Applied Theatre as Participatory Action Research: Empowering Youth, Reframing Depression

Jason Sawyer, Norfolk State University & **Steve J. Earle**, Governor's School of the Arts Norfolk VA, USA[i]

This article documents a theatre based participatory research project implemented in response to an adolescent suicide. Integrating principles of play-building as qualitative research, youth participatory action research, and community education, youth ensemble participants build a play based on youth experiences of depression. Findings define depression, address stigma, deconstruct depictions of depression in the media, critique institutionalized helping systems, and offer hope for the future. Implications for collaborative youth engaged participatory research are explored alongside participatory media, stigma, community education, youth voice, social supports, and alternative paradigm research.

One recent fall, administrators, faculty, staff, and social workers met to discuss how to address the death of a local performing arts high school student who had recently completed suicide. Many questions arose: What led to this tragedy? What are youth's understandings and experiences of youth depression in the local community? How can we work actively to amplify the voices of adolescents experiencing depression? What can we do collaboratively to educate the community, in partnership with youth, human services organizations, and academic institutions? It was clear that we did not know enough about youth experiences to intervene effectively. We also realized that we had an opportunity to learn, educate, and engage with youth, human service professionals, and local leaders in addressing youth depression. A participatory research project on youth depression grounded in the experiences of the youth themselves ultimately emerged from these dialogues.

In developing the project, community and institutional collaborators entered the process with full knowledge that art and science often stand in epistemological opposition to one another, particularly within traditional academic disciplines (Leavy, 2015). Boal (1979) asserts that the traditional division between art and science is based in marginalizing specific forms of knowledge generation, which leaves traditionally scientific discourses to dictate what counts as relevant evidence. In an attempt to bridge this divide, social scientists have begun to define science as systematic inquiry, suggesting arts based approaches can be used as a pertinent form of knowledge production if systematically derived and methodologically rigorous (Kirk, & Reid, 2002; Leavy, 2015).

Literature Review: Adolescent Suicide, Depression, Youth Mental Illness, and Stigma

Depression, suicide, and youth mental illness greatly impact youth (Lerner, Almerigi, Theokas, & Lerner, 2005). According to the National Alliance on Mental Illness (NAMI), 50 percent of youth with mental illnesses drop out of school, and 20 percent of youth live with a mental health condition (National Alliance on Mental Illness, 2014). Suicide rates have also slightly increased over the last 5 years (United Health Foundation, 2017) and it continues to be the second leading cause of death for youth ages 10 to 14 (Centers for Disease Control and Prevention, 2015). Suicide rates are pointedly higher among LGBT youth, and is a major public health issue (Caetano, Kaplan, & Huguet, 2015; Moalla, Baati, & Masmoui, 2015; Pompili, Serafini, & Innamorati, 2010).

Ecological Systems Theory: Systems and Childhood Development

Originally used to analyze childhood development, ecological systems theory examines the interplay of various systems, such as the family and the community, and institutions that directly impact childhood development (Bronfenbrenner, 1979). Depending on the system, individual children may not have agency in how particular systems effect their experience, potentially arresting cultivation of adaptive coping skills due to their lack of power and control. Participants in this study were intentionally encouraged to explore and critique these systems through research protocols, data generation, and data analysis.

Critical Theory: Problems and Helping Institutions

Critical theory exposes the myriad sources of institutional domination, oppression, and coercive exercise of power (Ritzer, & Stepnisky, 2017). Its transformative focus is "to liberate human beings from the circumstances that enslave them" (Horkeimer, 1982 p. 244). Most pertinent to this study, critical theorists inextricably connect oppressive dynamics to culture, media, education, and human services, institutions that explicitly impact youth constructions of mental health, depression, and suicide (Agger, 1992; Harper, & Leicht, 2010; Mullaly, 2006).

Narrative Theory: Story as an Emancipatory Research and Learning Tool

"All people are engaged in an ongoing process of constructing a life story or personal narrative" (Walsh, 2006 p. 249). Narrative theory presumes people arrange their lives into storylines for substance and sense making. A person's life story is deconstructed as plot and examined for meaning (Kelly, 1996). Influenced by post-modernism, narrative theory, like critical theory, rejects grand narratives and labeling as inherently oppressive. Due to its liberating ends, its attention to challenging dominant cultural assumptions, its rejection of expert knowledge, and its emphasis on comforting forces of oppression, Walsh (2013) distinguishes it as a theory of social justice. In this same vein, it proposes that, in this case, the researcher participants are partners in the process of coming to know (Epston, & White, 1990; Reissman, 2008).

