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The #StayHome Project: Exploring Community Needs and Resiliency through Virtual, Participatory Theatre during COVID-19

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ABSTRACT

Health Educator and Community-engaged Theatre Artist Saharra Dixon led a virtual 3-month community-based participatory research theatre process with co-investigators Niloofar Alishahi LCAT, Trevor Catalano, Anna Gundersen, Mary Holiman, Adam Stevens RDT, Emari Vieira-Gunn, and Susan Yakoub exploring the concept of home and community during state-mandated Stay-At-Home orders for the novel coronavirus (COVID-19) pandemic. Emphasis was placed on understanding the health crisis' impact on quality of life, human connectedness, and available resources. The process aimed to identify systematic failures in the United States' pandemic response, while

simultaneously advocating for change to improve individual, community, and governmental response in the future. The process culminated in The #StayHome Project*, an ethnodrama devised from community interviews and fieldnotes. Using our play as reference, this paper will explore theatre's ability to help communities process collective trauma, build resiliency, and facilitate dialogue around politics and what it means to return to a "new normal". We will discuss our drama process and how we were able to adapt virtually. Lastly, we challenge theatre practitioners and health professionals to explore theatre through a wellness-based lens and use arts-based inquiry to further connect with different populations.*

SETTING THE SCENE: A LITERATURE REVIEW

The World Health Organization (WHO) defines Quality of Life (QOL) as an individual's perception of their position in life in the context of their culture and value systems and in relation to their goals, expectations, standards, concerns, physical health, psychological state, and social relationships (WHO, 2020). The COVID-19 pandemic highlights two public health essentials that significantly affect one's quality of life: social inequalities and multisector coordination (Ramirez-Valles et al., 2020). Arguably, there have been specific failures in the United States' response to the pandemic which includes failures in surveillance, testing, quarantining, guidelines, best practices, personal protective equipment, telehealth, personnel, social services, and community support. These failures have aided in the decrease of quality of life for our most vulnerable communities.

Health education and promotion in the U.S. has often focused on individual behavior change, largely due to longstanding cultural messages of individual responsibility for health changes (Burke et al., 2009). However, COVID-19 allows us to look at systemic issues through an "upstream" lens. Upstream social determinants of health refers to macro factors that comprise social-structural influences on health and health systems, government policies, and the social, physical, economic and environmental factors that determine health (Williams et al, 2008). Searching upstream helps us tackle issues that are beyond individual control (Minkler et al., 2008). We must move "upstream" to acknowledge and address social inequalities and

develop communal approaches to reduce adverse effects of the pandemic--and over time--reduce persistent racial, ethnic, and socioeconomic health inequalities (Schulz et al., 2020).

A CASE FOR THE ARTS

Our co-investigators were interested in the arts' ability to identify "upstream" issues and provide a means of understanding and collaboration around the COVID-19 pandemic. At what capacity could we explore these topics through a virtual drama process? There are many benefits to using arts in the health and wellness sector, including improvements in community capacity and social cohesion. Arts and culture often influence policy and practice such as health, community development, economic development, and education (Muirhead & De Leeuw, 2020; Shank & Schirch, 2008). *Creating Healthy Communities for Cross-Sector Collaboration* identified five foundational components of arts and cultural engagement in health (Sonke et al., 2019). These include collective trauma, racism, social exclusion, mental health, and chronic disease. We saw all five components represented in *The #StayHome Project*. This may be true because the arts provide frames through which narrative is shared, including poetry, storytelling, music, theatre, drawing, and dance. Sonke et al. (2020) notes, "the sharing of narrative in turn generates increased community capacity for healing, resilience, and social cohesion" (p. 17). Co-investigators and participants were drawn to drama's ability to promote community building for resiliency, encourage processing of collective trauma, and underscore prevalent social issues.

