READERS THEATRE IN THE CLASSROOM

A MANUAL FOR EDUCATORS

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2026

health | YORK UNIVERSITÉ UNIVERSITY

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Citation: Khanlou N, Ross G, Orazietti B, & Vazquez LM. (2026). *Readers Theatre in the Classroom: A Manual for Educators*. York University.
https://nkhanlou.info.yorku.ca/knowledge-transfer/publications/

1. BACKGROUND: THE FOCUS IN TEACHING PROJECT - *"READERS THEATRE"*

This Manual is one of the main outcomes of our Focus in Teaching project titled *Readers Theatre*, funded by the Faculty of Health, at York University (2018).[1] It aimed to standardize Readers Theatre as an innovative experiential education module for teaching students at the university level. The Manual explains the steps educators may adopt to implement Readers Theatre (RT) in the classroom, and it draws on important sources:

- The first is based on my experience of applying RT in 2016 and in 2018 in the Women's Health and Women's Health Movements: Critical Perspectives (NURS 4620) course at the School of Nursing, in the Faculty of Health, at York University.
- The second is based on co-author Vazquez's experiences of implementing RT in 2021 and 2025 in the courses: Health in a Multicultural Context (HREQ 3562), Gender and Development (SOSC 3543), Sociology of Human Reproduction (SOCI 4072), and Sociology of Health Care Systems (SOCI 4300) at York University.
- The third is a rigorous scoping review on RT, which followed Arksey and O'Malley's (2005) five-step methodology for conducting scoping reviews, entailing (1) identification of the research question, (2) identification of relevant studies, (3) study selection, (4) charting the data, and (5) synthesizing and reporting of the results. The findings of the scoping review were published in the peer-reviewed journal of Nurse Education Today (Khanlou et al., 2022).[2] We have presented on RT, including aspects of this Manual, in various venues and received feedback.[3-6] We thank the attendees at these events for providing us with their insightful feedback.

The Manual is guided by key principles of adult learning highlighted by MacRae and Pardue (2007) related to the promotion of self-directed learning, a recognition of the value of other people's experiences, empathy, and a commitment to lifelong learning (p. 531). We believe that inclusion of art-based approaches to education can be instrumental in promoting adult learning principles, specifically to providing content that connects to students' experiences and accumulated knowledge, active participation in their own learning, implementation of adequate

strategies to applied learning, and the promotion of educators' role as a facilitator of knowledge (Khanlou et al., 2022; Palis & Quiros, 2014).

It is important to highlight that a key feature of RT is that educators who are willing to apply it do not need to have a background in the arts (Weil, 2010). This characteristic of RT has allowed educators – such as me — to adopt it to promote students' engagement, and as a transformative approach to teaching-learning. We hope the Manual can become an effective tool for educators so they can implement, change, or improve it to meet their specific teaching goals and approaches.

The main motivation to create this Manual was the positive comments I received from my students on RT. Thank you to the students for engaging in the process, from writing their fictional scripts (see Section 5 of the Manual which includes RT script samples written by students) to sharing their feedback on the process. Thank you also to Dr. Attia Khan, Postdoctoral Fellow, who assisted with design features of this Manual. We are grateful for the financial support of the Faculty of Health through its Fund for Innovations in Teaching.

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[1] Khanlou N, Ross G, & Orazietti B. *Readers Theatre*. (2018-2019). Funded by Faculty of Health Fund for Innovations in Teaching (FIT), York University, $15,000.

[2] Khanlou N, Vazquez LM, Khan A, Orazietti B, & Ross G. (2022). Readers Theatre as an arts-based approach to education: A scoping review on experiences of adult learners and educators. *Nurse Education Today, 116*, 105440. https://doi.org/10.1016/j.nedt.2022.105440

[3] Khanlou N. (2016, May 20). *Using Readers Theatre as a form of aesthetic teaching-learning in undergraduate classroom teaching in health*. Teaching in Focus (TiF) Conference. York University.

[4] Khanlou N, Ross G, Orazietti B, & Vazquez LM. (2018, May 16). *Applying Readers Theatre to enhance undergraduate students' engagement in the classroom*. (Poster). Teaching in Focus (TiF) Conference. York University.

[5] Khanlou N, & Vazquez LM. (2018, June 6). *Applying Readers Theatre to enhance undergraduate students' engagement in the classroom*. School of Nursing Faculty Development Committee, Faculty of Health, York University.

[6] Khanlou N, Vazquez LM, Khan A, Ross G, & Orazietti B. (2018, December 5). *Using Readers Theatre as a form of aesthetic teaching-learning in undergraduate classroom teaching in health*. Teaching in Focus (TiF) Conference. York University.

2. INTRODUCTION

Arts-based teaching-learning methodologies provide active and applied learning strategies that complement traditional approaches of knowledge transfer (Khanlou et al., 2022). They have been utilized in nursing education and other health disciplines to promote person-centered approaches to care (Artioli et al., 2025; Khanlou et al., 2022). Arts-based approaches enable students to learn by performing, creating, and responding to art (Rieger et al., 2020). Research shows that the application of arts-based methodologies in the classroom improves engagement and elicits meaningful learning experiences for students (Crookes et al., 2013). These methodologies foster the connection between practice and theory, which is critical for sense making in the learning process.

Readers Theatre (RT) has the potential to be integrated within a class-based curriculum through group learning (Khanlou et al., 2022). RT is a form of drama in which presenters read off a script (Pardue, 2004). It is described as a straightforward theatrical teaching approach based on a scripted narrative that is read aloud to the audience, and that does not utilize any performance, scenery, or costumes (MacRae & Pardue, 2007). Presenters do not need to have any specific training in acting (Shapiro & Cho, 2011). It has its roots in the 5th-century Greek dramatic practices and was adopted in academic contexts in North America in the 20th century (Weil, 2010). Historically, RT has been applied to promote reading skills and fluency among elementary and secondary school students (Junttila et al., 2025; Mastrothanasis et al., 2023; Walton & Wiggan, 2014; Young & Rasinski, 2009). In medical education, theatre-based pedagogical strategies were introduced since the late 1960s (Shapiro & Cho, 2011). Furthermore, RT has been applied to analysis and writing of qualitative research and as a knowledge dissemination tool (Cannon, 2012; Collins & Stockton, 2022; Cueva et al., 2012; Jackson et al., 2025; Sallis, 2014). RT intersects with critical pedagogy, participatory action research, and performance ethnography paradigms (Huisman, 2009).

RT is a transformative tool that provides students with opportunities to find personal meaning through an experience (Rasisnski et al., 2017). For example, in the health professions educators state that RT is instrumental in promoting compassionate and holistic approaches to

care (MacRae & Pardue, 2007). This is possible because RT provides a context for the emergence of feelings of empathy, and for a better understanding of the experiences that others are going through. Furthermore, through RT, students feel closer to experiences from the real world (Artioli et al., 2025; MacRae & Pardue, 2007); and it has been described as a good strategy to effectively introduce and discuss complex social, cultural, and ethical issues students may face in their professional practice (Key et al., 2022; Savitt, 2010). According to Shapiro and Cho (2011), RT is also a good technique to address sensitive topics related to, for example, stereotypes, sexuality, end of life, which may be difficult to discuss with and among the students.

RT is a form of aesthetic teaching. In aesthetic teaching "the arts are treated as alternative ways of approaching" academic subjects (Sotiropoulou-Zormpala, 2012, p. 123). Educators find that RT is effective in improving students' understanding and knowledge about curriculum content (Cross, 2017; Rasisnksy et al., 2017). Educators also observe that RT is an effective method to promote engagement and develop students' skills and critical thinking. Students' engagement is a key outcome provided through this approach in a teaching/learning process; and this is possible because RT has a "compelling aspect, that makes listeners pay attention and mentally participate in the action" (Savitt, 2010, p. 466). Engagement is key in teaching and learning processes because, as experts recognize, the delivery of course content in engaging and meaningful ways is of fundamental relevance to help students to be able to link theory and practice, as well as to understand the implications and relevance of their professional practice (Crookes et al., 2013).

Furthermore, educators have found RT as an effective tool to promote other important skills that university students may apply in academia and in their professional practice, specifically related to communication and interprofessional collaboration (Cross, 2017), as well as to enhance interdisciplinary education (MacRae & Pardue, 2007).

