He-*ART*-istic Journeys: Transformative Experiential Learning Through Applied Theatre

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Abstract

Employing applied theatre techniques of playbuilding, research-grounded scene development, and facilitated workshops has the potential to provide transformative learning. The He-*ART*-istic Journeys-Heart *DIS*-ease play is one example that invites learners to experience (living with heart disease). This aesthetic encounter creates a reflective space that embraces the uncertainty of (un)knowing-necessary to participate in relearning. Engaging in Mirror Theatre's method of dialogic exploration, we share two scenes that demonstrate the pedagogical potential and creative process for transformative teaching purposes.

He-*ART*-istic Journeys: Transformative Experiential Learning through Applied Theatre

Scene 5: *The Moment*

> . . . [You see him] He sits quietly reading, [you hear] *The soft beat of a drum*. ***Thump****-Thump*. ***Thump****-Thump*. He begins to clutch his chest. [You hear] *the clang of metal against metal*. [You see her] She touches her head; it aches with dizziness. [You hear] *A sharp rattle*. Both grasp their tingling forearms. *The drum picks up in pace*. ***THump****-****Thump****! ****THump****-****Thump!*** ***THump****-****Thump****! A cacophony of sound begins to overwhelm the body*. *Suddenly, silence*. A doctor stands behind the man and the woman, scribbling clinical notes. The Doctor says to the man: *"I think you're having a heart attack."* The Doctor says to the woman: *"I think it's just anxiety*." [He-*art*-istic Journeys-Heart-***Dis-***Ease, Scene 5. O'Keefe-McCarthy et al., 2021]. https://mirrortheatre.ca/performance/heartistic-journeys/

Introduction

Empathic and compassionate understanding of the lived experience of cardiac ill health, pain, and associated symptoms, as survived by one who suffers with heart disease, can be enhanced through use of arts-informed research and education that invites critical awareness of that human illness experience. This level of reflective, evocative un-learning, through use of research and arts-based forms of education, serve to challenge and dis-rupt often uncontested biomedical knowledge [shifting from disease-related knowledge to human experiential-related knowledge] about heart disease.

Utilizing a Forum Theatre approach (Boal, 1979), audiences are invited into the conversations of the early warning signs of heart disease through witnessing evocative, aesthetic, and research-grounded scenes. This creates an emancipated space for the audience/observers to shift from the passive role of spectator to co-reciprocal creators of knowledge (Freire, 1986). He-ART-istic Journeys challenges audiences to become part of the lived experience of the play by asking individuals to become critical and engaged learners. This allows for the creation of a productive and perhaps courageous learning environment where spectators are encouraged to ask difficult probing, and often disturbing questions, and engage in meaningful and evocative, challenging dialogues. The devising and creative process is continuous as new audiences bring new ideas/perspectives when engaging with the play.

The tenants of *Applied Theatre* (Prentki & Preston, 2009; Prendergast & Saxton, 2010), regarded as both an educational pedagogy and method of research, have harnessed the transformative benefits embedded in a dialogic educational encounter (Norris, 2009). Dialogic methods of education evoke a deeper level of reflection (Norris, 2017) or level of personal engagement of what is already known (challenging our previously held knowledge or uncontested assumptions about a topic) that is re-presented through theatre. This creative approach permits the learner to reconceptualize "heart disease" as experienced from the patient's narrative. This form of arts-based research and education raises consciousness and challenges dominant practice ideologies (Leavy, 2015). Lapum et al. (2012) assert employing an arts-informed approach to education can elicit affective responses and create meaningful dialogue that engages people at an emotional level. This article provides two examples of this creative process, highlighting the pedagogical potential, with use of dialogic encounters, using scenes to facilitate learning of complex issues as they relate to course content, and targeted for specific audiences.

Background of He-*ART*-istic Journeys Project

The intent of the He-*ART*-istic Journeys project was to purposefully entwine the aesthetic benefits of art with science to make visible and provide meaningful education about the human experience of coming to the realization of symptoms leading to the development of heart disease. This creative arts-based knowledge mobilization encounter provides an opening space to validate, witness, and engage in personal reflection to contemplate what it may be like to survive and live on after a heart attack. It brings the learner into the subjective intimate interiority of an illness experience, making it real and felt; a viable connection to that "plight" of another. An arts-based, embodied, layered exploration (the ABELE approach) was employed to analyze the qualitative data of 23 individuals who experienced early warning signs of cardiac disease. Analysis included layers of qualitative description, literary techniques of poetry and visual art that resulted in four thematic poems and eight pieces of art depicting themes of: denial and disbelief; encroaching pain and early symptoms; and self-recrimination (O'Keefe-McCarthy et al., 2020) (See Figure 1).

