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Marcelline Gangl

College of Saint Benedict/Saint John's University

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Together Building Imagination, TBI Re-defined: The effects of theater on people with a mild

Traumatic Brain Injury

AN HONORS THESIS

College of St. Benedict/ St. John's University

In Partial Fulfillment

of the Requirements for Distinction

in the Department of Psychology

by

Marcelline Gangl

Advisor: Dr. Michael Livingston

May, 2014

Together *Building Imagination*, *TBI* re-defined: The effects of theater on people with a mild Traumatic Brain Injury

Approved by:

Michael G. Livingston, Ph. D. Professor of Psychology

Jan L. Holtz, Ph. D. Professor of Psychology

Stephen P. Stelzner, Ph. D. Professor of Psychology

Kaarin S. Johnston, Ph. D. Professor of Theater

Rodger H. Narloch, Ph. D. Chair, Department of Psychology

Anthony Cunningham, Ph. D. Director, Honors Thesis Program

Abstract

This study investigates the use of theater as a rehabilitation tool for people who have suffered a mild Traumatic Brain Injury (TBI). In this study, two middle aged women agreed to participate in theater workshops once-a-week for a 5 week period. The workshops focused on different areas of communication: eye contact, movement, spontaneity, creativity, diction, and volume of voice. Based on research done on how a TBI affects an individual, it was found that individuals who are living with a TBI say that they have a loss of socialization skills, a loss of social support and a feeling of being someone “new” after the injury. Because of these complaints, it was hypothesized that something that could target all three areas of complaints would be successful in helping people with a mild TBI. Research done on theater suggests that theater can improve communication skills as well as self-awareness and help build a community of individuals. Therefore, the researcher chose to investigate how theater impacts the lives of people with a mild TBI, specifically in the areas of communication, self-awareness and community. The participants were measured on each of these aspects at the beginning of the workshops and then again at the end, for a within-subjects design. The differences found in the study were not large enough to conclude any significant results. This study serves as a pilot study and further investigation is necessary for the use of theater as a rehabilitation method for those who have suffered a mild TBI.

*Together Building Imagination, TBI/Re-defined: The effects of theater on people with a mild
Traumatic Brain Injury*

About 100,000 Minnesotans live with a brain injury. Traumatic brain injury (TBI) can be defined as a hit or any other type of damage to the head that disrupts normal brain functioning (“Causes and Effects”, n.d). According to the Menon, Schwab, Wright, and Maas, (2010), the alterations in brain functioning can be seen by “any period of loss or a decreased Locus of Control, any loss of memory for events immediately before or after the injury, neurologic deficits, or alteration in mental state”(p.1637). There are quite a wide variety of symptoms and a person needs to only experience one to have a TBI. The severity of a TBI varies but can be seen by how much brain was damaged and how severe impairment is after the accident. Commonly, the severity of a TBI is measured initially using the Glasgow Coma Scale (Sternbach, 2000). The Glasgow Coma Scale includes evaluations of motor responses, eye opening and verbal responses. The more alert a person is, the higher they score on the Glasgow Coma Scale. The severity of the TBI is then assessed by point value with a mild TBI scoring very high on the scale with scores between 13-15 of the possible 15, moderate scoring between 9 and 12 and severe scoring less than 8 (Sternbach, 2000). This simple questionnaire, is not without error but has been correlated with other measures, such as MRI scans and other TBI scales, to show some reliability of measurement (Mena, Sanchez, Rubiano, Peitzman, Sperry, Gutierrez, & Puyana, 2011). Mild traumatic brain injuries also include concussions (Menon et al., 2010). The most common activities that can cause damage to the brain are falls, driving accidents, sports related hits, and other injuries to the head. These affect how a person acts day to day. Wendy Hoffman, a resource facilitator from Brain Alliance Minnesota for central Minnesota, qualified the statement by saying that with a brain injury “everything takes more effort” (W. Hoffman,

personal communication, March 24, 2013). Injuries may not be visible once the skin and skull have healed but the effects still remain. Therefore, it is important that individuals with TBI receive the help they need even after the outside scars have healed.

As with most injuries, a TBI creates new obstacles for the person. And a new identity that may be hard to accept. Ellis-Hill, Payne, and Ward (2008) investigated individuals who had experienced a stroke and were left with a physical impairment. While stroke is not the same as a TBI, the brain is affected in both types of injuries and may lead to a scar that sits hidden under the skull. The researchers reported that individuals struggled with the “new self” or the person that resulted after the injury took place. There were physical tasks that could no longer be completed as quickly or even finished at all. Most patients struggled with the rehabilitation process, wanting to ignore the physical limitations with which they now faced. However, the patients that were given tools to combine the different identities and meld the stories together were found to have more positive outlooks. This study, though not specifically investigating TBI, hints at the range of effects damage to the brain can cause. It also explains that self-awareness is important for someone with an acquired disability (or something a person is not born with). The person must accept who they now are in order to move forward with their life.

One of the most common complaints of people with a TBI is the lack of socialization. There are long term social functioning troubles, most particularly seen in unemployment and social relationships (Braden, Hawley, Newman, Morey, Gerber & Harrison-Felix, 2010). In other words, most people say that after sustaining a TBI most of their support system leaves. The support system can be defined as the people a person can rely on and who help take care of the well-being of the specific individual (Izaute, Durozard, Aldigier, Teissedre, Perreve & Gerbaud, 2008). In more specific terms, this tends to be the family and friends a person is

surrounded by and they may not understand the changes in the person (Lefebvre, Cloutier & Levert, 2008). Brown, Gordon, and Spielman (2003) explained that this abandonment by the support system may not be the only problem. After sustaining a TBI people report being less involved, or not involved at all, in social and recreational activities, often due to fatigue. This common complaint leaves those individuals affected by a TBI looking for ways to become involved with others. However, because the injury is an invisible disability, there are problems in becoming engaged in the community and without some kind of intervention or treatment, the individual with the TBI may be left feeling sad and confused (Izaute et al., 2008). Because of the problems facing individuals with traumatic brain injuries re-integrating into society programs designed to help individuals are needed and necessary. The most successful TBI treatment programs have dealt with communication and social integration difficulties (Levack, Kayes & Fadyl, 2010). If there was a follow-up diagnosis, a re-assessment of the individual with the TBI, and treatment provided to the individual and their families, clients with TBI reported increased communication skills (Braden et al., 2010). In other words, offering people with TBI continued help in recovery and getting the social support involved are helpful programs. When providing people with more resources and support, there tend to be fewer difficulties in socialization. Therefore, creating an environment where people with TBI can practice these skills and create community is the goal of this study.

A mild TBI is a life changing event. The individual must figure out who they are, find the support that they seek for re-integration, as well as work on the necessary skills to maintain an active social life. A method that combines all these components would be helpful to the individuals.

Matarasso (1997) believed that the arts could improve all aspects of the person's life. He looked at the social impact of participation in the arts through case studies and developments of art lesson plans. Ultimately, through his extensive research, Matarasso found that participation in such activities had benefits that included an increase in confidence, creativity, personal growth, and an increase in friendships and community involvement. In addition, Stuckey and Nobel (2010), (as cited in Yuen, Mueller, Mayor and Azuero ,2011) found that theater increased verbal and nonverbal communication and group work. This was found to relieve stress, anxiety and depression in clients as well (Yuen et al., 2011). These two examples explain how theater can benefit an individual in a variety and therefore becomes a possibility as a rehabilitation method for people with a mild TBI.

Theater is an activity that is known for engaging people and getting them to create connections with others. In her book, *Wings to Fly: Bringing Theatre Arts to Students with Disabilities*, Bailey (1993) reported that the participants felt more like a community and had created lasting friendships because of it. She explains that theater works for all because there are no wrong answers. Her various case studies highlight individuals who found success in theater despite various disabilities. Her successful experience of using theater as a way to reach many is backed by others. Faigin and Stein (2010), found that there were "core elements" of theater that helped with self-recovery, and these include forming a sense of group cohesion and affiliation through the development of common goals, creation of common experiences, and by creating an environment of openness and inclusion. In her own case study as a disabled woman in theater, Lewis, (2006), found that theater gave her a way to find out more about herself in a community of people she found she could trust. She states that theater has the power to "represent the many voices and people of the nation" (p.86). In other words, theater provides one with a community

where one can express oneself. Theater can help to build community but an individual participant can also find success in areas dealing with self-awareness, such as an improvement in self-worth, self-advocacy and a greater ability to overcome self-imposed limitations (Yuen et al., 2011). These researchers and Bailey are not the only ones who have found theater to provide opportunities for better communication skills, increased self-awareness and a chance to build a supportive community. The curriculum used by the company *Acting Out* encourages individuals to open up and communicate freely using theater as a tool to facilitate sessions (Cossa, Fleischmann Ember, Grover & Hazelwood, 1984). Through the different uses of theater, it becomes clear that theater can be a tool used to help many different people, however it can be especially helpful for those who are struggling with socialization. Therefore, theater is thought to be a way to help people with TBI and socialization. Brian Way, a renowned London theater artist considered an expert on creating interactive theatre workshops, basic idea for theater is that theater is healthy because it “develops the person” (Way, 1967). After a brain injury, the individual may feel more disconnected, and therefore “relearning” who they are can be a difficult process. Drama may be the answer for this as well. An increased sense of self can lead to a person who is more confident, and therefore willing and able to engage in more social activities.

