also spoke specifically about their experience of the question and answer portion. After each show, audience members were able to ask question to the participants. As mentioned previously, some audience members would use that time to tell pieces of their own story. During the focus group, three participants spoke to the disappointment they felt when they were not specifically asked a question during the Q&A. Lenny, embodying the character of a sheep puppet said, "*I was just feeling a bit sheepish at first, my friend felt left out when no one asked him to do an impression.*" Louise echoed Lenny's sentiment with, "*I was really sensitive to that. When every other person got a question and I didn't, I didn't like that. It made me feel bad.*" Interestingly, it was both Lenny and Louise's first therapeutic theater production with the organization. Adele empathized with Lenny and Louise and said, "*Sometimes when I don't get to answer something, I kind of feel bummed or left out.*" However, she also went on to say, "*I've loved all the questions that the kids are giving me and everyone else and just feel more like empathetic and just more connected*." Farrissimo stated that it did not bother him to not be asked a question at each show. He said:

> *I've not really had a moment when I felt left out. I got to say that I enjoy being asked questions, but I like it both ways. Like I really am interested to see what everyone else is being asked and whenever they say that they have a question for me, I'm always excited to see what question they have for me.*

The question and answer also seemed to be a place where participants could gain confidence in answering unscripted questions. Theora shared one moment that stood out to her during the Q&A:

> *The first one that I answered that I felt like all the words spilled out, and I couldn't stop them, it felt so right and it just kind of came from the heart. And I remember that a lot, and how, what I said just kind of, I felt like I knew exactly*

> *what I wanted to say, but I didn't plan any of it out. It's like inside I knew it. And… I don't know I think that's one of the most memorable things.*

Adele felt like answering questions about herself helped her to process her own story:

> *When I present it on stage in front of live kids, it helps me that a lot of them asked me questions, about my struggles and my different challenges and I feel like it helps progress my journey through them and my journey through life because expressing… because answering those questions and sharing all that information with the students, helps me to like, that helps me to get through my struggles a little more.*

The interactions between the cast and the audience members had an impact, both positive and negative on the participants. Answering questions allowed the participants to be put into a position of power where audience members expressed interest in the participants stories and were able to connect by telling stories of their own. The perceived impact on the audience and the impact the audience had on the participants seemed like an important aspect of the participants experience in the therapeutic theater production. Through their interactions, the participants could experience in live time their impact on the students at the schools they visited.

Personal Stories

Within most of the therapeutic theater productions with the organization, cast members play themselves. They tell parts of their story on stage to audiences of their peers. Within the theme of *Personal Stories*, there are three subthemes, *Character versus* *self*, *Telling my story,* and *Autonomy over narrative*. All ten participants are represented in this theme.

Table 6

Personal Stories

Subcategories	Frequency of Meaning Units Across Transcripts
Character versus self	14
Telling my story	14
Autonomy over narrative	6

Character Versus Self.

All of the participants, in addition to playing themselves in the current production, had previously played characters in other productions. Nine of the participants spoke about their experience of playing themselves versus a character on stage and reflected on what they preferred in the subtheme *Character verses self.* Two of the participants favored playing a character over themselves, five preferred to play themselves, and two could see the benefit in each portrayal.

Both Lenny and Theora preferred playing a character on stage. Lenny said that he preferred to play a character so he could utilize character voices. Because of Lenny's love of puppets and character voices, we included a puppet character, Charlie, into the script of *Reach Out* for him to utilize his skills. About her feelings of playing a character on stage Theora stated,

> *For me, it's easier to play a character. I think that I prefer playing a character too because it feels like for all my life I've never gotten the chance to play a character, but I wish I had. And now that I get the chance to, it is; one, therapeutic for me, and two, it's like finally I don't have to be Theora anymore.*

Farrissimo, Jackson, Janelle, Louise, and Buddy all stated that they preferred playing themselves to characters. Farrissimo said, "*Well I really enjoyed playing myself cuz it genuinely shows who I am.*" Janelle had a similar sentiment when she expressed:

> *So being myself, I feel like it makes it more true for me to tell my story. I get to express who I am. Like this is me. I am the one who went through this. I'm the one who did whatever. So getting to play myself is definitely very important.*

Louise also echoed this idea when she said, "*Playing yourself is really powerful because it's important for the world to know our stories ... playing a character doesn't matter.*"

When asked if he prefers playing a character or himself and why, Buddy answered himself:

> Angelle: *Why do you like playing yourself better?*
>
> Buddy: *It kind of soothes my soul.*
>
> Angelle: *Oh, that's really beautiful, it soothes your soul. Can you say more about how it soothes your soul?*
>
> Buddy: *It just makes me feel effective in a good way.*

Though Esperanza could not say if she preferred playing herself or a character more she did state, "*If I had the opportunity to go back, I wish I'd played someone else on stage first so I could become more comfortable in my own skin to play myself on stage.*" Adele echoed the sentiment that it's easier for her to play a character in saying:

> *I think it's definitely a lot easier for me to play character than it is to play myself because ... it's just easier to get involved in the character when you're not similar to them... like it's more fun to play as something you're not.*

However, Adele went on to also promote the importance of playing herself on stage saying, "*but through Same Sky, I've learned that there are times in my life where I can't really hide behind the character; behind the mask of this different character. I actually have to be myself and like just play myself."*

Later she stated;

> *Through playing myself on stage, I managed to get beyond some of those challenges of self-esteem and knowing who I am, I learned more. I gained more appreciation for myself and I know a little bit more about myself and I basically I feel, even though it's really hard, I feel like playing myself on stage is worth it in the end because it improves my internal relationship overall in the long run.*

The participants spoke about their experience of playing themselves on stage and overall, most seemed to prefer this over playing a character. In playing themselves, they were able to show the audience who they were. In playing themselves, they may have been able to take away some of the perceived shame about their dis/ability.

Telling My Story.

Within the subtheme *Telling my story* 14 meaning units were identified across nine participants. For most of the participants, sharing their personal story seemed important to them. The motivation and meaning behind telling their story seemed to vary among the participants. For Buddy, it may have helped him to understand what he was going through with some new diagnoses. Buddy stated in reference to sharing his story, "*Especially talking about how I had a terrible, nasty seizure disorder. Not only was I developed with autism, I ended up with Coffin-Siris syndrome, which is a nasty disorder, but I'm processing through it*."

For Janelle sharing her stories with the audience and connecting with them seemed important. Janelle stated:

> *It's definitely therapeutic and it's definitely like, "Whoa, look at how far I've come." Because I could see myself in those middle schoolers just sitting there, lost, because that's how I felt. But I didn't have* Reach Out *to come and perform in front of me and teach me, "oh, you're not alone", like "you got this, there are people like you." And being able to use my story and create connections with other kids is really cool.*

For Adele, Farrissimo, and Louise it appeared important to share their struggles and be seen on stage. Adele stated, "*It's just that I can be on stage, and I can share my story. Because not only am I passionate about performing on stage, I'm also passionate about self-advocacy and sharing my struggles, my journey through life*."

Farrissimo shared:

> *I think it is awesome, because it really gives people a chance to see into someone's life, mostly with their challenge in the forefront. So they get to hear a little bit about what it's like having a challenge. And also we get to tell them some of the stuff that we do and that our challenges do not define us.*

Louise said, "*It's really great that I get to talk about that side of me that's so vulnerable to be on stage*." For these three participants, representation seemed important and that's why playing themselves was significant.

During the interview, Lenny spoke through puppets so most of the questions about his experience were asked and answered in third person through whatever puppet character he was embodying at the time. During this section of the interview, in which he talks about his experience of playing himself on stage, Lenny was playing a butterfly he named Bella.

Angelle: *Lenny talks about his real life experiences and stories, right? He shares his own stories.*

Lenny: (as butterfly) *Yeah.*

Angelle: *How does he feel about that?*

Lenny: (as butterfly) *Well, I mean, he's never shared his story before.*

Angelle: *Before being in* Reach Out?

Lenny:(as butterfly) *Yeah.*

Angelle: *So what is it like to share his story?*

Lenny: *It's new. It's confusing. Yeah, it can get pretty improvisational.*

Angelle: *It can sometimes. Does he usually feel good or bad about talking about himself and sharing his story?*

Lenny: (as butterfly) *He usually feels good about it. Sometimes he's nervous, he's nervous he'll mess up.*

Lenny later goes on to reflect, in third person again, on a previous play with the organization, *Holy Cow*, where he played a character: "*I think it's easier for him to be a character instead of himself. Cuz he wasn't nervous in* Holy Cow. *Not one bit*!"

When asked in her interview what it was like to share her story, Katie repeated one of her lines from the show, "*I have Down syndrome, I'm different, and I'm beautiful.*" Originally in the script the line read, "I have Down syndrome. I may look a little different than some people, but we have many things in common too!" During our rehearsal period, Katie came to me to ask if we could change her line. This sequence represents why telling her story is important to Katie, but it also denotes a line from the script in which she took autonomy over her narrative.

Katie: *I have Down syndrome, I'm different and I'm beautiful.*

Angelle: *How does it feel to say those words?*

Katie: *It feels good.*

Angelle*: Do you like telling people your story?*

Katie: *Yes, I do.*

Angelle: *Why do you like it?*

Katie: *I get it out of my head.*

The response from Katie about getting her story out of her head was unique in that I had not heard other participants use that phrase, nor had I used it myself. Katie is often hard to understand when she speaks because she has trouble shaping her words. Her getting her story out of her head could be a response to most people historically not understanding her speech patterns and therefore her story.

Autonomy Over Narrative.

Within telling their stories, participants were also able to amend the script in accordance with what felt more representative of their narrative. Throughout the rehearsal process most participants edited at least one of their lines, as shown with Katie in the previous example. Four of the ten participants are represented in the subtheme *Autonomy over narrative.* In this subcategory, participants spoke to their and their castmates' ability to make changes in the script as it pertained to their story and narrative.

For Adele, a line that had worked for her before rehearsals began did not ring true any longer. In the script she originally would have said that because she doesn't understand social cues, it makes it hard for her to communicate with her peers. She stated, "*I've taken social thinking courses so that I can better navigate my world and understand why there's social stuff. And that's why I changed that line about not understanding social cues*." Adele changed the lines to say that she understood social cues, but still found it hard to navigate them. This change allowed her to reflect on the growth she'd had since the line in the script had been written.

Farrissimo commented on a line that was changed during a performance by a participant who had just gotten accepted into college, "*The line was changed to, 'I just got accepted into the college' and I was like, 'Oh, so it must have happened last week.'... And it was very cool to see the reaction from the crowd from that*." This flexibility in the script permitted participants to reflect on their growth and any changes that occurred during rehearsals and the tour and make amendments to the text.

When asked why she chose to add another of her diagnoses, fibromyalgia, to the script that she hadn't previously talked about, Theora said:

> *Well, I think, because it has as much of an impact on my life as depression and anxiety do cuz I've been… those two things have held me back a lot in my life but so has fibromyalgia.... And that's why I felt the need, like this also needs to be heard.*

Esperanza echoed the thoughts about the importance of participants taking charge of their narrative in her interview.

Esperanza: *For some reason, I seem to really like when people take the words to the script and change it and make it their own. That shows growth in my book, not sure why, it just does. Like the line "Just like many of you".... I mean, first of all, I didn't know* *if Lenny was gonna get his lines down. To know that he is now changing the lines, and making them his own, not because he doesn't know them, but because he knows them so well that he's now changing them. I remember the first time I changed words in the script, so empowering.*

Angelle: *There's an empowerment in taking control of your story.*

Esperanza: *I think for a lot of people taking control over their story will hopefully carry into being strong enough to also make decisions for themselves.*

The opportunity to tell their personal story seemed to have a positive impact on the lives of the participants. Most preferred to play themselves over a character or understood the importance of playing themselves. By telling their stories on stage, they were using their voices to represent themselves instead of others talking for them, as is often the case for those with dis/abilities.

