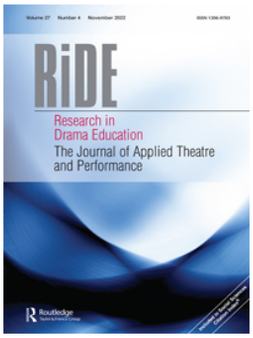

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Legitimate ways of knowing: reconsidering process drama as an effective methodology for promoting children's active participation in health research

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ABSTRACT

The power of process drama as a dynamic tool for exploration and learning is well documented. Far less is known about its potency as a qualitative research methodology. This article aims to address that deficit, drawing on lessons learnt from a collaborative project investigating the causes of dental anxiety in children. It argues that process drama can serve as a democratic methodological tool that invites multiple ways of knowing. It reconsiders process drama as an art form that has hitherto been overlooked by researchers committed to pursuing participatory methodologies with children that encourage distributed power-sharing and co-produced knowledge.

KEYWORDS

Process drama; dental anxiety; paediatric dentistry; participatory action research; co-research

Introduction

Children's involvement in research presents multiple challenges. Although interest in children's lives and how they experience the world is pertinent across disciplines, they are often excluded from research due to concerns about their competence and capacity (Singh 2007). Children experience the world differently from adults. The way they perceive the world, relate to it, and make sense of their own position within it is articulated in ways that do not map directly onto that of adult experience or expression (Kellett 2010). When researchers are interested in improving the lives of children, conventional research methodologies can be insufficient or lacking. Although children are now increasingly recognised as experts in their own lives (Christensen and Prout 2002; Mayall 2000), finding ways to access this knowledge can be challenging for researchers who are guided, led and, some may argue, constrained by traditional epistemologies and research paradigms. Developing more appropriate ways to engage children in research that privileges their voice and facilitates their preferred modes of expression is of urgent importance, particularly in the development of novel health interventions that have the potential to significantly improve lives.

This article offers a reconsideration of process drama as a methodology that positions children differently within the research enquiry. It interrogates the ways in which process

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drama invites children to adopt, inhabit, and perform the role of experts in the pursuit of new knowledge about health issues directly related to them and their lived experience. Much has been written about the 'educational potency of process drama' and how it functions as a tool for exploration, expression, and learning (Bowell and Heap 2005, 60). Far less attention has been given to its potency as a qualitative research methodology that offers a collaborative way of working with children as active meaning-makers and producers of new knowledge. This article aims to address that deficit, drawing on lessons learnt from a collaborative project between paediatric dentistry, and applied theatre specialists from the University of Leeds where process drama was adopted as a core methodology for investigating the causes of dental anxiety in children. It argues that process drama can serve as a democratic methodological tool that invites multiple ways of knowing. It reconsiders process drama as an art form that has hitherto been overlooked by researchers committed to pursuing participatory methodologies that encourage distributed power-sharing and co-produced knowledge.

Project summary

The RAPID project took place in May 2019 in the Batley area of West Yorkshire and was conducted following ethical approval by the Dental Research Ethics Committee of the University of Leeds (reference 090119/JT/268). A convenience sample of five primary schools were identified through the RAISED in Yorkshire collaboration.[1] Following contact with head teachers, three schools agreed to take part and were offered a 90-minute participatory drama workshop for pupils aged between 7 and 10 years old. In total, 63 children participated in the study with consent and assent obtained prior to the start of the project.

The site of the study is significant. Batley is an area identified as being amongst the 10% most deprived in England (The English Indices of Deprivation 2019).[2] Poor oral health in children is recognised as a disease of deprivation and is an indicator of 'unacceptable levels of health inequalities' that exist among certain socio-economic and ethnic groups (Kruger and Tennant 2016). Dentists are keen to remove any barriers that may prevent children from accessing dental treatment, dental anxiety being one such obstacle affecting approximately 11% of children and adolescents (Klingberg and Broberg 2007). In order to inform the work of paediatric dentists looking to improve health outcomes for those most affected, the research team sought an interdisciplinary approach that involved children as agents in the enquiry from the outset. The project adopted process drama as the primary methodology to (a) identify some of the causes of dental anxiety in children and (b) develop strategies for minimising it.

Working through a fictional scenario the children were not delivered any direct oral health messages. Instead, they were invited to articulate their views, ideas, and opinions through well-established conventions from the process drama tradition, namely 'mantle of the expert' (Heathcote and Bolton 1995). The workshop began with the 'dramatic pretext' (O'Neill 1995, 20) that a group of child psychologists (the participating children) had been gathered to observe the behaviour of a young girl, 'Katie' (played by an applied theatre specialist), who was presenting with dental anxiety that was preventing her from accessing treatment. Working in conjunction with the girl's social worker (played by the lead facilitator), their job was to find out what lay behind her anxieties using

process drama techniques to frame the enquiry. Each workshop was facilitated by two applied theatre specialists and assisted by one dental student and one paediatric dental specialist. At each session, one class teacher was present and accompanied by one teaching assistant. Everyone in the room participated in all activities and there was no external 'audience'. All sessions were audio-recorded and transcribed so that inductive thematic analysis at a semantic level could be undertaken. A video camera was placed in the corner of the room to make an audio/visual record of each session. Voice recorders were used to capture small group discussions and photographs were taken at certain points to capture performed work.