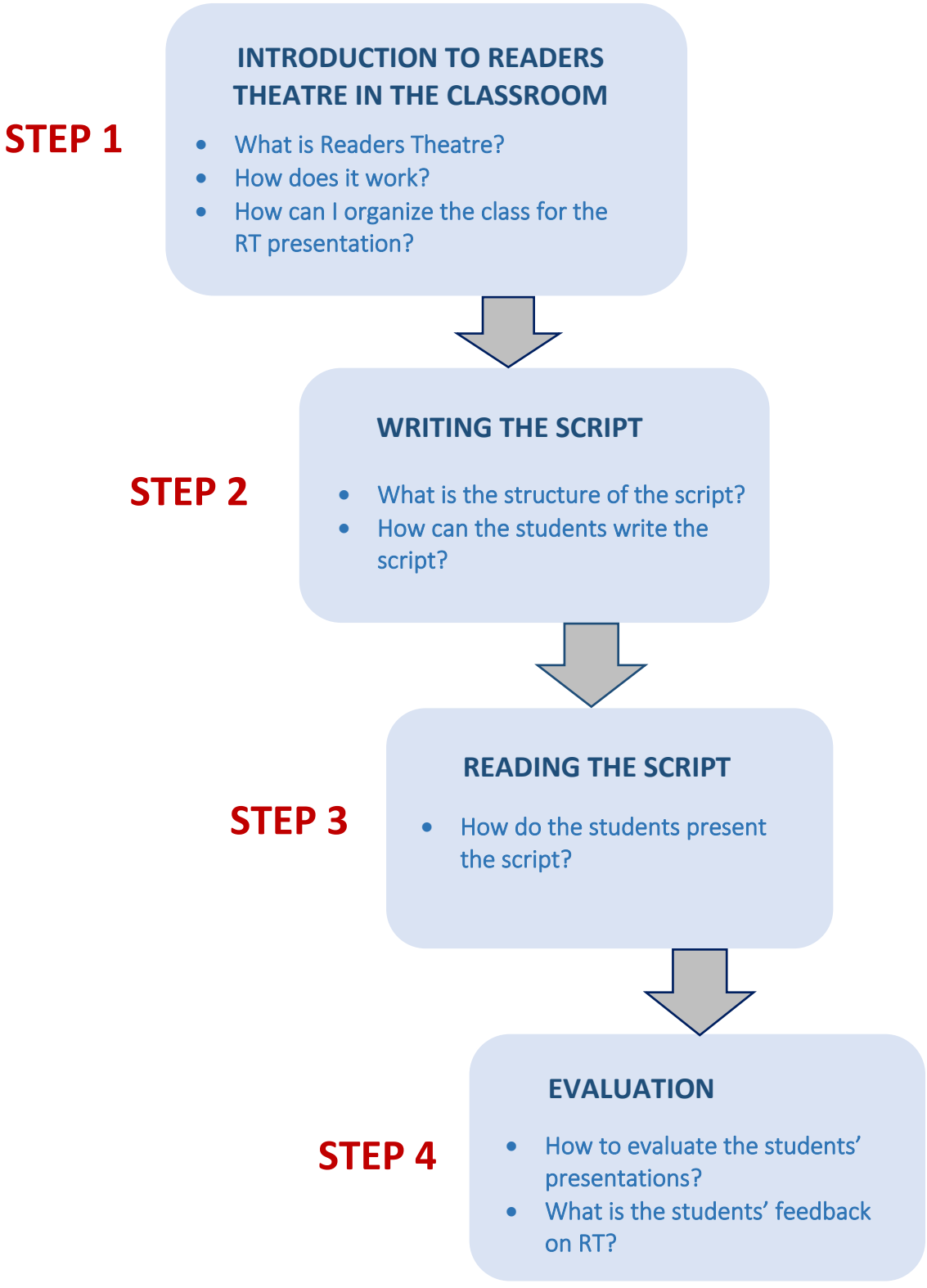
As reported in the literature, students are receptive and appreciate alternative approaches to learning (Fetters, 2006). Specifically, systematic evaluations on the application of RT in the classroom indicate it as successful (Cross, 2017; Khanlou et al., 2022). Shapiro and Cho (2011), for example, found that students' views on RT were "highly effective in terms of developing new insights, understanding the perspective of elders, presentation of relevant geriatric issues, and

utility and value for future clinical situations" (p. 357).

Finally, we would like to contextualize the relevance of theatre as a critical reflection means to address systemic forms of oppression and alienation, as is the case of Theatre of the Oppressed theatre-based techniques (Sajnani et al., 2020). Theatre of the Oppressed emphasizes the role of imagination and action to address systemic oppression (Sajnani et al., 2020). We engage with social justice approaches to promoting social change and highlight the powerful role of education in transformative processes (Pollack & Mayor, 2024). Through this Manual we aim at decentering traditional teaching practices and promoting decolonial reflexive pedagogies for social transformation and change. We echo Pollack and Mayor's (2024) call to reflect on "how" we, educators, teach, and to engage in reflexive discussions about ethically responsible teaching practices.

NOTE: Educators do not need to have experience or background in the arts to be able to apply Readers Theatre.

3. STEPS TO IMPLEMENT READERS THEATRE



3.1 Step 1: Introduction to RT in the Classroom

This section answers:

- What is Readers Theatre?
- How does it work?
- How can I organize the class for the RT presentation?

Key activities

- Introduction.
- Students are provided with sample scripts to read. Volunteer students are invited to read the scripts aloud to their class peers.

A first step towards the implementation of RT in the classroom is an introduction to what RT is, its relevance as an approach to teaching and learning course content, and how it is implemented. In the Key Resources section of this Manual, we provide readings that can be used. These readings include script samples to support the students to familiarize themselves with the technique. In particular, we have used K.T. Pardue's (2004) article to introduce RT.

After introducing RT to the class, students are provided with sample practice scripts. Next, volunteer students are invited to read the scripts aloud to class. Along with Pardue's (2004) reading which includes script samples, we have also used K. Holloway's (2014). In our experience, RT is best introduced to the class earlier in the course and a practice activity opportunity provided. In the following weeks of the course, student groups can be formed and questions about format and delivery can be further addressed in subsequent session/s. The RT presentation can take place in the second half of the course, likely spread over two sessions depending on class size, to give students time to develop their scripts.

3.1.1 Organization

Key activities

- Organize students in small groups (4-6 students in each).
- Each group will provide their presentation objectives and readings to the educator and peers one week in advance.

The implementation of RT entails the organization of students in small groups. In our experience, small groups of 4-6 students worked well, however, this will also depend on the size of the class. Students self-form small groups, and each group selects a main communicator who is in contact with the faculty educator to indicate progress on their group's presentation.

Potential topics to present through RT format are vast, depending on the course's focus. Below is a list of topics that were presented in our courses. Recommended journal articles included in this Manual also refer to other topics that have been applied in RT.

Sample of topics to present in RT

- Breast cancer awareness in media
- Breast feeding in public
- Eating disorders
- Effects of HPV on women's health
- Indigenous women
- Media and women across time
- Mothering and media
- Postpartum depression
- Sex trade and human trafficking
- Transgender women's health
- Transgender women in the media
- Violence and abuse against women
- Women prisoner's mental health

After selecting the topic, each group selects a date, in conjunction with the educator. As part of their presentation each group writes a 1-page presentation objectives one week in advance. This is a key part of the assignment that is graded as part of the overall presentation. Furthermore, each group provides readings on the topic of their presentation to the educator and their peers one week in advance.

Finally, the last step is for the students to prepare their script and rehearse it in preparation for their in-class presentation. Rehearsals may take place during class time in small groups, as part of the activities of the course, along with several sessions outside class time before their presentations. Each group decides on the number of times it needs to meet to write and rehearse their fictional script.

3.2 Step 2: Writing the Script

This section answers:

- What is the structure of the script?
- How can the students write the script?

Key activities

- Students are provided with short script samples to read.
- In small groups students are asked to develop their own scripts.

In our experience, students learned how to transform a text into a script by reading the scripts samples we provided when we introduced RT, and by discussing in class the script components. Weil (2010) provides a brief explanation of a sample of a plain narrative and how it is transformed into a script. The script samples are useful for the students to understand the structure of the scripts.

NOTE: Students do not need to have experience or background in the arts to be able to write and read a script.

3.3 Step 3: Reading the Script

This section answers:

- How do students present the script?

Key activities

- No emphasis on the performance.
- No memorization of lines.
- Read standing up or sitting in stool or chair.
- Face the audience and speak loudly enough.
- All group members will present from each group.
- Performance section will be 10-15 minutes.

RT is an accessible form of art to adapt to teaching. It is characterized as a "minimalist" form of expression (Rasisnski et al., 2017) because it requires minimal resources for its implementation. It does not involve elaborate settings, costumes, acting, movement on the stage, make up, scenery, or the use of props (MacRae & Pardue, 2007; Savitt, 2010; Weil, 2010).

In RT there is also no emphasis on the performance of the script. As Flynn explains "the emphasis is on spoken words and gestures, not on staged action" (2004, p. 360). Other experiences refer to the use of simple choreography, and of a more energetic presentation. Weil (2010) also highlights that an interesting background may enhance an audience's experience, as well as the use of multimedia technology. In our view, it is ultimately up to the educator, based on the type of course and course requirements, to decide whether to incorporate these features for the RT presentations.

A key feature that simplifies its implementation is that RT does not require students' memorization of their scripts' lines. This characteristic of RT as a form of drama releases students' stress on the requirement to perform or memorize a script (and may lead to "fun" experiences of engaged and applied group learning).

3.3.1 How do the students read their script?

MacRae and Pardue (2007) refer to RT's effects arising from the reader's dramatic oral expressive abilities, therefore, even though the emphasis of RT is not on the performance, RT does require from the students to read with expression, emphasis, and fluency, so they can effectively convey the meaning of the script they want to transmit to the audience. Savitt (2010) also explains that readers maintain an off-stage focus; they do not look directly at each other when they are interacting, or to the audience; thus, allowing the audience to concentrate on what is being said.

Usually, students read the script in the front section of the classroom facing the audience. Students may read the script standing up or sitting in chairs or stools. The students are encouraged to speak loudly enough to be heard at a distance (Weil, 2010). The lines of the script are distributed among the group members. All group members in the group present the script. In some groups, one member may take on the narrator role while other members narrate the role of specific fictional script characters. The duration of the presentation can vary depending on class size and the course's grading system. In our experiences 10-15 minutes worked well. In larger courses, educators may also find it useful for the student presenters to show their script on screen, in order for the rest of the class (the audience) to read the script while the group members are reading it. This serves also as accommodation for students who prefer to read the script to understand better its content.

3.3.2 Post-reading Discussion

Key activity

- Each group will facilitate class discussion by presenting critical questions.