Personal Growth

Personal growth is often the result of processes that are both challenging and rewarding. Through the therapeutic theater shows, participants typically play themselves and tell their own stories on stage. Two subthemes under the personal growth umbrella were found, *Personal growth through the show process*, and *Personal growth through telling my story*. With *Personal growth through the show process,* the growth seemed a bi-product of being engaged in the show. With *Personal Growth through telling my story,* the growth seemed to be directly related to their ability to talk about their journey on stage. Six of the participants were represented in this theme and personal growth meaning units were in both the interviews and the focus group. Of the six included, all but one

(Louise) had participated in previous therapeutic theater productions with the organization.

Table 7

Personal Growth

Subcategories	Frequency of Meaning Units Across Transcripts
Through the show process	15
Through telling my story	6

Through the Show Process.

The personal growth that seemed to occur through the show process presented in different ways. Louise experienced personal growth through watching the modeled behavior of other cast members. She stated, "*I think it's because I see how Theora and Katie interact with each other that makes me feel like…how am I supposed talk to my friends like that? How am I going to embody that?"* On the impact it had on her, Janelle seemed to think her growth was in self-expression, "*It definitely helped me find myself and find how to express myself and learn how to do it."* Farrissimo experienced personal growth in his independence skills, an important factor for someone trying to navigate the world with little sight:

> *A way that I noticed I grew during the show was like I basically I figured out how I was going to navigate the stage and do all this stuff. 'Cause when I found out that I was going to be carrying one of the signs I was like, "I'll just leave my cane back stage," and then I remember as we were rehearsing stuff, I figured out where I would stand. And so every time I get on stage I basically looked for that general area and stand right there.*

During the focus group, Adele brought up an event from earlier in the week when both her mother and I told her separately that we had noticed her sharing more eye contact with cast members and connecting with them non-verbally and through physical touch on stage during a performance. Adele generally identifies as someone who has trouble connecting with people, therefore having two people reflect on this personal growth seemed to stand out to her.

> *It felt strange at first. But the more I thought about it, the better I felt about it, because if I wasn't like doing it consciously, it kind of makes me think that it was probably like more a development in my character, my just overall view of the world.*

Several participants commented on their growth over the process of being involved in the therapeutic theater productions. Theora participated for two years, Janelle for three, and Esperanza is the founding member of the productions, it being her idea to design a series of shows (which live under the umbrella name, Same Sky) in which individuals with dis/abilities and other life challenges traveled around to local schools to spread awareness and empathy for those with differences outside of the societal norm.

Theora talked about her growth during the two shows she'd participated in, *Abira*, a show in which I completed a pilot study measuring levels of self-advocacy pre and post production, and *Reach Out*, the show that occurred during the current study.

> *With the Same Sky shows, I feel like that's mostly where the growth is because with* Abira*, it was a lot of self care, I think, and I started to grow to be a more confident person, and that was really just the whole experience… every show that we did I feel like I got more and more confident with myself …with* Reach Out*, it*

> *was a lot of…a lot of growth with how I handle things... And I feel like it's helped me so much with growing to be more of a leader, if that makes sense?*

Janelle also reflected on her experience of being in multiple shows and the growth she perceived from the process. Six years prior to this study she suffered a Traumatic Brain Injury from being dropped during a cheerleading trick. Three years after her accident she joined the therapeutic theater productions.

> *Okay, so I know for sure that I have grown in the three years of doing the shows, not only as a person but also just like my mentality and just overall perspective of life. Like it's taken me six years to learn who I am, and it's definitely helped in those three years. Like that's what really helped me discover who I am. So out of the six, like these three I've learned the most because of the shows*.

Esperanza had been touring with the shows since their inception, eight years prior, and had told her story many times over the years as it changed and shifted. In reflecting on her experience and her personal growth through the process she had the most long-term involvement to pull from. Her perspective was unique in that she saw how her story unfolded and changed through the process. When reflecting on an original song that was written for the very first therapeutic theater production, which focused on her story only (*How Far I've Come*), Esperanza was able to speak to her experience of bringing that song back for the current production and the feelings that arose.

> *When I look at the older music, I'm like… "Is that how angry I was at the world?" Because, it seems like one of the lines, in the song A Trip To A Restaurant, "want to stand up for my rights, make them feel like a disgrace." Maybe that's how I was at the time, but I guess I've gotten so used to things now that people park in*

the handicap spot, I'm just like, "Oh, well the spot's taken definitely illegally, but"…So like, in the past, I probably would have called… but if I called for help, aka the police, on every person who parked in the handicap spot illegally, I'd spent most of my time on the phone with the police department. So that is not something I choose to be doing, that is not an advocacy route I choose to be taking.

In speaking about her growth over the years Esperanza stated:

If I can think back to my first few years doing this, I think that's when I grew the most, because eventually, honestly, it kind of becomes just like something I do almost like a ... machine, because I've done these shows a thousand times.

This sentiment brings up questions about the benefits of longer-term participation in the productions. Esperanza is in a unique position with the productions since it was her idea and therefore her legacy. Before *Reach Out* began, Esperanza and I spoke about her desire to take time away from the shows once the current production was over to pursue other means of therapeutic growth.

Through Telling My Story.

In addition to *Personal growth through the show process*, three participants spoke directly to growth they felt like they had due to telling their story on stage, specifically as it related to their mental health diagnoses. Three following quotes from Adele, Janelle, and Theora sum up this subtheme:

Adele: *I kind of felt a little more vulnerable during this time around, and I felt like ... I had grown, but like when I stop and think about it, I realized the fact that I can talk about my mental health problems during the show, unlike the last few*

> *shows, kind of goes to show how much I've kind of grown as a person…because as much as I probably wanted to, when I first did this, I probably was not ready to talk about my mental health on stage, and I feel like this .... I feel like I've just grown by telling my story.*
>
> Janelle: I *didn't feel like I could talk about it with other people because they always made it seem like a joke. And I said like "How do I talk about it and not either get made fun of or how do I feel included if I were to talk about this?"... And for me now to like actually be able to talk about it, I'm proud of myself for that and like it's taken a little while, and I didn't think that I'd be able to talk about it on stage. I thought at first, during my first show, I was just going to include my bleeding disorder, like my head injury, but I'm like, "No I know I need to push myself to talk about it because it's a real topic, and I don't just have a head injury, and I don't just have the bleeding disorder. I also have the depression and anxiety, and I know that talking about it would help me."*
>
> Theora: *I've always tried to keep depression and anxiety and, and even fibromyalgia, I've tried to keep it inside like, "Oh no, no, don't worry, it's not there." But now, just now in my life to drastically go from "I know I want to keep that inside" to say, "No. No, I have to, to show it."*

Personal growth seemed to be another bi-product of participation in the therapeutic theater shows. The ability of the participants to articulate their thoughts around personal growth showed not only that it occurred, but also that they had the language to be able to express their perceived growth. In recognizing personal growth, participants are able to see how far they've come in their journeys.

Advocacy

Self-advocacy may be an important skill for those with dis/abilities to hone. The studies on self-advocacy for students with dis/abilities have shown that students who understand advocacy and are able to advocate for themselves have more successful outcomes in school (Cobb et al., 2009; Zhang et al., 2010) and higher graduation rates (Katsiyannis et al., 2009). Within the theme of advocacy, two subthemes emerged, *Empathy and understanding* and *Being seen by the world*. The first, *Empathy and understanding* with 10 meaning units, represented responses in which the participants seemed to either address their own expanded empathy and understanding for those with dis/abilities or when they were asking for society at large to practice more empathy and understanding toward individuals with dis/abilities. By better understanding one another, and by recognizing the need for society to treat those with dis/abilities with more equity, the participants are taking steps to be able to advocate for themselves and others. Five of the 10 participants are represented in this theme and it arose in both the interviews and in the focus group.

Table 8

Advocacy

Subcategories	Frequency of Meaning Units Across Transcripts
Empathy and understanding	10
Being seen by the world	7

Empathy and Understanding.

One participant in particular, Adele, who is diagnosed with autism, anxiety, depression, and ADHD, was able to shift her perspective on audience members with special needs during the process of the production. She stated:

> *It also shifted kind of my perspective of empathy because sometimes there've been kids in the audience that are special needs and cannot really ... That have trouble sitting still and being quiet in the audience, and it can be very distracting, but ... even though when I hear a sound that one the kids are making, I always try to remind my ... I go back to the theme, to our message and our mission of empathy, and I do it not just for all those kids but the other kids, like the special needs kids that I noticed in the audience in particular because, even though it would be less distracting if they weren't there, I felt it's been more, it's helped me like to put myself more into like their place.*

Later Adele continued on to say about the audience members with special needs, "*They might not be able to include themselves in other groups and how isolating that must feel… it gives them the opportunity to feel included and feel respected and accepted, when they don't get that opportunity that much."* Another participant, Theora, echoed this sentiment stating, "*It's not just for ... the kids who need to empathize, but the kids who already are in shoes similar to those on stage*."

In terms of expanded empathy within the cast, one participant, Lenny, who is diagnosed with autism, said of another who is diagnosed with cerebral palsy that he *"likes her just the way she is."* Speaking about the same cast member, another participant, Buddy, in answer to the question if he'd made any friends in the show process said:

> Buddy: *Esperanza. I like her even though she takes a little bit of time to talk.*
>
> Angelle: *Say a little more about what that means.*
>
> Buddy: *She's in a wheelchair, and she can't get through a hallway and can't*

open a door.

Angelle: *So even though she's different than you, you still like her?*

Buddy: *Yep.*

Not only did the therapeutic theater process seem to expand their understanding of others with challenges, for some it also allowed them to examine their relationship to themselves in terms of their dis/ability. Louise seemed to grapple with more fully understanding her own diagnosis saying, "*I still need to try to accept that not all people with Down syndrome are exactly like me. And I know, Katie is like me in some ways, because she has Down syndrome. But, I'm more than Down syndrome."* With this statement, not only was Louise comparing herself to another participant with the same diagnosis, but she was recognizing that Down syndrome was only a part of who she was, a sentiment that was echoed in the second subtheme *Being seen by the world.*

Being Seen by the World.

Being seen by the world had seven meaning units from both the interviews and the focus group and included three participants' voices. In *Being seen by the world* the participants reflect on how most of society seems to see them only as their dis/ability and the need for that narrow view to shift.

One participant, Farrissimo, stated, "*People out there in the world tend to see the challenge first, and so they don't see what else may be more interesting about that person.*" Another participant, Esperanza stated, "*I don't need to be reminded that I'm disabled by the world, because the world already reminds me that I'm disabled. So, I want to walk into a place where my disability isn't the biggest elephant in the room*." She went on to say later in the interview, "*I deal with a lot of culture shock in my everyday* *life. I deal with a lot of people who are, they don't have a clue what disability is in this country*."

Participants also expressed feeling unseen or being seen as something they were not by society. Farrissimo stated, "*A lot of times people with challenges are not always the most visible, they're not always included, or seen by other people*." Esperanza expressed frustration when her friend, Buddy, who has a seizer disorder was assumed to be blind.