There is a long tradition of using applied theatre practice within health education contexts (see Baxter et al. 2017). However, to our knowledge, this is the first time such an approach has been applied within the field of oral health research. As such, it represents a significant departure from conventional methodology in dentistry and offers a model that could be adopted in other health-related fields where child-centred approaches are uncommon and the use of drama as a participatory research method is rare (Bray et al. 2019). A detailed description of the workshop's dramaturgy and analysis of the findings from the study have been published elsewhere (O'Grady, Gray-Burrows, and Tahmassebi 2021; Tahmassebi, Malik, and Berg 2021). This article aims to broaden the discussion beyond the specifics of the RAPID project in order to situate the collaboration in the much larger debate about the challenges and opportunities of conducting arts-based participatory research with children, particularly in instances where disciplinary norms might be in tension. It demonstrates how the orientation and quality of process drama offers a democratic and inclusive approach to accessing knowledge about difficult and complex topics and how it has the potential to position children as agents within the research process.

Perspectives on participatory research with children

Participatory approaches have become *de rigueur* in social research involving children (Bradbury-Jones and Taylor 2015, 161). With the recognition of children's rights enshrined in legislation (UNCRC 1989), children now have the right to have their perspectives and opinions integrated into research and are increasingly regarded as experts in their own lives (Bergström, Jonsson, and Shanahan 2010; Fargas-Malet et al. 2010). Participatory approaches that alter the conventional power differentials between adults and children involved in the research shift the emphasis towards researching *with* rather than *for* children (Alderson and Morrow 2011). Although children's testimony is sometimes perceived as idiosyncratic and untrustworthy (Alderson and Morrow 2004), in recent years children have become recognised as 'knowers'. They can generate knowledge as well as act as the recipients or 'objects of knowledge' (Foley 2001, 99–100). To accommodate this shift, researchers have turned to the arts as an effective and empathetic way to engage children in the research process. As social work researcher Christine Mayor argues, the arts have been reclaimed as 'a legitimate way of knowing' (2020, 1041). As she explains, arts-based research privileges layered, complex, and multiple perspectives. Operating at a symbolic level, an arts-based approach can reveal unexpected, surprising, and contradictory findings (Mayor 2020, 1041). The arts offer a route to knowledge that reaps results which may be substantively different from that produced by other qualitative methods.

Although arts-based methods are becoming more common in social science research, they still represent something of a challenge to dominant ways of knowing in other disciplines. As Chambon says, 'like a churning of the stomach, art turns the implicit over into forms of explicit, layering reality until it blurs what we know' (2008, 220). While approaches that privilege more than just the cognitive can reveal new perspectives and what Mayor calls 'multiple truths or ways of knowing' (2020, 1041), working with blurred realities can be anathema in certain disciplines, a view that lies at the heart of the tensions that prevail in arts and health research (see Jones 2014). As Leavy (2018) argues, arts-based methods allow groups often excluded from or under-represented in researching new ways of participating and, as such, demand attention from those seeking to address social inequalities through their work. Such approaches can, however, present a challenge for scholars in STEM subjects, as well as peer reviewers and ethical review boards who may not be familiar with arts-based methods and who take a more positivist perspective on research (Pitt 2014). This is particularly pertinent when an interdisciplinary collaboration, such as the one under discussion, is being undertaken. Getting to grips with methodological differences and having open conversations about what constitutes knowledge and/or 'evidence' is an important first step in the process. As Mayor argues, an arts-based approach provides 'another way to conduct research that does not conform to the increasing view in the academy that "evidence-based" research is exclusively limited to post-positivist epistemologies and quantitative paradigms' (2020, 1057). These challenges are multiplied when those participating in arts-based methodologies also happen to be children.

Although children's participation in research has increased, research led by children is still rare. For Mary Kellett, the main barrier here is children's lack of research skills training. If this issue were addressed, children designing and leading their own research projects could open up 'new protagonist frontiers' (Kellett 2010, 195). While it may be unrealistic to expect children to have equal access to bespoke research skills training, it is not unreasonable to suggest that there are existing skills and techniques that could be harnessed for the purposes of frontier research with children. In the RAPID project, we capitalised on the children's existing knowledge of role play, hot-seating, and still image to help them find creative, and sometimes abstract, ways to explore Katie's frame of mind. The children were able to pose questions, formulate hypotheses, and test ideas via a creative process and bring to bear their own perspectives on the causes of Katie's behaviour as observed in role. This may not be considered as 'research' in the formal sense, but it is possible to see how drama framed as enquiry can be usefully applied to this context.

Undoubtedly, children have the advantage of the unique 'insider' perspective when it comes to childhood. They are 'experts by experience' (Videmšek 2017) and can produce rich research data that are significantly different from that generated by adults. In the RAPID project, the children generously offered Katie advice and guidance drawn from their own experiences, encouraging her to speak to friends about her fears, to ask the dentist questions, and to seek support from her Mum. Although the project intentionally avoided asking children to reflect on their own dental anxiety, they were encouraged to speak as 'experts' via their roles as child psychologists. This not only provided some critical distance but also gave a degree of status to their voice. The imperative driving participatory research methods are often articulated as a commitment to 'access voices' and to creating space where these 'voices' can be heard (Mand 2012, 151). Although

ethnographic approaches in the social sciences promote 'dialogue' with children, what happens as a result of that conversation is less clear. Equally, in research that favours a bottom-up approach whereby participants have some control of the research agenda or, at least, parts of the process, children's 'voices' are foregrounded but to what effect? Participatory methods do not automatically equate to freedom or empowerment (Gallacher and Gallagher 2008). Simply listening to children's voices is not enough (James 2007). As Kellett suggests,