WHAT IT MEANS TO "STAY HOME"

"Staying home" during mandated orders looks vastly different for poor, low-income, and minority populations. African American and Latinx populations are more likely to work in essential services including production and transportation and other occupations where working at home and taking time off (i.e. social distancing mechanisms) are not an option (Miller et al., 2020). Low-income families have fewer resources to stockpile food, resulting in more frequent trips to grocery stores and food banks, increasing opportunity for exposure (Reeves &

Rothwell, 2020). In addition, the adverse effects of biological, behavioral, psychological, and social losses (of people, goods, and livelihood) is exacerbated because it does not allow for family and friends of those impacted to come together for support and grieving (Umberson, 2017; Schulz, 2020).

Staying home during the COVID-19 crisis differs among Americans due to factors like socioeconomic status, class, and race. Community-led movements such as worker protections, housing rights, and environmental justice are positioned well to address underlying determinants of public health and promote racial, ethnic, and socioeconomic equity (Schulz et al., 2020). This underscores the importance of community-led projects such as *The #StayHome Project* in addressing social determinants of health and empowering communities. We aimed to highlight the importance of authentic engagement and community voices in our research and change process (Cacari-Stone et al., 2018; Israel et al., 2010).

We chose a Community-based participatory research (CBPR) approach because it centers community priorities and strengths, establishes a long-term commitment to building an exploratory relationship with community partners (i.e. participants), and applies research results into community action (Parker et al., 2020). Through our research process, we explored how *The #StayHome Project* and arts-based inquiry could assist in conducting QOL needs-assessments that center community voices. *The #StayHome Project* explores themes of processing collective trauma and supporting community resilience, while offering a platform for social criticism and action.

THEATRE: AN IMPERATIVE TOOL FOR PROCESSING AND REFLECTION

The #StayHome Project is evidence that theatre should be leveraged as a tool for public health and brainstorm solutions to unique problems. “...The theatre has long served as a place for a society to gather, witness their own conflicts, and reflect upon possible solutions. This has served diverse purposes for different communities from entertainment to eulogy to celebration to group healing” (Slachmuijlder, 2012, p.5). Community-engaged theatre (or Applied Theatre) comprises two parts; engaging with community members in creating theatre and collective learning through creation. Our community-

engaged theatre project was built through ensemble work, as a skilled theatre practitioner led scaffolded workshop-style interactions with the community members. Dixon presented “lesson plans” of drama activities or devising techniques that lead the group into physical and verbal discussion, reflection and creation. These activities allow for participant accessible interaction with difficult subjects through role protection.

Applied Theatre is the use of theatre in non-traditional theatre contexts, chosen due to its fundamental ability to connect people in creativity, play and storytelling; all elements that allow for relationships to form and strengthen (Landy & Montgomery, 2012). Many theatre performers cite building true empathy and understanding of a person or circumstance through their experience portraying them. Theatre making in ensemble groups also demands its creators to hold space for new ideas, collaboration, and group reflection. When telling or listening to a story, as is the exchange between theatre maker and audience member, the same learning and processing is often an outcome of the interaction. Drama allows participants to express themselves at the level that they find comfortable, whether through written word, the interpretation of another person's words, the portrayal of another persona or, if comfortable, directly. In Philip Taylor’s *Applied Theatre: Creating Transformative Encounters in the Community*, Taylor describes how applied theatre can be used to facilitate community healing and change in non-theatrical settings, and using theatre as raising awareness about how we are situated in the world and what we as individuals and as communities might do to make the world a better place (Taylor, 2003; Landy & Montgomery, 2012).

ADAPTING THEATRE FOR VIRTUAL SPACE

The #StayHome Project grew from a CBPR methodology. It was important to choose a collaborative and flexible theatre-making process that would center community voices. We decided to devise our piece because it allows for each collaborator’s ideas and experiences to find its way into the final product. Devised theatre is a theatre-making process that can start from our lived experiences, our fantasies, or from what we observe every day and thus perfect for investigative processes like this one. Oddey (1998) notes:

> The process of devising is about the fragmentary experience of understanding ourselves, our culture, and the world we inhabit. The process reflects a multi-vision made up of each group member's individual perception of that world as received in a series of images, then interpreted and defined as a product. Participants make sense of themselves within their own cultural and social context, investigating, integrating, and transforming their personal experiences, dreams, research, improvisation, an experimentation. (p. 1)