> *When my caregiver saw one of our friends in his sunglasses, she automatically went to "he must be blind." Because I think in movies, and everything else, when you're blind you have glasses on. So I think we have an opportunity as a cast to break some of those stereotypes.*

In speaking on how she perceives mental illness to be viewed in this country, Adele stated about her mental health in middle school, "*My state of being just completely fell apart because ... people didn't really take my feelings seriously. Like teachers and students were all like, 'Oh it's just middle school.' And even family members…"*

One of the goals of the therapeutic theater productions is to spread awareness of and empathy for those with various challenges. Within this theme of advocacy, I saw through the interview and focus group texts that the participants developed a deeper empathy and understanding for others with challenges and that they have a desire to be seen differently by the world in which they inhabit.

Inclusion

Inclusion is a key component of the therapeutic theater production in this study. Within the theme of inclusion three subcategories were named, *Inclusion defined, Visual* *representations of inclusion* and *Effects of inclusion*. Each participant's voice is represented in these results, as well a photo of their visual presentation of what inclusion means to them.

Table 9

Inclusion

Subcategories	Frequency of Meaning Units Across Transcripts
Inclusion defined	11
Visual representations of inclusion	11
Effects of inclusion	4

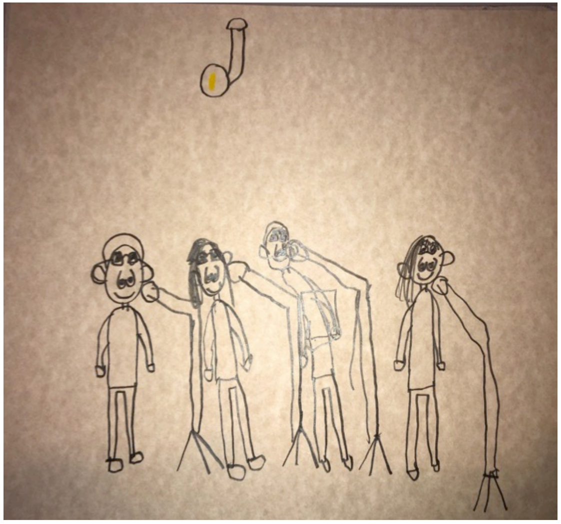
Inclusion Defined and Visual Representations of Inclusion.

Within each interview, participants were asked how he or she would define inclusion in their own words. Nine of the 10 participants were able to answer verbally, while one participant could not define the word. All participants were able to visually show what inclusion meant to them and to verbally explain the picture. The visual representations are found below, along with the nine verbal responses provided by participants, and the ten explanations of the arts-based response. For Farrissimo and Esperanza I offered to draw what they verbally described to me or to use the hand-over-hand technique to guide the pencil. Both choose to describe to me what they saw, and I visually created the piece.

Buddy.

Figure 3

Visual Representation of Inclusion: Buddy



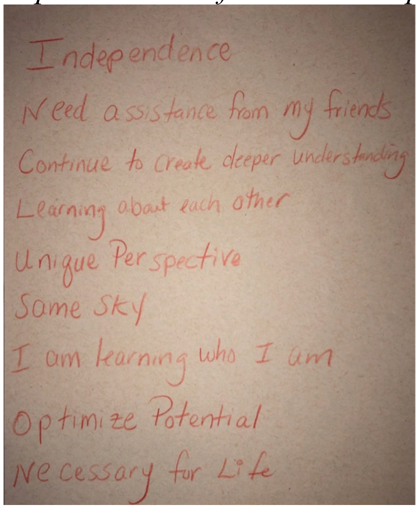
` **Definition of Inclusion:** *"Inclusion is about being part of a group or something. Inclusion means participating. And given the chance to be part of a group…inclusion….I like to be included."*

Explanation of Picture: "*This picture is like with all my friends and how I get along with them well."*

Esperanza.

Figure 4

Visual Representation of Inclusion: Esperanza



Independence
Need assistance from my friends
Continue to create deeper understanding
Learning about each other
Unique Perspective
Same Sky
I am learning who I am
Optimize Potential
Necessary for Life

Note. Esperanza is partially blind and in a wheelchair without use of her hands. Therefore the visual reponse was created through Esperanza giving verbal cues to me. Esperanza visualized an acrostic of the word inclusion, which is what is pictured.

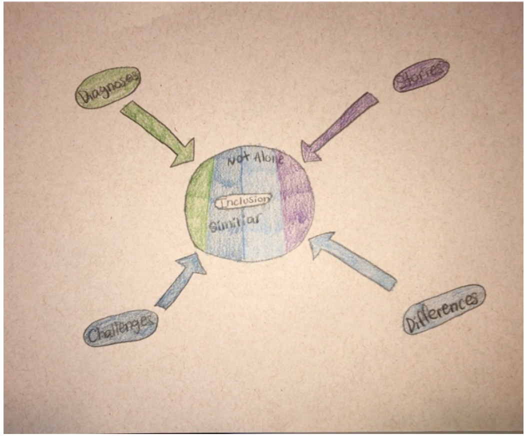
Definition of Inclusion*: "So inclusion is being in an environment where being disabled isn't the first thing that people see. So, being disabled is a thing. But it's a part of us, it's not what we call all of us. And then it's also, so inclusion is being able to walk into a room and have them say, 'Hi Esperanza', and not look at the chair. The chair is how Esperanza, gets around, not how… the chair doesn't get around without Esperanza in it. But it's not about... I need to live in a world where…I don't need to be reminded that I'm disabled by the world, because the world already reminds me that I'm disabled. So, if I can walk into a place where my disability isn't the biggest elephant in the room, then that's what inclusion is."*

Explanation of Picture: *"Independence, Need assistance from my friends, Continue to create deeper understanding, Learning about each other, Unique perspectives, Same Sky, I am learning who I am, Optimize potential, Necessary for life."*

Janelle.

Figure 5

Visual Representation of Inclusion: Janelle



Definition of Inclusion: "*I guess not seeing… not just seeing people from the outside, outside like you have to truly know and find out the person, like the inside, because I don't seem like my disability on the outside. So, I might not be included because like I am withdrawn, or I am shy, and all that, but once you get to know me and include me, I become this hyper person, like I am not so quiet. You'll want me to shut up at times. But just waiting to find out about someone and then accepting them and just learning more about them.*"

Explanation of Picture: *"So it's like everyone has diagnosis, and challenges, and stories. And inclusion means like you're not alone, like you all come together."*

Louise.

Figure 6

Visual Representation of Inclusion: Louise

Definition of Inclusion: "*Well, being in school, being inclusive is what I needed. It means to me that everyone should be included… when you see someone sitting by themselves, you want to make them feel included. …when you want to be included, we have a community that can offer support.*"

Explanation of Picture:

Angelle: *Can you just tell me a little bit about what the picture means to you?*

Louise: *Books*

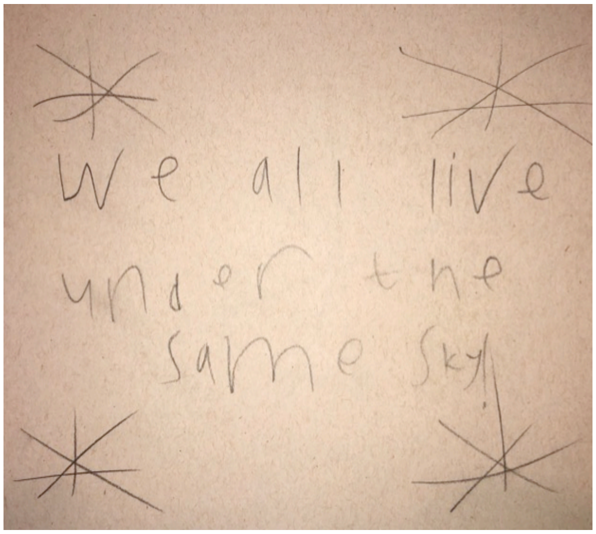
Angelle: *It means books?*

Louise: *Books are inclusive.*

Lenny.

Figure 7

Visual Representation of Inclusion: Lenny



Note. Lenny had trouble verbally explaining his picture, so I role-played with him a scene in which I was an audience member who'd drawn the picture, and Lenny had to say what he saw. He mentions "Charlie" who is the name of the puppet Lenny used in the production. After the explanation of what he saw in the role play, Lenny drew his visual representation of inclusion.

Definition of Inclusion: *"Inclusion means getting to know one another."*

Explanation of Picture:

Angelle: *Here, let's pretend. We'll just do a little role play. Hi, Lenny, I have been sitting in the audience watching you in* Reach Out, *and it has been so cool. So I went home, and I created this painting for you to really show you what I thought it was like for you to be included in* Reach Out. *What do you see when you look at it?*

Lenny: *Everyone I know.*

Angelle: *Oh, everyone, you know?*

Lenny: *You probably even see myself and Charlie there.*

Angelle: *So do you see yourself on stage?*

Lenny: *Yeah.*

Angelle: *With all of your cast members?*

Lenny: *Yea, I can just picture it.*

Angelle: *Are you picturing a certain moment in the show?*

Lenny: *Yes, it's very heartfelt.*

Jackson.

Figure 8

Visual Representation of Inclusion: Jackson

Note. Jackson has only one vocal cord and does not have the ability to vocally speak. He uses a device to answer questions and communicate. Jackson said he did not know what the word inclusion meant and therefore could not define it during the interview. When asked to draw a visual representation of inclusion, however, Jackson was able to execute the task. The following dialogue between the researcher and Jackson is the visual explanation of the picture. He typed all verbally written responses out on his communication devise.

Explanation of Picture:

Angelle: *All right, so I just want you to tell me about your picture. So, who's this? (points to figure on far left of the page)*

Jackson: *Me.*

Angelle: *Oh, that's you. Okay, I see your little iPad, cool. Who's this next to you? Is it Katie?*

Jackson: *(Nods yes)*

Angelle: *Ah, okay, so this is you. This is Katie. How about this, who's that? It looks like are they in a wheelchair?*

Jackson: *(Nods yes)*

Angelle: *Oh, so that's Esperanza?*

Jackson: (*Nods yes)*

Angelle: *So that's Esperanza and then who's that?*

Jackson: *(points to the puppet in the hand of person pictured)*

Angelle: *Oh that's Charlie and Lenny?*

Jackson: *(Nods yes)*

Angelle: *Oh, very cool. Okay, so we have you. We have, Katie. We have Esperanza. And we have Lenny and his puppet, Charlie. Very cool and then how about up here. What does that say?*

Jackson: *Reach Out*

Katie.

Figure 9

Visual Representation of Inclusion: Katie

Definition of Inclusion: *"I'm included in the play."*

Explanation of Picture:

Angelle: *Who is that?*

Katie: *Me.*

Angelle: *That's you? Okay. And where are you in that picture?*

Katie: *In the show.*

Angelle: *You're in the show? Can you draw you on stage?*

Katie: *(draws) That's the stage here.*

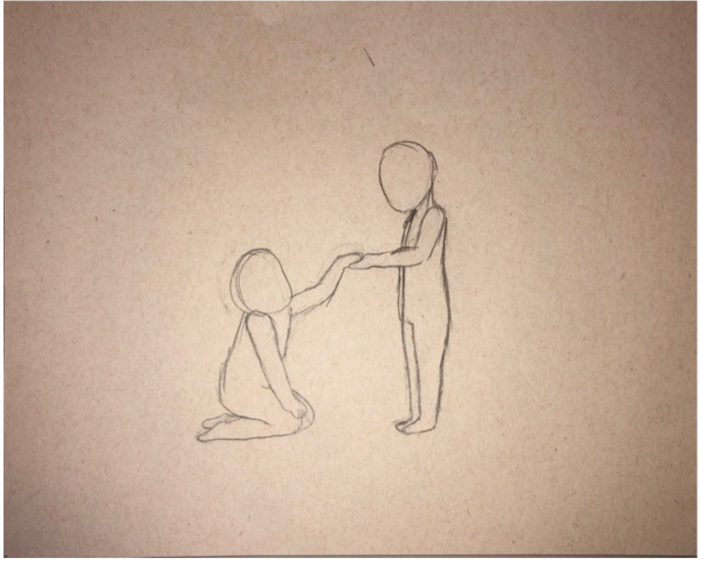
Angelle: *And is there anyone or anything else on stage?*

Katie: *All my friends. (Katie draws the other figure on stage.)*

Theora.