Project Design: Youth Participatory Play-building as Action Research

The following section explores the research questions, participatory approach, and arts based design that guided the project grounded in Norris'(2009) *Playbuilding as Qualitative Research*, critical performance ethnography, and narrative inquiry (Alexander, 2005; Madison, 2012; Wertz,

& Charmaz, 2011). It also answers questions related to using these arts based participatory methods in knowledge generation and covers the sampling, data generation and analysis process in detail. Project research questions below examine the unique experiences of youth depression among a diverse group of adolescents, and later in the project, service professionals, such as guidance counselors and youth mental health professionals, share stories of providing services to youth.

1. What are the unique experiences of youth encountering depression?
2. What are the retrospective memories of youth who have experienced depression?
3. How do youth understand and name their experiences of depression?
4. What particular solutions might youth have to offer professionals, experts, adults, and other youth experiencing depression?

These questions guided the project from inception to design, data generation, and analysis.

Participatory Action Research

Participatory action research (PAR) involves research in collaboration with community members on a social problem and taking action based on knowledge gained from the research (Hills, & Millet, 2000; Israel, Schultz, Parker, Becker, Allen, & Guzman, 2003). PAR originates from community organizing, popular education, and critical pedagogy, and calls for engaging community members in identifying concerns based on their lived experiences. It allows for critical reflection and dialogue as well as identifying feasible solutions based on community priorities (Freire, 1970; Hacker, 2014).

The initial research design questions were created in partnership with university researchers, community partner organizations, youth from a performing arts high school, and adult mentors. Critically, what stood apart from many other projects was the youth led data analysis process. Throughout the process from design to dissemination, this project moved from youth engagement to youth participation to being youth led (alongside mentors) in the data analysis and dissemination phases. The action component of the project included educational performance as a dissemination tool, dialogue with community partner organizations, and direct engagement with audience members on how to best address youth depression in the local community.

Theatre and Arts Based Research

Whereas traditional science seeks to generalize and test hypotheses through repeated tests in a controlled environment, interpretive arts based research seeks to authenticate results through multiple means and outlines ways to make findings transferable to multiple contexts (Kirk, & Reid, 2002; Leavy, 2015). Performance ethnography, "the staged reenactment of ethnographically derived notes," aided those who participated in both the interviews and the performance (Alexander, 2005, p. 411). Theatre of the oppressed influenced the work due to its central emphasis on liberation, empowerment, problem solving, inclusion, and dialogue (Boal, 1979; 1995). With little deviation, Reframe the Shame incorporated each aspect listed above, and operated within Norris' (2009) structure of Play-building as Qualitative Research and narrative inquiry for its design, data generation, and analysis.

Sampling and Recruitment

Eighteen youth aged 14 to 22 were recruited through purposive sampling informed by maximum variation of difference in gender identity, age, and ethnicity (Rodwell, 1998). Participants came from two local, predominantly white university institutions (PWI), one historically black university (HBCU), and high school students from six localities. Service providers were also sampled using convenience sampling through work in the local school system and local human service organizations serving adolescents.

Data Generation and Data Collection

Data generation is the collaborative production of data and exists as an integral part of participatory arts based research designs ranging from digital storytelling to photo-voice (Donmeyer, & Yennie-Donmeyer, 1995; Gubrium, & Harper, 2013; Norris, 2009). As adult project leaders created a limited set of in depth, open ended interview questions designed to highlight the experiences of youth depression through storytelling, youth ensemble theatre artists were provided articles on depression and encouraged to conduct their own research through reading and observation. They wrote about what they found in order to further inform their understanding of depression. They also took part in documentary theatre and moment method workshops hosted by guest consultant artists from the Techtonic Theatre company, known for its work documenting the murder of Matthew Shepard (Kaufman, & Techtonic Theatre Company, 2014).