The idea of using theater as a healing tool is not a new idea. In fact, since theater was first recorded, it’s been influencing the way people act and live. In the time of the Greeks, Aristotle’s model of a tragedy became popular. The catharsis was used at the end of the play as a sort of release of negative emotion—this is healing for the audience. Currently, different plays are used to spark conversations about different areas: The *Laramie Project* brings awareness to GLBTQ hate crimes and *The Panza Monologues* discuss body image and women in the Latina/Latino communities (Kaufman, M., & Tectonic Theater Project, 2001; Grise, V., &

Mayorga, I, 2014). These are examples of plays that make statements and create awareness through a traditional performance. Drama as a tool emphasizes the possibility of healing because it draws on the playfulness and inherent healing potential within the creative processes (Jones, 1996). In other words, theater is not only healing for an audience, there are key components of the dramatic art form that speak to individuals and their healing. According to the National Drama Therapy Association website, Drama Therapy is described as a therapy technique that is active and experiential in which participants use storytelling, projective play, improvisation and performance to bring about change (“What is Drama Therapy”, 2013). This kind of practice is relatively new, starting with Evreinov in Russia about one hundred years ago. Evreinov, one of the founding fathers of Drama Therapy believed that by using theater, there is an “instinct of transformation” (Jones, 1996). In other words, Evreinov believed the structure of theater allowed an individual to change and grow. Iljine, another founding father of Drama Therapy, early in the twentieth century, added a scientific component to theater therapy, which Evreinov started, making it easier to measure and research (Jones, 1996). In the 1920s, this idea of theater as therapy made its way to New York. Moreno, the father of Drama Therapy in the United States created a school of psychodrama that focuses on the power of catharsis and reflection—similar to how the Greeks used theater as a teaching and healing tool (Jones, 1996). These three pioneers helped to shape the world of drama therapy. Their original ideas started a trend of using theater as a way to heal an individual and to work through life’s challenges. This idea is still relatively new -- the United States only has two accredited Master’s programs and the only doctoral program is in London—however, previous and current research suggests that drama therapy is a powerful way to create transformations and to teach life skills.

Plays communicate an idea to the audience. To be able to understand the actors onstage is important. The idea of clear communication is then at the root of theater. It is not only important for a performance in front of an audience, but can also affect those involved in theater workshops or other venues of theater. In Australia, Blight (2002) looked at how theater influenced communication. She specifically investigated how international students reacted to learning and participating in theater as a way to increase their use of the English language. It was met with success! Her workshops used different exercises—from simple body movement exercises to small group collaboration. Participants responded positively! One stated that she was able to look people in the eye when communicating with them now. Another mentioned that he now had the confidence to share his eyes. And yet another said that through the workshops she felt like she learned how to share her ideas and no longer felt shy. While these personal comments highlight the tie of theater to confidence, they also show that theater can improve communication skills. It can be as simple as having the confidence to share ideas or to even hold eye contact. Anna Chesner, a drama therapist from London, completely agrees with the importance of communication today. In her book *Dramatherapy for People with Learning Disabilities* (Chesner, 1995), she explains the idea that interacting with someone who may not be able to communicate is frustrating. Chesner (1995) found that people with a severe learning disability, who struggled with expression, improved their ability to use language and communicate after being involved in theater. Theater gave the individuals a voice and medium to express themselves. Much like the international students, the adults with learning disabilities found an increase in manipulating ideas and expressing themselves (Chesner, 1995). These are two examples of how communication can improve through the use of theater.

In looking toward community, one needs to look only as far as prisons to see the relevance of theater and building communities. Bergman's study (2000) was inspired by the well-known Zimbardo's prison study. In Haney, Banks and Zimbardo's (1973) prison study, people were assigned to be either a prisoner or a guard of the prison. People reacted so strongly to their roles—the guards treated the prisoners meanly and the interactions were antagonistic, insensitive and dangerous. In the study, they found that people reacted strongly to the roles they were assigned. (Haney, Banks, & Zimbardo, 1973) In other words, Zimbardo et al. (1973) found that within a community there are specific roles people are expected to fill, even if they are negative. Bergman (2000) wanted to change the hostile negative environment and brought in a drama therapy practice and introduced the inmates to a bit of theater. With his sessions, Bergman re-worked the interpersonal connections the inmates had with each other, worked with their dysfunctional beliefs, and he worked to create an environment that stressed reacting in a non-violent way. By creating this open environment, Bergman provided the framework for a community to grow. The inmates ended up constructing a therapeutic community that they were able to explore and grow in (Bergman, 2000). This prison study is important to mention because it highlights the power of drama, and drama therapy specifically, to change the community expectations already in place and allow for a new community to form. In Pyman and Rugg's (2006) study, *Participating in a community theatre production: A dramatherapeutic perspective*, the researchers looked at theater, older adults and how a community is formed through theater. This experiment is similar to the environment the current researcher created for the current study. In this study, the researchers found that the theatrical exercises were met with positive comments and most participants reported an increase in friendships and social interactions (Pyman & Rugg, 2006). Quite simply, Pyman and Rugg found that by using theater, there was a community of

individuals created that had not existed before. Participants had many positive responses to the procedures including making new friends, increased confidence developing new skills and getting involved in other creative activities, being more aware socially and personally and having a sense of community with other participants. Taking inspiration from the drastic changes in the prison setting and the positive feedback from the patients, the current researcher hopes to further investigate how theater can create communities.

Another important area of theater is self-awareness. Uta Hagen, a respected and legendary actress and teacher, thought this idea lived at the heart of acting. In her book about how to act, Hagen says that one must know oneself before being successful in acting (Hagen, 1973). She also states that through acting exercises, one comes to know oneself, one's reactions, and one's different personalities (Hagen, 1973). Many other renowned theater artists share this same idea. Brian Way expresses the value of theater to building self-awareness. The title of his book, Development through Drama, clearly states his opinion. Way has found that through theater exercises, with different people, that theater allows one to discover who they are and explore their possibilities (Way, 1967). In other words, Way has found theater to be a successful way for people to learn about themselves. Well-known for her improvisational techniques, Viola Spolin's teachings support both Hagen and Way's ideas. Spolin's work focuses on a person being present, something she has found to be important over and over in her work. She states that to be truly present, a person must learn to be aware of themselves and their surroundings. This awareness, she explains, is key for theater (Spolin, Sills, & Sills, 2001). These three well respected theater artists, while not researchers, have found success using theater as a tool for self-awareness. This idea of becoming self-aware through theater exercises is important and relevant to the study.

While the current researcher is not a trained or licensed drama therapist, the principles of drama therapy were used in combination with different theater exercises. The goal of the study was not to practice drama therapy, but rather the current researcher wanted to add to the literature that supports the use of theater and drama in a healing setting. At this point, the literature surrounding TBI and theater is limited at best. The current researcher knew of no previously published study that investigated the relationship between theater and TBI. Therefore, the current researcher hoped to start the dialogue on the importance of theater for this specific population.

The current researcher attempted to create a community with both people who had a mild TBI and people who do not. In participating in theater exercises, the current researcher hoped to help participants develop communication skills along with self-awareness. The aim of the study was to support previous research mentioned about the helpfulness of theater for building communication skills, community, and self-awareness. In addition, the current researcher hopes to provide information on another tool to use for reintegration after a TBI. It was hypothesized that theater would have a positive effect on communication skills, self-awareness, and sense of community after completing five weeks of theater workshops.