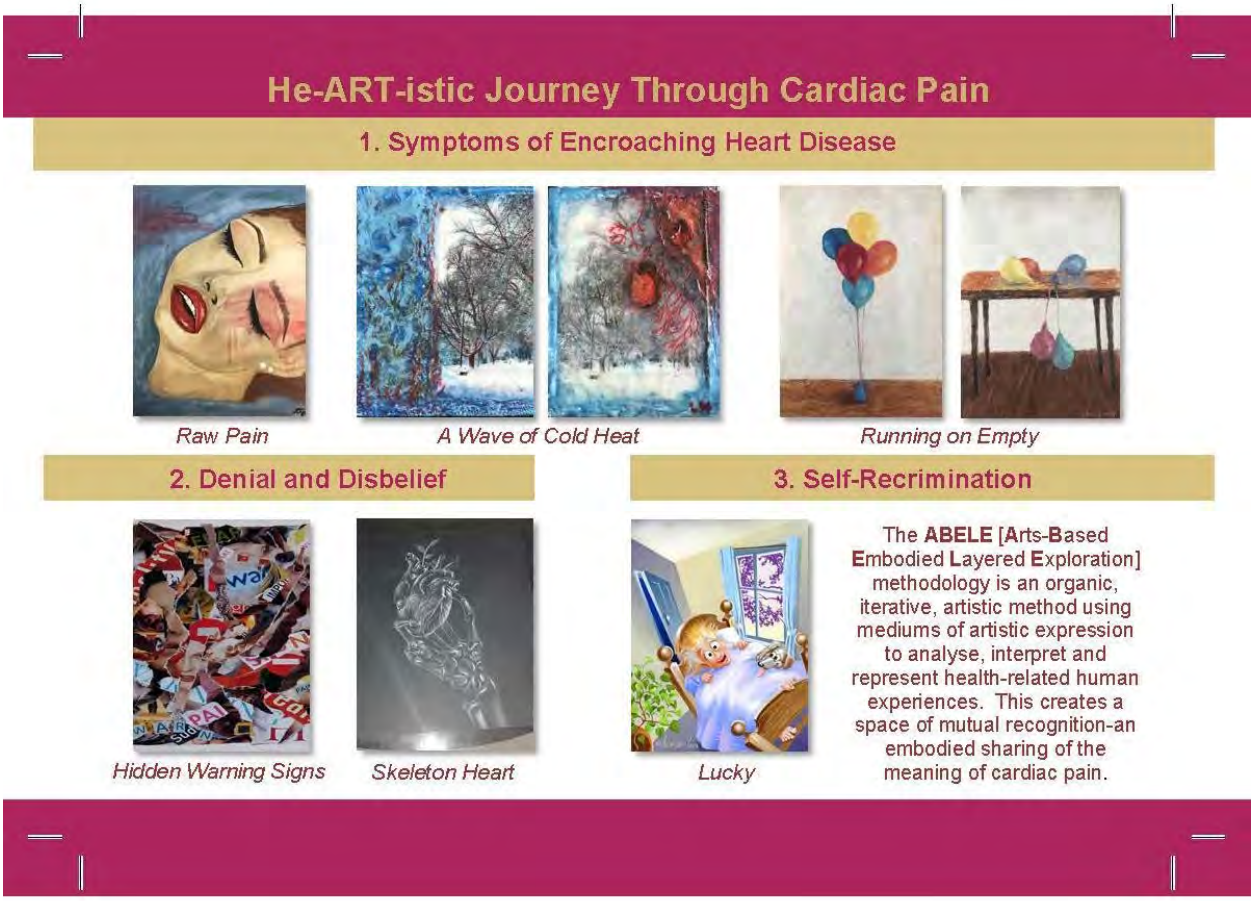

Fig. 1: He-*ART*-istic journey through cardiac pain: Infographic postcard

To further develop the ABELE approach and incorporate the benefits of playbuilding as a performative layer of inquiry and as an educational strategy, the first author sought out the expertise of Mirror Theatre (MT) to develop and devise an educational play based on the arts-based He-*ART*-istic Journeys data. MT, underpinned by a social justice perspective, is a non-for-profit theatre company that has created over 90 distinct performances that provide an aesthetic dialogic educational encounter to create awareness and promote discussions that leave audiences haunted with more questions than prescribed answers about the topics or issues portrayed. Through community engaged participatory arts-based pedagogy and research, MT productions are created to educate and increase the public's understanding of various social issues such as homelessness, implicit bias, or person-centred health care, for instance. The pedagogical intent of this kind of education is to evoke responses (Barone, 1990) and create meaningful co-reciprocal learning in participatory collaborative and engaged educational dialogic encounters.