RT is an experience shared by both the readers and listeners of the script (MacRae & Pardue, 2007). When readers narrate the script their narration rouses emotions among the listeners (MacRae & Pardue, 2007); the reading "also stimulates student listeners to actively participate in the aesthetic, emotional, and intellectual content" of the script presented in the classroom (Ratliff, 2006, p. 2). Following the performance section (RT) of their presentation, each student group facilitates class discussion of the topic. Discussion facilitation is also considered when grading the RT assignment.

RT is a two-way experience that is shared by all the students in the classroom, and it is during the post-performance discussion when readers and listeners share that experience and decipher and consider the meanings and key messages the readers wanted to convey to the audience. Savitt (2010) explains that since the audience knows that their peer students are not professional actors, they do not expect a theatrical-level performance, which "takes the pressure off the readers and focuses the program where it should: on the post-reading discussion" (p. 466).

The post-reading discussion may also be a place where readers share their experiences with RT, for example, they may share "how it felt to be that character… or try to explain why their character acted the way he/she did in the story" (Savitt, 2010, p. 466). The course educator can indicate in advance their expectation for the number of critical questions to be facilitated by each group; we suggest 2-4 questions can be sufficient to allow time for in-depth discussion.

3.4 Step 4: Evaluation

This section answers:

- How to evaluate the students' presentations?
- What is the students' feedback on RT?

Key activities

- Presentation outline (objectives and readings) submitted (on time).
- Presentation (Readers Theatre)
  - application of knowledge from literature to script of the play
  - evidence of prior preparation and teamwork
  - significance of selected issue for the course content
- Facilitation of discussion (quality of critical questions and leading of class discussion).

There is a need to develop more comprehensive assessment methodologies in application of arts-based approaches in education, as in the case of research and the Guiding Arts-Based Research Assessment (GABRA) meta-framework developed by Lafrenière and Cox (2013).

Each educator may select the evaluation criteria that better fit their courses and program's grading requirements. On the next page you will find the criteria we have applied for the evaluation of group RT activity. It is important to clarify that our approach emphasizes the quality of the script in terms of the application of knowledge from course readings and extant literature rather than the performance. We apply RT as a tool to promote applied and active group learning through written and read script. Performance skills are secondary. Students' feedback on the RT activity is relevant to consider. Also on the next page are the questions that we have used to gather feedback. Educators can evaluate the relevance of applying RT in their courses based on the students' input, which could also serve to adjust the RT activity accordingly in future courses.

3.4.1 Evaluation sheet

GROUP #: _____

1. Presentation outline (objectives and readings) submitted (on time)

2. Presentation (Readers Theatre):

a. Application of knowledge from literature to script of the play

b. Evidence of prior preparation and teamwork

c. Significance of selected issue for the course topic

3. Facilitation of discussion

3.4.2 Students' feedback on the use of RT

1. How did you find the use of RT as a method for conducting the group presentation?
2. What were its advantages?
3. What were its challenges?

4. GOING ONLINE: RT IMPLEMENTATION IN REMOTE TEACHING

In the context of the COVID-19 pandemic, instructors had transitioned to online remote teaching (Bradshaw, 2020; Li, 2020; Rushton et al., 2020; Timplalexi, 2020). The change required the adaptation of course content and activities to an online setting. We draw here on one of our arts-based research projects on youth identity in which RT was utilized (Khanlou et al, 2022-2025). In the study we implemented RT with youth participants, using the online video communications tool Zoom, and the experience was positive. The use of this technology allowed us to work individually and collectively, it enabled the youth to create scripts in groups and perform them online, resulting in an inclusive participatory process for the youth participants during a pandemic era.

Step 1. Introduction to RT: The introduction to RT can be delivered as originally planned, as part of the course content to be delivered online.

Step 2. Writing the Script: For this step, a useful Zoom tool that we utilized was the breakout rooms. As part of the lecture time, instructors can break the class in small groups to give time to the students to work on the discussion of the assignment. There is a function in Zoom that the educator can use where they can upload the pre-assigned RT groups in excel. During the lecture time, when it is time to work on RT in small groups, the instructors can upload the excel sheet indicating the RT groups. This will save time that it may take to organize the groups manually. To learn more, please read the section "Pre-assigning participants to breakout rooms" in this link: https://support.zoom.us/hc/en-us/articles/360032752671-Pre-assigning-participants-to-breakout-rooms

Based on our experience, we recommend having teams with a minimum of three participants. This is to avoid a situation where one student is left working alone in a group of two, when the other student gets disconnected.

Step 3. Reading the Script: In RT, to convey the script's message, emphasis is put on spoken words and gestures (Flynn, 2004). To effectively portray their characters, students require to read with expression, emphasis and fluency. To be able to effectively read their scripts, the

students will need to turn their cameras “on” in Zoom. For the other steps of RT implementation students may not be required to be on camera; however, for this step and to convey the script message to the audience, the students will need to be on camera. As a youth participant commented, “with script it’s very conversation focused. And less about the word building or the actual setting. It is easier to develop and convey your message.”

An enhanced feature that is useful in implementing RT online is the screen sharing tool. The youth reading the script can share the screen with the audience, so others could see the script while the youth read. For some students, this feature can enhance their learning experience since some are able to grasp information better if they read it. According to a youth participant, “it was really good to have share screen option. I read better than listen. I can grasp better when it’s on screen”.

Step 4. Evaluation: The evaluation process can be delivered as originally planned, as part of online course content. No further adaptation is needed.

According to the RT facilitators in our research project, there was great participant interaction and open discussion. Some contributing factors included the remote mode via Zoom, since the participants were physically in a safe space (their homes or somewhere private) which allowed them to open up more during the initial warm up activities and during the discussion of their script. According to their perspectives, the fact that the RT activity was conducted “behind a screen” may have acted as a safety blanket for the participants discussing sensitive issues.

During the process we faced some technical difficulties such as disconnection due to poor online connection. These situations are inevitable and need to be considered. A solution may be factoring extra time for the RT activities. The online interruptions can disrupt the momentum of writing and getting into the “groove” and “mindset” of developing ideas. However, despite the interruption and technical difficulties, the participants developed quality work.

5. KEY RESOURCES

5.1 Script Sample # 1

The following script sample is a good example of how the team of students described their roles in the play; they also included their conclusive thoughts, and at the end you can see samples of the type of questions they had for the class.

Topic: Media and Women
Submitted by: Shannon Charlton, Frances Norah, Kaitlin McKenzie, Shanine Lambo-Hall
Course: HH/NURS 4620 Course: HH/NURS 4620 Women's Health and Women's Health Movements: Critical Perspectives
Date: May 17, 2018

Script:
[Context: Our group has decided to present our Readers Theatre presentation in the format of the television show The View and then follow one character (named Isabelle's) journey. Through our characters conversing on topics related to the portrayal of women in the media, our objective is expanding student's knowledge of said topic, using real world examples.]

Roles

- Isabelle's character is read by Shannon.
- Narrator 1 sections are read by Frances.
- Narrator 2 sections are read by Kaitlin.
- Narrator 3 sections are read by Shanine.
- Additional characters are read by either Kaitlin or Shanine as noted in brackets.

[Characters sit around a table and the program begins]

NARRATOR: BREAKING NEWS. KIM KARDASHIAN BREAKS THE INTERNET ONCE AGAIN WITH PAPER MAGAZINE'S NEWEST PHOTOSHOOT

Isabelle: Again. What's in these photos?

Sara (Kaitlin): I hear it's a repeat of the "Carolina Beaumont, New York City" photoshoot from the 1970s.

Isabelle: I do not know what you're talking about

Anna (Shanine): Basically, you've got Carolina Beaumont, standing half naked sticking out her derriere, balancing a glass of champagne on it while a freshly popped bottle is in her hand.

Sara (Kaitlin): Here let me show you what this article about it

Narrator:

- Kim Kardashian was used as the model to reproduce Jean-Paul Goude's 1976 photograph Carolina Beaumont. The image's highly sexualized and racialized

meanings were overridden in a public disgust at how a 'new mother' could be pictured nude.
- Jean-Paul Goude – the shoots photographer - often assembled several shots of a model in different positions so as to create a hyperbolized version of her body.

Isabelle: [using finger quotations so that the audience knows she is reading Goude's quote] "that's the basis of my entire work" [pause] "creating a credible illusion", Goude claims (Miller, 2014).

Narrator:
- This illusion bothered many who criticized his studies on black female bodies – Goude wrote a book called *Jungle Fever* featuring a black woman in various athletic or exotic scenarios
- This photoshoot stems from a place of fetishizing the black female body
- Although they explained its intentions were merely to break the internet, it seems to have done so in all the wrong ways

Sara (Shanine): I think she's great! A feminist-entrepreneur-pop-culture-icon if you ask me

Anna (Kaitlin): I don't know. [Pauses] To me she's a late-stage symptom of our society's illnesses - narcissism, opportunism, unbridled ambition and unchecked capitalism

Isabelle: She just had a baby!

Anna (Kaitlin): Yes she did – and instead of mothering her newborn she's busy flaunting her naked surgically created body all over the place

Isabelle: Yeah – it just makes us regular women feel inadequate.

[As the narrator speaks the setting changes to the guidance counsellor (Shanine) sitting on one end of the table, while Isabelle walks in and pretends to knock on the counselor's door by knocking on the table, while narrator 1 (Frances) and narrator 2 (Kaitlin) sit at the other end]

Narrator 1: Isabelle feels really bothered by this situation and starts to overthink how her personal appearance doesn't meet the media's standards. She decides to meet with her guidance counsellor.

[Isabelle knocks]

Counsellor (Shanine): Isabelle, how can I help you today?

