

# The Theater of Ethnography: The Reconstruction of Ethnography Into Theater With Emancipatory Potential

Jim Mienczakowski  
Griffith University

*This article discusses the reflexive and educational use of theater constructed from verbatim ethnographic account work undertaken in health settings. In particular, the potential of the ethnodrama process to provide emancipatory opportunities and insights for both health informants and health professionals is described in relation to two ethnographic performance projects involving persons with schizophrenia and persons who are alcohol dependent.*

Drink not the third glasse,—which thou can'st not tame  
When once it is within thee.

George Herbert (1593-1633)

Drug and alcohol withdrawal centers, more frequently called detox centers by their clients, are not uncommon in the urban terrain of most cities. Situated independently of hospitals or as part of hospital acute provision, they are seldom frequented by those outside the health community. Used to assist in the safe withdrawal from extreme drug and alcohol intoxication, some centers also support health consumers with short postwithdrawal counseling programs. This article reports on an ethnographic study in which health consumers and health professionals within a detox unit contributed data and participated in extensive validation processes in order to see their polyphonic narrative publicly performed by actors. This study was the second stage of an ethnographic research project examining modes of research report construction and transmission that give access and control of the research data and report construction to the study's informants. In so doing, the ethnodrama process described in this article also forms part of a process of reflexive health education and health promotion that possesses emancipatory potential for its informants.

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## PILOT PROJECT

An ethnographically based pilot project dealing with the health experiences of a community of high-functioning persons with schizophrenia led to the construction of a fictionalized dramatic narrative reflecting health consumer experiences of psychosis and informant attitudes toward treatment regimens. The script/report "Syncing Out Loud,"<sup>1</sup> compiled from a prolonged and intensive research phase, was performed to audiences of health professionals and health consumers as well as to noninformed audiences to voice reflexively health consumer concerns to health service providers and health educators. Each stage of the research's data collection, scripting, and the performances of the research report were subject to processes of informant validation. Scripting sessions were attended by informants, as were rehearsals, and the script was further cooperatively validated via informant group readings and special preview performances to associated health communities. After informant validation of the performances, the play was opened to general audiences.

All performances used elements of Boal's (1979/1985) forum theater techniques, in which auditorium postperformance discussions with informants, health professionals, and general audiences were used to rework scenarios, reinterpret events, and thereby reconstruct and negotiate the individual's understanding of the play's outcomes. These forum elements typically involved the research team, actors, performance director, script constructors, and informant representatives. In this way, the performances were also used to further inform the data of the study.

The processes of participant and audience empowerment through forum reconstruction and "dialogical interactions" (Bakhtin, 1984) were crucial to give health consumers control over the social construction of meaning and of their own identities within the report (Alberoni, 1984; MacKinnon, 1982). The script, "Syncing Out Loud," interpreted on stage by 22 theater and nursing students, was also performed in secure psychiatric settings to audiences who otherwise would not have been able to influence the report data. All performances and discussions were, in keeping with good ethnographic practice, recorded on audio- or videotape (Strauss & Corbin, 1990).

## PHASE TWO

The ensuing alcohol-related study, "Busting,"<sup>2</sup> developed the methodologies of the pilot project to adapt the verbatim accounts of informants into an authentic, validated, polyphonic narrative that expressed informant agendas of concern in their own words. Qualitative data were gathered from informants via participant observation and interactionist interview (Denzin, 1970) during an intensive 4-month research program in an urban detox unit. Group

and individual informant interviewing involved ethnographers and unit staff already working in or familiar with the setting and, where possible, informant gender signification was taken into consideration during the interviewing of women (Warren, 1988). Clinical and participant observations, performed by nursing students in their final year of university training and by qualified nurses pursuing master's degrees, were turned into independent studies by these students. Data from these periods of student observation were also added to the database of the main study.

To deepen their understanding of the nature of the project, actors involved in the project also engaged in observational activities within the detox unit. Their observations formed part of a Stanislavskian (1936, 1983) approach to characterization. To minimize their influence on the setting (Atkinson, 1992; Hammersley, 1992), they entered the detox unit in small numbers and were paired with nursing staff from the unit who would act as their mentors. All students and staff involved in the data collection were also involved in validation processes and in setting up and performing the ethnography.