> A combination of circumstances is needed for child voice to have influence, not least of which is a pre-disposition on the part of the adults to value what children have to say and to appreciate the uniqueness of their perspectives. Better understanding leads to better provision for children. (2010, 197)

While the approach taken in the RAPID project stemmed from an appreciation of children's unique perspectives, what is now at stake for us as a research team is to find ways to translate those voices and perspectives into real change. The children identified four key themes relating to the causes of dental anxiety – fear of the unknown, unpleasant sensory experiences, society's perception, and portrayal of dentists and learnt negative associations (O'Grady, Gray-Burrows, and Tahmassebi 2021, 10). How these insights might translate into action and improved care for children is now the task at hand. The process of translation, of course, is far from straightforward. As James points out, one of the pitfalls behind the notion of 'voice' is representing it as authentic truth that speaks for all (2007, 263). For adult researchers looking to adopt child-centred approaches, additional challenges include suspending the impulse to control what is voiced, learning how to document what is voiced, and discovering ways to interpret it (Bradbury-Jones and Taylor 2015, 168). These challenges are complicated still further when what is 'voiced' does not manifest in words. In our own study, videos, photographs, and audio recordings were taken of each workshop but, for the purposes of thematic analysis, we concentrated predominantly on coding the children's verbal responses. The prevailing challenge is to find effective ways to record, annotate, and code the physical or non-verbal modes of communication that emerge during dramatic play in order to make it useful as data.

The concept of foregrounding participant voice is not new in the field of applied theatre and comes with its own set of cautions around power and privilege (Freebody and Goodwin 2018). Nonetheless, in the quest to reconsider how different forms of knowledge are produced and legitimised for the purposes of health research with children, it is useful and timely to turn towards a pedagogical art practice that has been there under our noses for decades, namely process drama. If the challenge for participatory methodologies is to reach towards what has become known as the 'democratisation of research' (Edwards 2017) whereby conventional research paradigms might be disrupted, then process drama provides a model that gets us closer to that ideal. Despite the shift towards the co-production of knowledge that has already been discussed, the boundaries between participation and pedagogy can be ambiguous and, curiously, have not been subject to much theorisation or critique (Kim 2017, 85). My reconsideration of process drama provides such an opportunity. Distributed decision-making is a core feature of process drama's pedagogy and provides a potential framework for research where voices are not simply heard but put into action. Through the drama, ideas manifest

and take effect in the presence of others who also have a stake in the subject matter at hand. In the RAPID project, children took their own decisions about how to focus their investigation. They chose which characters to interrogate, namely Katie, her Mum, and the dentist himself (played by a dental student). They decided which questions to ask and they formulated their own conclusions about the causes of Katie's dental anxiety. In many ways, the drama they enacted followed a research arc, albeit a modest one. The children were presented with a research problem (why is Katie behaving in this way?), were given the opportunity to explore the problem (through observation, hot-seating, and role), were invited to formulate and test a hypothesis (through still image and group discussion), and were encouraged to share findings and suggest solutions (by compiling a set of recommendations for dentists based on what they had deduced). Throughout the workshop, the role of the facilitator was to guide rather than lead the investigation. Working in role as professionals solving a health problem together created opportunities for democratised conversations where adults and children were engaging in what Pascal and Bertram call 'symmetrical dialogues' (2009, 259) via dramatic play. The following section identifies how the dialogue that emerges through play might be translated to the research context.

Process drama as participatory research

As Haseman and Winston argue, process drama provides an educative experience that goes 'beyond mere recognition of conceptual content; instead, cognition, imagination, memory and the body work together to produce insight and fresh understanding' (2010, 467). As such, it can be mobilised as an age-appropriate research methodology for getting at ineffable knowledge which lies beyond 'conceptual content' such as the anxieties and fears associated with visiting the dentist. As Bradbury-Jones and Taylor suggest, a principal requirement for children's meaningful engagement in research is 'to ensure congruence between children's level of competency and selected methods' (2015, 163). As process drama is rooted in play, the method is familiar and frames the research enquiry to make it accessible for even very young children. To avoid any retraumatisation, the children in our study were invited to adopt a role different to that of their everyday experience, to behave as if they were psychologists with a wealth of professional experience on which to draw. As well as working in role as clinicians, the children used expressive theatre techniques to depict the internal landscape of Katie's emotional world. They switched easily between these two modes, using one to inform the other, and had no difficulty accepting the multiple realities that might be the cause of Katie's fear. All suggestions were accepted as possibilities – from the pragmatic ('I think it's just fear of the unknown') to the more fantastical ('She walked in on a horror film and saw someone getting tortured and thought that it was the dentist'). Coppock argues, 'interventions centred in complex human relationships require methodologies capable of embracing complexity' (2011, 439). The dramatic mode is one such methodology as it allows multiple possibilities to exist simultaneously and beyond the restrictive parameters of the everyday. From the outset, our project aimed to be inclusive. It also aimed to be responsive to the children's ideas, inviting them to negotiate with us and their peers as the drama unfolded. As O'Connor points out, 'the rules and goals of each [dramatic] frame are not immutable and unchangeable. Process drama allows the rules to become flexible, alterable

and negotiable' (2007, 7). This inherent flexibility is both the advantage and challenge of adopting such a method in the name of research as we will go on to explore.