Isabelle: Hi, I just wanted to vent to somebody about how I think the media is ruling our lives! Society emphasizes and glamorizes different lifestyles, body types and behaviours, especially for women. It's all over the media, all the time, everywhere you look.

Counsellor (Shanine): I see, I understand how you could feel that way, media is able to perpetuate social norms like gender roles. But they only exist because society as a whole chooses to *accept* them

Narrator 2: Woven throughout our daily lives, media insinuates their messages into our consciousness at every turn

Isabelle: As a female I feel like the majority of the pressure is on us though.

Counsellor (Shanine): Well… media communicates images that can cause unrealistic, stereotypical, and limiting perceptions on both ends but I must agree that the burden seems disproportionately placed upon women.

Narrator 1: There has been a few overarching themes when we look at how women exist within media today and throughout history. Some are changing or being challenged, and some are not. These themes include:

Narrator 2: underrepresentation

Narrator 1: sexualisation

Narrator 2: objectification

Narrator 1: women as homebodies

Narrator 2: housewives

Narrator 1: passive

Narrator 2: submissive and

Narrator 1 &2: [in unison] inferior to men.

Narrator 1: as well as normalizing violence against women.

Councillor (Shanine): Although it can be frustrating, I'm glad you are critically thinking about how our society may be falling victim to a culture of oppression. Awareness is key to making sure we do not succumb to society's misrepresentations.

Isabelle: Okay, thanks Ms. I'm glad in a way too. I think it's just something I need to sort out still.

[Isabelle gets up and starts walking a few steps. She stops in front of the table and is standing beside Mom (Kaitlin) while narrator 1 (Frances) and Narrator 3 (Shanine) remain seated at the table]

Narrator 1: Isabelle goes home and is greeted by her mother at the door.

Isabelle: [enters the pretend house].

Mom: How was your day Isabelle?

Isabelle: Pretty rough, I'm struggling with the idea of how women are presented in the media in our society. I did go talk to my guidance counselor about my feelings which helped a little.

Mom (Kaitlin): Yes, that is a sensitive issue alright. I remember taking a women's studies course back in the day and we learned.

Narrator 3: there are 3 common stereotypes about female leaders:

- O Women are not assertive enough to hold these positions.
- O Female leaders must act like men to gain respect.
- O Women must choose between loyalty to the home and loyalty to her job.

Mom (Kaitlin): Medias also created a good cop bad cop scenario with women:

- O Good women are pretty, polite and focused on their family and home-life home, while allowing men to dominate.
- O Bad women are considered witches, bitches, whores, or non-ladylike.

Isabelle: Wow that's crazy.

Narrator 1: The mother steps away for a few seconds and comes back with a diary.

[Mom (Kaitlin) walks back to desk and grabs a diary which the audience sees].

Mom (Kaitlin): Women's portrayal in the media has surely evolved in the past few decades. Here, take a look of your grandmother's diary. She was an aspiring journalist between 1945-1970. She wrote some pretty interesting stuff about women and media in those years.

Narrator 3: Isabelle takes the diary and goes into her room and starts reading.

[Isabelle walks a few steps until she is standing alone reading aloud from the diary]

Isabelle: In the 1950's only one quarter of women aged 25 to 54 participated in the labour market, that is, they had a job or were looking for one.

Narrator 1: What's really striking is how limited women were shown in terms of lifestyles and occupations. Women were often depicted as housewives and rarely, if ever, shown as lawyers, doctors, judges, or any other authoritative figures.

Narrator 3: The media often characterized housewives as stupid, incapable of performing simple tasks and dependent on male advice. For example, the ad "brides love Mr. Clean" from 1958 reflects a man providing struggling women the solution to more easily cleaning their homes.

[Narrator 3 shows the audience this advertisement]

Isabelle: In television, men were more often than not given the central role, and when a woman was - characters were often unemployed, valuing their marriage and families above all else.

Narrator 3: When they did get a job, its status and power level was lower than that of a man's.

Isabelle: While in the newspapers, photos of men outnumbered photos of women in all sections except the lifestyle pages.

Narrator 1: Yes, and when women were portrayed, it was as spouses, socialites and entertainers.

Isabelle: [closes the diary with a big sigh] Well that's upsetting, maybe something on the TV will cheer me up. [pretends to flick on a TV]

Narrator 1: BREAKING NEWS: The clock has run out on sexual assault, harassment, and inequality in the workplace. It's time to do something about it. TIME'S UP!

Isabelle: What is Time's Up?... let's google it.

[Isabelle pretends to google it on her phone and read from the phone what she finds]

Narrator 2: Time's Up is a unified call for change from women in film, television, and theatre. Major celebrities are

using their platform to say enough is enough and it's time that the power dynamics change.

Narrator 3: Partnered as leading advocates for equality and safety. To improve laws, employment agreements and corporate policies in regard to sexual assault, harassment, and inequity in the workplace.

Narrator 1: According to the TIME'S UP movement page 1 in 3 women ages 18 to 34 have been sexually harassed at work. 71% of those women said they did not report it.

Isabelle: It's now time for women who have experienced sexual abuse or harassment to speak up and to know that accountability and justice are possible.

Narrator 2: No more silence. No more waiting. No more tolerance for discrimination, harassment, or abuse.

Narrator 3: The TIME'S UP legal defence fund is comprised of a network of lawyers and public relations professionals across the country who are willing to work and provide assistance to those who have experienced harassment or retaliation.

Narrator 1: Recently there has been great hype in the media about the outfit choices by famous women attending awards shows, such as the Grammys and Golden Globe Awards. They are standing in uniform colour and/or wearing Time's Up pins to express their solidarity to the movement.

Isabelle: [Looks up from reading her phone] Well I can't say the media is all bad. Great to see people fighting for women's equality and safety, and the attention it's drawing in with the help of the famous!

[Isabelle's phone rings]

Narrator 1: Rinngggg, rinnggg.

Isabelle: [picks up phone] Hello?

Barb (kaitlin): Hey it's Barb, I need to talk to you about something really important.

Isabelle: What's wrong?

Barb (kaitlin): I haven't been feeling or acting like myself lately. Bobby told me I put on weight a few weeks back.

Narrator 3: Like the jerk he is.

Barb (kaitlin): And between that and my constant obsession with my snapchat newsfeed, which is covered with models whose whole waist circumferences are probably the size of one of my legs... I just can't find it in me to be happy anymore.

Isabelle: he's a loser barb. Don't listen to a word he says. You deserve so much better and what's worse. you're like 110 pounds soaking wet!! You're one of the smallest girls I know.

Narrator 1: In this situation Barb is feeling the pressure media creates, to look a certain way leads real women similar to Barb with the feeling that they need to try to achieve an unrealistic body.

Narrator 3:

- A refusal to maintain weight greater than the minimal normal weight for one's age and height.
- Strong fear of putting on weight or becoming fat.

- Distorted body image.
- Absence of three or more consecutive menstrual periods.

[reader takes a brief pause]

- Recurrent episodes of binge-eating.
- Compensatory behaviour to prevent weight gain.
- Minimum average of 2 episodes a week of binging and purging over a period of at least 3 months.
- Persistent over concern with body shape and weight.

Narrator 1: Common in precipitating factors like overconsumption of media's thin-as-ideal body image, here is a list of both anorexia nervosa and bulimia nervosa's symptoms, respectively.

Speaker 3: Since the 1980's, it became evident that eating disorders are unique among psychiatric disorders in the degree to which social and cultural factors influence their epidemiology, development and perhaps even their etiology.

Isabelle: Barb, I think you might need to see someone about this. These thoughts you're having.. they aren't good for your health. I'm really worried about you, and I think this is out of my hands [looks sad].

Barb: Ok, I'll look into it tomorrow. Thanks for your help, night!

Isabella: Goodnight [pretends to hang up phone, and pulls out her laptop pretending to start typing, stopping to read while the narrator speaks]

Narrator 1: Isabelle decides to google the incidence of eating disorders and finds the following.

Narrator 2: The incidence of eating disorders has risen from the 60's through the 70's and 80's in the US, UK and many western European countries. Stats Canada said in a 2015 report that eating disorders typically begin in adolescence or young adulthood - during the time when young minds are most prone to being shaped by their environment - and these disorders affect women ten times more often than men.

Isabella: Wow these statistics are awful! Suicide attempts occur in roughly 20-30% of subjects and an estimated 5-20% will eventually die of complications! These numbers are scary and prove that the media isn't just impacted people's self-confidence. Enough is enough.

Narrator 3: Bulimia nervosa is seen to affect females compared to males 90% of the time.

Narrator 1: And eating disorders aren't the only negative impact media has had on women's health and well-being – violent crimes are another.

Narrator 2: You may be thinking what women's representations in the media could have to do with violent crimes. Well the answer to that is a hypothesized link between increasing mediated objectification of women and rape, sexual assault and stalking of women in the U.S.

Narrator 3: An act as atrocious and inhumane as rape is being cinematically presented not as power imbalances and violations of women but as strictly sexual encounters.

Isabelle: [pretending to read something from the internet] "According to recent research… viewing sexually violent material raises the likelihood that men will *admit* they might themselves commit rape, and desensitizes men to rape, thereby making forced sex more acceptable to them. Repeated exposure to pornography transforms an unacceptable behaviour they do not identify with" into one that is acceptable and enticing (Wood, 1994, pp. 38-39).