Methods

Participants

The participants were recruited via flyers that were sent to different organizations (The flyer can be seen in Appendix E). The current researcher attempted to recruit participants from already established TBI outreach programs such as local hospitals, local AA meetings, the Courage Center, Brain Injury Alliance of Minnesota, Interact (a theater company for individuals

with disabilities), Independent Lifestyles, the College of St. Benedict/ St. John's University's Disability Services.

For this study, TBI was not defined by the cause of the injury, but rather if a head injury had occurred any time during a participant's lifetime. Injuries include blows to the head, concussions, and any head trauma that may have caused a loss of consciousness or hospitalization or special treatment. For this study, however, only those who did not have a legal guardian were allowed to participate. This was used to control the various levels of functioning a participant may have. If a participant did not have a legal guardian, they could make decisions for themselves, including giving consent.

Two women in their mid-fifties participated in all five weeks of workshops. The two women had both sustained mild TBIs during their life-time and do not have a legal guardian. The women were members of Independent Lifestyles Train the Brain meetings in Sauk Rapids, Minnesota and that is where they were recruited. One participant had never done theater before, the other had dabbled a little in the arts. Both shared a passion for theater and learning new things. Both participants had a steady job. There was a team of three college aged students (one male and two female), who assisted the current researcher. The students were recruited from the College of St. Benedict and St. John's University. The assistants are active participants in the university theater program. Using so many assistants was thought to be a way to create a community and team of creative artists. After a major life changing event, such as a TBI, a person feels isolated from others. (Jacobsson, Westerberg, Malec & Lexell, 2011). Creating a community of survivors and non-survivors was designed to bridge this gap.

Procedures

Before the workshops started, the participants met with the current researcher to have a pre-workshop interview. The interview included informing the participants of the various workshops they will attend and asking if the participants had any questions. The interview was conducted in order to answer any questions of the participants and so that they would feel comfortable participating in various workshops. It was also a way the current researcher made sure the participants had the physical and mental capabilities to participate in the workshops. After the interview, the participants were asked to come to the first workshop, January 26th, 2014.

At the first workshops, the participants were given an overview of the program and given another chance to ask questions. After signing in, the participants were given a consent form to sign and date. After the consent form was signed, the participants were given a packet of questionnaires to fill out: a demographic survey, the La Trobe Communication Scale, the Mindful Attention Awareness Scale, and a mini-community scale designed by the current researcher. Each participant was given a three-digit code. Only the current researcher and the research advisor had access to the information.

After signing the consent form, the two women and the research team met once-a-week for five weeks. Each week, the group met Sunday mornings for an hour and a half and participated in theater workshops. The length of the workshops were chosen based on the knowledge that people with TBI fatigue easily and because even short rehabilitation programs have been met with success (Yuen et al., 2011). The workshops were held at the Studio Theater in the Benedicta Arts Center, College of St. Benedict. The participants provided their own transportation to the College of St. Benedict. Each week, the participants were reminded of the upcoming workshop either via email or a phone call.

The workshops were one and half hours and include warm-up components, skill building activities, and performance rehearsals, much like the design of Yuen et al. (2011). Breaks were held every 30-45 minutes. A brief example of the lesson plan can be seen below. The full lesson plan can be viewed in Appendix A. The participants took part in the final production of sorts, which was held on the last day of the workshops. The final production was like a collaborative showcase. The production was held on the last day and was a review of all the favorite activities from the past weeks. The participants were invited to bring anyone they wanted with which to share the workshops. The performance aspect was included because the researcher believed it can be a valuable experience and is a good way to encourage growth and participation.

After an interactive workshop, the participants filled out the Mindful Attention Awareness Scale, the La Trobe Communication Scale, and a mini-community scale created by the current researcher. (All tests can be found in the Appendixes.) This study was a within subjects design meaning that the same participants were tested on all measures and that there was no control group.

In addition, on the last day, participants saw a performance and had a debriefing session. The performance was a showing of *Clever Maids* put on by Kathy Hendrickson and the College of St. Benedict/ St. John's University Theater Department. It was a chance for the participants to see a full production and to ask questions of the cast and crew about the process. Afterwards, a debriefing process took place to make sure the participants did not have any negative reactions to the workshops and to receive their feedback on the overall process.

Each day of the workshop, the sessions were be set up in a similar fashion:

- I. Welcome (5 minutes)
- II. Warm-ups (10 minutes)

- a. Stretching (8 minutes)
 - b. Tongues twisters (2 minutes)
 - III. Concentration Game
 - IV. BREAK (5 minutes)
 - V. Review one exercise from last week
 - a. Each week, the exercises will start with the most enjoyable one from the previous week. The group will be asked for their favorite each week.
 - VI. Eye Contact (10 minutes)
 - VII. Movement Exercises (10 minutes)
 - VIII. Break time (10 minutes)
 - IX. Imagination (10 minutes)
 - X. Debriefing (5 minutes)—reflection and review of program
- **A detailed lesson plan can be seen in Appendix A.

Materials

The Materials used were three scales used to measure the different areas of interest: communication, self-awareness, and community.

For this study, socialization was defined as the communication skills a participant self-reported. The communication skills were assessed using the La Trobe Communication Questionnaire. The participants filled out the La Trobe Communication Questionnaire at the beginning and end of the study. According to the Rehabilitation Measures Database (2013), the La Trobe Communication Questionnaire has been found to be reliable and valid when working with the TBI survivor population. The La Trobe Communication Questionnaire is a self-report measure that is made of thirty questions asking a person to report how often one engages in a certain behavior based on perceived communication skills (Struchen, Pappadis, Mazzei, Clark, Davis, & Sander, 2008). Within the measure are four different subscales: initiation/conversational flow, disinhibition/impulsivity, conversational effectiveness, and partner sensitivity (Struchen, et al., 2008). Higher ratings on the La Trobe Communication Questionnaire generally mean lower communication skills, except for the six items that must be

reversed scored (Struchen, et al., 2008). The La Trobe Communication Questionnaire can be found in Appendix B.

For this study, self-awareness was defined by how well a person realized his/her habits and knew his or herself. Self-awareness was measured by the Mindfulness Attention Awareness Scale at the beginning and end of the workshops. The Mindfulness Attention Awareness Scale has been proven to be both valid and reliable (Brown & Ryan, 2003). The Mindfulness Attention Awareness Scale is a self-report measure in which the participant responds to a statement with how often a trait occurs for them. The scale asks questions about how aware one is about behaviors. The Mindfulness Attention Awareness Scale can be found in Appendix C.

For this study, a community was defined as a group of two or more people who work together to accomplish a common goal. In this case, the community was two or more people who enrolled in the workshops and worked together to produce a scene or any other creative exercise. Community was measured by a mini-community scale created by the current researcher. The mini-scale was used to highlight the areas of community the current researcher was interested in: friendship and feelings of belonging. It is a three question scale that is measured on a how much a person agrees with the statements. The mini-scale can be found in Appendix D.

Results

Given that there were only two participants inferential statistics could not be used. The mean standard deviation and effect size are reported for each. Effect size was calculated using <http://www.uccs.edu/~lbecker/>.

For the Mindfulness Awareness Attention Scale, the pre-test mean was 68 and the pre-test standard deviation was 28.280. The posttest mean was 70 and the posttest standard deviation was 28.284. The effect size was 0.0707, a very small effect size.

For the Mini-Community Scale, the pre-test mean was 10.500 and the pre-test standard deviation was 0.707. The posttest mean 13.500 and the posttest standard deviation was 2.121. The effect size was -1.898, a very large effect size. In other words, the present study found that there was in deed an effect of theater on the community, as reported by the Mini-Community scale. This dependent variable could be a potential way to investigate community in the future but could use more research because this is a pilot study.

For the La Trobe Communication Scale, the pre-test mean was 56.000 and the pre-test standard deviation was 11.314. The posttest mean was 54.500 and the posttest standard deviation was 13.435. The effect size was 0.121, a very small effect size. Within the La Trobe Communication Scale, there were subscales that measured the various aspects of communication. The Initiation/Conversation Flow subscale pre-test mean was 13.500 and the standard deviation was 4.500. The posttest mean was 14.000 and the standard deviation was 5.657. The effect size was -0.098, a very small effect size. The Disinhibition Impulsivity subscale pre-test mean was 11.500 and the standard deviation was 4.500. The posttest mean was 11.000 and the posttest standard deviation was 4.243. The effect size was 0.114, a very small effect size. The Conversational Effectiveness subscale pre-test mean was 15.500 and the standard deviation was .707. The posttest mean was 17.000 and the standard deviation was .000. The effect size was -3.00, a very large effect size. In other words, it could be shown that this piece of the dependent variable was effected by theater. More research is needed to support this idea. The Partner Sensitivity subscale pre-test mean was 7.000 and the standard deviation was

2.828. The posttest mean was 7.000 and the standard deviation was 4.243. The effect size was 0.

Discussion

The study was intended to include twenty participants but due to the difficulty of recruiting participants, the study included two women. This study was thus considered a pilot study to evaluate the workability for the treatment protocol, estimate the number of subjects needed, and present ideas for future research. Table 1 shows how many participants one would need to reach the effect sizes found.