Figure 10

Visual Representation of Inclusion: Theora



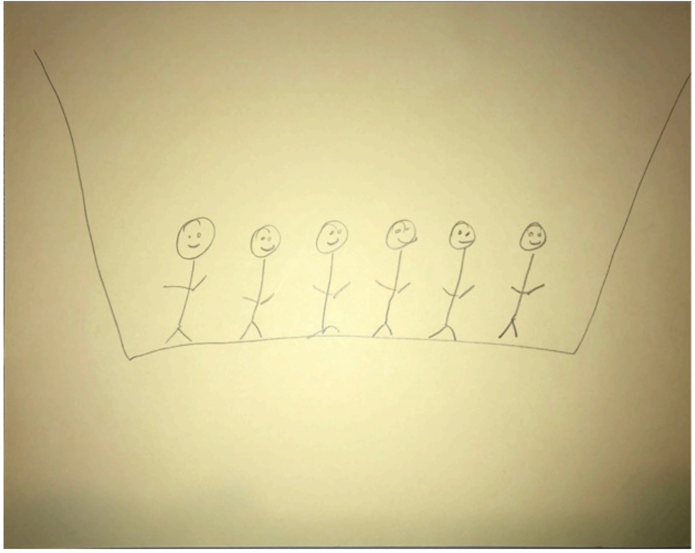
Definition of Inclusion: "*Inclusion, I feel like is something that makes you feel special and makes you feel like it's about you. I don't know, when I've been like excluded from things… to be included by someone after that. That's always like the best like, wow, that's me specifically that they're talking to, it's just a feeling of like, I don't know how to describe it. I'm feeling special, like it's just something for you."*

Explanation of Picture*: "It's a feeling of, you're at such a low, but when someone comes to finally, I guess, reach out… When someone comes to reach out to you and wants to include you, it feels like it pulls you back up, I don't know, it's like an attachment."*

Farrissimo.

Figure 11

Visual Representation of Inclusion: Farrissimo



Note. Farrissimo is almost completely blind. Therefore the visual reponse was created through Farrissimo giving me verbal cues. After it was created, I handed the drawing over to Farrissimo and he was able to hold it close to his eyes and verify that it accurately represented his verbal cueing.

Definition of Inclusion: *"Inclusion basically means like, someone's inclusion is their involvement in something, like how much they are involved in an activity or a process or whatever. So that's basically how I would define it. But also the main idea of inclusion I remember in the play is like being, being involved no matter what your challenge is."*

Explanation of Picture:

Farrissimo: *So basically, as far as the inclusion goes, I definitely could see a bunch of people together just having a great time. Like just…*

Angelle: *Okay, yeah, and where are these people?*

Farrissimo: *Like either in a big room socializing or on the stage performing a scene together.*

Angelle: *Okay, maybe on a stage? And who are the people on stage with you?*

Farrissimo: *My fellow cast members.*

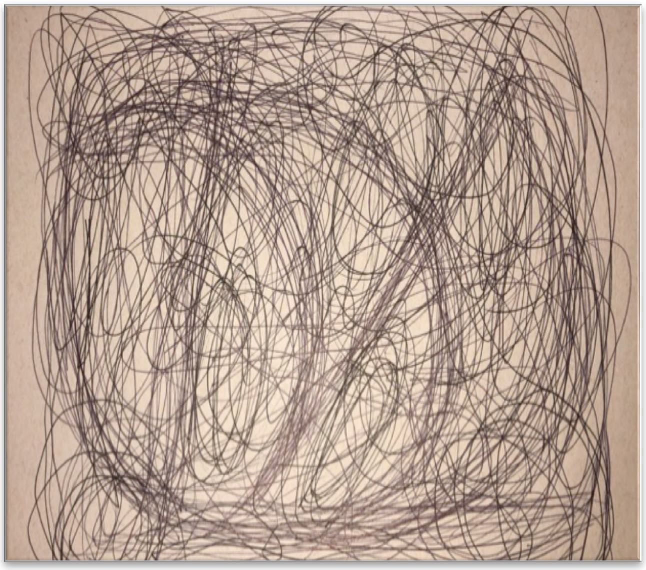
Angelle: *Okay. And what would their expressions be like?*

Farrissimo: *Like they'll be, they'll be smiling. Their eyes wide like they're just having the time of their lives.*

Adele.

Figure 12

Visual Representation of Inclusion: Adele



Definition of Inclusion: *"I think inclusion would be accepting people for their differences and not really like trying to include people just because they're different, but keep an open mind, if someone is different than you and be more empathetic about them and be more open to them, despite their differences. Just people, people have all sorts of different abilities and challenges and backgrounds. Just all coming together and not really, even though we know that they exist, just not really going on about them, and just accepting each other and just bonding together."*

Explanation of Picture: *"It's basically like this like big cloud, like with all these fibers all together. Because inclusion is not just, a lot of people might think of like inclusion of people that look different, that look very differently coming together, but inclusion, in my mind, inclusion is so much more than just that. It's like we're all just these different connections. And all these connections are not always the same. Some of them are more concentrated in some areas than others, but in the end, we're connected. So like a big like thread that binds everyone together. And it's in the thread, even though, it's even though there's limited space on a piece of paper the thread, never actually ends, it keeps on going."*

Though the participants did not have one particular phrase or word that defined inclusion for them, most of the sentiments were the same. Overall, they defined inclusion in two ways, first as being connected to a group, which may cultivate feelings of community, friendship, acceptance, and belonging, and second as not being seen only for their dis/ability, rather understanding that their dis/ability represents only one part of them. People in society exist along an intersectional plane and though the participants dis/abilities effect how they interact with society and how society interacts with them, their dis/ability does not define them completely as a person. Of the ten art responses, five included people together in community with one another. Louise, Lenny, and Adele seemed to depict images which denoted acceptance and togetherness as well. Janelle's image showed that despite differences, within inclusion people come together in the center as a whole. With Esperanza's acrostic she ties several inclusion aspects together into one poem. With all of the definitions of inclusion and the images, there seems to be a sense of belonging, community, or acceptance depicted.

Effects of Inclusion

Four of the ten participants spoke about the effects of inclusion on them. This may have been in shifting their perspective or just in how being in an inclusive environment made them feel. Louise said, "*It's really rewarding to me, because of the feeling of being inclusive. My experience is amazing because I'm included. It's important to me that I get to be included. And it means so much to me."* For Louise, being engaged in the inclusive environment also seemed to shift her perceptive on people who use wheelchairs: "*Esperanza's story is also inspirational to every single audience member, and I feel like you know, this is what I should think about it in my own life when I encounter someone who is in a wheelchair*."

Farrissimo, when asked if being seen was important to him, answered, "*Yeah, yeah, definitely, and being seen also means being included in stuff."* When asked how it felt when he was included, Buddy said, "*It feels like I feel really happy and accepted.*" When asked if she thought she would take anything she'd learned through the show process with her to college the following year. Janelle stated:

> *Definitely knowing about empathy, and just that like, inclusion of people, other people need to be included, they might not be as expressive about it or be as outgoing about it as like, someone else might and, so I could relate and be like, "Oh, yeah, I can definitely see you're not being included, or you need someone." So I'll definitely try and do that, because I could relate to them.*

Throughout the theme of inclusion, the participants expressed feelings of being a part of a community in which they were accepted, as well as a desire to be seen as their whole selves. The inclusive environment within the therapeutic theater production is unique in that it brings people with a variety of challenges together into one group. Friendship pairings, such as that of Katie and Theora, seem to thrive in the environment where each participant can see the abilities in one another and in themselves. The environment sets up unique challenges for each participant, which may push them to be more flexible, patient or kind with themselves and others.

Arts-Based Narrative

As discussed in the methodology, the following arts-based narrative in the form of a script was created to show through a different angle the experiences of the participants, as I understood them. Both the post-intentional phenomenological approach and critical dis/abilities lens support exploring alternate ways of knowing and understanding. The script is another way of sharing my findings as I perceive the participants lived experience of the therapeutic theater production. Every line is taken verbatim from the interviews and focus group. The following figure shows part of my arts-based process of putting the script together.

Figure 13

Photo of the completed ABR narrative

Within rehearsal and during the tour I spoke to the participants about the idea of them being both a mirror and a window for the audience. As a mirror, they are showing those in the audience with similar diagnoses that they do not need to feel ashamed of their challenges and that they can be seen as capable and able on stage. As a window, they show audience members without a diagnosis what it is like for them to live in the United States with a dis/ability. They are giving representation and voice to a population that is not often seen and that holds little power in society. The following narrative is titled, Windows and Mirrors for that reason.

Windows and Mirrors

(The actors sit in chairs in a horizontal line downstage. Behind them empty mirrors and windows are hung on several rows of the fly system at various heights. During different moments in the show, when moved to do so, the cast members may choose to stand or sit behind a window or a mirror, observing the action at the front of the stage. Farrissimo has a guitar and provides the music for the song. All lyrics appear in italics. The lighting is a medium wash with blue, green, or purple gels on approximately 50% of the lights.)

FARRISSIMO

The hustle and bustle of this busy world; People coming and going in a fabulous whirl.

ALL

We all have something to do.
We all have places to be
We all have something to say
But can you see me?

ADELE, THEORA, JANELLE

I'm standing in the shadows holding onto my breathe;
Just waiting to be noticed and fit in with the rest.

ALL

I've got nothing to do
I've got nowhere to be
I've got plenty to say
But can you hear me?

ALL

Can you see me?
Can you see me?
Can you please stop for a moment and just see me?

KATIE

I'm in *Reach Out*. It's a play that my friends are in.

JACKSON

It's been a good experience.

BUDDY

It's been a pleasure being in the show with, even Lenny. Even Lenny, especially in particular.

LENNY

It's been a really, it's been an experience.

JACKSON

I made new friends like Katie, Lenny, and Buddy.

BUDDY

Yeah, I love the cast, because they're like my teammates.

FARRISSIMO

I find it easy to just find someone to talk to and say hi to.

THEORA

This is the first time I've met Louise, and she's also someone I look up to so much. I've just met her recently, and she's just such an advocate, and she has a book and it's like she's doing all this amazing stuff and breaking these stereotypes, and God, I love it.

LOUISE

Esperanza's story is also inspirational…and I feel like you know, this is what I should think about it in my own life when I encounter someone who is in a wheelchair.

THEORA

I look up to Esperanza so much, and I, it's just like, amazing, she's like an idol to me.

ESPERANZA

I've always felt like you guys look up to me, I don't know if it's because I've been here for so long. You guys just, even though I don't know why you trust me, you seem to.

THEORA

It's that same kind of caring with all the people in the cast.

JANELLE

We all have reason as to why we're here, which is more than likely, we all share the same reason. We don't think that anyone else is like us, but we want to be. And so we're like, okay, let's make it ourselves, let's be our own selves, but be ourselves together.