Narrator 1: Last but not least, light should be shed on cosmetic surgery's part in objectifying women and how it is believed this is a cultural problem, fed by the media's ideal body image

Narrator 2: From 2000 to 2009, as reported by the American Society of Plastic Surgeons (ASPS) (2010), there was a:

- 36% increase in breast augmentation surgery.
- 84% increase in abdominoplasty (tummy tuck).
- 4,184% increase in lower body lifts.
- 4,191% increase in arm lifts.
- 132% increase in buttock lifts.
- 65% increase in breast lifts.

Narrator 3: Although it is only a hypothesis it's likely that with an increased emphasis on thinness, and a particular body image, many women will undergo unnecessary and risky surgery to try and meet these demands.

Narrator 1: "Some that will lead to disfigurement, loss of feeling, and sometimes death for women when silicone implants were later linked to fatal conditions" (Wood, 1994, p. 38).
We must always remember that women's health includes their physical, emotional, and social well-being and also determined by different aspects of their lives such as social, economic, and political (Vlassoff, 2007). It is essential that every woman around the world have the opportunity to achieve and maintain their health in order achieve her full potential (Vlassoff, 2007).

Conclusive Thoughts:

[Context: the script is completed. In this section titled Conclusive Thoughts, was the opportunity for our group to provide the audience with take away points that we collectively agreed were important and hallmark learning opportunities].

We must all make a conscious effort to make ourselves aware of how the various forms of media in our society perpetuate falsehoods of the female gender and promote unhealthy and/or unrealistic expectations of the female body. It is only through awareness and knowledge can we begin to change.

As nursing healthcare providers, we must educate our female patients on and about the distorted images and depictions of women that exist within our society. Women need to be made aware that these images and messages are not necessarily reflective of healthy or realistic body images.

When caring for female patients should remember to promote health that is women centered. This approach involves women as informed participants in their own health care and aims to improve women's overall health and safety. Nurses can promote well-being for women by helping them to broaden their perspectives about health and beauty by:

- Encourage women to read about body image, cultural variances, or media influences.
- Create realistic perceptions of their bodies.
- Focus on strengthening self-esteem as being separate from one's appearance.
- Learn about the variety of different body types—and emphasize that healthy bodies come in all different shapes and sizes.
- Help women to decrease their negative self-talk and encourage positive thoughts and images to improve how women think and feel about themselves.

Nurses can re-promote healthy and accurate representations of women through knowledge, education, advertising, etc. either on a one-to-one basis or throughout their communities to help combat false and inaccurate depictions.

Questions for the Class:

[Context: In this section titled Questions for the Class, our group's intention was to have the audience apply their

new knowledge from the presentation in order to answer the following questions that our group will pose. With each question, we have supplied the answer underneath to ensure we include these points within the class discussion of each answer]

1. What stood out most for you in the script and what emotions did it evoke? Why do you think that is?
    a. Many students may feel moved by similar parts...this shows that several of us are affected by the same things even though we come from different backgrounds. The impact that females feel from the media can be a universal phenomenon.
2. What do you feel/think is an effective approach to health teaching that nurses can take to help to overcome the inaccuracies and/or negativity portrayed in the media?
    a. Nurses should try to apply the empowerment approach:
        i. Empowerment is a positive concept.
        ii. The goal of patient empowerment is to build up the capacity of patients to help them to become active partners in their own care, to enable them to share in clinical decision making, and to contribute to a wider perspective in the health care system.
        iii. Empowerment skills include solving problems, boosting self-confidence and creating.
        iv. Strategies to create mutual trust.
        v. Empowering a patient in health care issues means improving the patient's self-determination and self-regulation, ultimately increasing their potential for health and welfare to rise.
        vi. The Empowerment process begins with providing the patient with information and education; health professionals help patients make informed decisions regarding their particular conditions.
        vii. Patients are encouraged to fully participate in their treatment process by sharing their knowledge and experiences and making decisions through mutual assistance.
        viii. Empowerment discovers and expands one's inner capacity to accept responsibility toward their health.
3. How do you feel falsehoods of femininity and/or images of women in society have *changed* throughout time? Or not changed?
    a. Many deep seeded stereotypes of women still exist in the media (sexualization of female, women as subordinate to males, lack of representation of women of colour etc.)
    b. Seeing movement in the states #MeToo#TimesUp? And women demanding equal pay and equal representation in the media and films.
    c. However, this is not necessarily a global movement or a global reality for women. Many women still viewed and treated as the *lesser* sex, second class citizens, with unequal rights and inequitable healthcare.
4. Do you think women are still as affected by portrayals in the media? Or do you feel women have become immune/indifferent to these images?
    a. It is important to be aware that we are all by affected mass media, it is hard to escape it, however as responsible media subscribers we need to be aware of what the media is presenting, the stereotypes, the false norms, the falsehoods etc. each of us needs to be able to critically analyze and make sure we are not actively participating in and to a culture of oppression.

5.2 Script Sample # 2

This script is a sample that includes an introduction to the play; the team also included at the end the discussion questions.

Topic: The Intergenerational Cycle of Violence amongst Indigenous Women in Canada
Submitted by: Raina Rao, Elnaz Shayesteh, Elena Vu, Dzhamilya Ziyaeva
Course: HH/NURS 4620 Course: HH/NURS 4620 Women's Health and Women's Health Movements: Critical Perspectives
Date: May 3, 2018

Script:

Introduction: In the following script, we will be addressing the issues of violence against Indigenous women. This is understood as any act that violates a women's rights and/or cause physical, sexual, spiritual or psychological harm. Throughout the scenes, we will explore the intergenerational cycle of violence experienced by the grandmother, mother and daughter and gain an insight of the impact faced by Indigenous women. In the last scene, recommendations to improve nursing practice in caring for Indigenous victims of violence are further discussed. Elena will play the mother's role, Jamila will play the daughter and narrator's role, Elnaz will play the grandmother's role and Raina will play the nurse's role.

Scene 1:
Narrator: "Scene 1. A mother and daughter live on a reservation near Algonquin National Park. They are currently having an intense conversation about an argument that the daughter had with her boyfriend the night before."

Mother: "Tell me what it is love. You have been acting like this for days! I am starting to get worried about you."

Daughter: "I don't know if I can tell you Mom… I am very embarrassed…"

Mother: "I am your mother. It is my job to make sure you are feeling okay!"

Daughter: "Alright. Well, you know when I told you that I want to start my modelling career?"

Mother: "Yes…"

Daughter: "Well I told Adam, my boyfriend, and he didn't like it."

Mother: "What do you mean?"

Daughter: "I told him that I had taken a few professional photos when I went to Toronto last week for my portfolio and he got really upset. It was almost as if he became another person, I have never seen this side of him before."

Mother: "Why would you be embarrassed to tell me this? Adam obviously has something on his mind."

Daughter: “Mom… you don’t get it. Adam started yelling at me! He said that it was inappropriate for me to work with people not from our reservation. And that as an Indigenous woman, I should be fulfilling my duty to improve the reservation and help future generations. To him, working as a model means I am selling my native identity.”

Mother: “We already knew that you would face backlash honey, that’s just how our community is. Some people just don't agree with doing anything that supports the Western culture.”

Daughter: “Mom! I like modelling. I feel powerful, beautiful and I want to set an example of success for other girls on our reservation! We have never had anyone ever be a public figure! I see woman of all colours become successful, but I have never seen woman from our community reach that type of success. Why? Just because we are supposed to stay within businesses that help the rest? That’s not fair! Men go to city to work because they get paid more there, so why can’t we? If we are to be loyal to our res, why don’t they?”

Mother: “I am sorry my child… I don’t know what to say.”

Daughter: “And you know what Mom? I told him this! I told Adam all of this because I was so upset! And you know what he said? He said that I should keep my mouth shut! That it wasn’t the
Algonquin way for woman to speak like this. He grabbed my hand when he was yelling and
he almost hit me before I pushed him away and walked out of his house.”

Mother: “He what?! He almost hit you!”

Daughter: “I am sorry Mom… I shouldn’t tell you this. I know this is between me and him.”

Mother: “No honey! You should tell me this, you shouldn’t have to go through this… I never realized that you would have to go through this too… I don’t know…”

Daughter: “Mom!! What are you talking about?”

Scene 2:
Narrator: Scene 2, this is an internal dialogue that the mother is having to herself on her experience of abuse and her difficulty on seeking help.

Mother: Every day is a struggle. A struggle to live in silence, to fool myself and believe everything is okay. No matter how hard I try to cover these dark memories of the trauma and violence I have suffered, it finds a way to push through the seals, to haunt me, to control me and make me so lifeless where I cannot even connect to my own daughter! I failed to protect my daughter from the things that destroyed me.

For my people, the world is full of such darkness and brokenness. All we ever do is forgive but never fight and left forgotten. Left here to rot through the consequences of the colonial forces. I have watched my loving husband, a man of honor, spirit and aspirations fall into ashes. This is what assimilation, poverty, oppression, injustice, racism and discrimination can do to someone, strip away their light and transform them into a monster. He let his anger out on me—punched, slapped, choked, yelled, insulted and criticized me.”

“Just leave” was the advice I received from another woman I told. This made me feel I was to blame, that I was too stupid to not think of that idea. I stayed because I had nowhere to go. I stayed because I feared of his threats and this town is too small to hide. I stayed because I believed his words when he said no one will love me. I stayed because I held on this hope that my ancestors would answer my prayers—that he would someday change back to the man I once loved and trusted. I tried to escape from the pain, to fill the void through drugs and alcohol.

One night, I woke up in the hospital from an overdose. I was given treatment but not a single staff acknowledge my existence, my whole being and my truth. All I heard was whispers from other non-Indigenous patients calling me a “clumsy drunk Indian” and asking, “why a hospital bed is wasted to a pathetic drug addict?” It

hurts to hear those words, where my existence did not matter. I reached out about my abuse to my doctor but all he did was question my actions that might have provoked my husband's anger.