Table 1

N to detect d by t-test using a two-tailed test at .05 alpha

Variable	D	.80 power
Communication		
Overall	0.121	1571
Initiation/Flow	-0.098	1571
Disinhibition Impulsivity	0.114	1571
Conversational Effectiveness	-3.00	9
Partner Sensitivity	0	--
Self-Awareness	0.0707	1571
Community	-1.898	9

(Cohen, 1987)

There were only two subjects involved for the whole five weeks. This is an extremely small sample size and does not produce large effect sizes, however it is useful for planning. The large effect sizes seen in Conversational Effectiveness and Community show that there was a

change in these dependent variables from the beginning of the study to the end of the study. These two scales could be used for future investigation. It is suggested to find other measures for the other variables because of the small effect sizes. Future researchers may wish to run a similar pilot study with ten or more subjects.

Both participants held jobs and were actively involved in the community. Both worked as activists for people with TBI. Because both still held active social lives, even after their injuries, these workshops may not have had as much of an impact on them. In other words, they could have already adapted to living with a TBI and have reintegrated themselves back into society. Therefore, the workshops may not have been as helpful for them.

Most re-gaining of abilities happens within the first two years of the injury, and both participants have been living with their injury for at least 4 years (Izaute et al., 2008). Therefore, even though there might have been improvements in these areas, it would not be as noticeable. Another factor that could have caused the lack of change in community, communication and self-awareness is the fact that the workshops happened only once-a-week for an hour and a half. The skills from one week to another could have been forgotten or not worked on during the week. It would have been ideal to meet every day. The more time could be more beneficial to those involved.

However, the participants noted some change. At the beginning of the workshops, one participant said that she was, “nervous and scared to speak in front of people”. At the end of the workshops, the same woman said, “I don’t always feel comfortable talking in front of a group of people, but I can do it for our group”. Her comments show two interesting changes. First of all, her comment shows she felt closer to the group of people that met every week for five weeks. She felt like she belonged in saying that she was comfortable with everyone present. This is a

sign that she felt that a community had been created. While the community mini-scale did not show these results, her personal testimony did. For her, the people at the workshops were people she ended up trusting enough to put herself out there. Her comment also shows that she was able to overcome her fear of talking in front of people—even if it was just for the group attending the workshops. This shows an increase in confidence in communication, a sign that her communication skills increased. While the La Trobe Communication Questionnaire failed to show that the participants had better communication skills after the workshop, her comment showed that she did experience a change in communication skills.

The second participant had similar comments. While she did not say anything about being nervous to be in front of a group, she did write that she “enjoyed the experience”. This comment shows that the workshops had a positive impact on her. “Enjoyed the experience” is broad and cannot be the sole sign that she improved in any areas. However, it is a positive response to the workshops and it indicates that for her the workshops were successful.

In addition to seeing the effects of theater on individuals, this study was used to test the protocol and format the researcher created. The format was thought to create an environment in which the participants felt open to share their ideas and be creative. Each week the participants had a say in what exercises they wanted to repeat from the previous weeks. Both participants shared their opinions—sometimes saying they liked a warm-up activity or a scene game and wanted to try it again. Some weeks, the participant suggested more than one activity. This shows that the participants not only felt like could share, but also that they were collaborators in the workshops—a sign of a growing community feeling. In addition, each workshop had breaks scheduled in. By the end of the workshops, these breaks became periods of general conversation. Rather than focusing on simply doing theater, these moments show that a kind of

familiarity and community was growing between the participants and the researchers. Both participants, on the last good byes, said they were sad to leave, that they felt like they had really started to know everyone present and they would miss meeting each Sunday morning to try new activities and catch-up. Once again, this was a sign that a community had formed between the researchers and the participants. The format of the workshops—by allowing a chance for the participants to contribute to the week’s lesson plan and spacing breaks throughout the day’s activities – was something that was found to be effective. It is recommended to try the protocol again and incorporate more participants to see if the same results were found.

The effects of theater on communication, community building, and self-awareness are not based on statistical significance, but on the differences found between the beginning of the workshops and the end of the workshops. Most measures were found to have small or very small effect sizes and would require many participants for more power. However, for the results that produced large effect sizes (community and conversational effectiveness) it would be worth using the same measures again to see if these two areas are effected by a theater intervention. There were two areas found to have large effect sizes, which were conversational effectiveness and community. As shown by the participants’ verbal and written responses, community did change and the large effect size supports that. Conversational effectiveness simply means that the participants were having conversations that were clearer. In the workshops, different components of communication were highlighted--eye contact, non-verbal such as movement, verbal such as diction and projection, and others such as creativity--because all areas of communication are said to change after a TBI (Levack, Kayes & Fadyl, 2010). Perhaps conversational effectiveness was affected by theater workshops because the workshops asked the participants to be aware of different parts of communication—through games that worked with

eye contact, movement, tone, pitch, volume, etc. This awareness could have led to the change observed in conversational effectiveness. More research is needed to support this idea. It would be worth trying test communication and conversational effectiveness with ten subjects to see if the same effect sizes could be found. Because both participants responded positively to the workshops, as seen by their verbal responses and written responses explained previously, it would interesting to run the study with more participants to see if different results could be found.

This study only included two participants, thus the data could likely be skewed by individual differences. There was not much external validity because there were only two participants. Both were women and therefore do not represent the TBI population. It would be helpful to recruit male participants for research to make the population more representative of the TBI population. In addition, this study only included people who had a mild TBI and it is recommended, for future research, to include individuals with moderate and severe TBIs as well. Theater workshops that include people of all abilities have found to be helpful (Bailey, 1993). Therefore, including all types of TBIs in one workshop could be useful for future research. Also, both participants have lived with their TBI for at least four years. Once again, this is not representative of the population. It would be interesting to see if theater had a different impact on individuals who have been living with their TBIs for different periods of time.

In conclusion, the study proved to be a successful beginning study. While there was a limited number of participants, the theater workshops were met with positive remarks from both participants. More research is need to see just how theater can affect the TBI population. There has been research showing theater's successfulness as a rehabilitation tool and this study lays the foundation for future research with theater and people with TBIs.

References

- Bailey, S.D. (1993). *Wings to Fly: Bringing Theatre Arts to Students with Disabilities*. Rockville, MD: Woodbine House.
- Bergman, J. (2000). Creating new cultures: using drama therapy to build therapeutic communities in prisons. In P. Lewis & D.R. Johnson (Ed.), *Current Approaches in Drama Therapy* (303-330). Springfield, IL: Charles C Thomas.
- Blight, R. (2002). More than words, a passionate vision: building cultural and communication competence through drama/theatre. *Applied Theatre Researcher*, 6(3), 1-21.
- Braden, C., Hawley, L., Newman, J., Morey, C., Gerber, D., & Harrison-Felix, C. (2010). Social communication skills group treatment: A feasibility study for persons with traumatic brain injury and comorbid conditions. *Brain Injury*, 24(11), 1298-1310.
doi:10.3109/02699052.2010.506859
- Brown, K., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal Of Personality And Social Psychology*, 84(4), 822-848. doi:10.1037/0022-3514.84.4.822
- Brown, M., Gordon, W. A., & Spielman, L. (2003). Participation in Social and Recreational Activity in the Community by Individuals With Traumatic Brain Injury. *Rehabilitation Psychology*, 48(4), 266-274. doi:10.1037/0090-5550.48.4.266
- Causes and Effects. (n.d.). *Minnesota Brain Injury Alliance*. Retrieved October 16, 2013, from <http://braininjurymn.org/aboutBrain/causes.php>
- Chesner, A. (1995). *Dramatherapy for people with learning disabilities: a world of difference*. London: Jessica Kingsley Publishers.
- Cohen, J. (1987). *Statistical Power Analysis for the Behavioral Sciences*. Hillsdale, NJ:

Lawrence Erlbaum Associates Publishers.