Utilizing forum theatre, MT subscribes to what Boal originated as theatre with intent to generate knowledge (Boal, 2008) through participatory action among actors and the audiences to create change, whether at the micro, mezzo, or macro levels of society (Zarrilli, 2002). Boal's actors act, yet also develop critical thinking, social awareness, and pedagogical skills to effectively unpack an area of interest through the performance of theatre (Boal, 2002). As per Boal's instruction, forum theatre is not didactic in delivery

requiring a passive audience. Rather, it is pedagogical in the sense that all learn together, both actors and audience (Boal, 2008). Forum theatre plays are often centred around problematic issues. Scenes are then paused in the moment, so that audience members (whom Boal refers to as *Spect-actors)* are provoked into confronting the issue and developing new solutions to the problem. The transformative nature of forum theatre lies in its relative safety of a "fictional" environment, wherein the learned experience can be taken into real-life scenarios. As Jackson (2009) notes, "spect-actors forget their fear for a few precious moments—and the hope is that by forgetting their fear in a theatrical conceit, they may then be encouraged to forget their fear of upsetting convention in their real lives" (p. 43).

Performative Layer

Mirror Theatre / Applied Theatre / Playbuilding

MT is currently made up of a cast of professors, graduate and undergraduate students, teachers, and guidance counsellors, collectively referred to as Actors/Researchers/Teachers (A/R/Tors) (Norris, 2009). The devising process that MT uses can generally be broken down into three phases: data generation, vignette creation, and participatory dissemination (Metz, 2021). In the data generation phase, the A/R/Tors responded to the texts (poetry) and visual art previously derived from the He-*ART*-istic data, that resulted in an educational play titled: "He-*ART*-istic Journeys-Heart ***DIS***-ease" (O'Keefe-McCarthy et al., 2021). The process evolved with members using devised theatre practices and creative exercises of storytelling to respond to how they witnessed or experienced heart disease. These explorations were interpreted with the creation of new themes and devising scenes (Norris, 2017). Over weeks, ideas, patterns, topics, phrases, possible titles, and coding of scenes emerged. Collectively, during vignette creation, MT decided what the scene and play was about. Several devised theatre techniques were implemented through the playbuilding process, such as choral speech, soundscapes, Voices for and Against, Inner Thoughts, and more (Neelands & Goode, 2000). Through this process, multiple aesthetic forms were implemented to inspire unique discussions on heart disease. MT works to approach situations through several different lenses to give voice to the authentic experiences that people have had, related to the topic of interest. Each scene is different in its form, devising process, and final execution. We three coauthors, all of whom were involved in the project, share two such scenes that demonstrate the creative derivation process using an arts-based level of inquiry that is both innovative research and effective pedagogy for dialogic teaching purposes.

Devising Process

The Moment: Scene 5

Genesis of the Scene

MTs initial phase of data generation allowed the A/R/Tors to collectively share potential scenes that could be devised as rehearsals continued. Immediately, we knew that a play with a focus on heart disease necessitated a scene that present symptoms of a cardiac event. Dividing into a smaller group, five A/R/Tors collaborated to create a first draft of this scene that would later be titled *The Moment*. Our brainstorming process is visualized in Figure 2.

Our first step in devising, after responding to the poetry and artwork generated from the He-*ART*-istic data, was to understand what the symptoms of heart disease were. Many of us did not have health backgrounds or experiences in heart disease, and only knew symptoms commonly discussed, such as chest pain or a tingling feeling in the arm. The first author led discussions among our group regarding the various symptoms that one could experience. Early prodromal warning symptoms have been described as unusual fatigue, shortness of breath, chest pain, anxiety, and tingling arms or hands, for example (Blakeman & Booker, 2016; McSweeney et al., 2016; O'Keefe-McCarthy & Ready, 2014; O'Keefe-McCarthy et al., 2015; O'Keefe-McCarthy et al., 2019; O'Keefe-McCarthy et al., 2020). In our first draft, we landed on six common symptoms: chest pain, headache, dizziness, tingling, shortness of breath, and back pain.