I lost hope. I truly wanted to end all my suffering. But the moment I found out I was pregnant; I couldn't kill my baby's opportunity for life. I knew this was not the life I wanted for her. I scraped any money I had to escape and purchased a bus ticket to the only women's shelter that had some space and was willing to accept me.

I experienced judgment, discrimination and racism living in these shelters. These shelters were unsafe. I had some of my belongings stolen. I felt more alienated because of my identity. I was neglected of food because a staff member accused me of smoking weed on the premise when I was trying to practice smudging –a cultural practice where the burning of herbs was used to cleanse one's thoughts.

The best decision was running back home to my mother. She never shamed me nor made me feel guilty. My mother is the only person who knows my story. She tried to heal me and restore my faith through the depth and beauty of our culture. I am not surprised if Alana has learned from me to ignore and suppress my problems. My Alana, I never wanted you to experience the horrors of what I have went through."

Scene 3:

Narrator: "Scene 3, the mother and grandmother are joining a healing circle. It is defined as a deeply rooted traditional practice from the Indigenous culture where members of the community form a circle to express their stories and are committed to helping and empowering one another. Included in the circle is a rural nurse. The mother shares her concerns about her daughter while the grandmother, a survivor, shares her experience of the impact she had from residential school."

Sounds of the drums – ta dum, ta dum, ta dum

Rural Nurse: "Welcome everyone. I am honoured for everyone's presence today in joining our healing circle. I hope we all agree to listen with compassion, treat one another with respect, learn from our collective wisdom and to grow with harmony. My dear Irena, would you like to start?"

Mother: "Last night, my daughter shared with me on pursuing her dream in becoming a model. However, her boyfriend is against the idea. I feel that he is starting to act abusive towards my daughter, he threatens her for wanting to become a model and for being a disgrace to our culture. I don't know what to do. It breaks my heart if my own daughter goes through the same experiences of violence that my mother and I have faced."

Rural Nurse: "I am very sorry to hear about this situation. Your support for your daughters' dreams and gifts is admirable! You have mentioned you and your mother have been experiencing violence. Would you mind explaining more about this?"

Grandmother: "My brothers and sisters, it is difficult when I reflect on my past experiences because it brings me back to reliving the pain. I know we cannot undo the wrongs of the past; however, I know it is important to share so we can learn the root causes and grow. When I was 6, the Europeans separated me from my family. I remember that day so clear—it was one early morning where the rain has just passed, and the fog started settling in. We had just finished our prayers when we started to hear heavy footsteps at the door, followed by a loud knock. The European authorities barged in our door and demanded to take me away "for a little while", they said. I can see the boiling anger in my father's eyes and the tears running down my mother's face as they both refused! The authorities held no emotion and yelled if they did not listen, they would be sent to jail. "Be strong for mommy and daddy, we love you with all of our heart. Don't forget where you came from" is what my parents said when they kissed me goodbye. Little did I know it would be the last time I would see them.

I did not think that the world was full of horrors and darkness until I stepped my foot in residential school. My whole life changed. My values, beliefs, culture and way of being was taken away from me in forcing me to learn the Roman Catholic traditions. I was punished for being myself, beaten up whenever I spoke my native tongue or practiced my beliefs. The Sisters cut my long hair, which carried such a significant meaning to who I was and would signify the growth of the spirit as my mother has always taught me. I was beaten anytime I disobeyed,

cried or tried to help the other children. Throughout my 8 years there, I experienced all forms of abuse: physical, emotional, neglect, sexual and spiritual abuse.

Before the stolen generations, men were traditionally the skilled hunters, fishers, and trappers whereas the women were recognized not only for bearing life but also having a vast amount of knowledge and importance as they were viewed as being closest to Mother Earth and the Creator. Each role was equally valued and respected. After the invasion, there was a drastic transformation in the perceived value of Indigenous women. The settlers treated us women as trash and subordinate to men. The Europeans destroyed the power relations where we started seeing our Indigenous men begin to adopt dominance. The impact of sexism and racism has proved to be a difficult obstacle to overcome for all Indigenous women in my community!

Returning back to the reserves, I thought I would finally return to the one place that brought me such joy, but I was wrong. I faced a whole different challenge——felt that I had no belonging with my Indigenous community nor with the Europeans. It was hard to adjust especially being alone, poor and haunted by my past. I have been suffering from chronic depression since then and I do not want my precious granddaughter to live through a similar experience."

Scene 4:

Narrator: "Scene 4. This is an internal dialogue that the rural nurse is having with herself regarding some of the difficulties she faces as a rural nurse in helping patients in an under-resourced community."

Nurse: "I feel so helpless at times. Helping communities on reservation is particularly difficult in itself because it means that I have a small team to work with or I am often working alone and overwhelmed. I am not able to reach doctors right away and it is difficult to get all resources to be readily available in these remote areas. Also depending on the season, it can be very difficult to contact other healthcare professionals and get them to travel to these remote areas. For instance, many of the patients I work with at Algonquin Reservation are women who have been in violent relationships, and they often require social workers and a safe environment such as a shelter in order to get away from their abusive partners. Sometimes, I am in a position where I have to either help navigate these situations in an unorthodox way or send them to a shelter which may be a few hundred kilometres away. Also, it's even more difficult for these women to escape from their abusive relationships when they live on less than $1000 a month which is far below the poverty line, and they rely on their husband to support the family.

I used to work at Toronto General Hospital and the care being provided there, yet just as complex was much easier to provide because everything I needed was already provided to me. For instance, if I have a patient who expressed to me that the reason they had been hurt was because of an abusive relationship, all I had to do was pick up the phone and call the social worker. However, to be able to do the same thing here, I would either have to safely transfer my patient to a shelter often hundreds of kilometres away or request for a social worker who may not be able to come and meet with the patients for weeks from the initial call. I also feel that there is a lack of culturally sensitive care, and many health care professionals are not trained on how to respond to Indigenous women. I also feel that many of the interventions offered lack recognition of how violence Indigenous women face are closely linked to economic, social, historical and personal factors."

Scene 5:

Narrator: "Scene 5, the Indigenous community nurse from the Algonquin National Park is presenting to a policymaker on recommendations to improve nursing practice to support Indigenous women facing violence."

Community nurse: "It is a great honour to be here today and speak on behalf of all Indigenous women—status and non-status. Why Indigenous women? In today's society, we are lost and forgotten. Roughly 500 of our sisters have gone missing or have been murdered. Our sisters are three times more likely to be a victim of violence than a non-Indigenous person living in Canada. 25% of our women have faced assault by their current or former partner as compared to 8% of non-Indigenous women. A huge gap in health and social disparities exist for our people as compared to any other groups in Canada. Regarding this gap, I feel that these statistics can be even higher because it only reflects the reported cases. Not only does identifying as a woman and an Indigenous person place us

individuals at a double disadvantage but we also lack many of the social determinants of health as well. On virtually every measure for health and well-being, Indigenous women are at the lowest.

Next, I would like to focus my talk on the violence against Indigenous women. The effects of structural and interpersonal violence many Indigenous women have or are currently experiencing stems from colonialism, marginalization, racism and the inequitable policies and practices being employed. In order to move forward, health care professionals need to gain a deeper understanding of how the issue cuts across context, power and identities, also referred to as intersectionality. From the discussions I have had with my sisters, I have composed a few recommendations on how we can improve on culturally sensitive nursing practice to care for our victims of violence.

First, training is needed on developing a more inclusive, holistic and trauma-informed practice. This means providing care with respect, recognizing our socio-political context and act towards an end goal to reduce the re-traumatization. Second, we want nursing interventions and programs to include and respect our traditions, culture and spirituality and also involved our elders and their teachings. Third, we want spaces and programs offered to promote a welcoming and safe environment. Lastly, we wish care to be tailored to the women needs and realities and the available communities' resources. These recommendations can help nurses gain a better understanding of the violent experiences Indigenous women face and ultimately build a trusting relationship. I know together with open hearts, we can help save our women, preserve our beautiful heritage, heal our wounds and grow together in harmony!"

Discussion Questions:

- (Opening Question) After listening to our readers theatre, what are your thoughts and opinions about violence against Aboriginal women in Canada?
- Why do you think Aboriginal women as victims of violence often remain silent about the abuse they have experienced?
- What can nurses, and nursing students do to help end violence against Aboriginal women and girls?
  - Violence against Aboriginal women is linked to colonization, marginalization, cultural devaluation and years and years of discrimination. In your view what actions can we take to forge a new future in which there is no discrimination against Aboriginals, especially Aboriginal women in Canada?
- Do you think gender inequalities can contribute to violence against Aboriginal Women in Canada? If so, why?

5.3 Script Sample # 3

This script is a sample that includes a description of the roles, and a detailed explanation of the scenes and environment surrounding the different acts.

Topic: Reader's Theatre: A Transgender Women's Health and Life Experiences
Submitted by: Jaci Rillera, Khanh Ha Tran, Marcele Ward
Course: HH/NURS 4620 Women's Health and Women's Health Movements: Critical Perspectives
Date: May 14, 2018

Script:

[Scene one begins with 16-year-old Jasmine, sitting at her table and writing in her diary. Marcele will act as Jasmine although some sections are narrated by Jaci and Ha.]

[Jasmine speaks (Marcele)]:
Last night I celebrated my 16th birthday. I finally introduced my friends to Jasmine, I was terrified, but I am so glad they accepted me. From now on they promised to call me Jasmine, I am no longer Justin.