- Cossa, M., Fleischmann Ember, S.S., Grover, L., Hazelwood, J.L. (1996). *Acting Out: The Workbook A Guide to the Development and Presentation of Issue-oriented, Audience-interactive, Improvisational Theatre*. Washington D.C: Accelerated Development.
- Ellis-Hill, C., Payne, S., & Ward, C. (2008). Using stroke to explore the Life Thread Model: An alternative approach to understanding rehabilitation following an acquired disability. *Disability & Rehabilitation, 30*(2), 150-159. doi:10.1080/09638280701195462
- Faigin, D. A., M.A., & Stein, C. H., PhD. (2010). The power of theater to promote individual recovery and social change. *Psychiatric Services, 61*(3), 306-8.
- Grise, V., & Mayorga, I. (2014). *The Panza Monologues*. Austin, TX: University of Texas Press.
- Hagen, U. (1973). *Respect for acting*. New York: Macmillan.
- Haney, C., Banks, W. C., & Zimbardo, P. G. (1973) A study of prisoners and guards in a simulated prison. *Naval Research Review, 30*, 4-17
- Izaute, M., Durozard, C., Aldigier, E., Teissedre, F., Perreve, A., & Gerbaud, L. (2008). Perceived social support and locus of control after a traumatic brain injury (TBI). *Brain Injury, 22*(10), 758-764. doi:10.1080/02699050802366002
- Jacobsson, L. J., Westerberg, M. M., Malec, J. F., & Lexell, J. J. (2011). Sense of coherence and disability and the relationship with life satisfaction 6-15 years after traumatic brain injury in northern Sweden. *Neuropsychological Rehabilitation, 21*(3), 383-400. doi:10.1080/09602011.2011.566711
- Jones, P. (1996). *Drama as Therapy: Theatre as living*. London: Routledge.
- Kaufman, M., & Tectonic Theater Project. (2001). *The Laramie project*. New York: Vintage

Books.

- Lefebvre, H., Cloutier, G., & Josée Levert, M. (2008). Perspectives of survivors of traumatic brain injury and their caregivers on long-term social integration. *Brain Injury, 22*(7/8), 535-543. doi:10.1080/02699050802158243
- Levack, W. M., Kayes, N. M., & Fadyl, J. K. (2010). Experience of recovery and outcome following traumatic brain injury: a metasynthesis of qualitative research. *Disability & Rehabilitation, 32*(12), 986-999. doi:10.3109/09638281003775394
- Lewis, V. (2006). Radical Wallflowers: Disability and the People's Theater. *Radical History Review, 94*, 84-110.
- Levy, G. (2010). *275 acting games, connected: A comprehensive workbook of theatre games for developing acting skills*. Colorado Springs, CO: Meriwether Pub.
- Matarasso, F. (2003). Use or ornament? The social impact of participation in the Arts. 1-97. Retrieved October 16, 2013, from http://mediation-danse.ch/fileadmin/dokumente/Vermittlung_ressources/Matarasso_Use_or_Ornament.pdf
- Mena, J., Sanchez, A., Rubiano, A., Peitzman, A., Sperry, J., Gutierrez, M., & Puyana, J. (2011). Effect of the modified glasgow coma scale score criteria for mild traumatic brain injury on mortality prediction: comparing classic and modified glasgow coma scale score model scores of 13. *Journal Of Trauma, 71*(5), 1185-1193.
- Menon, D. K., Schwab, K., Wright, D. W., & Maas, A. I. (2010). Position Statement: Definition of Traumatic Brain Injury. *Archives Of Physical Medicine & Rehabilitation, 91*(11), 1637-1640.

- Pyman, T. & Rugg, S. (2006). Participating in a community theatre production: A dramatherapeutic perspective. *International Journal of Therapy & Rehabilitation*. 13(12). 562-571.
- Spolin, V., Sills, P., Sills, C. (2001). *Theater games for the lone actor*. Evanston, IL: Northwestern University Press.
- Sternbach, G.L. (2000). The glasgow coma scale. *Journal of Emergency Medicine*. 19(1). 67-71.
- Struchen, M. A., Pappadis, M. R., Mazzei, D. K., Clark, A. N., Davis, L. C., Sander, A. M. (2008). Perceptions of communication abilities for persons with traumatic brain injury : validity of the La Trobe Communication Questionnaire. *Brain Injury*. 22(12). 940-951.
- Stuckey H. L., Nobel J (2010). The connection between art, healing, and public health: a review of current literature. *American Journal of Public Health* 100(2): 254–263.
- Raad, J. (2013, February 1). Rehab measures - La Trobe Communication Questionnaire. *The Rehabilitation Measures Database*. Retrieved September 16, 2013, from <http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=1000>
- Way, B. (1967). *Development through drama*. New York: Humanity Books.
- What is Drama Therapy? (2013). *North American Drama Therapy Association*. Retrieved October 16, 2013, from <http://www.nadta.org/what-is-drama-therapy.html>
- Yuen, H., Mueller, K., Mayor, E., & Azuero, A. (2011). Impact of Participation in a Theatre Programme on Quality of Life among Older Adults with Chronic Conditions: A Pilot Study. *Occupational Therapy International*, 18(4), 201-208.
doi:<http://dx.doi.org.ezproxy.csbsju.edu/10.1002/oti.327>

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Appendix

Appendix A: Detailed Lesson Plan

Before Workshops start:

Initial Interviews with participants includes:

- going over format for workshops
- questions/concerns
- informed consent

Workshop #1: WELCOME

Day 1: Getting-to-Know-You and Trust Games

- I. Welcome (7-10 minutes)
 - a. Overview of the project and introduction of volunteers
 - b. Agenda for the day
 - c. Questions or concerns
 - d. Create a contract where the participants agree to show up to the workshops, are willing to share their ideas and their creativity, and will not put down or make fun of what another person said or did. This is to create a trusting community and so all participants will be aware of what is expected of them and what will not be tolerated.
 - e. Discussion of characters—who are their favorite characters? Why do they like them? Tie characters into theater.
- II. Warm-Up (5 minutes)
 - a. Brief stretching
 - i. A lot of the stretching included comes from dance professor Leigh Dillard and her movement work. Participants will sit in chairs and work on rolling their spine back and forward and sitting properly in the chair. Eventually this will work up to standing up properly and with little effort. Next, participants will move their hips and their head to stretch out the spine and work on alignment.
 - b. One tongue twister
- III. Get-to-Know-You (20 minutes)
 - a. Nametag explanation—why did you draw what you drew? (5 minutes)
 - b. Animal and Name Game (3 minutes)
 - i. All participants stand, or sit, in a circle. Everyone chooses an animal that starts with the letter of their first name. For example, Sarah might pick a snake. Then the participant says their name and the animal and does an action. Sarah might wind her hands back and forth to show the movement of the snake. Everyone else then says “Sarah” and does the snake action. The participants then take turns and go around the circle one at a time.
 - c. Everybody Go (Children’s Theater Community Bridges’ Program)

character. A: Who are you? A: A cartoon. Note that the person cannot say his/her name.

- c. Yes (Attention Starved Children Improvisation Group (ASC))
 - i. The group will form a circle, shoulder to shoulder and everyone must be able to see everyone else. The object of this game is to switch spots with people in the circle. The first round will consist of using names and vocal consent before a person can move. For example the designated first person will make eye contact with someone on the circle and say “Susie”. Susie looks back at the first person and says “Yes”. Then the first person is free to start walking across the circle to Susie’s location. Before Susie can move, she must do the same thing. She must make eye contact with someone and say, “Greg”. Once Greg makes eye contact with her and says yes, Susie can move. The second round is the same only names are not used, only eye contact and verbal consent. The last round consists only of eye contact and a nod or other gesture that implies consent.
- VI. BREAK (10 minutes max)
- VII. Scene Game (10 minutes)
 - a. A and B Conversations (Kaarin Johnston)
 - i. Each person must find a pair and find some place to sit around the room. The group then generates ideas of relationships and situations for a total of about 10 situations and characters. For example, the list might include a little kid and their parent and the parent is trying to get the kid to bed and the kid will not listen. Another situation might be two friends at the grocery store arguing over which dessert will be better for their dinner party. After a list is generated, each person picks A or B. Person A is given a character and their objective (for example the parent who wants to get their child to bed) and then Person B is give a character and their objective (the child who does not want to go to bed). For a minute the partners discuss as if they were these characters. Switch roles
 - ii. Discussion: At the end of each round, the group comes back to the whole group and discusses who got to do what they wanted in the scene (for example did the parent let the child stay up or did the child end up going to bed?). The group can also discuss what communication tactics seemed to work the best.
 - b. (If time and participants feel comfortable trying something in front of the group): Here Comes the Bus (Kaarin Johnston)
 - i. This is a quick, improvisational game that gets the participants feet wet in terms of working with each other in a theatrical way and creating scenes on the spot. There will be two chairs set up in front of the designated audience members. Two people will start out sitting on the chairs. They

must either be caricatures of themselves or some other character (there will be suggestions provided in a box should the participants need a suggestion). The two people will engage in a 30 second conversation as the two characters. The moderator will call out “Here comes the bus” and the person in the stage left seat must make an excuse to get on the bus. Each person will have a chance to do two different scenes and work with two different people.