Determining how we present these symptoms left us with some artistic license. Rather than simply showing how the symptoms play out, we used percussive instruments to create a soundscape (Neelands & Goode, 2000) that would have both aesthetic and evocative qualities. Improvising with instruments, we connected sounds with certain symptoms. For example, we used the beat of a drum to represent a heartbeat that would quicken as the scene continued. We sequenced the sounds together such that the sounds would escalate into a cacophony, creating an overwhelming sensation, immediately cut off by a loud bang. A recording of our first draft can be viewed here: https://www.youtube.com/watch?v=rPwfrwCm8jk

The initial thoughts of the group were that this scene could be central to the entire play; a climactic moment where the audience witnesses a portrayal of a cardiac event. However, some questions remained of how to end the scene. Some suggested that the A/R/Tor brush it off as "just heartburn." Another suggestion was that someone come from off screen and say, "I think we need to get you to a hospital." While there was a clear sense of importance in this scene, there was also an understanding that the scene had potential to develop further.

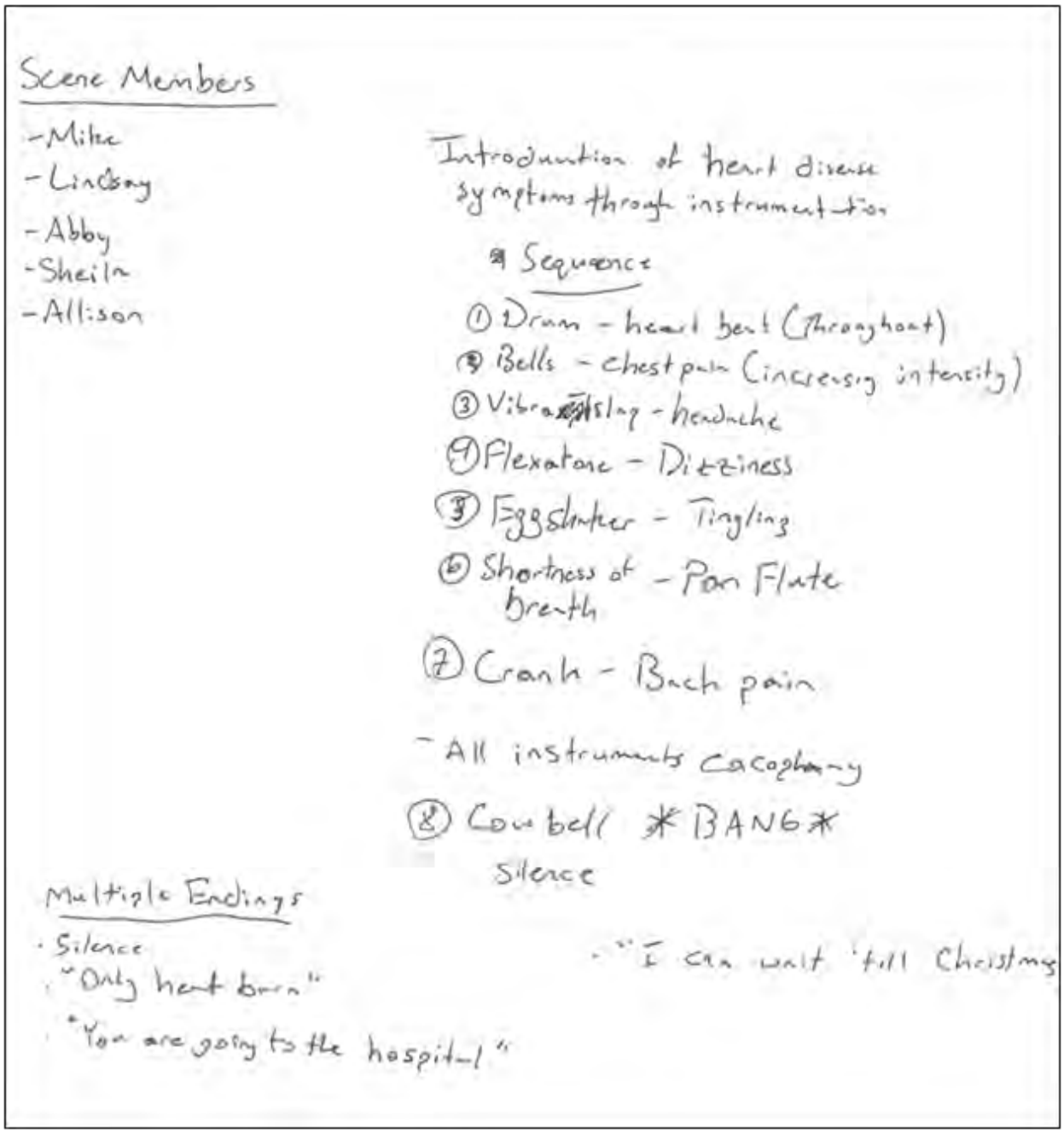

Fig. 2: Brainstorming for the moment

Derivation of the Scene

As MT continued the process of creating this scene, one major theme emerged in how *The Moment* could evolve. As we rewatched the scene, we realized that because the A/R/Tor playing the character appeared to be male, the scene was both sexed and gendered. However, the data, presented to us clearly, showed that there were sex and gender variations when experiencing heart disease (McSweeney et al., 2016; O'Keefe-McCarthy & Ready, 2014; O'Keefe-McCarthy et al., 2015; O'Keefe-McCarthy et al., 2019; O'Keefe-McCarthy et al., 2020). The scene was sexed, as the presentation of symptoms can vary

biologically from men and women. Additionally, the gender differences were found to play a factor in heart disease and for when one might seek treatment, and the differential diagnoses received from a health care professional.

In a second iteration of the scene, we decided to add a second female A/R/Tor to portray a cardiac event. Moreover, two A/R/Tors were instructed to portray Doctors and stand behind the patients, taking notes, and eventually give their diagnosis—heart attack for the male, and anxiety for the female. A rough version of this variation can be viewed here: https://www.youtube.com/watch?v=0sVWJpUx6dQ

By adding a second A/R/Tor and two Doctors in the scene, we aimed to showcase how a cardiac event cannot only vary in how it is presented, but also in how it is perceived. McSweeney et al. (2016) notes that often women who are able to recognize the symptoms of a cardiac event "report that providers ignore their concerns or minimize the importance of their symptoms" (p. 1312). In our scene, the doctor minimizes the female patient's experience as "*just* anxiety." Women who have these experiences minimized might then be deterred from seeking care if a serious cardiac event were to take place.

Final Product

With the COVID-19 pandemic affecting our ability to rehearse in person, our rehearsals moved to an online format over Zoom. Many initial scenes that we created had to be scrapped, as there was no way of recording them in an online environment. However, *The Moment* was one of our least difficult transitions, only requiring that we pre-record our soundscape, rather than perform live. Our final version can be viewed here: https://www.youtube.com/watch?v=1-6l2yYa5k8