Participant interviews were audio recorded and structured around four major open- ended questions. (1) Can you talk about your understanding of depression? (2) Talk about a specific time in your life impacted by depression. (3) What might you tell another person struggling with depression? (4) What solutions might you offer? These data generation and data collection processes took place simultaneously and led into the collaborative analysis phase of the project discussed below.

Youth Led Participatory Analysis

Grounded in Norris' (2009) Playbuilding as Qualitative Research and narrative inquiry (Reisman, 2008), the analysis took a youth-led, participatory path. Interview transcripts, stories, and pieces written by youth were analyzed, sorted into chapters and themes, and collaboratively arranged into a dramatic narrative by youth themselves. All of these iterative phases allowed a dominant story to emerge (Epston, & White, 1990; Reisman, 1993; Walsh 2013). A theatrical piece embodied the findings.

As youth ensemble members examined the interviews and stories, they used prior research as an additional sense-making tool. Using white boards and walls covered in paper, the youth ordered the interview transcripts, stories, and theatrical moments into themes and chapters as they staged the piece. They combined and rearranged interviews and stories to deconstruct and reconstruct a cohesive narrative centering a diverse set of youth voices. For example, they blended multiple voices of the service providers into one adult voice that functioned to critique expert knowledge and the systems that experts create. They presented the results as a series of narrative monologues, brief scenes, videos, physical interpretive manifestations of content, and music.

Discussion of Findings

Chapter 1: What is Depression?

Chapter 1 details what depression means to each participant, including each character's origin story and journey, which served as an introduction to the characters.

"It's a neurological difference in my brain that causes me to experience more sorrow and sadness that other people may do, if that makes sense. For me um—well, let's see, I tend to be one of those people who is really good at putting on the happy face when they're

really very sad. I tend to put on this mask when things start to build up for me. Negative things start to build up."

Embodied through the use of masks, the quote above illustrates the need for those youth who experience depression to put on a mask to contend with the realities of their social world. The six primary characters had a cohort that would shadow them throughout critical parts of the action to emphasize this duality of existence for youth experiencing depression.

"I suffer from both anxiety and depression. The both of them mixed in tandem make for a very interesting monster. It's the feeling of wanting to do everything and wanting to do nothing at all. It's the feeling of, you know, waking up in the morning and realizing I have all these things to do and realizing that I am terrified and don't want to get out of bed. People give me so much grief cause like sometimes it will debilitate me to the point where I will cancel things and I won't do anything that day. They will give me grief because they'll say, "you are lazy, oh you don't really care, oh you don't want to be involved."

Emphasizing how others react to symptoms of depression, the above section highlights stigma, blame, and shame. The youth begin to mask the symptoms and the truth of their experience, which results in two competing selves in competition. During the dialogue below, ensemble actors create a tableau of a moving see saw of bodies, some masked and others unmasked, to convey imbalance and duality.

"My understanding is that it's like a chemical imbalance. I think there's certain hormones that need to be released in your brain and in your body to keep your mood stable and I don't have enough of some or I have too much of one. I don't have the proper balance."

As a part of the analysis, the youth ensemble introduced the service provider role as he discusses a mistake he made due to sleep deprivation, and what effect the pressures of working in family medicine had on him. Awareness of how he nearly slipped into depression, led him to a career in adolescent psychiatry.

"I was very sleep deprived um, overworked and overburdened as medical interns usually are. And it was a rather cold night and a mother brought out her very young infant with a fever to the emergency room. It was about 2:30 in the morning and the infant's fever was medically insignificant. So, I ended up reaming the mother for bringing her baby out on a cold night for what was not a real emergency. When I finally got some sleep I realized that

was a horrible thing to have done to a mother who was concerned about her child's illness and I had totally missed the boat."

A portion of this chapter dealt directly with incidents that incited depression, occurrences in individuals' lives that began the proverbial ball rolling, and the diverse experience of depression.

> **"**People often ask me, "What is depression?" That's such a hard question. It's kind of like asking somebody in northern Alaska what's snow. And so that's one of the problems with the word, "depression." Are we looking at it as a temporary mood? Are we looking at it as a clinical entity? There are different varieties of depression. It can be a severely incapacitating illness with suicidality. It can cause wasting of the body from people who just lose interest in eating. It can be a manifestation of bipolar disorder where then you've got swings."