ADELE

Seems like we're all just human. We're all just in this terrible world together.

THEORA

Everyone is equal in their own way. And I think that everyone has, every single person ever needs to be treated as a human being.

FARRISSIMO

Everyone has challenges; many people are dealing with things in their day-to-day life.

ESPERANZA

The more disability isn't seen as… a challenging to how people perceive it… I deal with a lot of culture shock in my everyday life. I deal with a lot of people who don't have a clue what disability is in this country.

LOUISE

The first time I found out I had Down syndrome, I wasn't happy with it. But I had my family to support me. I have Down syndrome, and it's a gift from God.

KATIE

I have Down syndrome, I'm different, and I'm beautiful.

BUDDY

I added a nasty seizure disorder last spring. And now I have to deal with, you know, like running on the treadmill, with a helmet on my head. And having to sleep with a sleeping bag on my bed. But I'm getting more peppy as I sleep with the sleeping bag under the bed with a heating blanket.

FARRISSIMO

A lot of times, a lot of times people with challenges are not always the most visible, they're not always included or seen by other people.

ESPERANZA

Being physically disabled, they don't often think of us as able to be overly powerful, which is something that I'm trying to break.

ANGELLE

Why do you like singing Katie?

KATIE

It gets my voice out of my throat.

ANGELLE

Buddy, you’ve been in a lot of shows. Do you like playing yourself or a character better?

BUDDY

Myself.

ANGELLE

Yourself?

BUDDY

Yeah.

ANGELLE

Why do you like playing yourself better?

BUDDY

It kind of soothes my soul.

ANGELLE

Oh, that's really beautiful, it soothes your soul. Can you say more about how it soothes your soul?

BUDDY

It just makes me feel effective in a good way.

THEORA

I feel like it's helped me so much with growing to be more of a leader.

JANELLE

They're not just here, just to perform, they're here to tell their stories or to grow, grow as a person.

LENNY

(through a butterfly puppet)

She was once a caterpillar you know? All us butterflies start off as caterpillars.

ANGELLE

Right, they change from one thing to another. Did Lenny feel like he had any changes in the show that came over him?

LENNY

(through butterfly)

Lots!

ESPERANZA

If I can think back to my first few years doing this, I think that's when I grew the most.

JANELLE

This year, we get to really tell more of our stories.

ESPERANZA

I think for a lot of people taking control over their story will hopefully carry in to being strong enough to also make decisions for themselves.

THEORA

I've always tried to keep depression and anxiety and even fibromyalgia, I've tried to keep it inside like 'oh no, no, don't worry, it's not there.' But now, just now in my life to drastically go from 'I know I want to keep that inside' to say, 'No. No, I have to, to show it.'

ADELE

This show was an opportunity for me to kind of talk about some of that mental health stuff that I deal with.

JANELLE

I didn't feel like I could talk about it with other people because they always made it seem like a joke. And I said, "How do I talk about it and not either get made fun of or how do I feel included if I were to talk about this?"… And for me now to actually be able to talk about it, I'm proud of myself for that, and it's taken a little while, and I didn't think that I'd be able to talk about it on stage. I thought at first, during my first show, I was just going to include my bleeding disorder, my head injury, but I'm like, 'No,' I know I need to push myself to talk about it, because it's a real topic, and I don't just have a head injury, and I don't just have the bleeding disorder. I also have depression and anxiety, and I know that talking about it would help me.

THEORA

I started to be more comfortable with my own emotions and how I feel, instead of brushing it off, and still getting on stage and talking about how I feel, and depression and stuff, that's still kind of hard for me, but every time I do it, I push it through the uncomfortability of it, and I love the uncomfortability of it, because it's helping me to realize I don't have to be uncomfortable about this, and this is something I should talk about, and I need to share my experiences. And every time I do it, I still get more and more confident with my ability to do things.

ADELE

I kind of felt a little more vulnerable during this time around, and I felt like ... I had grown, but when I stop and think about it, I realized the fact that I can talk about my mental health problems during the show, unlike the last few shows, kind goes to show how much I've kind of grown as a person. How I've kind of handled the things because as much as I probably wanted to, when I first did this, I probably was not ready to talk about my mental health on stage, and I feel like this .... I feel like I've just grown.

FARRISSIMO
People out there in the world tend to see the challenge first, and so they don't see what else may be more interesting about that person.

FARRISSIMO
Stepping out of the darkness and into bright lights;
Showing myself to the world is a frightening delight.

KATIE, LENNY, BUDDY, JACKSON
I want something to do
I want places to be
I want to scream loudly
'Can you please see me?'

ESPERANZA AND LOUISE
Quiet moments alone with my feelings
Allows me time to think of where I belong
Asking myself lots of questions
But no answers seem to come along.

ALL
We all have things to do
We all have places to be
We all have something to say
But can you see me?
Can you see me?
Can you see me?
Can you please stop a moment and just see me?

ESPERANZA
When I started Same Sky, we weren't even talking about inclusion yet. Because we had to teach them though our actions what it is.

ANGELLE
How's it feel when you're included?

BUDDY
It feels like I feel really happy and accepted.

ESPERANZA
So inclusion is being in an environment where being disabled isn't the first thing that people see. So, being disabled is a thing. But it's a part of us, it's not what we call all of us. And then it's also, so inclusion is being able to walk into a room and have them say, 'Hi Esperanza,' and not look at the chair. The chair is how Esperanza gets around, not how… the chair doesn't get around without Esperanza. But it's not about... I need to live in a world where…I don't need to be reminded that I'm disabled by the world, because

ESPERANZA (cont.)
the world already reminds me that I'm disabled. So, if I can walk into a place where my disability isn't the biggest elephant in the room, then that's what inclusion is.

THEORA
Every time someone is included with something, it's different every time, it's like snowflakes.

ADELE
I think inclusion would be accepting people for their differences and not really trying to include people just because they're different, but keep an open mind, if someone is different than you, and be more empathetic about them, and be more open to them, despite their differences.

THEORA
Inclusion, I feel like is something that makes you feel special and makes you feel like it's about you.

FARRISSIMO
Being seen also means being included in stuff.

JANELLE
I guess not seeing… not just seeing people from the outside, you have to truly know and find out the person on the inside, because I don't seem like my disability on the outside. So, I might not be included because I am withdrawn, or I am shy, and all that, but once you get to know me and include me like I become this hyper person, I am not so quiet. You'll want me to shut up at times! But just waiting to find out about someone and then accepting them and just learning more about them would be inclusion.

BUDDY
Inclusion means participating. And given the chance to be part of a group.

THEORA
It's a feeling of, you're at such a low, but when someone comes to finally, I guess, reach out… When someone comes to reach out to you and wants to include you, it feels like it pulls you back up, I don't know, it's like an attachment.

ADELE
Inclusion is not just… a lot of people might think of inclusion of people that look different, that look very differently coming together, but inclusion, in my mind, inclusion is so much more than just that. It's like we're all just, like, different connections. And with all these connections are not always the same. Some of them are more concentrated in some areas than others but in the end, it's like a big like thread that binds everyone together. And it's in the thread, the thread never actually ends, it keeps on going.

JANELLE

You're not alone, you got this, there are people like you.

FARRISSIMO

I chose to do this show because I really enjoy performing in general. But with this I get to perform, but in a different way. And it gives me an opportunity to tell my story too.

THEORA

I feel like all of the things in this show have just kind of emphasized what I felt before, about empathy and inclusion, of things that I already know. I feel like this just makes it stronger.

LOUISE

It's actually important to me that I get to be included. And it means so much to me.

JACKSON

I had fun. I sang songs and made new friends. I told people about my disability and why I talk with my iPad.

ESPERANZA

I never felt less than.

KATIE

I love the play and the people who are in it.

BUDDY

My experiences were pretty excellent.

THEORA

Whenever I'm in a show, I feel lots of growth.

JANELLE

Whoa, look at how far I've come.

JACKSON

I like doing Same Sky. It made me proud.

ESPERANZA

I think we have an opportunity as a cast to break some of those stereotypes.

LENNY

(though cow puppet)

But he's kind of disappointed, kind of sad that it has to end.

BUDDY

Hopefully you will include me as long as I, I want to be included.

ANGELLE

We will include you for as long as you want to be included. You're always welcome back.

ADELE

And I'm going to say, ironically, but we all live under the same sky.

ALL

The hustle and bustle of this busy world;
People coming and going in a fabulous whirl.

We all have things to do.
We all have places to be
We all have something to say
But can you see me.

Discussion

This research study sought to illuminate the lived experiences of participants with various physical, mental, and emotional challenges in an inclusive therapeutic theater production. The ten participants shared some similar experiences that have been highlighted through the themes and arts-based research play in the previous chapter.

The research problem that was addressed through this study was that individuals with dis/abilities often find themselves excluded or marginalized in society and may benefit from an inclusive environment in which they feel a sense of belonging and community. Furthermore, by providing a public platform for these populations to use their voice and tell their story, participants can experience destigmatization and societal acceptance.

This study was approached through a post-intentional phenomenological lens, informed by critical dis/ability theory. Throughout the study I attempted to bridle my own assumptions and biases to present as authentically as possible the experiences of the ten participants engaged in the therapeutic theater productions. All results and the discussion of these results are presented with an understanding that though I sought to best capture and describe the lived experience of the participants, all conclusions come from my lens and worldview. Within the theoretical orientation of this study, there is no one truth to be understood. The discussion of the results is my perception of what happened in the study, and another researcher may have come to different results. Both post-intentional phenomenology and critical dis/abilities theory aim to highlight multiple layers of understanding through multiple perspectives and acknowledge the intersectionality of all that is being observed. As a critical dis/abilities lens was used, questions such as, who are the oppressed and the oppressors in these scenarios? and who is holding power or being denied power? arose throughout the study and will be key to the discussion of the results. I posit that one's reality is tied to their experiences and cannot be separated from culture or society. Therefore, the experiences presented only represent the ten participants who took part in the study and are unique to them, the time, and place in which the study occurred.

Though the experiences have been explored in depth within the results, it is important to highlight connections between the themes and the current literature to ground the results in the field of drama therapy and disability research. This chapter will interpret and describe the findings of this research study in light of what the current literature already tells us and explain any new insights that emerged through the post-intentional phenomenological and critical dis/ability theory lens. This chapter will also describe the limitations of this research, as well as potential future implications.

Major Findings

This study asked, "What is the lived experience of a participant involved in an inclusive therapeutic theater production?" As it showed up in the data, the lived experiences of the participants centered around belonging and community, feelings of empowerment, and the desire to make societal changes.

One of the major findings of this study is that the inclusive therapeutic theater environment seemed to allow participants to have everyday interactions with their peers that are often taken for granted in society and often unavailable for those with dis/abilities. The environment created a sense of belonging and acceptance for the cast members that, in turn, cultivated relationships and community within the cast. This also seemed to increase acceptance of differences among the cast members and increase their empathy for others with challenges similar and different from theirs.

Another major finding explores the concepts of empowerment and societal impact. Being placed into a position of power in which one can offer help may increase a person's emotional well being by showing them they have something to offer, thereby increasing their sense of empowerment (Eleni- Hatzidimitriadou, 2002; Schutt & Rogers, 2009). Telling one's own story on stage also may increase these feelings of empowerment by showing the participants that they have a voice to be heard, thus creating a societal impact on how those with these types of challenges are viewed in the community.