Scenes such as *The Moment* speak to the pedagogical power of arts-based educational encounters. Through witnessing enacted events in a relatively safe space, a facilitator of the performance can work with an audience to elicit conversations through the scene. In MT, we often say that our scenes do not seek to provide the answers, but they do make room for questions. In this space, learning becomes co-reciprocal and dialogic. For example, after viewing *The Moment*, we can enter into conversations about equity in health, and audience members can reflect on their experiences that might relate to the situation presented. Through this dialogic encounter, audience members can take agency of their learning, and are thus able to meet new realizations and understandings.

Inner Conversations: Scene 7

Derivation of the Scene

Inner Conversations is a scene that was created through this iterative devising process and was significantly changed from its original conception. As previously mentioned, MT was affected by COVID-19 and the social distancing legislation; therefore, the final scene was converted from an in-person performance to being filmed online. The original scene was devised in February 2020 under the title *Balancing Act* and included three people with one A/R/Tor playing the individual patient diagnosed with heart disease and the two other cast members who played the inner voices. The dramatic techniques of

"Voices for and Against" (Neelands & Goode, 2000) was employed to demonstrate the oscillation of inner thoughts and the polarity of feelings of hopefulness alternating with panic at the new diagnosis. The original scene ends with the patient character standing physically separating the two Voices (at close proximation to each other) saying, "I have heart disease, but my life isn't over" as a display of accepting the arguments of each Voice. See excerpt of *Inner Conversations* in Progress [Balancing Act Rehearsal]: https://www.youtube.com/watch?v=8my_U5aviB8

When looking to restage the scene in a virtual setting, there were issues that needed to be resolved. The main issue was developing that authentic back-and-forth argument with the Voices, which proved challenging without physically being around one another and dealing with Internet delay—meaning that lines could not be as crisp with timing as they originally were. Staging video call boxes was difficult as it was the subtle movements of all characters that made the scene interesting; now A/R/Tors were having to confine themselves to smaller areas with less access to their entire bodies. The cast brainstormed and rehearsed various versions of the online scene. One idea was to enlarge the cast to nine people that would appear on screen in a grid with the Patient character in the middle. Each would speak a line that either eased the mind of the Patient or added to the stress that was slowly building until the character snapped with the original ending line, "I have heart disease, but my life isn't over." This scene idea proved hard to achieve due to the lack of additional A/R/Tors since the majority of the cast were focusing on adapting their own scenes to the online platform.