- VIII. Debrief—ask for questions about the workshops and go over expectations for the next week.

Day 2: Theater Basics and Eye Contact

- XI. Welcome (5 minutes)
- a. Review names from last week
 - i. Person and Adjective Game:
 1. Each person takes the first initial of their first name and comes up with an adjective to fit it. If they are stuck, they can ask the group for help. The participants then take turns, going around the circle and sharing their name and adjective.
 - b. Go over agenda for that day and any questions or concerns that may have come up last time
- XII. Warm-ups (10 minutes)
- a. Stretching (8 minutes)
 - b. Tongues twisters (2 minutes)
- XIII. Concentration Game (choose one):
- a. Yes (ASC)
 - i. The group will form a circle, shoulder to shoulder and everyone must be able to see everyone else. The object of this game is to switch spots with people in the circle. The first round will consist of using names and vocal consent before a person can move. For example the designated first person will make eye contact with someone on the circle and say “Susie”. Susie looks back at the first person and says “Yes”. Then the first person is free to start walking across the circle to Susie’s location. Before Susie can move, she must do the same thing. She must make eye contact with someone and say, “Greg”. Once Greg makes eye contact with her and says yes, Susie can move. The second round is the same only names are not used, only eye contact and verbal consent. The last round consists only of eye contact and a nod or other gesture that implies consent.
 - b. Concentration Game (Attention Starved Children Improvisation Group (ASC)) (5 minutes)
 - i. This is another option for a concentration game. This game is simply called Concentration and is based on that children’s game. There will be a

topic chosen by the moderator and presented to the group. The game starts with a specific category, such as fruit. Each person in the circle chooses one fruit. People then take turns by calling on others. It will go like this: Person one says: Apple (his/her fruit choice) to Kiwi (someone else's pick). The next person says Kiwi (his/her fruit choice) to Strawberry (someone else's pick). It goes around until everyone is called on once. The pattern of fruit names is created and each person must say his or her fruit in turn and then the person they chose after them. So Apple will always say Kiwi next and Kiwi will always call on Strawberry. Once the pattern is memorized, another category is added and goes on simultaneously.

- XIV. Theater Basics (10 minute explanation)--- have a group discussion so that everyone understands what theater is.
- Terms: including stage directions and different positions one can hold in a theater
 - What does projection, enunciation, and stage presence really mean?
 - What theater shows have you seen? What did you like about them? What didn't you?
 - How is theater different from movies?
- XV. BREAK (5 minutes)
- XVI. Last Week's Exercise
- Each week, the exercises will start with the most enjoyable one from the previous week. The group will be asked for their favorite each week.
- XVII. Eye Contact (15 minutes)
- Mirror
 - The participants will be paired off. Each pair will start sitting in a chair facing their partner. One partner will be A and the other will be B. A will start out moving his/her face very slowly. B will copy A's actions. After about 30 seconds, the roles will switch and A will copy B's facial movements. After both have had the chance to lead, the participants will be allowed to move their arms, then their legs, and then the participants will be allowed to stand up and move around the space.
 - Eye to Eye (Gavin Levy)
 - The participants will be split up into pairs and one will be A and one will be B. A's will be instructed to hold anyone's eye contact for as long as possible. B's will be instructed to glance at each person and then to look away quickly. The pairs will practice sitting down to see if there are any questions. Afterwards, the participants will be told to stand up and walk around the space, keeping their eye contact rules in mind. The roles will switch and B's will keep eye contact and A's will glance and look away.

- c. Discussion on Eye Contact: What did you notice about using eye contact? Did you find it uncomfortable or natural at points? Why is eye contact important? In theater? In everyday life?
- d. Columbian Hypnosis (Boal)
 - i. The participants are paired off. They stand at various places around the room and face each other. The partners decide who is A and who is B. A stands still and B puts their hand 2-3 inches away from A's nose. B then leads A around the room with their hand. A must keep his/her nose close to the palm of B's hand. After sufficient practice, A and B switch roles.
- e. IF THERE IS TIME: Prison Breakout (Gavin Levy)
 - i. This game requires an odd number of players. The group will break up into pairs, with one person not having a partner. Chairs will be set-up in a circle. One person in the pair will sit in the chair, facing the middle of the circle and the other person will stand behind the partner's chair. The person without a partner will stand behind an empty chair. It is this person's job to encourage people to leave their chairs, without saying anything. The person with the open chair can wink or nod or do any gesture to invite people to sit in his/her chair. Once a sitting person has been signaled but the partner-less person, he/she may leave her seat and head to the open one. If his/her partner taps him/her on the shoulder before he/she leaves, then he/she is stuck in the chair and the partner-less person must try and get someone else to leave their seat.

XVIII. Movement Exercises (20 minutes)

- a. Everybody Go...
 - i. This is a name game from the previous week. It will be used to get people up and moving and ready to try more movement oriented actions.
- b. Imagination Walking (Acting Foundations)
 - i. Each person starts walking around the space, normally. They may be asked to notice how their heel hits the floor and other things along those lines. After about 30 seconds, the instructor calls out something and the participants must incorporate it into their walk. For example: "You're walking through mud", "You're on the moon" "You're late and can't stop to talk to anyone". This exercise is done as a solo exercise with everyone doing the same actions at the same time but there is not a person-to-person interaction.
- c. If time: Morph Ball (ASC)
 - i. Participants stand in a circle. The object of the game is to pass a ball around the circle, the ball is an imaginary ball. The designated first person throws the imaginary ball to someone else. The first person pretends to throw a small ball, like the size of a marble. The person they throw it to

catches the ball, but they act out the ball as if it has gotten bigger. This person then molds the ball into a bigger shape and passes it onto someone else. Each time the ball is caught and then thrown, it gets bigger. Once the ball has gotten to big to hold, the ball is passed around the circle again, this time getting smaller. As each person throws the imaginary ball, they say what kind of ball it is. This way, everyone understands what kind of ball they are catching.

1. *Note: a real ball is not passed around the circle, rather the actions of the people show where the ball is and how big or small or light or heavy it is.
2. If the participants get really good at this exercise, they can try it without saying what kind of ball they are throwing and use only their actions to describe it.

XIX. Break time

XX. Imagination: A& B Scenes

a. A& B Scenes (Mankato State University) (10 minutes)

- i. The participants are broken up into pairs. Each pair is decides who is person A and who is person B. Then each pair is given a slip of paper with a couple of ambiguous lines on it. For example:
 - A: Hi.
 - B: Hello.
 - A: How's it going?
 - B: Fine.
 - A: Good.
- ii. The pair reads through the lines, over and over, in a loop pattern. The pair reads the scenes until there is no meaning left in what they are saying and until they are not acting but sampling being. Each pair must only say what is written on the paper. At the end of the exercise, each pair will present their couple of lines to another group and discuss the differences or similarities in each scene. If there are volunteers, a pair can present their scene to the whole group.