As Somers points out, although drama is 'an incomplete representational medium' imbued with ambiguities and open to interpretation, it also offers an opportunity for exploration, using prior knowledge 'to understand new encounters with the world, representing what is found through narrative' (2002, 104). He identifies a congruence between the drama-making model with that of the positivist researcher. Here the researcher/drama maker decides the focus of the enquiry, draws on what they already know to formulate a hypothesis, explores hunches using a variety of techniques or conventions, thereby generating data, before selecting and shaping it into an appropriate form in order to communicate the findings. This model sounds tantalisingly neat. However, research with children has been described as taking place in a messy, real world (Beazley et al. 2009), and is rarely tidy, linear, or straightforward. If the 'real world' of children is messy, one could argue the fictional world is even messier. What happens to a research process when it is transposed to a fictional or imaginary world that simultaneously sits within the reality of the classroom and the lived experience of the children? Is it so messy that it becomes unwieldy or can this 'messiness' be a productive, generative process of exploration, a type of creative chaos from which order and insight might flow? Evidence from the RAPID project suggests that playful methodologies can indeed produce ordered insights, reflections, and observations (Tahmassebi, Malik, and Berg 2021) but, it is worth noting, that data analysis was undertaken by the adult research team once the play had ended. In this instance, the children had no agency in making sense of the data or extracting key themes. For future work, this is where the challenge lies, ensuring children are figured as co-researchers from start to finish.

At this juncture it is worth remembering that process drama is, in essence, far from messy. As we know from the work of Cecily O'Neill, it is a fine balance of structure and spontaneity (Taylor and Warner 2006). However, it does present the world as unfinished. Process drama practitioners are 'guides to new worlds, travelling with incomplete maps' (O'Neill 1995, 67). Nevertheless, their work does follow a structure. As Dunn explains, process dramas are organised into three phases – an orientation or initiation phase, an experiential phase, and a reflective phase (2016, 136). It is easy to see how this might usefully echo the phases of research. Furthermore, the internal logic of process drama is dependent on the action, reaction, and interaction of the participants who are both the theatrical ensemble that creates the play and the audience that receives it (Bowell and Heap 2005, 59–60). In our study, the children were fully engaged with Katie's struggle as clinicians and were also keen to find out what lay behind her fears as those clinicians delved deeper into her story. Inhabiting these two roles simultaneously and without effort is a natural extension of the type of childhood play seen in the development of pro-social behaviour (Haseman 1991, 20). It is also an example of what Augusto Boal calls 'metaxis' (1979), a cognitive state where two worlds can be inhabited at the same time. In process drama, participants can be engaged in the action but distanced at the same time, distinguishing between role and self by virtue of what Voss Price calls the 'frames of existence' (2000, 149). Similarly, when transposing this concept to the research context, participants can function as both researchers and the researched at the same time. In our study, the children appeared to hold two worlds simultaneously with ease. They inhabited the fictional world of the drama by performing the role of professional child

psychologists and reflected critically on what they were seeing by drawing on their own lived experiences, building this into their hypotheses about the causes of Katie's anxieties. It is this inherent duality afforded by the dramatic frame of process drama that gives it such potency for participatory research with children.

Playing the expert – reframing children's participation in health research

Facilitating children's participation in health research is challenging. Reframing their position within the process as agents capable of producing knowledge is even more complex. As we have seen, children are often excluded from research due to concerns about their competency (Alderson 2008; Kellett 2011), which, in turn, leads to questions about the quality of the research they may produce (Brownlie, Anderson, and Ormston 2006). Scholarly research is defined as that which passes 'collective evaluation of its knowledge claims by a research community on the basis both of the body of knowledge that this community currently takes to be valid and of the evidence offered in support of the claims' (Hammersley 2000, 224). In the debate about health inequalities and barriers to participation, it is not difficult to see how this definition privileges particular voices and excludes certain groups that would be better served by more inclusive approaches (Brownlie, Anderson, and Ormston 2006; Nind 2014). This is especially pertinent for communities of 'knowers' that are already subjected to unequal or unbalanced power relationships, such as children or patients and particularly apposite in healthcare settings where research subjects are often regarded as inherently vulnerable and othered.

Despite concerns about competence, capacity, and consent, studies have shown that even very young children are able to participate productively in research and can articulate their views provided appropriate methods are used (Coad and Coad 2008; Coyne 2006). As Singh argues, rather than excluding children from research, it is the responsibility of the researchers to find new and novel methodologies that allow children to act as independent and autonomous agents (2007, 37). This presents a particular challenge in the context of health where hierarchies between patients and clinicians can be engrained and genuine participation difficult to achieve. A fundamental recalibration of existing power dynamics is required to move things forward:

> The predominant and prevailing models used in healthcare are that the academic research community controls the research process, who is involved, how they are involved and when. To move this to a participatory paradigm, the academic community needs to surrender some of the control and power, along with the language that is used to underpin and maintain these barriers, in order to create the conditions that enable genuine participation from non-academic participants. (Brocklehurst, Baker, and Langley 2020, 4)

In our own study, adopting process drama as a form of collaborative, enquiry-driven play was an intentional gesture towards achieving greater participation. The approach goes further than other arts-based, qualitative methods for engaging children in research, such as through drawings and photographs which is much more commonplace (see Carter and Ford for a comprehensive discussion (2013)). These methods have been used to support children to contribute to a discussion on healthcare environments (Water et al. 2017, 469) and have been successfully applied in the field of children's oral health (Torriani et al. 2014). Despite these successes, it is worth noting that in the

field of oral health at least, participatory research design is still considered to be a 'radical approach' and represents something of a 'paradigmatic shift' away from the concept that research is a simple exchange between 'knowledge producers' and 'knowledge users' (Brocklehurst, Baker, and Langley 2020, 1–2). The paediatric dentists on the RAPID project were not only open to exploring process drama as a participatory method to inform their own research agenda but were willing to engage with it in an embodied way so that they could experience the affordances of working in role for themselves. This type of interdisciplinary collaboration demands a considerable degree of trust and mutual understanding for researchers to be able to take the epistemological leap of faith that is required.