The scene became frustrating to work on and there were discussions about omitting it since it could not be done authentically. The main message of the piece was to represent the highs and lows that someone battles internally when dealing with the news of having heart disease. Looking at the He-*ART*-istic Journeys play, many scenes ended on a calm note that left the audience in a reflective state; therefore, this scene needed to bring something new to the viewer. The new concept of the scene used choral speaking techniques (Neelands & Goode, 2000) that worked to overwhelm the senses during three separate transitions in the scene (see Figure 3: Final script of *Inner Conversation*). The only visible person is the Patient character as they appear to be working on the computer. The Voices echo one another as they whisper about heart disease and state questions such as, "Will my insurance cover this?" and "Is my will up to date?" Realistic questions that are not always easy to think about, especially when asked one after the other in rapid sequence. After both Transition 1 and Transition 2, there is a period where the Patient character attempts to calm themselves and focus back on work using coping mechanisms like checking their phone and listening to music. In Transition 3, the questions develop into statements and the use of "you" echoes as "I" to show how the words/thoughts are internalized. The scene swells to a breaking point where the Patient character screams "SHUT UP! Just…shut up…" and breaks down in tears, flinging off their headphones and pushing away papers. It's a raw moment of frustration, fear, and vulnerability where the Patient character feels hopeless.

With the dramatic shift in the scene format, the title changed to "Inner Conversations" as a representation of the inner dialogues people have with themselves daily, and how these thoughts can affect personal moods. *Balancing Act* was an exercise in battling thoughts with the opposite arguments to arrive on neutral ground;

never going too negative or too positive. Pointedly, *Inner Conversations* gives permission to feel those overwhelming emotions and recognizes how they can have a drastic impact on a person's mental well-being.

"Inner Conversation" Script

Characters: VOICE 1, VOICE 2, PATIENT

Transition 1

Scene begins. PATIENT is the only character visible throughout the scene.

PATIENT: (*Sits down at desk and begins to start working*)
VOICE 1: Heart disease.
VOICE 2: (*echoes*) Heart disease.
VOICE 1: Do you know how serious this is?
VOICE 1: Will your travel insurance cover this?
VOICE 1: You'll be okay. You're okay. It's fine.
PATIENT:(*Picks up phone and scrolls through apps to distract from the VOICES. Begins to calm down and resumes work*)

Transition 2

PATIENT: (*Picks up a notepad and begins to write something*)
VOICE 2: Heart disease.
VOICE 1: (*echoes*) Heart disease.
VOICE 2: Wait, will my insurance cover this?
VOICE 2: Is my Will up to date?
VOICE 2: Should I lose more weight?
VOICE 2: No. No. I'll be okay. I'm okay. It's fine.
PATIENT: (*Puts on headphones and attempts to drown out VOICES with music. Begins to calm down and resumes work*)

Transition 3

PATIENT: (*Picks up a document and starts to look through it*)
VOICE 1: *Heart* disease.
VOICE 2: Heart *disease*.
VOICE 1: You're not going to be here next year.
VOICE 2: I'm not going to be here next year.
VOICE 1: How are you going to tell your family?
VOICE 2: How am I going to tell my family?
VOICE 1: You've wasted your life.
VOICE 2: I've wasted my life.
VOICE 1: You're such an idiot!
VOICE 2: I'm such an idiot!
PATIENT: (*Throws the document across the desk and screams*) JUST SHUT UP! (*Starts crying*) just...shut up… (*Rips off headphones and buries face in hands in distress. Scene ends with PATIENT in tears*)

Fig. 3: Final script of *Inner Conversations*

Inner Conversations is an example of how the devising process is an ever-changing exercise that requires creators to be attentive, not only to the needs of the individual scene, but also to the entire performance. The scene exists as it does now because there was a need for a more dramatic and emotional scene that delves into the crushing reality of heart disease that people have described (O'Keefe-McCarthy et al., 2019; O'Keefe-McCarthy et al., 2020). *Inner Conversations* opens the door to discuss mental well-being and the ways that individuals cope with impactful news with regards to their heart health.