## LOCATION

The detox center, situated in a run-down urban area, was housed between a major police precinct and a railway station and catered to the large street-dwelling population that inhabited the nearby railway arches and riverbanks of the city's red-light area. Its admission policy, however, was that it turned away only the sober—persons who had previously proven violent and persons who had been through detox within the preceding 24 hours. During the research period, significant numbers of housed and waged persons also underwent the voluntary 10-day withdrawal and counseling program offered there.

The detox center, funded by the federal government, covered some five floors of an office building and accommodated a comprehensive drug and alcohol research library. On the upper levels there were dormitory facilities, kitchens, and counseling and interview rooms; on the ground floor was an acute withdrawal ward, where the early hours of withdrawal were monitored to avoid and control client seizures and delirium tremens. The center provided its services free to all clients.

## PROJECT

Whereas the pilot project reworked and fictionalized informant experiences and then sought validation of the representations of their world from them, the second project adapted verbatim narrative into a form in which fictionalized account work was used only to link verbatim account work or

to give information considered necessary (by the informants) for audience understanding. The preference for nonfictionalized verbatim account work over fictionalized versions of ethnographic interviews and observations was that of the project's informants who, within the "Busting" project, repeatedly demanded that the report be in the actual words of the informants in order to be seen as real by the informed audiences of health consumers and by the informants themselves. Although all fictionalized account work within both the pilot and main projects was extensively validated by informants and perceived as authentic by audiences, in the perceptions of the "Busting" informants fictionalized inclusions were of less worth than direct verbatim transcription.

Logically, in terms of this research the polyphonic narrative was the means by which disempowered health consumers would gain voice within the community. To recontextualize and reconstruct their words unnecessarily and artificially to appease the aesthetic conventions of academic and literary traditions would have been to reduce further the significance of the voices of the informants and thereby act to disempower them. For the narrative to retain its validity in the eyes of the respondents, then, fictionalized inclusions were first agreed on or suggested as necessary by informants (so as to ensure audience understanding of given phenomena) and then determined as plausible and authentic both in their construction and in their actual performance on stage. This entailed validating the need for an inclusion, its literary construction, and its physical and semiotic representation in front of an audience (Mieczakowski, 1994b).

As with the earlier venture, the play "Busting" was performed in a variety of theater spaces, including readings and performances to informants within the research setting. Public performances of the play also involved community drug and alcohol agencies that engaged in intermission health promotion activities with audiences. These activities ranged from alcohol and drug counseling services to demonstrations of the physical effects of alcohol withdrawal. Community police provided free breathalyzer driver alcohol-impairment tests to any willing audience member and a free taxi service home to any driver who was "over the safe limit." Community Services also provided a collage of graphic alcohol-related vehicle accident photographs, which were slide-projected on stage during part of the performance.

Particularly targeted by the health promotion agencies who helped fund the project were teenage and juvenile drinkers. Accordingly, high school students were invited to performances, and their schools were sent packages of support materials and alcohol awareness information for follow-up lessons. The intention behind this was not only to connect with a target audience but to encourage understanding of how the form of drama might have curriculum currency for other teaching areas (Taylor, 1993, pp. 98-102). As with the pilot project, the script was made freely available to audiences at each performance (Morgan & Mieczakowski, 1994).

## LEGACY

The construction of ethnographic narratives into a dramatized form is, arguably, a logical extension of the current reinterpretation of ethnographic practice and of the exploration of how ethnographic representations are constructed. As such, ethnography's theatrical heritage has a discernible and recent history. The form described by Paget (1987) as "verbatim theater," for example, can trace its heritage in Europe back to the BBC documentary radio ballads of the 1950s, which culminated in Joan Littlewood's "Oh What a Lovely War," a musical play that used verbatim account work and documentary evidence as a basis for its depiction of class attitudes toward the First World War. The subsequent presentation of oral history techniques on stage by Cheesman (1971), for example, has further extended a methodology through which ethnographically based oral history techniques have been used to develop narratives that accurately and faithfully depict given social phenomena. Mulkay (1985), moreover, has proposed an ethnographic dramatic narrative that uses parody as a form of social analysis, and Richardson and Lockridge (1991), in "The Sea Monster: An Ethnographic Drama," constructed a dramatized narrative to discuss the issues central to the postmodern reconstruction of ethnography. What is taking place is not so much a blurring of the boundaries between social science, humanities, and the arts, but a recognition that this blurring has been taking place for some time.