XXI. Debriefing—reflection and review of program

Day 3: Vocal Day

I. Welcome (5 minutes)

a. Review names

i. Hand Slap (Tyler Olsen)

1. This game involves everyone. The group stands in a large circle with one person in the middle. Everyone on the outside faces the middle of the circle and holds their hands out in front of them—they must keep their hands there for the entire round. The person

in the middle says someone else's name and goes over to slap their hands. Before they get there, the person whose name has been called must say another's person name. If they say someone else before the person in the middle gets to their hands, the person in the middle must change course and go to the new person. The play continues until someone cannot say another person's name fast enough and their hands are slapped. This person now becomes the new middle person.

ii. Sandwich to Go (Gavin Levy) (3 minutes)

1. A memorization game that has been changed slightly to work with remembering names. Everyone sits in a circle. The first person starts and says "I'm BLANK and I would like a sandwich to go with lettuce". The second person then says, "That's BLANK and he would like a sandwich to go with lettuce. I'm So-and-So and I would like a sandwich to go with tomatoes". This continues around the entire group. Each person must say the previous people's orders and their own order with all the already said ingredients. The key is to not repeat types of sandwiches and to remember everyone's names. For example, the third person to go must say the order of the first two people and then say his/her order as well.

b. Go over agenda for the day

II. Stretching (8 minutes)

- a. Linkletter approach—using the posture of the body to create natural sounds

III. Tongue Twisters (2 minutes)

IV. BREAK (5 minutes)

V. Concentration Game (5 minutes)

VI. Warm-Up exercises

- a. Exercise from Last Week

b. This is a... (Children's Theater Community Bridges' Program)

- i. The group stands in a circle (if there are over 10 people, two circles can be created). The group passes around a handkerchief. Each person, when he/she receives the handkerchief, says "This is a ...". Each time the person fills in the blank with a new idea and acts it out. The first person might say, "This is a cape" and hold it behind his/her back. The next person could say, "This is an eye patch" and hold it over his/her eye. The object is not to repeat what someone else said. If a person cannot come up with an idea, the others can chime in and help out. The group continues the exercise until they run out of ideas.

VII. Voice Work

- a. Enunciation exercise
 - i. Telephone
 - ii. Tongue Twister challenge—practice with tongue twisters!
 1. My sister Sally sells seashells by the seashore. (Kaarin Johnston)
 - a. The leader asks different questions such as “Who sells seashells by the seashore?” or “Where does Sally sell seashells” or “What does Sally sell by the seashore?” Each time, the participants answer with the original phrase but accenting different words to answer the question. For example, the answer to the “Who” question would be “My sister SALLY sells seashells by the seashore”.
- b. Rhyme Time! (5 minutes)
 - i. “In my purse” (ASC)
 1. This is a rhyming game. Each round starts with a noun, for example “cat”. Then everyone chants together: “Purse, purse in my purse. I’m gonna put it in my purse”. The first person starts and says “I’ve got a CAT” and everyone says with them “in my purse”. The next person goes right after everyone speaks together and says “I’ve got a HAT” and everyone else chimes in “in my purse”. This continues around the circle, each person coming up with something new that rhymes with the starting word until someone cannot come up with a rhyme. When someone cannot come up with a word, another word is chosen and the game starts again.
 - ii. Bestie Boys (if there’s time and the group feels up for a challenge. This can also be a scene exercise at the end of the day) (ASC)
 1. This is another rhyming game. The group is divided in half and stand in two lines. Each line is its own team. Instead of choosing an object to rhyme with, the players choose a name, for example Bob. The play then goes as follows:

Team One Leader: Well I met him on the street and his name was....

Team One: BOB

All: Beat-box break

Team Two Leader: His favorite food is corn on the....

Team Two: COB

All: Beat-box break

Team One Leader: He ate his corn with his friend...

Team One: ROB

All: Beat-box break

This pattern continues until the person at the front of the line can no longer think of a word that rhymes with the name. At this point, the people at the front of both lines head to the back so each team has a new leader. Play then continues as explained above with a new name.

VARIATION: All players stand in a circle and one at a time go around the circle starting the rhyme. The entire group then fills in the rhyming word. There are no teams for this version.

- c. Throwing your Voice (Kaarin Johnston)
 - i. Everyone lines up facing the wall, about two steps in front of the wall. Everyone winds up, like they are pitching a baseball. Imagine that the imaginary ball in your hand is your voice, as you pitch the ball, your voice gets louder so as to “hit” the wall in front of you. This activity is done until the participants are standing with their backs against the opposite wall.
- d. Discuss why projection and enunciation are important

VIII. BREAK (10 minutes)

IX. Group Story (Children’s Theater Community Bridges Program)

- a. The group creates a story, sentence-by-sentence together. The group can take a classical folk tale or create a whole new story. The group sits in a circle and each person adds one sentence on their turn. This can either be done vocally or using paper.

X. BREAK (5 minutes)

XI. Scene Games

- a. Who Are You? (Gavin Levy)
 - i. This is the same game that was used on the first day. However, instead of doing it about themselves, the participants now answer questions as if they were different characters. The group will generate a list of characters for the group to use.
- b. 1,2,4 (ASC) (10 minutes)—first try in small groups with one theater student and then, if time, try as a large group.
 - i. This is an improvisation scene game. Each scene requires exactly 3 people—one person who is 1, one person to be 2 and one person to be 4. The format of the game is as follows:
 - 1: Enters scene and creates a setting
 - 2: Enters scene and creates a conflict
 - 1: Hightens conflict
 - 4: Enters scene and resolves conflict
 Each person gets one sentence to speak, each time they speak. This is a quick game and the group will come up with suggestions of settings (like preparation for Charades) for people to use. Example of scene:

1: (entering) I love the sun!

2: (entering) Oh no! You're all sunburned!

1: Is that what these blisters on my back are?

4: (entering) Don't panic! I am a certified sunburn specialist, I can cure you.

Everyone will be encourage to participate at least once.

c. If time: REVIEW A& B Scenes (Mankato State University) (10 minutes)

i. The participants are broken up into pairs. Each pair is decides who is person A and who is person B. Then each pair is given a slip of paper with a couple of ambiguous lines on it. For example:

A: Hi.

B: Hello.

A: How's it going?

B: Fine.

A: Good.

The pair reads through the lines, over and over, in a loop pattern. The pair reads the scenes until there is no meaning left in what they are saying and until they are not acting but sampling being. Each pair must only say what is written on the paper. At the end of the exercise, each pair will present their couple of lines.

d. If time: Bestie Boys (if not covered before)

e. Discussion: Why is enunciation and projection important? Which scenes could you hear? Which ones couldn't you?

Day 4: To Be Creative or Not to Be

I. Welcome (5 minutes)

a. Review names from last week

i. Hand Slap

ii. Yes

b. Go over agenda for that day and any questions or concerns that may have come up last time

II. Warm-ups (10 minutes)

a. Tongue Twisters

b. Sunshine

i. There are three types of commands used in this game: Little Raisin, Grape and Sunshine. Each person takes a turn and gets to do any combination of those three and the rest of the group follows. When Little Raisin is said, all group members bend over and wiggle their fingers near their toes. When Grape is said, all group members cross their arms in front of them. When Sunshine is said, all group members put their arms in the air and spin around. The group stands in a circle and each member

goes one at a time. To designate when each turn is over, the caller turns to their right and says “Grape” to the person next to them. The person on the right now becomes the caller.

- c. Dance
 - i. This dance is a dance learned by Rose Gangl from Leigh Dillard. It is a short dance that gets participants stretching up and bending over and moving all around. It was used as a physical warm-up.
 - d. Yes
 - i. Participants stand in a circle and point at each other one at a time. The person who is pointed at must say “Yes”. When “Yes” is said, the pointer walks to the pointees spot in the circle. The pointee must now point at someone else and what for them to say yes. This continues for about a minute.
 - e. Yes, Let’s
 - i. The group stands in a circle. One at a time, each member makes a suggestion, such as, “Let’s do 5 jumping jacks”. After a suggestion is made, everyone else responds with “Yes, Let’s!” and then all proceed to do the action. Each person gets one turn.
 - f. Red Ball (3 minutes)
 - i. In this game, the participants stand in a circle and pass an imaginary object around the circle. The first person starts with an imaginary ball. They make eye contact with someone else in the circle and they say “Red Ball?” They person they are looking at pretends to catch the ball and says “Red Ball thank you”. The second person then makes eye contact with someone else and says “Red Ball?” That person then replies “Red Ball thank you” and pretends to catch the imaginary ball. The ball is passed around the circle with only those words. If the group gets really good at that, then they can add in a second imaginary object, which can be anything. If the group is struggling to make the connection with each other, they can add in names with the eye contact.
- III. Exercise from Last Week chosen by participants
- IV. Imagination Game
- a. Imagination Game(Gavin Levy)
 - i. The participants are told to sit in a chair. Once everyone is comfortably seated, the following is read: “I would like everyone to close their eyes and put your arms out in front of you. If you feel more comfortable sitting, please take a seat and then close your eyes and put your arms out in front of you. I would like you to imagine that in one hand you are holding an empty bucket and in the other you are holding one hundred helium filled balloons. I would like you to imagine that water is

beginning to pour into the bucket. Now I would like you to see and hear the water in the bucket getting heavier and heavier. You now discover, to your surprise, that you have an ever increasing number of helium balloons. See them, hear them gently bumping against one another, and feel them as they slowly pull your hand up, up, and up. Now notice that the bucket is getting fuller and heavier and someone has recently added a heavy weight to your bucket. You realize that it feels heavier and heavier and there is a sensation of pulling on your hand. Now, bring your attention back to the hand with the helium balloon. You realize that your hand feels lighter and lighter. Now, when you are ready, keep your hands where they are and open your eyes. Notice how your arms have moved sensed the beginning”. After this exercise, discuss if anyone was surprised and the power of imagination.