Application Through Workshopping

As with scene 5 – *The Moment*, *Inner Conversations* also can be explored dialogically through jokered facilitation in diverse ways including the Transition Before/After and Hot Seating (Neelands & Goode, 2000). Jokering (Boal, 1992) relies on the use of improvisation, which is a central theatrical technique used to cocreate knowledge and move the re-envisioned play along according to the learner's direction. When Jokering, using the premise of the Transition Before/After, audiences focus on the lived experience of the patient character and decide on a point in time that they would like to play out. Examples of time prompts could include: five minutes before the start of the original scene; when the doctor informs the Patient character that they have heart disease; immediately after the scene when someone finds the character in distress; or several months later. The original A/R/Tor can play as the patient or an audience member can be selected; any supplementary roles needed for the scene can be filled in by other participants (i.e., medical staff, family members, friends, etc.). The process of constructing other moments (through improvisation) within the Patient character's life allows for the development of empathy, and audiences can begin to understand the internalized struggles on an emotional level. This exercise places the continued development of the scene into the hands of the participants and shifts the power from the A/R/Tors to the participants by providing a space for audience voice.

Another viable option to stimulate further conversations is to consider jokered facilitation with use of Hot Seating. Hot Seating occurs when a character from a scene is asked questions by the audience in a press conference style (Neelands & Goode, 2000). The activity requires the A/R/Tor to improvise responses in character with the goal of developing authentic answers that enhance the experience of the original scene by providing justifications or reasonings that were not explicitly stated. Possible questions that could be asked to the Voices characters are: What was your thought process when questioning if you had health care coverage? What is going through your mind right now? What were the original thoughts you had when you discovered that the Patient character has heart disease? Further Hot Seating can take place by directing inquiries toward the Patient Character with questions such as: How long ago did you learn that you had heart disease? How are you feeling right now? What do you want to say to the Voices characters? Hot Seating can also lead to another run-through of the scene with some details being shifted to influence the final derivation. The purpose of Hot Seating is to cultivate an understanding of the characters' choices and intentions with use of targeted questioning (Neelands & Goode, 2000). Moment Before/After and Hot Seating both work towards the goal of stimulating conversations with the audience and bringing them into the devising process. Through use of Jokering techniques, a dialogue can occur between the A/R/Tors and the audience that works to uncover deeper messages within the scenes to create thought-provoking and meaningful discussions and the creation of new knowledge. See Final Version of *Inner Conversations*: https://www.youtube.com/watch?v=cSiY9EoNHq8

Discussion

Purposeful use of arts-based research and education are effective strategies to represent and educate about the human experience of cardiac ill health, pain, and early symptoms of heart disease to health care providers, undergraduate and graduate students, individuals with heart disease and the general public. Arts-informed research and education potentiates active audience engagement at an embodied or heightened level, permitting increased understanding and resonance with the topic of interest. Incorporating artistic creations and applied theatre to further interpret data allows for transformative learning in what we once thought about, in this case, heart disease (or pain) and challenges our often taken-for-granted implicit biases or uncontested assumptions of the experience. We assert that use of an artistic performative layer of applied theatre to understand about heart disease reaches beyond the limits of scientific and academic language. Aesthetic forms of education may position us closer to each other, permitting co-reciprocal creation of knowledge and a connection to the humanity of another.

Guided by the understanding that each of us brings what we know (and how we know it) to life experiences and learning, we seek through an aesthetic, dialogical, arts-informed educational encounter, such as workshopping the He-*ART*-istic Journeys-Scenes-an invitation. This invitation assists us to be reflexive and interrupt or re-rupt our assumptions, misunderstandings, and constructed knowledge(s) that may negatively affect or positively privilege the health care experience an individual has been living with, such as uncertain heart health. Aesthetic educational opportunities such as this open up our boundaries of how we come to know what we know, and allows us to take accountability for that understanding by asking difficult and disturbing questions. It is by being reflexive in our learning that we probe deeper and listen with an open and empathetic heart (Brookfield, 2017; Cunliffe, 2016), shifting our perspective and understanding from an individualistic one, to one of mutual recognition of each other in the development and co-creation of knowledge and transformative understanding.

This level of inquiry celebrates dialogical co-construction of meaning and knowledge (Grimmett, 2016). Dialogic co-construction is a reflexive approach to meaning making and familiar to dialogic pedagogies (Edwards-Groves et al, 2014). In this sense, it allows the educator and learner to examine, in tandem, their internal and external contexts attempting to make sense of themselves, their motivations and behaviours as they enact/react with the world (Lyle & Cassie, 2021). This aligns with what Rancière and Elliot (2009) refer to as the shift from a spectator in theatre to one who is co-collaborator in the generation of new knowledge.