Where the studies "Busting" and "Syncing Out Loud" differ from current reinterpretations of ethnographic practice is in their overt intention not just to blur boundaries, but to be a form of public-voice ethnography that has emancipatory and educational potential. The extensive validation processes inherent in the interactionist data-gathering techniques of the ethnodrama methodology and the reflexive nature of its performance processes overcome some of the structural difficulties inevitable in the ethnographic venture. Of particular significance is the consensual nature of the validation processes, which seek to create a sense of "vraisemblance" (Todorov, 1968) for both the project participants and audiences of the reports. Vraisemblance, explained by Atkinson (1990) as the creation of "plausible accounts" of the everyday world, is one of the major goals of ethnodrama. This is because both textually and in the case of ethnodrama, physically, vraisemblance is sought to evoke belief by representing (perceived) social realities in terms that mask the cultural influences affecting the constructors of the report. The ethnodrama consensual processes, extended through the Bakhtinian (1984) dialogical interactions of the informant group's struggle to create and share meaning, are formally structured through group discussions and extended via forum theater techniques (Mienczakowski, 1994a). This is done to agree consensually that both the written research report and its physical interpretation on

stage are in the authentic language of and therefore recognizable and interpretable by informants.

## THE ETHNODRAMA PROCESS: PUBLIC VOICE ETHNOGRAPHY

Rorty's (1980, p. 203) iconoclastic invocation to move away from the traditional divisions of academia has undeniable appeal for anyone who is engaged in both ethnographic practice and the performing arts. By suggesting that "if we get rid of traditional notions of 'objectivity' and 'scientific method' we shall be able to see the social sciences as continuous with literature—as interpreting other people to us, and thus enlarging and deepening our sense of community," Rorty is moving toward a pragmatic reconstruction of writing practice, which, in qualitative ethnographic terms, seeks shared cultural understanding through the literary and sociologic representation of individuated and collective experiences. Agger (1991) furthers the reduction of the role of academic boundaries in the construction of meaning by demanding a new form of public voice in which dialogue chances are not monopolized by the imperatives imposed on the individual by "experts," but are potentially seen to exist in a domain where every individual is empowered to participate in scripting, producing, and shaping culture differently. This appeal for a new form of public voice is compounded by Cherryholmes's (1993) recognition that the processes of academic writing are such that reports are consumed and produced in research settings within a methodological and conceptual framework strictly adhering to conventional academic study. This entails the academic reading of texts within the setting in which the research was developed, while conforming to the protocols of other research that they have read (Cherryholmes, 1993, pp. 1-3). Research, consequently, is written in research settings, read in research settings, and interpreted by those familiar with the research genre. In other words, research tends to follow particular patterns of academic tradition as it is by and large produced by universities for the critical consumption of universities (Lyotard, 1984).

As all ethnographic research reports are written by people as opposed to discourses (Scholes, 1985, 1989), their construction is as dependent on the mask of *vraisemblance* as any other form of research writing. This is simply because all written representations of both social and scientific understandings may be said to succumb to rhetoric, style, and the pragmatics of historic location (Gadamer, 1988; Ricoeur, 1981; West, 1989, p. 96). Consequently, the ethnographic construction of dramatic scripts, validated by contributors, peers, and informed others, is potentially able to achieve *vraisemblance* and cultural ingress as effectively, if not more effectively, than some

traditional means of research reporting. Moreover, as the research undertaken in the ethnodrama projects described in this article was meant for consumption by both universities and the general public, from its inception it was intended to reconstruct the research report to meet the demands of both. As qualitative research, it has followed both hermeneutic and critical research processes and has been translated into a format amenable to academic reinterpretation, theatrical performance, and consumption by those who contributed to its data. As a result, it is markedly different from some other forms of ethnographic research, particularly those anthropological researches that do not seek their *subjects* of study as the *objects* of their deliberations (Mieniczakowski, 1994a).