While there is increased interest in using visual art as a means of encouraging children's participation in health research, very few researchers have thus far turned to drama. Although the reasons for this are far from clear, it is possible to surmise there is a degree of suspicion about the art form that stems from having its roots in play and make-believe. Drama deals with imaginary worlds and, it could be argued, is somewhat divorced from the real, immediate, and serious concerns of the everyday. Certainly, drama has the ability to create what O'Toole calls 'maverick meanings' (1998, 25) – ideas that might be unexpected or unconventional. Drama's ability to encompass and embrace the imaginative, the fantastical, the unorthodox, and the disruptive is precisely the reason why it demands proper attention as a research methodology. As a collaborative, improvised mode of meaning-making, process drama has the potential to produce the unexpected in real time. By virtue of its ability to shift the 'frame' by which we view a problem, new insights can be produced with and by people previously excluded from research enquiries. In our study, the application of Heathcote's 'mantle of the expert' reframed the children's position and permitted them to work through a problem from a position of power, albeit an imaginary one. Participants were no longer framed as patients, children, or potential sufferers of a condition; they were elevated to the position of experts who were permitted to express opinions and formulate hypotheses. They spoke in the register of the health professional, modelled by the facilitator in role as a social worker. They gave advice from an imagined position of authority, drawing on their own experiences as source material, and drew up a set of very real and workable recommendations which included giving children access to music during treatment, providing better information about what treatment might involve and encouraging dentists to develop more empathetic approaches.

Perhaps one of the most challenging aspects of using drama as a methodology within health research is the fact that it operates on a fictional plane and, as such, represents a move away from 'truth'. The following section looks more closely at this idea and identifies the ways in which a willingness to disrupt and unsettle notions of truth can serve to expand the scope of the enquiry in positive and productive ways.

Risky research: disrupting paradigms and moving away from 'truth'

For John Somers, the paramount objective of all drama is storytelling (2002, 103). In process drama, the emphasis is on participatory story-*making*. Here, children play an active role in the narrative and use it as a way of thinking through problems, situations, and experiences at first hand. Process drama provides what Cremin calls a 'language of

practice for the imagination' (1998). This practice-based language helps children find a way to articulate and give meaning to consciousness. For Bell (1990), the four categories of imagining include visualising, supposing, hypothesising, and materialising. There is a clear overlap here with stages of research whereby similar cognitive processes are activated. The fictitious world created within the dramatic frame where the children were able to observe Katie in the dentist's waiting room through a two-way mirror was materialised through a process of imagination. Harnessing make-believe in this way and asking the children to imagine the world Katie was inhabiting, represents an intentional move away from representing or finding 'truth' so that 'unexplored paths' could be followed. In the RAPID project, freeze frames, soundscapes, mimed responses allowed children to experiment with 'non-real' responses to Katie's problem. The drama allowed the children to work through a symbolic register, articulating what they hypothesised about fear and anxiety in a way that had less direct correlation with 'reality' but was nonetheless deeply felt. The clearest example of this was their exploration of the 'haunted dentist' and 'nightmare dentist' who visited Katie in her dreams. This vivid portrayal of a nightmarish figure led to the team identifying one of four key themes relating to the causes of dental anxiety and fear, namely that of society's perception of the portrayal of dentists in literature and films. The impact of cultural representations of dentists on children's experience is yet to be explored but without permission to work through imagination and symbol, this theme may not have emerged.

The 'structuration principles' of process drama means that there is always a 'structure of objective fact' involved in the drama against which the imagined world can be measured (Haseman 1991, 20). In other words, the drama does not exist simply within a fictive, imaginary world but, through an engagement with process, the children are able to sit between the 'as if' world of the subjunctive and the 'as is' world of the everyday (Schechner 1985, 93), a type of third or liminal space. In our study, the children were able to inhabit the 'as if' world of their role as child psychologists as well as the 'as is' world of their lived reality as children who visit the dentist. The dramatic frame allowed them to attend to both worlds and to occupy space both inside and outside of the play simultaneously (Kravtsov and Kravtsova 2010, 29). This duality may not sit comfortably in some disciplines and may feel too risky for research in public health. However, as a fundamental feature of how children make sense of the world and their place within it, it should not be ignored as a methodology for participatory research with this cohort.

Dorothy Heathcote's pedagogy mobilised drama as a way 'to explore people, their behaviour, their circumstances, and their responses to events that affect them' (2015, 134). If we want to research children, their behaviour and their responses to things that affect them, then practices drawn from the drama education tradition provide an ideal approach. In process drama, 'participants agree to modify their behaviour for the sake of communicating through more selective modes and modalities of expression which they, as participant/observers, can choose to make as moment-to-moment adjustments according to the role position' (Boland 2018, 64). The role position creates distance between the participant and the situation or problem being explored, in this instance the uncomfortable and distressing experience of dental anxiety. As Boland goes onto explain, interactive practices like process drama:

> place a high value upon their capacity to present issues as problematic situations and then pose questions about those issues in ways that actively *encourage* dialogue and *risk* spontaneous instances of interactive participation on the part of the witnesses to the performative event so that these witnesses embody points of view as reflexive participants and reflective observers of the actions/interactions between themselves and the persons who have temporarily assumed performative roles. (2018, 63)

It is the risk of spontaneous interactions that produce unexpected findings as a result of what Carroll calls 'role-shifted discourse' (1988, 20) that I want to emphasise here. Although a shifting of roles in process drama is often used for pedagogical purposes, my argument is that it provides a useful strategy for encouraging children to adopt a critical stance and have agency within a research process. In many ways, the project could have gone much further. The children could have had more influence in shaping and leading the enquiry for themselves. Their intended role as researchers could have been foregrounded. They could have been involved in the process of data analysis. Despite these shortcomings, what has become apparent through the RAPID project is that process drama offers a dynamic approach to engaging children in health research in a way that challenges some of the conventional methodologies used by adult researchers interested in understanding more about children's health outcomes.