For 16 years I felt trapped, scared, angry and confused. I hated that the body I was in, with my big hands, my broad shoulders, and my muscular arms and legs, did not match my feminine thoughts. I recently came across the term transgender which is when I finally accepted that I am a girl, trapped in a boy's body. I have spent night after night praying to God asking him why he put me in this body, begging him that he would change me to match who I am on the inside. But every day I would wake up the same.

In the past, I have been extremely depressed. I wanted to join my sisters in their dresses and heels, but because I was terrified of being judged by my own family, I did not join them. Being in a Christian home is hard, I constantly felt guilty that my life is one big sin. But being Caribbean makes my life even harder since my family is openly anti-LGBT. I was fearful that the family I love would disown me after finding out that I am a girl on the inside and attracted to men.

There have been many times I have thought about killing myself… the many cuts on my arms remind me of my struggle. The only time I have ever tried to be myself was at school, but that led to constant bullying whenever I was alone. For a long time, I thought I deserved every punch, because I thought those bullies were right; I am different. If only my outside matched my inside, they would accept me. If only my outside matched my inside, maybe my ex-boyfriend would be open about us dating. It's physically and mentally exhausting to keep pretending that I am a boy to make my parents happy, when I am so unhappy.

Today is the first day I have hope. Now that I am 16, I can begin my hormone treatment. That means, goodbye to the fear of puberty, no facial hair, no deep voice, no manly features. It took me a long time to get to the point of not caring what anyone else thinks, I am going to be me. If my family loves me, they will accept me.
Today my parents will meet Jasmine…

[Jasmine speaks (Marcele)]:
Mom, Dad, although you have known me as a boy, on the inside I am girl. I have been feeling this way forever. There is nothing you did wrong when raising me. But I want you to know I am transgender. I love you and I will always be your child. Will you still love me? Can you support me?

[Mother speaks (Ha)]:

It's been a month since my son brought up that he is trans. It was weighing on my mind a lot since then, but my husband and I were both in shock and too ashamed to get anyone involved. When I started hearing the changes in my son's voice and seeing the makeup, I couldn't ignore it anymore.

[Father speaks (Jaci)]:
I love all my children, but I will not condone or accept my son walking around as a girl. If he wants a place to stay, he has to live under my rules otherwise let him find somewhere else to go. Maybe he is going through some stress, or he is hanging around the wrong people, but that is not the way he was brought up and he knows better. I will make sure he goes to church every week from now on, no more staying at home.

(Marcele): Years pass, Jasmine is now 35.
[Jasmine speaks (Ha)]:
It was suffocating living in that house and trying to be Jasmine, and at some point, I decided to just let things stay the way they were. I was dependent on my parents for the roof I had over my head, my food, and my clothes. My choices were to endure the pain or become homeless. I chose the pain. Although my friends were willing to see Jasmine for who she was, I felt like I had to continue living a lie whenever my parents were around. I lived like that for many years.

I kept going to school as their son [Jasmine sits at table, located far left of stage area], taking notes as if in class], graduated from university [Jasmine stands, and walks to Ha in the middle of stage, who gives her a rolled parchment, congratulatory], and landed a job not long after [Jasmine walks to far left of stage, shakes hands with Ha to seal job deal]. They were proud that their "son" was so successful in life after all.

[Jasmine goes to sit at the table, on top of it there are 5 empty beer cans]

Although I tried my best not to think about it too often, I couldn't. I was unhappy, and I knew why. Despite health campaigns showing me how harmful they are, I took up smoking and drinking, I even tried drugs. I began to look for love, the men I met were interested in hookups and one-night stands but at that time I would do anything to starve away the stress and the worries, to let me live and be myself, if only for a moment.

[Jasmine stands and grabs her bag and keys exits left door, then enters on right]

My health started taking a turn for the worse, and it was showing at work. I went to a clinic; it was the first time I had since I tried starting hormone therapy.
The staff there had changed, and none of them knew who I was or what I've been through. I brought up my concern about wanting to restart the hormone therapy with the new doctor, but he gave me a look before saying that he wasn't qualified to help me with it because of his inexperience and sent me away. I wanted to know if there was anyone, he could recommend me to, but he dismissed me quickly, as if my concerns were not worth his time. I felt invisible, and ashamed for wanting what I did. I just want to be myself, to look in the mirror and feel right in my own body, why does it feel like everyone would rather I keep quiet and live a lie than stand up for myself?

When I got home that day, I did my research and managed to get an appointment months later to be seen by someone at CAMH. Although I was wary about going to meet another healthcare professional after my last experience, I figured that if they're in this line of work, they would be more receptive. It took about three years since that appointment before I could get approved for gender reassignment surgery. I was on hormone therapy for about a year and half before I got the approval from the ministry, but I was still hesitant to go under the knife even after everything.

[Jasmine sits at table, typing on laptop]

Around that time, I started meeting people who were in a similar situation after going to trans events and connecting to people online. I've lurked forums for trans youth before, but it quickly got too painful to read the

posts of people transitioning with support while my own parents rejected me and forced me back into the closet. At some point I spoke to another trans woman who ended up becoming my best friend. I remember telling her about the time when my parents tried to keep their son from becoming something that wasn't by inviting this pastor to our house every now and then. He was trying to be low-key about the moral of his stories, but I knew he was just going in circles before it came down to the message that a man was a man and what I was doing was a sin.

I ended up getting a bit emotional while I was talking about it, but she just listened to me, and I felt acknowledged. She talked about her life after, and it helped me come to the decision to go through with the surgery. I would use my doctor for my gender reassignment surgery, but my friend introduced me to an underground doctor who could enhance my breast and bottom for a better price. Looking back on it now, I even wish I had done it sooner. She was much stronger than I was, beautiful, and confident to boot.

I wanted to feel confident too, and I've come to love myself more ever since. I haven't lost all contact with my parents, but I can count on one hand the number of times I've seen them since I had the surgery. Still, I find myself quite lucky having met the people I now see as my closest friends, and especially my caring husband.

(Ha): Years have passed, Jasmine is now 75.
[Jasmine speaks (Jaci)]:
Many years have passed, and I have only gotten frailer. I knew I was going to end up here eventually through the reckless lifestyle of my youth, but facing it now fills me with more dread and regret than I could have imagined. I have become estranged with my family; my parents have passed, and I had no children to support me. I have parted with friends over the years, through illness, overdoses, suicides, or simply because our connection faded away. I regret not putting in the effort and keeping in touch, not being able to be there when others needed me. I have been an introverted, withdrawn person all my life, the fear of being judged was a constant stormy cloud over my head, and now that has come to personally ruin me.

Illness has crippled me, infections from the shady surgery have led to many complications and I have no choice but to place myself in a nursing home. The ones that I knew were friendly to LGBTQ+ people were overcapacity and had long waiting lists, so I could only choose what was open and what I could afford with my pension.

I feared being forced back into the closet but did not even get that chance. My status and deadname are recorded in my chart, within the day of my arrival, they all knew. Everyone here thinks of me as an imposter. They whisper behind my back and gaze at me with disgust. They are reluctant to touch me, to speak to me, fearful of what they might see, what I might say. I am not welcome here, but I cannot return to an empty home.

There is nothing here on this earth left for me. My love…. How I long to be by your side once more…

[Nurse (Ha) helps Jasmine into bed, she then heads over to join a Senior Pride Staff (Jaci) for a staff meeting]

[Nursing home nurse speaks (Ha)]:
There is a trans female resident on my floor. I am afraid she had fallen into a deep depression. She is very despondent and withdrawn, not interacting with any of the staff or fellow residents. Understandably, she is also very protective of her privacy, reluctant to let staff help her with bathing or changing. Quite frankly, I do not know what to do, this is the first time I have had a transgender patient. I wish I could help but I do not feel equipped. I know some of the staff are not comfortable taking care of her and worry that it is only a matter of time until an incident occurs. But there is no other option, we are short-staffed as-is.

[Senior Pride Staff speaks (Jaci)]:
I am a member of senior pride; I make it my life's work to promote awareness and inclusion of LGBTQ+ residents in long-term care facilities. Together with my team, I offer training sessions for staff of facilities on how to behave and care for LGBTQ+ residents, it's all common sense really, treat them with respect and dignity, like they treat cis-hetero people, but people always seem so lost. I have a personal stake in this, being LGBTQ+ myself, so if I could help to make all facilities more friendly to diversity then there's not much more I could ask for.

5.4 Script Sample # 4

This script is a sample that includes a detailed description of the roles, and an introduction to the play.