## UPDATING TRUTH

The hermeneutic approach to research is guided by a search for truth and meaning, which is governed in both the method and principles of the research. That is not to say that it pursues truth as an absolute, but that it seeks to understand the grounds on which meanings are based. The nihilistic riposte to this notion is that grounded meaning, and therefore truth, can never be attained (Cherryholmes, 1993). Although hermeneutics can be said ironically to recognize the potential "truth" of nihilism, it is also able to embrace such potential in a paradoxical form of "nihilistic hermeneutics" (Gallagher, 1992; Scholes, 1985, 1989). Such acceptance acknowledges that what hermeneutic research seeks is potentially unachievable but believes that the process of seeking will uncover yet unknown factors that may render the constraints of nihilism conditional or relative in some way. In all events, ethnodrama attempts to render nihilism conditional by continuing to seek validation of its grounded meanings from contributors to the projects throughout and beyond the report-writing stage. Where traditional research, once written, becomes temporally bound and prone to fundamental readings, ethnodrama, as an extension of forum theater, renegotiates its meanings with every performance. It does this by intentionally updating its authenticity, repeatedly seeking validation from those about whom it is written, and responding to a consensus of informed opinion by changing the research report/script accordingly. The written research report and performances, therefore, represent the current stage of the research findings and are never a definitive, authoritative set of "fixed" social meanings.

## PEDAGOGY OF SELF-INTERPRETATION

In terms of pedagogy, the intention is that the ethnodrama process is sensitive to the pedagogy of teaching and theory but mixes the relations to

"undermine the conventional transmission model wherein knowledge is produced, conveyed and received" (Lusted, 1986, p. 2). In fact, the transmissional model for producing, conveying, and receiving knowledge in terms of ethnodrama is one that qualitatively develops its arguments through interpretive dramatic literature and not traditional academic quantitative methodologies. In telling the stories of persons with schizophrenia or alcohol dependency problems, the intention is to be both descriptive and insightful but, above all, useful and explanatory. By using the words, stories, and advice of people involved in alcohol dependency or other mental health issues, the ethnodrama methodology seeks to tell the truth as they see it, so as to give them voice. To do this, it is necessary to interpret other people to ourselves, themselves, and others through a specifically literary and theatrically constructed medium (Rorty, 1980). This is not done without the brethren of scientific methodology and objectivity, but in spite of them.

### **HIGH-PROFILE ETHNOGRAPHY: "BUSTING" AND REFLEXIVITY**

Part of the purpose of this study was to give voice to both health consumers and health workers to reflexively inform health service providers, health educators, and student nurses of the agendas of concern and everyday realities of life within a drug and alcohol detoxification unit.

Reflexivity can be guaranteed within certain parameters because of the predetermined audience mix and selective venues for the performances. Audiences of health professionals, health consumers, health educators, health students, and health service providers were invited to attend, and their interest was encouraged by performing the play in their places of work. To this end, the performances took place in clinical settings and on two different university campuses involved in health education and nurse training (Mienczakowski, 1994a). This was necessary to inform and influence those who "officially" control the content and determination of what is learned (Apple, 1993) or what is practiced.

Before the performance seasons opening at each venue, copies of the script were sent to individuals representative of or significant within the chosen key health groups, and members were invited to comment on the script and contribute to the study's data. In the months preceding performances of the play, versions of the script were used as teaching materials within the schools of nursing and education of the host campuses and as discussion material within alcohol-related clinical settings. Excerpts from the play were also presented to the health community at two major international nursing conventions, where the script formed the basis of nursing education workshops. Further comment was invited from delegates (Morgan & Mienczakowski, 1993).