Conclusion

Process drama has been an important part of the drama educator's toolkit for nearly 40 years but has largely been ignored as an approach to conducting participatory research with children. As the RAPID project has demonstrated, process drama can be adopted as a methodology for those seeking a dynamic approach to participatory research that places democratic, negotiated problem-solving at its core. Operating between the two worlds of 'as is' and 'as if', process drama embraces multiple ways of knowing and does not try to erase complexity in favour of generalisability. This may make it a contentious or troubling method for researchers working in health contexts but, if the aim is to access hard-to-reach knowledge about difficult and complex issues affecting children's lives and to position those children as research partners, then it deserves greater attention and sustained access to professional training for practitioners. Rooted in the 'what if' of the imaginative register, process drama offers insight into a child's perspective that may not be accessed through more conventional qualitative methods such as focus groups, questionnaires, or semi-structured interviews. The data it generates are of an entirely different order and are as rich and as layered, as complex and as playful as the participants themselves. Still images, tableaux, poems, drawings, soundscapes, and improvisations may emerge from the process as data. Capturing these creative outputs effectively and analysing them efficiently presents researchers with a huge challenge and requires the same tolerance of multiplicity as the art form itself. Of course, health researchers are rarely trained in process drama techniques and so this work can only happen through interdisciplinary collaboration and partnership where disciplinary norms are brought into productive tension. Finally, it is worth remembering that play is slippery. It can be as subversive as it is developmental. It is perhaps unsurprising that it might be mistrusted as a research method. Nevertheless, if we can learn to embrace the multi-perspectival, multi-vocal, and expressive nature of dramatic play as it exists within the tradition of process drama and harness it for the purposes of inclusive research, then we can begin to accept it as a legitimate

way of knowing in the arts and mobilise it as a way of disrupting traditional paradigms that privilege some voices over others.

Notes

1. RAISED in Yorkshire (Research Activity In Schools Evaluating Dental health) is a community collaboration between the School of Dentistry at the University of Leeds and Batley Girls' High School. It aims to enhance public engagement to reach and involve under-represented, at-risk young people to provide exposure to oral health research they value and which is important to their community.
2. The acronym RAPID stands for Rehearsals And Performance In Dentistry. The project was supported by the Footsteps Fund at the University of Leeds and was developed as a cross-faculty student enhancement and schools' engagement programme. Staff and students at the School of Dentistry and the School of Performance and Cultural Industries have been collaborating since 2015. The RAPID project is one of the projects aimed at developing participatory drama methodologies for the purposes of oral health research and dissemination.

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References

Alderson, P. 2008. "Children as Researchers: Participation Rights and Research Methods." In *Research with Children: Perspectives and Practice*, 2nd ed., edited by P. Christensen and A. James, 276–290. London: Routledge.

Alderson, P., and V. Morrow. 2004. *Ethics, Social Research and Consulting with Children and Young People*. Barkingside: Barnardo's.

Alderson, P., and V. Morrow. 2011. *The Ethics of Research with Children and Young People: A Practical Handbook*. London: Sage.

Baxter, V., S. Preston, K. Low, and M. Balfour. 2017. *Applied Theatre: Performing Health and Wellbeing*. London: Bloomsbury Methuen Drama.