Chapter 2: Stigma and Systems: Family, Media, School

Stigma and false narratives define the second chapter. This chapter focuses on misconceptions perpetuated by family, media, and school systems. According to the youth participants, family, media, and school systems perpetuate stigma and false narratives.

> "The media portrays depression like it's a phase. You know, like, um. . . you're depressed. They. . .even on face book, they have your mood. You can post, like, your mood, and your mood will say depressed. It's not a mood. It's not something you feel for an hour and you just get over in an hour. It's serious! And then they contradict it, because they have these posts where they say depression is real, but you have depression as a feeling. Just a feeling that you can have for an hour, and then the next hour, you could be happy. Like, depressed, happy, sad, content all of that stuff they don't go together. Not to me at least. I don't feel like being depressed is just a mood. You can't just be depressed for a little while and get over it. And then, when I first felt depression I felt like I was told it was something. . .it was a phase. You know, I was gonna eventually grow out of it. Or get over whatever was bothering me making me feel that way."

Chapter 3: Treatment

The brief third chapter deals with treatment and the effects of seeking help from organizations, institutions, and helping systems. It encompasses individual youth's experiences of institutionalized treatment, counseling, and help seeking.

"But the one thing I reminded myself was I never want to go back to that hospital. In my room, there are blinds. There are these blinds that are drawn and then there is another window and then the outside. You can't see outside. I didn't see sunlight, and I didn't see trees, and I didn't see anything outside of this room. It's like I was in this place for a week. It was just what's going on. I felt so closed off from the world and it was great but at the same time I felt like if I stayed here too long I would lose my mind. But one night, I don't know if the moon was full or something, but there was this one beam of light coming from between the blinds and I just stared at it for the whole night. I didn't sleep I just looked at it so it was the only thing I had there. You weren't allowed to be supportive of the other people. You had to focus on yourself. I just really wanted someone to hug me. I don't know what else to do. I just want to feel physical contact. It was just so isolating."

This quote reinforces how treatment does not always have its intended effect. Often, it may even do more harm than good. Arranged intentionally, it stands as a segue into what recommendations youth have for solving the problem of adolescent depression, mental illness, and suicide. It highlights that those designated as "experts" do not know what the best course of action may be.

"So I don't really know what depression is. There's so much of it around in every sense and so many different ways. And then also, depression can be a symptom of a hardcore medical illness. The most important thing, I think, is to really listen to the patient. And if we really listen to not just what they're saying with words but to everything that they're saying. Whether it's their drawings, the way they take care of their rooms, the way they talk to us, grades. We'll find lots of different important information. When I walk into the room and close the door, I need to forget everything I ever knew and let the patient teach me for the first time. The task of the therapist is to remember. The task of the patient is to discover."

Chapter 4: Hope for the Future

Theme 1- Healing

"Try not to get into your head a lot. Try to—listen to people and not your thoughts, because your thoughts are the things that drive you to the things you do—to your actions. Listen to people. Look at the things around you; not the bad things. Like right now, the thing I do or I tell everyone is, "don't look at the things that drive you to your depression, look at the things that distract you from it". I listen to music, so if that's what makes you feel better, do that, so it's just kind of like, don't ignore it, because you have to face it. You're gonna have some thunderstorms and stuff, but thunderstorms don't last forever. They end, and at the end of it there's a rainbow. Look for the rainbow I guess. "

"I would tell people that it's okay. It's okay to be sad and it's okay to not be okay all the time. And that they don't need to hide behind comedy or any other option that they choose to use to keep it from reflecting back on them. Everyone has a hard time at some point and some of us it's just a little bit harder than others and that's okay. That was the hardest thing for me to realize, that it's okay that something hits me a little bit harder than it might hit somebody else. Find somebody to talk to."

Theme 2- Social Support

"Find someone to trust. And I know that can be tough because you might not feel like you can trust anybody and because you may tell someone and you tell them not to tell and they go tell but in the long run those are all good things. Again, seek help. You can't . . . what I have learned is you can't fix it alone. You have to have some kind of support. At least I feel like you can't fix it alone, I couldn't."