As ethnodrama is written in a public voice and is translated into performance in an accessible and unassuming form, its agendas are instantly open to interpretation by nonacademics as well as by the academy. To ensure reflexive interest from target groups, the performance aspects of ethnodrama depend on the process being a mode of high-profile ethnography that embraces media coverage and public debate. Both of the performance projects described in this article sought and received wide press and television coverage (Mienczakowski, 1994a). In turn, the media subsequently sought comment on and responses to the project's agendas from health service agencies, who were obliged to address or at least remark on the agendas raised by the plays. In this way, the ethnodrama report-process provokes response rather than passively awaits it.

## WHAT DID THE DATA REVEAL?

The processes by which the health consumers involved in drug and alcohol issues become stigmatized have in past years been well documented (Blane, 1968; Kessel & Walton, 1965; Van Meulenbrouck, 1972; Weatherburn & Project Sigma, 1992), but the effects of client stigmatization on health workers are less well investigated.

The social meaning attached to working within drug and alcohol detoxification centers carries a tenacious and irrational cultural imagery of negative stereotypes and stigmatization. This was strongly reflected by the data, which showed clear differentiation between the experiences of women and alcohol and their male counterparts. Furthermore, the data reflected institutional and paradigmatic divisions in the experiences of female and male caregivers, and stigmatization of health carers within alcohol- and drug-related areas and within the institutional funding of treatment issues. The following examples, transcribed from interactionist, open-ended interviews (Denzin, 1970, 1989), later formed part of the narrative of the "Busting" script. Naturally, the names of the respondents have been altered, but the transcriptions are given to demonstrate the strength and range of agendas present in the data. Given in the voices of the respondents, there is little need for an ethnographer to academize and rephrase them to obscure their import, as they are already in the public voice (Mienczakowski, 1994b).

### Stigmatization by Association

It's not just us, either. A friend of mine has been working with HIV clients and she says that when she tells people this they sort of back away—as if she's contagious too. And I find that people think that if you're working with these people they think that you have a drinking or drug problem yourself. It got to the stage where I wouldn't tell

people where I worked—because if I was at a dinner party or even a drinks party and I told people where I worked they'd say, "Oh, I really only have two glasses of wine with dinner." And it just spoils your spontaneity with anybody. . . . I'd say I worked for the Health Department rather than in drug and alcohol detox. Yeah, if I'm meeting someone for the first time I say I'm just a nurse for the Health Department. This is how you get past it. That's one response because the other response is, "Oh my God! Tell us your horror stories—come on!" (Ginny, senior nurse)

## Structural Inequality

I have a fatalism about the work here, that so much is out of our control. One sad and funny thing was that we were totting up how much this client had spent on her alcohol, cocaine, and heroin in the past 18 months and it was about \$750,000. I almost cried, but it was also funny. This unit runs on a fraction of that and they're thinking of closing us down because we cost too much! (Ron, guidance counselor)

And because alcohol and psychiatry, I think, are very low down on the bottom of the health structure—because you're not running around doing lots of things all the time—not curing people—not high visibility. We're the Cinderellas of the health budget. They don't put enough money into it; don't make it attractive to good medical staff. And I really think that it's seen as the butt-end of the whole medical service. . . . Believe me, I've worked in hospitals on general medical wards—so I know the difference. (Lisa, senior nurse)

## Women, Alcohol, Institutional Provision, and Role Expectation

There are a lot of things wrong with the system. . . . Very few places in town for women in crisis—loads of flop houses for men but they don't accept women. Look, I mean, I've rung around every place I know to find a place for a woman in crisis—be it alcohol or drug abuse or even just domestic violence coupled with the other two, and there is sweet F.A. available for women in this town. We tend to think of alcoholics as dero's on the street—but it can be a woman who can run a house, albeit piecemeal. She may be good at it one minute and hit the piss the next day. With women it is a hidden problem because she's not supposed to get drunk. If she does she's either a "slut," a "whore," a "floosie," a "scarlet woman," and all those nasty words they call you. . . . On the same level, when women do come in [to the detox unit] it seems to be a lot harder for them to come to terms with the fact that they have a serious alcohol problem. People don't make the association, you see? Women are meant to be role models, if they are drunks too they let the side down . . . they are seen as immoral. (Ginny, senior nurse)

You know, women are the silent drinkers, especially in Australia. It's the male thing—drinking. It's accepted, you know? Aussie macho drinkers. Even the adverts. You know the one?