Belonging and Community

Through the therapeutic theater production, a sense of community and belonging was cultivated among the cast members, as was evidenced by the peer interactions highlighted within the results, such as when Farrissimo stated, "*I certainly have felt such a connection. I feel a great sense of community in this cast…I empathize with everybody here, and I find it very easy to socialize with people."* The sense of community and belonging also generated an awareness of acceptance that encouraged the creation of new relationships and the deepening of others. It has been shown that when social and emotional bonds are created between group members, a sense of connection and acceptance can emerge, two factors that are fundamental to the healing process (Cozolino, 2002, 2006). Grainger (2013), a drama therapist, reflected on fundamental relationships that are formed through theater. He wrote,

> Human vulnerability, our own or other people's, draws us closer to one

> another, just as fear keeps us apart... Theater is about the way we see ourselves: the way we value ourselves, protect ourselves, bestow ourselves. Because of these things it is also about how we discover ourselves, not merely theoretically but existentially, in and through relatedness. (p. 163)

The inclusive environment that was fostered through the therapeutic theater production seemed to support multiple types of connections, feelings of acceptance, and the cultivation of friendships which, in turn, could have promoted healing.

The participants also expressed positive experiences of having a platform in which to tell their story, giving both a sense of ownership and pride in their journey. As Emunah (1994) reflects, theater shows in which those living on the margins of society are able to play themselves and tell their stories give those populations a platform to "*come out* with their private identities and histories" (p.251). This platform helps to celebrate and enumerate their stories and bring them into public view. There was also personal growth achieved through both the production process and the telling of one's own story as evidence by statements such as Adele's, "*Through playing myself on stage, I managed to get beyond some of those challenges of self-esteem and knowing who I am, I learned more. I gained more appreciation for myself and I know a little bit more about myself.*" Neuropsychiatrist Daniel Siegel (2007) wrote, "The mindful telling of our tale can be greatly healing of unresolved issues in our life" (p. 309). By telling their stories on stage, the participants seemed to understand themselves and what they are capable of more fully.

Within the building of the community during the production, participants seemed to increase their empathy and understanding of their fellow cast members who faced both similar and different life challenges as them. This empathy development appeared in statements such as when Louise said, "*Esperanza's story is also inspirational to every single audience member, and I feel like you know, this is what I should think about it in my own life when I encounter someone who is in a wheelchair*," Adele had her own revelations about others with special needs, "*It also shifted kind of my perspective of empathy because sometimes there've been kids in the audience that are special needs…it's helped me like to put myself more into like their place."*

There may be an assumed level of empathy already in existence among those with dis/abilities for all others with dis/abilities; however, research has shown that feelings of self-stigma may cause distance among those who deal with similar challenges (Finlay & Lyons, 2000). One of the goals of the therapeutic theater productions is to spread awareness of and empathy for those with various challenges, and this appeared to happen not only within the audience, but also among the cast itself.

A person with a dis/ability may experience public stigma or self-stigma, both of which can negatively affect self-esteem, heighten negative emotions, and cause withdraw from their communities (Abraham et al., 2002; Corrigan & Watson, 2002; Paterson et al., 2012, World Health Organization, 2001). Additionally, those that are aware of their dis/ability, such as those featured in this study, are also aware of the stigma attached to their dis/ability (Craig et al. 2002; Dagnan & Waring 2004) and may distance themselves from others with dis/abilities as a coping mechanism (Finlay & Lyons 2000). Activities such as the therapeutic theater production may increase their disability pride (Bogart et al. 2018) and combat such actions and feelings. Studies have shown that having a positive dis/ability identity can contribute to a sense of belonging for those with dis/abilities

(Mejias et al., 2014; Raver et al., 2018); therefore, the environment provided in this study in which the participants expressed feeling a sense of belonging may also point to the participants having a positive dis/ability identity. This was evidenced by participants talking about feeling a sense of pride. Jackson stated, "*I like doing the Same Sky. It made me proud,"* and when addressing her choice to talk about her anxiety of stage, Janelle said, "*And for me now to actually be able to talk about it, I'm proud of myself for that.*"

The findings of this study are supported by similar findings in previous research on therapeutic theater with populations with dis/abilities by Bailey (2009), Emunah (1994), Emunah & Johnson (1983), Hodermarska et al. (2015), Mitchell (1992), Snow et al., (2003, 2008), Stembridge de Aguilera et al., (2018) and Wood et al., (2020) including:

- That participants experienced a sense of well being and increased self-esteem through changing roles from someone seen only with a diagnosed challenge to that of a performer with a story to tell.
- That as a performer they experienced a deeper understanding or acceptance of their own challenges, story, and journey.
- That the environment provided created a sense of belonging, community, and support and an opportunity to deepen relationships.
- That sharing their story with an audience provided a sense of empowerment and possible changes in audience perceptions and attitudes.

Overall the feelings of belonging seemed to help to cultivate a community among the participants. They experienced acceptance from one another and acceptance of self, possibly expanding their empathy levels. By building their positive dis/ability identity they may have decreased their self-stigma and by sharing their stories on stage to eager audiences may have experienced feelings of decreased public stigma.

Empowerment and Societal Impact

Through the therapeutic theater production, participants talked about their experiences of living in society with a dis/ability. They made statements such as, "*People out there in the world tend to see the challenge first, and so they don't see what else may be more interesting about that person,*" and "*I don't need to be reminded that I'm disabled by the world, because the world already reminds me that I'm disabled.*"

The stage became a platform in which they could claim and utilize a power that may have previously been unavailable to them, that of a captive audience who offered them positive feedback and support, affirming their identity as a person with a challenge. By being on stage and talking about their challenges with transparency and without shame, not only does the audience see them, but they feel appreciated by that audience. Buddy said, "*I think audiences really like it…they are really respectful, and they listen to what each one of us has to say*." Observing the audience's reaction to the show, Theora stated, "*It's so great when you see kids like leaned in, and they kind of, they have their mouths open, it's like they get it*." Lenny said about the audience, "*I'm sure they love it.*" In line with previous research, the participants were able to take to the stage, sharing their real life stories, to possibly alter public opinions about those living with a life challenge (Raphael, 2004, Lister et al., 2009, Bailey, 2010, Gjaerum & Rassmussen, 2010, Snow et al., 2017).

As creative arts therapists, I feel, as do others, that it is our duty to empower those who are disempowered by society. The powerful tool of theater can change perceptions and attitudes (Bailey, 2009; Sajnani, 2011). The therapeutic theater productions are able to highlight and address power dynamics present in society, thereby encouraging participants to confront and challenge these dynamics. Sajnani (2011) wrote, “Through our varied approaches, creative arts therapists enable an embodied, affective, and interpersonal responsiveness to change, amidst suffering, against oppression, and as an experience of social justice” (p.186), calling on creative arts therapists to utilize our methods to empower those on the margins of society and push for social change.

The participants expressed feelings of empowerment through both helping others in the cast and being able to effect change in the audiences. Louise said, *“I can accept help and can be helpful... I didn't realize, but it feels good to help someone even though it's kind of hard sometimes to help someone and be out of your comfort zone*.” Buddy stated, “*It made me feel good to be a helper.”* Theora said, “*...just knowing that I've helped someone in a way, that helping someone can make them feel relieved or happy or anything. Just knowing that I've done that for someone is a great feeling to have put back on you.”* Morrow and Hauxhurst (1998) define empowerment “as a process of changing the internal and external conditions of people’s lives, in the interests of social equity and justice, through individual and collective analysis and action that has as its catalyst political action” (p. 41). Helping others has shown to lead to feelings of empowerment for some stigmatized populations (Eleni- Hatzidimitriadou, 2002; Schutt & Rogers, 2009). This sense of empowerment may increase the participants’ feelings of self worth and overall wellbeing.

As evidenced by the participants sharing their experiences of helping out fellow cast members and of being in a position of power, the inclusive therapeutic theater environment supported this dynamic. The inclusivity of the production, in which participants with varying types of abilities and skills were placed together, allowed for those who are rarely in a position to offer help to do so. This occurred through technical support, emotional support, physical support, advice giving, and mentoring opportunities. Placing individuals with vast abilities, expertise, and challenges all together in one group provided novel chances in which the participants could offer one another help. Empowering the participants through the production could help them to feel empowered in society, thus use that power to make social changes and fight the oppression of those with traditional dis/abilities, mental illnesses, and chronic illnesses. Though some may argue that creating a show in which differences are highlighted further increases the "othering" of those with dis/abilities, studies have shown that positive dis/ability identity, which the therapeutic theater production supported, contribute to sense of belonging which can increase overall well being (Bogart et al. 2018; Mejias et al., 2014; Raver et al., 2018).

Limitations

As with any research study, there were limitations to this inquiry. One major limitation was the narrow demographics of the participants. All shared the cultural lens of being white and mostly middle class. Though their experiences are likely to differ from someone with the same demographics but without a challenge, there are inevitably societal benefits they have received because of their skin color and socioeconomic status that effected how they experience the world, and therefore the inclusive therapeutic theater process. To extend the understanding of experiences, further research with individuals from more diverse backgrounds should be completed. In addition, there was not a process of prolonged engagement with the participants as data collection lasted only four weeks. The data consisted of only one set of interviews and one focus group. An extended study that included cast members over a longer period of time would have produced more and possibly different data.

As stated previously, the voices of the more verbal participants were privileged in the study as there were more data to pull from. Therefore, some of the experiences of the less verbal participants may have been lost. As there were no participants in the current cast without diagnoses, this individual perspective of the inclusive environment was not included.

Finally, no matter how much it was addressed throughout the study, researcher bias is present and the personal lens of the researcher affected the understanding of the results. I served in a dual role as researcher-practitioner, both conducting the research and directing the therapeutic theater show. Because of this, there is a chance the participants said what they thought I wanted to hear at times during the interview and focus group or repeated some of the same language I used when talking about the therapeutic theater process with them.

A part of the post-intentional frame is the understanding that findings are incomplete, are bound to the time and place of the study, and are presented through the researchers lens. Therefore it is important to note that there are limitations to my understanding and presentation of the data.

Implications/Contributions to the Field

This study signified an innovative effort to bring together an inclusive group of young people with challenges to understand their experience of inclusion through a therapeutic theater intervention. Participants had a variety of traditional dis/abilities, mental illnesses, and chronic illnesses. A main focus of the study was to highlight the participants' voices throughout and to present the participants as full and complex individuals with a variety of challenges and abilities.

As with the pilot study, this research contributes to the limited literature on inclusion, dis/abilities, and therapeutic theater. This study can impact future research in the fields of inclusion, dis/abilities, and therapeutic theater by highlighting the sense of community and belonging that can be achieved through inclusive therapeutic theater, as well as using the platform to increase participants' sense of empowerment and their position of power within their communities.

The study represented an in-depth look into the experiences of individuals with dis/abilities, and highlighted the relationship building that was possible between multiple types of people in a supportive and safe environment. The critical dis/abilities approach allowed space for the participants to express their feelings on the topics of equality, power, empowerment, advocacy, and autonomy over narrative. Distinctive in its depth of participant voice, the participants explored how telling their stories affected them, their view of themselves, and of the world. This perspective is not currently shown in the therapeutic theater literature.

Additionally, future practices can be examined to create a more inclusive model to include multiple types of dis/abilities in arts-based and drama therapy settings. The participants discussed their unique and varied definitions of inclusion, giving new meaning to how inclusive practices are experienced by populations who are possibly being included for the first time. The inclusion perspective practiced in this study can open up opportunities and connections for those with a variety of challenges as it supports the inclusion of people with many differences into one group. Moreover, the prominence of participant representation throughout the study gives voice to populations that are often ignored in research. It is my hope that more studies which feature marginalized populations work to make sure that the participants' voice is privileged throughout.