Beazley, H., S. Bessell, J. Ennew, and R. Waterson. 2009. "The Right to Be Properly Researched: Research with Children in a Messy, Real World." *Children's Geographies* 7 (4): 365–378.
Bell, G. H. 1990. "Art Education as Action Inquiry." In *The Creative Self in the New Era*, edited by A. Bloomfield, 6–23. Hull: University of Hull.
Bergström, K., L. Jonsson, and H. Shanahan. 2010. "Children as Co-researchers Voicing Their Preferences in Foods and Eating: Methodological Reflections." *International Journal of Consumer Studies* 34: 183–189.
Boal, A., C. A. McBride, and M. L. McBride. 1979. *Theatre of the Oppressed*. London: Pluto Press.
Boland, G. 2018. "'Many Mickles Make a Muckle' – Role-Shifted Discourse, Restored Behaviour and the Radical in Performance." *NJ: Drama Australia Journal* 42 (1): 62–78. doi:10.1080/14452294.2018.1482729.
Bowell, P., and B. Heap. 2005. "Drama on the Run: A Prelude to Mapping the Practice of Process Drama." *The Journal of Aesthetic Education* 39 (4): 58–69.
Bradbury-Jones, C., and J. Taylor. 2015. "Engaging with Children as Co-researchers: Challenges, Counter-Challenges and Solutions." *International Journal of Social Research Methodology* 18 (2): 161–173. doi:10.1080/13645579.2013.864589.
Bray, L., E. Horowicz, K. Preston, and B. Carter. 2019. "Using Participatory Drama Workshops to Explore Children's Beliefs, Understandings and Experiences of Coming to Hospital for Clinical Procedures'." *Journal of Child Health Care*. doi:10.1177/1367493519883087.
Brocklehurst, P., S. Baker, and J. Langley. 2020. "Context and the Evidence-Based Paradigm: The Potential for Participatory Research and Systems Thinking in Oral Health." *Community Dentistry and Oral Epidemiology*. doi:10.1111/cdoe.12570.
Brownlie, J., S. Anderson, and R. Ormston. 2006. *Children as Researchers: The Scottish Executive Education Department (SEED) Sponsored Research*. Edinburgh: Scottish Executive Social Research.
Carter, B., and K. Ford. 2013. "Researching Children's Health Experiences: The Place for Participatory, Child-Centered, Arts-based Approaches'." *Research in Nursing & Health* 36 (1): 95–107. doi:10.1002/nur.21517.
Carroll, J. 1988. "Terra Incognita: Mapping Drama Talk." *NADIE Journal* 12 (2): 13–21.
Chambon, A. 2008. "Critical Imagination in Social Work and the Arts." In *Handbook of the Arts in Qualitative Research: Perspectives, Methodologies, Examples, and Issues*, edited by J. G. Knowles and A. Cole, 591–602. Thousand Oaks, CA: SAGE Publications.
Christensen, P., and A. Prout. 2002. "Working with Ethical Symmetry in Social Research with Children." *Childhood (Copenhagen, Denmark)* 9 (4): 477–497.
Coad, J., and N. Coad. 2008. "Children and Young People's Preference of Thematic Design and Colour for Their Hospital Environment'." *Journal of Child Health Care* 12: 33–48.
Coppock, V. 2011. "Children as Peer Researchers: Reflections on a Journey of Mutual Discovery." *Children & Society* 25 (6): 435–446. doi:10.1111/j.1099-0860.2010.00296.x.
Coyne, I. 2006. "Children's Experiences of Hospitalization'." *Journal of Child Health Care* 10 (4): 326–336.
Cremin, M. 1998. "Identifying Some Imaginative Processes in the Drama Work of Primary School Children as They Use Three Different Kinds of Drama Structures for Learning." *Research in Drama Education: The Journal of Applied Theatre and Performance* 3 (2): 211–224. doi:10.1080/1356978980030207.
Dunn, J. 2016. "Demystifying Process Drama: Exploring the Why, What, and How." *NJ: Drama Australia Journal* 40 (2): 127–140. doi:10.1080/14452294.2016.1276738.
Edwards, B. 2017. "Approaches to Democratising Qualitative Research Methods." *Qualitative Research* 17 (3): 271–277. doi:10.1177/1468794117706869.
The English Indices of Deprivation. 2019. *Technical Report, 2019*.
Fargas-Malet, M., D. McSherry, E. Larkin, and C. Robinson. 2010. "Research with Children: Methodological Issues and Innovative Techniques." *Journal of Early Childhood Research* 8 (2): 175–191.
Foley, P. 2001. "'Our Bodies, Ourselves'?: Mothers, Children and Health Care at Home." In *Children in Society. Contemporary Theory, Policy and Practice*, edited by P. Foley, J. Roche, and S. Tucker, 98–103. Basingstoke: Palgrave.

Freebody, K., and S. Goodwin. 2018. "Critical Perspectives on Applied Theatre for Social Change: Defamilarising Key Words in the Field." In *Applied Theatre: Understanding Change*, edited by K. Freebody, M. Balfour, M. FInneran, and M. Anderson, 63–75. Cham: Springer. doi:10.1007/978-3-319-78178-5_5.

Gallacher, L.-A., and M. Gallagher. 2008. "Methodological Immaturity in Childhood Research?: Thinking Through 'Participatory Methods'." *Childhood (Copenhagen, Denmark)* 15 (4): 499–516. doi:10.1177/0907568208091672.

Hammersley, M. 2000. "Varieties of Social Research: A Typology." *International Journal of Social Research Methodology* 3 (3): 221–229.

Haseman, B. 1991. "Improvisation, Process Drama and Dramatic Art." *The Drama Magazine*, 19–21, July.

Haseman, B., and J. Winston. 2010. "'Why Be Interested?' Aesthetics, Applied Theatre and Drama Education." *Research in Drama Education: The Journal of Applied Theatre and Performance* 15 (4): 465–475.

Heathcote, D. 2015. "Contexts for Active Learning." In *Dorothy Heathcote on Education and Drama: Essential Writings*, edited by C. O'Neill, 133–145. Abingdon, UK: Routledge.

Heathcote, D., and G. Bolton. 1995. *Drama for Learning: Dorothy Heathcote's Mantle of the Expert Approach to Education*. Portsmouth, NH: Heinemann.

James, A. 2007. "Giving Voice to Children's Voices: Practices and Problems, Pitfalls and Potentials." *American Anthropologist* 109 (2): 261–272.

Jones, T. 2014. "'Oh, the Humanit(ies)!' Dissent, Democracy and Danger." In *Medicine, Health and the Arts: Approaches to the Medical Humanities*, edited by Victoria Bates, Alan Bleakley, and Sam Goodman, 27–38. Abingdon: Routledge.

Kellett, M. 2010. "Small Shoes, Big Steps! Empowering Children as Active Researchers." *American Journal of Community Psychology* 46 (1–2): 195–203. doi:10.1007/s10464-010-9324-y.

Kellett, M. 2011. "Empowering Children and Young People as Researchers: Overcoming Barriers and Building Capacity." *Child Indicator Research* 4: 205–219.