Friend: I've got some bad news for you, your best mate has run off with the bride.

Bridegroom: Oh, shit!

Friend: I've got some other bad news. He took the beer with him!

Bridegroom: What? The bastard!!!

But then they manage to get some more beer and so they carry on with the party even though the bride isn't there. That's the image of men in Australia. (Sharon, staff nurse)

### Female Carers, Male Clients, and Coworkers

The male clients here are just outrageous. They make sexual jokes, a lot of the time. A lot of the men have got inappropriate sexual behavior. It's immature, you know, adolescent. Like one last week, "Oh you are very small, but you probably had a beautiful mother, which would make up for it." A couple of times they'll try to feel your breasts while you are trying to get their blood pressure. Touch you, you know? I tell them, "I find that inappropriate and I feel very uncomfortable." You need to be assertive. Yeah, most of the women here are . . . I think they are really insecure, it's just a facade, yeah? It's part of that macho drinking culture thing. Women as objects. If you're a female carer [caregiver] you're fair game. They don't see the male nurses in the same way. But they mostly come to respect you in time, look up to you. . . . The male nurses don't have to work at it though. (Sharon, staff nurse)

Sometimes I call a male staff down and say I'm just gonna interview somebody and I don't feel quite happy and I'd like you to be hanging round outside. I hate having to do that. The male staff never complain but you know what they're probably thinking, "Having to do my job and her's too." Anyway, that's how it feels sometimes . . . but we're [women nurses in the unit] not prepared to deal with "head bangers" who might be high on God knows what and HIV positive at the same time. But on the other hand, I had a guy at the weekend I felt very uncomfortable with. It was in the early hours and there were few staff on. You know? And the interview rooms are quiet, a long way from anywhere else, yeah? He never moved towards me or anything. I just felt at risk in the room alone and I just kept the door open deliberately. Just the way he looked at me, I felt, oh, uncomfortable. But I didn't feel I could ask a male staff to nurse-maid me. . . . I think that guy probably hated everybody, personally. (Lisa, senior nurse)

Sections of the above data were included in the play "Busting" without alteration. To reduce further the need to alter verbatim transcription, the play was staged within the same setting and context in which the participant observation and interactionist interviews had taken place (Denzin, 1970). To assist in the creation of *vraisemblance*, the physical setting for the play echoed that of the research setting, and the actors, after prolonged periods of participant observation, immersed themselves in the correct language, procedures, and behaviors of the detox unit.<sup>3</sup>

## VALIDITY AND MIMESIS

Richardson (1993, 1994) refers to the "transgression" of writing ethnography as drama or poetry and asks whether it actually matters whose life is presented in an "ideal-typic" portrait culled from a variety of texts. The important factor is that the text achieves *vraisemblance* and appears truthful. The philosophical arguments supporting this position are numerous. Davies (1992, p. 124), for example, compares the real world to a "virtual world," a vast computer simulation in which we are all involved. Like watching a celluloid film played at its correct speed, humankind believes in events as seamless, coherent, and continuous and is unable to see the individual photo frames one at a time. In suggesting a computer simulation of consciousness, Davies (1992) raises the notion that "from the viewpoint of the beings within the computer the simulated world would be real" (pp. 124-125). Such beings, indeed, would possess no way of knowing that they or their simulated universe were not real.