The He-*ART*-istic Journeys-Heart ***DIS***-ease play [https://mirrortheatre.ca/performance/heartistic-journeys/] provides a creative space to engage in reflexive practice to raise consciousness of a specific issue. This echoes what Sloan describes as a space of potentiality (Sloan, 2018). A collective space to envision desired change or to explore an issue and reframe past (knowledges) experiences in a new way (Sloan, 2018). Adding to this, we suggest that this creative space celebrates a state of liminality of creative (un)knowing necessary to engage in relearning something anew. While suspending real life for a moment and engaging in this liminal creative space, the learner can re-play/re-work through an issue that warrants critical reflection and ongoing growth. Through this creative aesthetic learning space, the learner actively engages in unravelling the unknown.

As previously stated, applied theatre is often used as a vehicle to educate diverse audiences through participatory activities (Norris, 2017) that may lend to social change, provide therapeutic interventions, create self-reflection and critical awareness, and promote multi-level thinking (Massey-Chase, 2018). In this sense, the Heart ***DIS***-ease play strives to build literacy in heart health for the cast and learners through the display of the different scenes. Pedagogically this allows for a variety of dialogic applications in how one may facilitate the topic conversations in class. The scenes then can be artfully discussed and unpacked through jokered facilitation. A facilitator or "Joker," as described by Boal (1992), helps to moderate and facilitate the discussion and organic learning occurring in the workshop. The use of creative re-imagining of the viewed play or scene, based on the liminal nature of the learning workshop experience, invites the learners to re-construct parts of the play to help further understand or articulate new developing thoughts in the co-creation of new knowledge. The use of theatre as an educational tool is a function of the Applied Theatre pedagogy and a way to invite participants to further their knowledge. So too with the Heart ***DIS***-ease play, by calling on the data that surrounds the early warning signs of heart disease, the cast can work towards creating an authentic and factual piece of theatre that educates participants on multiple levels, whether that be with basic knowledge of heart disease and/or the development of a more emotional understanding of individual's personal struggles.

What Applied Theatre and Dialogic Approaches Offer

Employing applied theatre and dialogic approaches have significant potential in the advancement of research knowledge creation and educational pedagogy. More so, utilization of applied theatre as both an educative strategy and research opportunity helps carve out a creative and reflexive learning space. Depending on the intent or course learning objectives, an aesthetic and dialogic space can be created that challenges preconceived notions held about (a topic), which in this case is heart health and symptoms of illness. We suggest that this may be a welcomed pedagogical shift-turning from an objective or prescriptive form of top-down education to an organic way of embracing the level of unknowing. This approach places the educator and learner on an equal plain, in a perpetual state of constant unfolding and learning—creating co-reciprocal knowledge that has the potential to be individually and/or collectively transformative.

In health care practice, not only will use of an applied theatre-aesthetic educational encounter provide evocative (un)learning for clinicians (having had the opportunity to see, hear and feel what it is like for individuals to live with a health concern or condition), but may also act to translate how they adapt their practice in caring by understanding the patient's perspective. This would be a prudent and much needed area of patient/clinician practice research to explore in the future. Our example scenes, developed with playbuilding through use of applied theatre with the intent of curricular workshopping, will inform future curriculum development across all disciplines and unique contexts. Additionally, this approach may gain interest from academics, arts-based researchers, scientists, clinicians, and educators as a concrete example of transformative education through use of a dialogic process of inquiry.

Engaging the learner in this form of education can be important in designing interventional studies to determine the efficacy of this kind of aesthetic dialogic educational approach. Adapting dialogic educational encounters to any content, accessing the tenants of applied theatre may be important to consider as an educational intervention for educators, researchers, policy makers, healthcare providers, and so on, which warrant a deeper dive into the complexities of any human experience.

Conclusion

Creating learning landscapes that celebrate the unfolding nature of inquiry and making meaning of experiential data demands evocative pedagogies that stimulate critical awareness, reflective thinking, and active unlearning and re-knowing. Through use of audience interactions and discussions, Applied Theatre works to develop new ways of knowing and arriving at previously unseen conclusions with regard to the specific issues or topics. Moreover, aesthetic dialogic arts-informed educational encounters (created through entwining research and art), such as the Heart ***DIS***-ease play, provide an intensified representation of a human illness experience or condition. The pedagogical power of this aesthetic dialogic encounter may offer an alternative view or challenge entrenched knowledge(s) through learning that gives way to a creative liminal space to freely question, so that both learner and educator may be transformed to see, feel, hear, speak, touch, and rethink through topics anew.

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