V. Movement

- a. “What are you doing?” (ASC) (5 minutes)
 - i. For this game, the group divides into 2 groups and stands in two lines facing each other. The two people at the head of the line start the game off. Person A starts doing an action and after a bit of time, Person B asks Person A “What are you doing?” Person A must respond with what they are NOT doing. Then Person B takes on that action and starts doing that movement. Person A then says to B “What are you doing?” and B responds with what they are NOT doing. Continues until someone cannot think of something else to say or messes up.
 Example:
 A: mimes folding laundry
 B: What are you doing A?
 A: I’m jumping rope
 B: starts miming jumping rope
 A: What are you doing B?
 B: I’m brushing my teeth
 A: mimes brushing teeth
 Etc.
- a. Zombie Pterodactyl
 - i. This game combines both movement and voice. For this game, the group stands in a circle. A simple sentence is said as one person walks across the circle to a new space in the circle. The first person should end up standing next to someone new. The person they are standing next to is up next. He/She must take that same sentence and exaggerate one characteristic, either vocal or physical. This continues until the sentence becomes too crazy to replicate.

- VI. BREAK (10 minutes)
- VII. Scene Games (10 minutes)
 - a. A& B Scenes (Mankato State University) (10 minutes)
 - i. The participants are broken up into pairs. Each pair decides who is person A and who is person B. Then each pair is given a slip of paper with a couple of ambiguous lines on it. For example:
 - A: Hi.
 - B: Hello.
 - A: How's it going?
 - B: Fine.
 - A: Good.

The pair reads through the lines, over and over, in a loop pattern. The pair reads the scenes until there is no meaning left in what they are saying and until they are not acting but sampling being. Each pair must only say what is written on the paper. At the end of the exercise, each pair will present their couple of lines.
 - b. Here Comes the Bus (Kaarin Johnston)
 - ii. The group writes down suggestions for characters on scraps of paper, like the start of charades. Each member draws a slip of paper with a character on. In pairs, the group members go up and pretend to be waiting for the bus, like the character that they just drew. The conversations last only 30 seconds to a 1 minute.
- VIII. Discussion—why is movement important? How can that help develop characters? Can something be expressed through movement and not words? How do vocal and movement work together in theater? Outside of theater?
- IX. Debriefing—Discussion on the days events

Day 5: Performance/Last Day

- I. Welcome (5 minutes)
 - a. Go over agenda for that day and any questions or concerns that may have come up last time
- II. LUNCH BREAK!
 - a. Head over to the cafeteria, Gorecki for brunch/lunch in celebration of the end of the workshops.
- III. Review! (10 minutes)
 - a. Participant's Choice (8 minutes)
 - i. Favorite games from all the weeks are chosen and replayed.
- IV. Post Tests
 - a. The La Trobe Communication Questionnaire, Mindfulness Attention Awareness Scale, and the community mini-scale were given out.
- V. PERFORMANCE

- a. The last day of the workshops was on the day of one of the College of St. Benedict/ St. John's University's Theater Department Performances. Kathy Hendrickson and current college students used Story Theater to re-tell the Grimm's Fairy Tales. As a group, the participants and volunteers went to the performance. After the performance, the cast and crew answered questions about the process of putting together a full show.

Appendix B: La Trobe Communication Scale

La Trobe Communication Questionnaire

Question: When talking to other do you:	Never or Rarely (1)	Sometimes (2)	Often (3)	Usually or always (4)
1. Leave out important details?				
2. Use a lot of vague or empty words such as 'you know what I mean' instead of the right word?				
3. Go over and over the same ground in conversation?				
4. Switch to a different topic of conversation too quickly?				
5. Need a long time to think before answering the other person?				
6. Find it hard to look at the other speaker?				
7. Have difficulty thinking of the particular word you want?				
8. Speak too slowly				
9. Say or do things others might consider rude or embarrassing?				
10. Hesitate, pause or repeat yourself?				
11. Know when to talk and when to listen?				
12. Get 'side-tracked' by irrelevant parts of the conversation?				
13. Find it difficult to follow group conversations?				
14. Need the other person to repeat what they have said before being able to answer?				
15. Give people information that is not correct?				
16. Make a few false starts before getting your message across?				
17. Have trouble using your tone of voice to get the message across?				
18. Have difficulty getting the conversation started?				
19. Keep track of the main details of conversations?				
20. Give answers that are not connected to the question?				
21. Find it easy to change your speech style (e.g., tone of voice, choice of words) according to the situation you are in?				
22. Speak too quickly?				
23. Put ideas together in a logical way?				
24. Allow people to assume wrong impressions from your conversations?				
25. Carry on talking about things for too long in your conversations?				
26. Have difficulty thinking of things to say to keep the conversation going?				
27. Answer without taking time to think about what the other person has said?				
28. Give information that is completely accurate?				
29. Lose track of conversations in noisy places?				
30. Have difficulty bringing the conversation to a close?				

Appendix C : The Mindfulness Attention Awareness Scale

Mindfulness Attention Awareness Scale (MAAS)

Please indicate the degree to which you agree with each of the following items using the scale below. *This information is confidential and will only be used by the facilitator.

1 2 3 4 5 6

1: Almost always

2: Very frequently

3: Somewhat frequently

4: Somewhat infrequently

5: Very infrequently

6: Almost never

1. I could be experiencing some emotion and not be conscious of it until sometime later.

1 2 3 4 5 6

2. I break or spill things because of carelessness, not paying attention, or thinking of something else.

1 2 3 4 5 6

3. I find it difficult to stay focused on what's happening in the present.

1 2 3 4 5 6

4. I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.

1 2 3 4 5 6

5. I tend not to notice feelings of physical tension or discomfort until they really grab my attention.

1 2 3 4 5 6

6. I forget a person's name almost as soon as I've been told it for the first time.

1 2 3 4 5 6

7. It seems I am "running on automatic" without much awareness of what I'm doing.

1 2 3 4 5 6

8. I rush through activities without being really attentive to them.

1 2 3 4 5 6

9. I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there.

1 2 3 4 5 6

10. I do jobs or tasks automatically, without being fully present in them.

1 2 3 4 5 6

11. I find myself listening to someone with one ear, doing something else at the same time.

1 2 3 4 5 6

12. I drive paces on “automatic pilot” and then wonder why I went there.

1 2 3 4 5 6

13. I find myself preoccupied with the future or the past. 1 2 3 4 5 6

14. I find myself doing things without paying attention. 1 2 3 4 5 6

15. I snack without being aware that I’m eating. 1 2 3 4 5 6

Appendix D: Community Mini-Scale

I feel close with the people here today.

1 Strongly Disagree

2 Disagree

3 Neither Agree or Disagree

4 Agree

5 Strongly Agree

I have positive feelings for the people here today. (This includes, but is not limited, enjoying the people's company who are here today, considering some people in the group your friends, being able to talk to the people in the group, etc)

1 Strongly Disagree

2 Disagree

3 Neither Agree or Disagree

4 Agree

5 Strongly Agree

I feel like I am a member of this theatre group.

1 Strongly Disagree

2 Disagree

3 Neither Agree or Disagree

4 Agree

5 Strongly Agree

Appendix E: The Flyer

“AND THE TONY GOES TO.....”



TOGETHER BUILDING IMAGINATION: TBI RE- DEFINED

It's your turn to try your hand at theater! Join Marcelline Gangl, a senior at the College of St. Benedict, to **learn the basics of theater** through stretching, tongue twisters, improvisation, trust games and self-awareness activities. **If you are a survivor of a mild traumatic brain injury or know someone who is, then this workshop is for you.** (Please note, that if you have a legal guardian you will not be allowed to participate).

No experience necessary! All needed skills will be taught!

Join us for a 6-week theater program!
Meets Sunday mornings at the Studio Theater in the Benedicta Arts Center on the College of St. Benedict's campus.

Workshops will be held Sunday mornings in January and February. For specific times and dates, please contact the researcher.

Thanks for your help!



**IF YOU ARE
INTERESTED PLEASE
CONTACT:**

Marcelline Gangl

651-726-4209

magangl@csbsju.edu