In effect, the proposition of whether knowledge of their own realness or virtual existence is of any significance or advances any particular cause becomes central to this discussion. Within Richardson's (1994) poetic dramas, the voice of the ethnographer "is distinguished from the voices of the ethnographers" (p. 10). This, in turn, simultaneously invests the narrative with the differential characteristics essential for the audience's acceptance of the truthfulness of the narrative, while also acknowledging the adroitness of the individual ethnographer's influence and craft on the script. This action informs audiences of the scientific practice underlying the ethnographic venture and, in a way, demonstrates the virtual quality of the simulations that they are watching. For what is being witnessed by the audience is the author's deliberate and valid entrance into Geertz's (1988) "theater of language" to create "bewitching verbal structures" so as to inform effectively while pursuing mimesis.<sup>4</sup> This, however, is an essentially different form of ethnographic practice from that proposed via the polyvocal narrative of ethnodrama, which leaves no such distinction of authorial presence to be made. Within ethnodrama, the ethnographer seeks to be the conduit through which the agendas and stories of the informants are channeled and relies on the extended and continual processes of participant validation to redress textual imbalance (Mienczakowski, 1994a; Mienczakowski, Morgan, & Rolfe, 1993).<sup>5</sup>

## CONCLUSION

Both "Syncing Out Loud" and "Busting" are full-length plays that contain only informant agendas. Undoubtedly, audiences may recognize artifice in their construction and the use of literary and theatrical constructs in their

crafting, but they may also recognize that the ownership and determination of the plays' stories remain with the informants. Moreover, as the meaning of their representations are renegotiated with every performance, their validity is also reconfirmed and recontextualized by each successive audience. So, although the stories may be perceived as crafted, they do not lose authenticity or truthfulness because of it. Furthermore, their fashioning in the authentic words and voices of respondents guarantees a form of accessibility not ensured by styles of report writing that are singularly aimed at academic interpretation.

For the ethnodrama process, or any ethnographic venture, to seek solely to achieve *vraisemblance* would be meaningless (Atkinson, 1992; Silverman, 1994). Accordingly, the performance scripts are not alone analogous with the accurate reconstruction of given realities (although they do invite audiences to experience the cultural realities they portray) but they also significantly possess emancipatory and educative agendas as seen from the perspectives of their informants. These agendas, given by the health consumers, health educators, and health service providers within the research site, seek to influence, inform, and change by publicly voicing respondent health concerns. This is the public voice purpose of ethnodrama writing.

## NOTES

1. "Syncing Out Loud: A Journey Into Illness" (Mienczakowski, 1992). The title for this play was derived from a description of schizophrenic thought given by an informant. It is an intentional play on words reflecting the nature of schizophrenic illness, in which informants think out loud while lacking synchronization in their thought processes.

2. "Busting: The Challenge of the Drought Spirit" (Mienczakowski & Morgan, 1993). The term *busting* is the preferred and accepted health consumer term for ending a period of sobriety.

3. Conversely, the play "Syncing Out Loud" was set in an entirely fictitious mental health conference to involve the audience as conference delegates and so, via interactive theater techniques, pull them into the action and experiences presented.

4. Richardson (1994) has, with "Nine Poems," moved far away from what she terms the "subversive repetition of science practices" (p. 10). In relation to ethnodrama, the intention is to present mimesis physically and semiotically in a form through which the "terra exotic," what Richardson calls the "inner experience or inner life of the writer," is controlled and explored by the informants who are telling their stories in their voices. In a sense, this also reduces the distance between boundaries governing the situation of the "self" and of the work of writing (Ellis, 1991), as the authors are no longer the ethnographers but become the informants. Through their validation and participation in constructing both the ethnographic narrative and the authentication of the physical representation of their experiences, they are collaterally situating the ethnography within the self.

5. Although recognizing that all writing is subject to social and cultural intrusion (Gadamer, 1988), the open-ended and revisory nature of the ethnodrama methodology, particularly through extended and continual consensual processes of validation, seeks to reduce the subjective influence of an individual or context-bound writer on the narrative.

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*Jim Mienczakowski teaches theater and ethnographic methodologies at Griffith University, Gold Coast, Queensland, Australia and is the Queensland Research Officer for the National Association of Drama Education. After training for and working in theater, television, and radio in London, he became involved in ethnography and tertiary education in the mid-1980s and subsequently has taught and researched in the U.K., West Indies, and Australia.*