Conclusions

At the start of this paper, I discussed my introduction to mental illness, chronic illness, and traditional dis/abilities and how it shaped me as an individual, practitioner and researcher. There is a clear need for continued and added support for these populations through various means, such as the creative arts therapies. Using a critical theory lens can help researchers place value on the individual's experience and worldview, as well as increase representation of voice in the literature. As a researcher with many privileges, it is my responsibility to use my inherent power to give power to others. There is no one correct way to engage in research with marginalized populations, but there are tenants that should be followed which prioritize anti-oppressive practices.

The experiences of the participants in this study were both unique and universal, as are all human experiences. I am profoundly grateful for the chance to better understand and illuminate these experiences with my participants. This study can only represent my thoughts and elucidations of the phenomenon at hand. This is one reason why continued research on this subject is needed.

A sense of belonging may be one of our most important and influencing factors in how we live our lives. It seemed through this study that if we belong to a community and are accepted, we are more able to accept ourselves, and more willing to contribute to that community. In turn, communities in which voices are not marginalized and every person is seen as having value, ability, and power could be formed. It is not so simple, of course, but a challenging and important endeavor for our society to pursue.

Though this list is in no way exhaustive, I would make the following recommendations for future steps in inclusion practices in therapeutic theater and in research:

- Increased formation and accessibility to inclusive groups that invite participants with various challenges, as well as those with no diagnoses, to work together toward a common goal.
- Further empirical research on the effects of inclusion both inside and outside the classroom with children, adolescents, and adults. This research should include varying populations in the same group, as well as individuals with no identified diagnoses. Furthermore research should address power and equality within inclusion to promote an inclusion model where all are empowered and valued.
- Marginalized voices, such as those of people with dis/abilities, should be privileged in research to increase visibility of these voices.
- Continued research on the effects of therapeutic theater on marginalized populations. This research should seek to expand empirical knowledge through both qualitative, art-based, and quantitative inquiry in order to further define the mechanisms of therapeutic theater and create operationalized models that drama therapists can train in and utilize in their practices.

- A concentration on research with individuals with dis/abilities of varied cultures, races, religions, sexual orientation, and other varied identity factors to increase the understanding of the experiences, values, and needs of these populations.

This study is just one piece of research to add to and expand our existing understanding of the concepts of therapeutic theater and the inclusions of populations with traditional dis/abilities, mental health challenges, and chronic illnesses into one group. As the research with these populations grows, further opportunities for dis/abilities populations may arise. Increased visibility may influence the overall understanding of and advocacy for marginalized populations.

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Appendix A

REACH OUT SCRIPT

CASEY
You never know a person's story.

TRISH
You never know what their life is like

BOTH
We are all searching for a friend –

ALL
So REACH OUT and let somebody in!

ESPERANZA
My name is Esperanza. When I was born, the doctors knew I would be different as a result of my Cerebral Palsy. I've always had to fight against the limitations people set for me.

FARRISSIMO
We're all born with differences, for some of us, it's obvious right away, and for others, it takes time for our differences to emerge. I was born visually impaired, and that has changed how I perceive the world compared to most people around me. But my differences are also my gifts.

ADELE
We're all different, and yet we have a lot of similarities.

ADELE AND FARRISSIMO
We are more alike than different
We are more the same than not
We are all searching for a friend –

ALL
So REACH OUT and let somebody in!

JACKSON
When I was born, I weighed just 1 pound. Like Esperanza, I was diagnosed with cerebral palsy. You may wonder why I am talking through this machine. It's because when I was born the doctors put a tube down my throat which damaged my vocal cords and left me without a voice. But, I work everyday to express myself in different ways.

KATIE
I have Down syndrome. I look different and I'm beautiful.

LOUISE
Having Down Syndrome has helped me to know that I am not alone and can overcome my challenges. Writing has really helped me to realize that having DS doesn't define me. I love myself as a DS person.

JANELLE

You never know a person's story.

BUDDY

You never know what their life is like

BOTH

We are all searching for a friend –

ALL

So REACH OUT and let somebody in!

BUDDY

The message we want to give you today is about empathy and inclusion.

LENNY

(through his puppet, Charlie)

What's empathy?

THEORA

Empathy is the ability to understand and share the feelings of another.

LENNY/CHARLIE

How about inclusion?

JANELLE

That means that people with all kinds of differences are included, respected, and given a chance to share who they are and the unique gifts they have and are invited to participate as part of the group.

LENNY

Like me, and my friend Charlie here (*Holds puppet up.*) Hi everyone! *(As himself.)* One of my unique gifts is that I'm great at character voices. Some people may see that as weird, but I found a group where I was included and could share this talent with others

LENNY

They say walk in another person's shoes. That you'll find someone just like you.

THEORA

They say see thru another's eyes. If you can you'll soon realize

THEORA AND LENNY

that we all live,

ADELE, FARRISSIMO, JORDAN, ESPERANZA,
THEORA, LENNY

we all live,

ALL
we all live under the SAME SKY

ESPERANZA
For years I've been saying, we all live under the same sky. To me, that means that people across Virginia, across the country, and across the world look out of their windows at night at the same stars, the same sky.

ALL
You never know a person's story.
You never know what their life is like
We are all searching for a friend – So REACH OUT and let somebody in!

ESPERANZA
Jackson and I both have cerebral palsy. Cerebral palsy looks different for everyone.

FARRISSIMO
So does autism.

ADELE
Lenny, Jeremey and I all have autism, and are all very different!

FARRISSIMO
And anxiety.

THEORA & JANELLE
Like with us!

FARRISSIMO
Or Down syndrome, like Louise and Katie.

ESPERANZA
Jackson and I both have cerebral palsy. Cerebral palsy looks different for everyone.

FARRISSIMO
So does autism.

ADELE
Lenny, Jeremey and I all have autism, and are all very different!

FARRISSIMO
And anxiety

THEORA & JANELLE
Like with us!

FARRISSIMO

Or Down syndrome, like Louise and Katie. No matter our label, it only describes part of us. The point is, we all have challenges we're dealing with. I bet many of you out there also deal with things in your day to day life.

ADELE

When you have a challenge, sometimes it can be hard to communicate to others what you need or to have your voices heard. Especially in a world that moves so fast!

JORDAN

Especially in places like the school hallway! Sometimes navigating it can seem like an obstacle course! Watch, and we'll call it out, play by play… And they're off!

LENNY

Esperanza fakes left! Watch out Jackson, that's a tight fit. Louise, don't forget to look up! Oh, stopped by a hallway texter. Bad form Farrissimo.

BUDDY

Book bags.

THEORA

People stopped at their lockers talking.

ESPERANZA

Groups of kids walking without looking.

LOUISE

People texting, but pretending they are not texting,

JACKSON

It can be scary in the halls, and I can't call out to tell people to watch out, but I've gotten used to it.

FARRISSIMO

Not a lot of people really notice me anymore, so the hallways can be really lonely and challenging. It can make a big difference when someone does offer help.

Music To My Ears

BUDDY

The hall was very crowded as I was rolling through. The students that passed me by didn't have a clue. They stare and they whispered and looked right thru me.

ADELE

*I think she was wearing a soccer jersey**.** I think she was rather tall. I think she had a soothing voice; at least that's what I recall. Hearing her say five small words makes a person feel hope and those words she said to me help me cope.*

BUDDY
She said,
TRISH
"How can I help you?"
ALL
"Do you need a door to open, Can I carry that for you?"

TRISH
"How can I help you?"
ADELE
She said it without any fear. Which was music to my ears.

ADELE
I do fine in crowds of people, but once a crowd becomes loud, obnoxious, or erratic in general, it heightens my anxiety.

JANELLE
So does being in a new situation, where I don't know if I fit in or how to behave. Sometimes I just shut down.

THEORA
When you live with anxiety, it can be around every corner.

A War in My Head

THEORA
A war in my head

JANELLE
I want to hush the voices

ADELE
People always tell me it's so easy.

ALL THREE
That I've got choices
ALL ON STAGE
Chaos, Anxiety, Overwhelmed, Anxiety. You can't take my moment away

JANELLE
I have anxiety, a bleeding disorder which means my blood doesn't clot or stop easily if I get hurt, and a traumatic brain injury from a bad fall. Sometimes it feels like my challenges are all working against me. *(Janelle has updated.)*

THEORA

Living with depression, anxiety, and a chronic pain disorder means not knowing if I'll be able to the things I want to do, like getting on stage, doing well on a test, going out with friends. Living with anxiety means constant questioning, was that funny? Should I have laughed? Did I say the right thing?

ADELE

My diagnoses consist of Autism, ADHD, depression, and anxiety. These disorders mean that I don't know what to do in social situations. It seems that I talk too much or too little. Many think that since I'm autistic, I don't understand social rules, but I perfectly understand these rules. I just have trouble executing them. I am highly intelligent, which is an advantage in my academics, but a disadvantage in my social life. As a result, making friends is a constant struggle; there doesn't seem to be anyone I truly connect with.

THEORA

It's the war in my head

JANELLE

The unstoppable voices

ADELE

Feelings always keep me in uncertainty.

ALL THREE

What are my choices?

ALL ON STAGE

Chaos, Anxiety, Overwhelmed, Anxiety. You can't take my moment away

THEORA

Always questions,

JANELLE

never answers.

ADELE

My mind stops me from being

ALL

FREE to be more out-going
FREE to surround myself with friends
FREE to have a new beginning and an end

JANELLE
The truth is, we all face battles, and we don't always win. If you ever feel overwhelmed or anxious, try closing your eyes, taking a deep breath, and try to move on – remember, the moment is temporary & you can get through it

THEORA
Reaching out to someone is key. Whether you have anxiety or any different challenge – remember that we're all going through something and getting outside of ourselves and our own struggles can help all of us to feel better.

ADELE
I promise you are never truly alone, even if it constantly feels like it. There's always someone who can relate or who will understand, even if that person is an adult or mentor. Finally, remember be kind, patient, and flexible with not only your peers but also yourself.

THREE GIRLS
So if you have anxiety Just take a breath

ALL
(breathe)

LOUISE
When you have anxiety, or are in a wheelchair, or are blind, or have any challenge that make it hard to get around, going out, well, it can be an adventure.

FARRISSIMO
I know that the world has tried to make accommodations, but it doesn't always succeed. Sidewalks with high curbs.

LOUISE
Doors that are not wide enough.

FARRISSIMO
Bathrooms without handicap accessibility.

LOUISE
Hallways that are too small.

FARRISSIMO
Countertops that are way out of reach.

LOUISE
Places where everyone else in the world goes to shop,

FARRISSIMO

To Meet!

LOUISE

To Eat!

A Trip to A Restaurant

TRISH, LOUISE, BUDDY, JANELLE

Parking at a restaurant looking for a place see somebody took the handicapped space, wanna tell them off make 'em feel like a disgrace.

ALL

Want to stand up for my rights.

TRISH, ADELE, FARRISSIMO, JORDAN

Too many tables too many chairs, Too many people that make feel scared. Walking with their trays and their cups filled full possible disaster to unfold.

ALL

A trip to restaurant in a wheelchair is so much fun. A trip to restaurant watch out world here I come. A trip to restaurant in a wheelchair is so much fun. A trip to restaurant watch out world here I come.

TRISH, THEORA, JACKSON

A girl gets hungry inside of a chair, my foods on the counter 2 feet in the air. I'd reach if I could, but there's no one around. I'd scream for help but nobody's there.

TRISH

Then a manager leans over the counter and says,

LENNY

"CAN I HELP YOU?"

TRISH

assuming that I don't understand. So I reply,

ESPERANZA

"YES!   THANK YOU!"