Topic: The Effect of Incarceration on the Mental Health of Women Prisoners: A Reader's Theatre Script
Submitted by: Sasha Holder, Soyeong An, Karleine Hamoy, Joanne Ngo
Course: HH/NURS 4620 Course: HH/NURS 4620 Women's Health and Women's Health Movements: Critical Perspectives
Date: May 17, 2018

Script:

Roles:

1. Inmate 1 "The Newbie" - Soyeong
    a. She comes from a very affluent family in Richmond Hill of Asian descent.
    b. She is 19-year-old and attends Queen's University studying Business.
    c. She is popular and has many friends.
    d. Being affluent, she has never worked before and has everything done for her.
    e. One night after being out in the town with friends, she consumed alcohol and decided she would drive.
    f. She drove at high speeds and swerved between lanes before crashing into an oncoming car, killing the passengers, a mother and two-year-old child, instantly.
    g. She panicked and fled the scene in terror but was arrested 3 days later and charged with:
        i. One count of impaired driving.
        ii. Two counts of dangerous driving causing death.
        iii. One count of failure to remain at the scene of an accident.
    h. She has also been previously charged with 1 count of DUI.
    i. She is convicted and sentenced to seven years in federal prison but is eligible for parole in two years and four months.
    j. We met "The Newbie" after serving 18 months.
2. Inmate 2 "The Lifer" - Joanne
    a. She was a homemaker who previously lived on Toronto's Waterfront in a condo.
    b. Her husband was a financier with the Royal Bank of Canada (RBC) which is stressful, and he copes by beating his wife.
    c. She has two children aged two years and six months at the time of the murder; now aged 17 and 15 years.
    d. She is 15 years into her sentence of 25 years for 2nd degree murder when she took scissors to stab her husband in a fit of rage.
    e. She only sees her children once a year and talks to them once a week on the telephone.
3. Corrections Nurse – Karla
4. Communicator - Sasha

The Effect of Incarceration on the Mental Health of Women in Prison

Reader's Theatre Script

Scene 1 - The Group Therapy Session

Communicator (Sasha)

The focus of our topic today is incarceration and its effects on the mental health of women prisoners. It is safe to say that we all have a preconceived idea of what it means to be in prison and the effect it may have both physically and mentally. These ideas come mainly from the media and shows like "Law and Order" and "Orange is the new Black". Everyone would believe that being in prison makes your mental health worse. While this is true, did you also know that for many women, being in prison is the best thing that happened for them?

We meet 2 such inmates at the Grand Valley Institution for Women in Kitchener, ON which is 1 of 6 facilities in Canada for women. Our inmates, Soyeong and Joanne, sit down with the Corrections Nurse Karla for their weekly group therapy session as they talk about how they are doing in prison.

Nurse (Karla)

"Hi everyone. My name is Karla, and I am the corrections nurse facilitating today's therapy session. I'd like to first check in with everyone to see how you're doing and then we'll begin from there."

Communicator (Sasha)

Our first inmate, Soyeong, is 21 years old and grew up in an affluent family in Richmond Hill. She was always popular in school and had many friends. She was attending Queen's University studying Business to one day take over the family business. She had a bright future ahead of her. That all changed when, at 19, she drove home after a night out partying while drunk.

At a high speed, her car struck another and killed the occupants instantly. She is now serving 18 months of a seven-year sentence for driving under the influence, causing the death of a woman and her two-year-old child. She is feeling increasingly isolated from everyone as she has been labelled "Baby Killer". She is also suffering from depression and refuses to see her family due to the intense shame she feels for her actions.

Each person says hello briefly and then it is Soyeong's turn.

Inmate 1 (Soyeong)

(Speaking somewhat despondently)

"Hi, I'm Soyeong and I've been here 18 months. I'm okay I guess…"

(Soyeong then starts to break down)

"I killed them… I killed a mother and her child… I didn't mean to kill them! I shouldn't have drunk. I should have paid attention to where I was going. I should have called an uber or something… I shouldn't have driven... Whatever I do, I can't get rid of this feeling. I'm emotionally too exhausted and nothing seems to help me right now. (Sobs again) I should be feeling guilty like this for the rest of my life... I'm hopeless… I need medication to go to sleep, tried to be involved in activities during the day… regardless everything seems to get worse."

Nurse (Karla)

"Soyeong, I understand and can see that you are currently feeling so much guilt from your actions. I can see your regret and I can see how you have and continue to reflect on the past. I hear how you keep thinking about what you could have done. I hear the "ifs" and the "maybes". You may feel hopeless now and you may feel like guilt is something you have to experience every day. I also realize that you must still be having a difficult time coping with the loss too of your old life. Two years ago, you were free and full of life and hope, so I think this is impacting your emotional state now as well as refusing to see your parents. You also feel the guilt of letting them down."

However, with time and the efforts you currently make such as attending this group therapy and talking about your thoughts and feelings, it will help you. This guilt is not easy to bear, and I understand that. I am here to listen, to help you sort out your thoughts and feelings, and above all, work through your guilt together. To start, I'm going to look at your medication and see if there's anything else we can do that might be more effective."

Inmate 1 (Soyeong)

(Now angry and in a louder voice)

"Medication? … Is that all you heard from what I've just said?... Why are all healthcare professionals like this? You just care about administering medications and don't even bother to get to know the person you're giving it to …. You don't understand me! You don't know me! You didn't have to go through this! You don't know what I'm going through. It makes me feel guilty when I talk about it. You say talking helps, then how come I still feel this way… how come I feel so worthless? If talking helped, then I should have been fine months ago! Talking doesn't help……. Your words and everyone's words don't help . . . if words helped then how come they hurt so much? …."

Nurse (Karla)

"Soyeong, let me apologize if you think this is how I am. However, I think you might have misheard me. I don't just care about the medication; I also care about you. I understand that you're going through a difficult time and trying to come to terms with what has happened. I am fully aware of your troubles."

"Soyeong, I think you have made progress, even if you are not aware of it, ever since you joined this therapy. Talking about one's feelings and thoughts is never easy because it can make you feel vulnerable and that's how you might currently be feeling. Whatever you say here is safe and accepted. No one will judge you for what you are feeling. Everyone here is trying to heal in their own way. To heal, to be more alright with yourself, it takes time. Now, you said those words hurt. Can you tell me more about this?"

Inmate 1 (Soyeong)

"No, I don't want to talk anymore. I have had enough of this useless group!"

(Soyeong walks out of the room)

Communicator (Sasha)

We now meet Joanne, our second inmate. She is a "lifer" and has seen staff and inmates come and go over the last 15 years. Before prison, she and her husband lived together in their condo on Toronto's Waterfront. He was a financier, and she was a stay-at-home mom caring for their two children. Her husband was physically and verbally abusive especially when work became tough.

One night, when the abuse became especially violent, Joanne took a pair of scissors and stabbed her husband. She was sentenced to 25 years for 2nd degree murder instead of manslaughter. Fifteen years later, her children are now 17 and 15 years old and she only gets to see her children once a year. With Soyeong out of the room, Joanne wants to speak.

Nurse (Karla)

"Hopefully Soyeong will come back once she's calmed down. Joanne, will you like to speak now?"

Inmate 2 (Joanne)

"I'm Joanne and I've been here for 15 years now. Even though I'm in here, I've never felt so free. I love my children, but I felt dead inside, but I still put on a facade for my children. They did not need to see their mother sad. They did not need to see their mother get yelled at by their father. They did not need to see me scared every time I heard the front door slam shut. I was abused and defeated. I had no peace of mind. Then one day, I had it…Today is going to be the last day he beats me. Those pairs of scissors liberated me! Since I've been incarcerated, I have not been afraid, I've gotten clarity. I don't have to deal with the pressures of the outside world, it is just me and my four concrete walls. In here, you either get bitter or better. I got better, much better. My only regret is leaving my children without a mother and father."

Nurse (Karla)

"Joanne, I'm glad to see you that you feel more at ease with yourself and what has happened. What you experienced was not okay and I'm glad that you can openly describe what happened now. Although I don't say it often, I can see how you have changed. I have seen your progress in accepting your actions and moving past it."

"You are not defined by what has happened, but it is a part of you. These feelings that you experience when you talk about what happened are normal. I understand, and I can see how you feel shame for what your children have seen. But over these years your children, like me, have seen you flourish to be who you currently are today. However, I can also see your regret. Can you tell me more about this feeling of remorse you hold?"

Inmate 2 (Joanne)

"I regret not getting help sooner or being strong enough to leave. I kept on enduring because I thought it was for the best to keep my family whole and my children happy. I had to endure and take in everything to ensure the happiness I thought I could protect.

But now that I'm here, I feel less depressed, I'm getting more sleep than I could have ever imagined. I have more time to think of what happened, my feelings about it in the past and what I think about it now. I don't expect my children to understand, and I don't expect them to forgive me. But I feel better about myself. I feel as if I have gained a better understanding of who I am. I now know myself and I feel as if I have managed to reclaim a piece of myself."

Nurse (Karla)

"Joanne, you should continue with what you're doing. It's easy to see how your self-reflection has helped you come to peace with what happened but also with the feelings you have. I think by analyzing and communicating your thoughts and feelings you are helping yourself understand and learn more about what happened but also about yourself. It is most likely the reason why you feel more like yourself. Regarding your children, they may not forgive you now but in time, through communication, they might."

"If you need any help, I am here to support you. Is there anything I can do for you before we end our session? I'm available Monday to Friday between 9am and 3pm, you can drop by anytime during my shift and we can talk."

Innate 2 (Joanne)

"No, not now but thanks for listening to me and helping me sort out my thoughts and feelings. Maybe I'll see you next session or during one of your office hours."

Communicator (Sasha)

The group therapy session closes and Nurse Karla and Inmate Joanne leave the room. Karla is still worried about Soyeong as she is not responding as well as she'd hoped to the group therapy. She is angry, hurt and feels that she is not being listened to. Karla meets with her supervisor and the prison psychiatrist to recommend switching Soyeong to one-on-one sessions. Hopefully without the pressure of the group and having someone's undivided attention, Soyeong can finally feel as though she is being heard and get the help she needs. Only time will tell.

The End.

5.5 Useful list of references for educators using RT

The following is a list of key references that educators can use to introduce Readers Theatre in the classroom. We also provide references that include script samples the educator can show to students. In addition, we provide a list of sources that examine the experiences of educators in applying RT in the classroom.

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ACKNOWLEDGEMENTS

This Manual was funded by the Faculty of Health Fund for Innovations in Teaching (FIT), York University

With additional support from the Office of Women's Health Research Chair in Mental Health, York University

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