Kim, C. 2017. "Participation or Pedagogy? Ambiguities and Tensions Surrounding the Facilitation of Children as Researchers." *Childhood (Copenhagen, Denmark)* 24 (1): 84–98. doi:10.1177/0907568216643146.

Klingberg, G., and A. Broberg. 2017. "Dental Fear/Anxiety and Dental Behaviour Management Problems in Children and Adolescents: A Review of Prevalence and Concomitant Psychological Factors." *International Journal of Paediatric Dentistry* 17 (6): 391–406.

Kravtsov, G. G., and E. E. Kravtsova. 2010. "Play in L.S. Vygotsky's Nonclassical Psychology." *Journal of Russian and Eastern European Psychology* 48 (4): 25–41. doi:10.2753/RPO1061-0405480403.

Kruger, E., and M. Tennant. 2016. "Socioeconomic Disadvantage and Oral-Health-Related Hospital Admissions: A 10-Year Analysis." *BDJ Open* 2: 16004. doi:10.1038/bdjopen.2016.4.

Leavy, P. 2018. "Introduction to Arts-Based Research." In *Handbook of Arts-based Research*, edited by P. Leavy, 3–21. New York: Gilford Press.

Mand, K. 2012. "Giving Children a 'Voice': Arts-based Participatory Research Activities and Representation." *International Journal of Social Research Methodology: Creative Methods with Young People* 15 (2): 149–160. doi:10.1080/13645579.2012.649409.

Mayall, B. 2000. "Conversations with Children: Working with Generational Issues." In *Research with Children: Perspectives and Practices*, edited by P. Christensen and A. James, 109–124. London: Routledge.

Mayor, C. 2020. "Embodied Tableaux: A Drama Method for Social Work Arts-Based Research." *Qualitative Social Work: Research and Practice* 19 (5–6): 1040–1060. doi:10.1177/1473325020923000.

Nind, M. 2014. *What Is Inclusive Research?* London: Bloomsbury.

O'Connor, P. 2007. "Reflection and Refraction – The Dimpled Mirror of Process Drama: How Process Drama Assists People to Reflect on Their Attitudes and Behaviors Associated with Mental Illness." *Youth Theatre Journal* 21 (1): 1–11. doi:10.1080/08929092.2007.10012592.

O'Grady, A. B., K. Gray-Burrows, and J. Tahmassebi. 2021. "Inside the Waiting Room: Process Drama and Dramatic Distancing for Involving Children in Research on Dental Anxiety." *Journal of Arts and Health*: 1–16.

O'Neill, C. 1995. *Drama Worlds: A Framework for Process Drama*. Portsmouth, NH: Heinemann.

O'Toole, J. 1998. "Playing on the Beach." In *The Canterbury Keynotes*, edited by C. Lawrence, 15–27. London: National Drama Publications.

Pascal, C., and T. Bertram. 2009. "Listening to Young Citizens: The Struggle to Make Real a Participatory Paradigm in Research with Young Children." *European Early Childhood Education Research Journal* 17 (2): 249–262. doi:10.1080/13502930902951486.

Pitt, P. 2014. "'The Project Cannot Be Approved in Its Current Form': Feminist Visual Research Meets the Human Ethics Committee." *Australian Educational Researcher* 14: 311–325.

Schechner, R. 1985. *Between Theatre and Anthropology*. Philadelphia: University of Pennsylvania Press.

Singh, I. 2007. "Capacity and Competence in Children as Research Participants – Researchers Have Been Reluctant to Include Children in Health Research on the Basis of Potentially Naive Assumptions." *EMBO Reports* 8 (S1): S35–S39. doi:10.1038/sj.embor.7401018.

Somers, J. 2002. "Drama Making as a Research Process." *Contemporary Theatre Review* 12 (4): 97–111. doi:10.1080/10486800208568698.

Tahmassebi, J. F., M. Malik, N. Berg, S. Pavitt, K. Gray-Burrows, and A. O'Grady. 2021. "Using Process Drama to Explore the Causes of Dental Anxiety in Primary-School Children." *European Archives of Paediatric Dentistry*. doi:10.1007/s40368-021-00623-4.

Taylor, P., and C. Warner. 2006. *Structure and Spontaneity: The Process Drama of Cecily O'Neill*. Stoke-on-Trent: Trentham.

Torriani, D., M. Goettems, M. Cademartori, R. Fernandez, and D. Bussoletti. 2014. "Representation of Dental Care and Oral Health in Children's Drawings." *British Dental Journal* 216 (12): E26–E26. doi:10.1038/sj.bdj.2014.545.

UNCRC (UN Convention on the Rights of the Child). 1989. *Convention on the Rights of the Child. Office of the United Nations High Commissioner for Human Rights*. Geneva: United Nations. http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf.

Videmšek, P. 2017. "Expert by Experience Research as Grounding for Social Work Education." *Social Work Education* 36 (2): 172–187. doi:10.1080/02615479.2017.1280013.

Voss Price, L. 2000. "The Chivalrous Art of Opening Doors." In *Drama for Life: Stories of Adult Learning and Empowerment*, edited by J. O'Toole and M. Lepp, 147–159. Brisbane: Playlab Press.

Water, T., J. Wrapson, E. Tokolahi, S. Payam, and S. Reay. 2017. "Participatory Art-Based Research with Children to Gain Their Perspectives on Designing Healthcare Environments." *Contemporary Nurse* 53 (4): 456–473. doi:10.1080/10376178.2017.1339566.