Theme 3- Hope for the Future

"You are going to be okay. Somehow, some way, someday, you are going to be okay. Find those TV shows that make you giggle, or the songs that make you happy, or the dog that licks your face, you just have to remember what those joys are, the simple things. Taking a walk in the woods and listening to the leaves beneath your feet."

"Learn to love yourself. All the flaws, all the crap that's in there. You gotta learn to at least like yourself but you can learn to fall in love with yourself it's such an awesome feeling.

When you can actually feel like hey I'm pretty awesome. You know it's not about being beautiful or pretty or any of the physical or shallow attributes; it's what's on the inside that matters. There is so much superficiality in the world today it's good to know that it's not just about how you look. You can be a beautiful person on the inside and that radiates on the outside. Learn to love yourself."

This is the conclusion. The final message is one of hope for the future, love for oneself, and support as the antidote to youth depression. The play begins with an exposition that deals directly with the conflicting views of youth depression, and the rising action directly contests false assumptions and stigma related to youth experiences of depression. In the climax, the stories of treatment dominate the interwoven stories of the characters. Hope for the future and social support close the action with a striking admission from the voices of the experts. They emphasize the need to listen and learn from the people experiencing depression as the youth stress learning to love oneself.

Social Implications of Reframe the Shame

Helping Institutions

Helping institutions play a major role in shifting the paradigm of problem formulation and defining expert knowledge. One of the essential outcomes of this project demonstrates the need to collaborate with youth as equal partners in the process of problem solving. Strengths perspective in social work practice and empowerment theory have emphasized this need for decades (Blundo, 2009; Lee, 2001; Saleeby, 2013).

Media and Social Stigma

As relevant as the stories that youth tell about their experience are the roles that institutions and media play in perpetuating social stigma. Youth participants in this study report multiple misconceptions about media and the perpetuation of false narratives related to youth depression. The media are culpable in the epidemic of youth depression, its stigma, and mistreatment. Helping professionals, teachers, policy makers, youth, and other stakeholders all play roles in reshaping this narrative.

Community Psycho-Education

Addressing stigma and false narratives also means developing similar approaches to address community psychoeducation. Too often, expert knowledge translates to expert treatment, and as participants discussed above, expert knowledge has limitations. Using the knowledge of community members experiencing these problems to address those problems within the community can have multiple positive effects. In partnership with experts, helping professionals, and other stakeholders, solutions can be formulated that may otherwise remain impossible.

Youth Voice

A major finding that emerged from the research was the need for youth voice in issues that affect them. The youth in this project voiced in multiple ways that they want to be heard and have their experiences validated. They need to feel, know, and trust that adult mentors, helping professionals, teachers, and parents care. When provided this opportunity, they can be cohorts in the development of new knowledge relevant to solving critical social issues.

Social Supports

One main finding repeatedly emphasizes that asking for help, proximity to strong social networks, and access to community supports serve as critical ingredients in addressing the problems of youth depression, suicide, and mental illness. How can adults in positions of power within institutions working with youth create social supports within these environments? Strong social ties can aid youth in building adaptive coping skills.

Alternative Paradigm Research

The study would be incomplete without affirming the indispensable need for moving research beyond the traditional positivist paradigm that centers generalizability and values expert knowledge. These traditional frameworks contain value, but to assert them as the principal arbiter of scientific evidence falls short of acknowledging imperative epistemologies as valid. This view of "one best way" excludes multiple types of knowledge as less fundamental to social inquiry, which creates problematic gaps in knowledge that can do great harm to people experiencing a myriad of unique social problems. Reframe the Shame stands as an example of how participatory arts based action research can be used to inclusively solve local community problems.

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[i] Jason Sawyer, MSW, PhD
Assistant Professor, Ethelyn R Strong School of Social Work
Norfolk State University
700 Park Ave
GWC Brown Hall, Rm 335.23
Norfolk, VA 23504
(757)823-8696
jmsawyer@nsu.edu

Steve J. Earle, MFA
Chair of Theatre Department
Governor's School of the Arts, Norfolk VA
254 Granby Street
Norfolk, VA 23510
(757)451-4715
steve.earle@gsarts.net