ALL

A trip to a restaurant in a wheelchair is so much fun. A trip to restaurant watch out world here I come. A trip to a restaurant in a wheelchair is so much fun. A trip to restaurant watch out world here I come.

CASEY

So next time you're at a restaurant, and you see someone who may need help, hold a door open for them, clear a space, or even just smile at them and say hello! Sometimes people just need a friendly face.

LENNY/CHARLIE

Have you ever been in a store or walking down the street and you see someone who seems to be having a meltdown? That person may have autism or a similar challenge, and they may be having a moment where they can't control their feelings.

BUDDY

Sometimes sounds and other sensory input can overwhelm a person and cause all sorts of unusual looking or sounding behaviors that are just their way of trying to cope. In fact, we all have had moments of overwhelm like that, right? I know I have!

LENNY

Me, too!

Being Autistic

LENNY

I have trouble speaking sometimes. I have trouble telling you how I feel.

LENNY/CHARLIE

My days can get real hard for me, being Autistic is not easy.

BUDDY

I have trouble understanding things that people say to me.
Sounds and light put up a fight in my mind.

LENNY/CHARLIE

Until I find a way to quiet the world outside.
Find a way to join with someone.

LENNY AND BUDDY

I'm like any other kind of guy; who wants friends and to have fun,
Just being realistic it's not easy being Autistic.

LENNY

I like to act, sing, and create stories with all of my character voices. Sometimes getting through a day is hard for me. It's overwhelming to deal with change and to be flexible – other people seem to handle that stuff more easily than me. But when I'm on stage, I feel really happy and accepted for ME!

BUDDY

I like to play piano and saxophone, and to conduct. I have autism and recently I was also diagnosed with a seizure disorder. That has been really hard to deal with and scary. But through this experience, I know I am growing stronger and I will never give up!

BUDDY AND LENNY

Being Autistic is really cool.
My unique brain is my strongest tool
Seeing life from a different side;

LENNY/CHARLIE

being Autistic, no need to hide.

BUDDY

I like music it takes me to, a place where I can be just like you.

LENNY

Many people wish they could be a little more autistic,

LENNY/CHARLIE

just like me.

ESPERANZA

If you were to describe me right now, what would you say? I am sometimes labeled as the girl in the wheelchair, but people don't usually look beyond that. Would you think I'm smart? That I could play sports or dance? Hold a job? Write a show? Teach a class? We are showing you today that it's okay to have a label, like CP, or autism, or anxiety, but you can also live beyond your label, to create a full and happy life.

(Wheelchair dance)
(Farrissimo on guitar underscore while Adele reads poem.)

ADELE

Despite limitations
I have thrived
Limitations don't take away your ability to dream

Cerebral palsy might stop my body from moving like yours
But it doesn't stop my mind from thinking

My CP has taught me patience
To be humble
Taught me it's necessary to find my own way of doing things
Physicality is not always my biggest obstacle
Sometimes my biggest obstacle can be my own thoughts

ADELE (cont.)
My CP can be seen as a gift. I can break barriers and change perceptions just by opening my mouth

I am kind
Strong
Able to do anything I set my mind to
I am abilities

FARRISSIMO
One thing that helps is strong relationships with friends and family and knowing that we have dreams and many possibilities ahead in our lives, just like you! I have a lot of goals, but to be honest, I wish I had more friends to share them with. Being visually impaired can make it hard to know who's around me to talk to and sometimes other people think my challenge is a bigger deal than it is, so they don't always ask me to join in. I bet that's also true for a lot of you who feel left out in the world and just wish someone would ask you to join in. But in those moments, it helps to remember what brings you joy and makes you feel good about yourself! It helped me to write a song about one of my favorite places to go…the Caribbean!

Caribbean Beach
FARRISSIMO
It is a beautiful day,
A day to get away,
A day to be outside,
To be outside and play.
On this small island in the Caribbean, there's so much to do.
The thing I'd love to do is lie on the beach with you.

ALL
Here in the Caribbean, it is always nice and warm.
A day at the beach is fun.
We'll play out in the sun.
Here in the Caribbean, nothing to do but have some fun.
If you'd like to go to the beach, why don't you join me.

Here in the Caribbean, it is always nice and warm.
A day at the beach is fun.
We'll play out in the sun.

FARRISSIMO
Here in the Caribbean, nothing to do but have some fun.
If you'd like to go to the beach, why don't you join me.

JORDAN

For some, this is the first time sharing our stories and trusting all of you that we can be vulnerable, which hopefully inspires some of you to feel more confident in who you are too!

JANELLE

Through our challenges we've all gained strength and are more resilient than we might have been without them.

BUDDY

We all have challenges in life, some are here forever, and some come and go over time, but we also all have something to offer this world.

ESPERANZA

It's not our differences that separate us, but our similarities that unite us and bring us to all live under the same sky

SAME SKY

CASEY/TRISH

A person in a chair can live a life that's full while trying to give back to someone else's soul.

ADELE, BUDDY

No matter if you think or look different than the rest

JANELLE, LOUISE

or if each day that you survive feels something like a test.

FARRISSIMO, JORDAN, ESPERANZA, LENNY

When there's just too much to bear, remember there's one thing we all share.

THEORA, JACKSON

No matter who you are.

TRISH, KATIE

Or what it takes to thrive.

ALL

We all live under the same sky.

FARRISSIMO

No matter what your challenge anyone can try.

ALL

We all live under the same sky.

ALL GUYS, TRISH, JORDAN

Every day we pass someone who could use a little heart.

ALL GIRLS

This person comes in many forms: equal from the start.

ALL GUYS, TRISH, JORDAN

You can find something good inside of yourself

ALL GIRLS

when you reach out to another and offer them some help.

THEORA

When there's just too much to bare, remember there's one thing we all share.

BUDDY, LENNY

No matter who you are. Or what it takes to thrive.

ALL

We all live under the same sky.
No matter what your challenge anyone can try.
We all live under the same sky
We all live under the same sky

Appendix B

CONSENT AND ASSENT FORMS

Lesley
UNIVERSITY
29 Everett St., Cambridge, MA 02138

Doctoral Research Informed Consent for Parents

This study titled, *Exploring Inclusion in a Therapeutic Theater Production* asks, “What is the experience of a participant involved in an inclusive therapeutic theater production?”

Principal Investigator: Angelle Cook, co-researcher: 540-455-3494, Angelle@aplacetobeva.org; Jason Butler, Faculty of the PhD program in Expressive Therapies, Lesley University. 5 Phillips Place, 617-349-8242, Jbutler8@lesley.edu

You are allowing consent for your child to participate in this study to assist in Angelle Cook’s research on the experience of being in an inclusive therapeutic theater production. The purpose of the study explores your child’s experience of being in the current show, “Reach Out.” If they are part of the cast, they have the ability to answer questions about their experience. Their participation will include one or two interviews and a focus group. The interview(s) will last less than one hour and the focus group will last about one hour and a half. The interview(s) and focus group will take place at A Place To Be, 8 North Jay Street. Middleburg, VA between October and December 2019, with possible follow up interview questions in January-March 2020. The interview and the focus group will be filmed and then what is said will be written down. Your child will be personally interacting with only Angelle and other people from “Reach Out” who take part in the study.

I, _______________________________________, agree to my child’s participation in the interview(s) and focus group

I understand that my child:

- Is volunteering to participate in one or two interviews and one focus group.
- The interview(s) and focus group will be recorded on video by the principal investigator, Angelle Cook, and will be kept for no longer than five years.
- My child’s identity will be protected because their real name will not be used in any writing.
- The interview(s) and focus group will be kept confidential and used anonymously only for purposes of research, supervision, presentation, and/or publication.

- The session may bring up feelings, thoughts, memories, and physical sensations. Therefore, possible emotional reactions are to be expected, however, your child is free to end the session at any time without negative consequences of any kind. If my child finds that they have severe distress, they will be provided with resources and referrals to assist them and will not lose any benefits that they might otherwise gain by staying in the study.

- This study will not necessarily provide any benefits to my child. However, they may experience increased self-knowledge and other personal insights that they may be able to use in their daily life. The results of the study may also help to increase public and professional awareness of the impact of therapeutic theater.

- They may choose to withdraw from the study at any time with no negative consequences.

- Any and all of your questions will be answered by Angelle Cook at any time via email, phone, or in person, and you are free to consult with anyone (i.e., friend, family) about your decision for your child to participate in the research and/or to discontinue your participation.

- If any problem in connection to the research arises, you can contact the researcher Angelle Cook at 540-455-3494 and by email at Angelle@aplacetobeva.org or Lesley University sponsoring faculty, Jason Butler by email at jbutler8@lesley.edu

My agreement to participate has been given of my own free will and that I understand all of the stated above. In addition, I will receive a copy of this consent form. If I am signing on behalf of my child, I understand that they will receive an assent form and that they may or may not choose to sign and participate.

__________________________________ ____________

Researcher's signature Date

__________________________________ ____________

Participant or Guardian signature Date

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairpersons at irb@lesley.edu

29 Everett St., Cambridge, MA 02138

Doctoral Research Informed Consent

This study titled, *Exploring Inclusion in a Therapeutic Theater Production* asks, "What is the experience of a participant involved in an inclusive therapeutic theater production?"

Principal Investigator: Angelle Cook, co-researcher: 540-455-3494, Angelle@aplacetobeva.org; Jason Butler, Faculty of the PhD program in Expressive Therapies, Lesley University. 5 Phillips Place, 617-349-8242, Jbutler8@lesley.edu

You are volunteering to participate in this study to assist in Angelle Cook's research on the experience of being in an inclusive therapeutic theater production. The purpose of the study explores your experience of being in the current show, "Reach Out." If you are part of the cast, you have the ability to answer questions about your experience. Your participation will include one or two interviews and a focus group. The interview(s) will last less than one hour and the focus group will last about one hour and a half. The interview(s) and focus group will take place at A Place To Be, 8 North Jay Street. Middleburg, VA between October and December 2019, with possible follow up interview questions in January-March 2020. The interview and the focus group will be filmed and then what is said will be written down. You will be personally interacting with only Angelle and other people from "Reach Out" who take part in the study.

I, ____, agree to my participation in the interview(s) and focus group

I understand that I:

- Am volunteering to participate in one or two interviews and one focus group.
- The interview(s) and focus group will be recorded on video by the principal investigator, Angelle Cook, and will be kept for no longer than five years.
- My identity will be protected because my real name will not be used in any writing.
- The interview(s) and focus group will be kept confidential and used anonymously only for purposes of research, supervision, presentation, and/or publication.
- The session may bring up feelings, thoughts, memories, and physical sensations. Therefore, possible emotional reactions are to be expected, however, I am free to end the session at any time without negative consequences of any kind. If I

find that I have severe distress, I will be provided with resources and referrals to assist me and will not lose any benefits that I might otherwise gain by staying in the study.

- This study will not necessarily provide any benefits to me. However, I may experience increased self-knowledge and other personal insights that I may be able to use in my daily life. The results of the study may also help to increase public and professional awareness of the impact of therapeutic theater.

- I may choose to withdraw from the study at any time with no negative consequences.

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My agreement to participate has been given of my own free will and that I understand all of the stated above. In addition, I will receive a copy of this consent form.

____________________________________ ____________

Researcher's signature Date

__________________________________ ____________

Participant or Guardian signature Date

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Doctoral Research Informed Assent:

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a) **Investigator's Signature**:

Date Investigator's Signature Print Name

b) **Signature of Participant**:

Date Participant's Signature Print Name

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