We started this process with a "call" for Co-investigators. As any typical theatre-making process, we chose to start with ensemble-building activities to build trust. We met via Zoom every weekend on Saturdays and Sundays, with our first meeting on April 5th, 2020. We thought logically about which activities were feasible, yet impactful virtually. Dixon explained the process idea: to act as investigators to learn what staying home means and how COVID-19 affects quality of life. We did introductions like: "Tell us where you are from, what you do, and your experience or feelings around COVID-19 so far." Information was elicited to garner better understanding of group dynamics--responses included:

- Brooklyn, Bronx, Iran, Minnesota, California, Long Island, Delaware, South Carolina, New Jersey
- Art therapy, drama therapy, health educator, barista, writer, public health, creative arts therapy, early childhood education, graphic design, Co-creating, building
- Not being able to visit family or "home", irresponsible, real
- Shutting down operations is the hardest part, miss seeing customers/visitors
- Do not want to be responsible for someone getting sick
- Loneliness took 2 weeks to get a test after expressing they were sick, army gear
- The high unemployment rate, laid off, what will life be like after this is over?
- Low trust in media, bizarre

From this, we were able to learn initial reactions about the pandemic

and discover expertise within the group.

Each week, co-investigators had the opportunity to lead their own check-in activity. It was important for us to build a sense of ritual in this virtual process, as structure during this time would benefit our group and allow us to take more risks. For example, Adam led a story-building activity. He started off with a prompt, and we added lines to finish the “Miss Rona” story which became the play’s introduction:

> Once upon a time there was a person by the name of Miss Rona.
> This person, Miss Rona, was very aggressive in her behavior.
> She came suddenly and wrapped everyone under her skirt.
> Her skirt was so big that it covered the entire town; The town was scared.
> …Scared because they couldn’t leave their houses, and it made them sad.
> Their houses were widely spread apart, and it was very dark inside their homes
> The people in the next town overheard their pleas and thought they were overreacting.

We explored different ideas that we felt were important in community-based research. One question was “What do you need to see to believe you were listened to by someone else?” Susan answered: “an action plan, and then see it through.” Trevor suggested: “Repeating back what you hear, and asking what they need from me as a listener.” We played with the idea of “group offerings” which aimed to offer support for starting a new week. Our most impactful “group offering” came from asking: “what is one thing you would “gift” someone to encourage them to tackle the next week. From that we created a mantra that found its way in the script:

> Saharra: Resiliency
>
> Mary: Being authentic is powerful
>
> Anna: Breath
>
> Adam: Perspective

Niloofar: Transparency

Mari: Community

We started with interviewing people in our communities about their experiences staying home. We created research questions that stemmed from wanting to explore our main theme: Exploring the Concept of Home and Community during the COVID-19 Pandemic. As artistic and creative director of the project, Dixon took on many roles. That included teaching and educating co-investigators about interviewing, transcribing, and coding for qualitative data. Interviews were conducted via phone, text, and video conferencing. We coded these themes: home, community, panic, differences, we have multiple teachers, the notion of what is essential to survival, predictions for what the world may be like in the future, most of the demographic feel safe in their homes, politics, poor response from government/administration. This allowed us to have some structure thematically about the play. Each co-investigator was assigned a monologue to write reflecting the experience of a particular interviewee. Co-investigators were given loose directions, but encouraged to use direct quotes from the interview and reflect on our themes. These monologues became the body of the script.

We each took turns “workshopping” our monologues, offering ideas and critiques. We adapted acting exercises virtually, including acting out feelings about COVID-19 set to music and a mirroring exercise. We noticed we wanted a greater representation of what it means to return to a “new normal,” so we polled a larger audience about their hopes for a new normal. We started thinking about how we might present our working script virtually, and what other art forms could be used to express these themes. Niloofar, an art therapist, led us in “bilateral squiggling,” an exercise that integrates the right and left side of the brain.

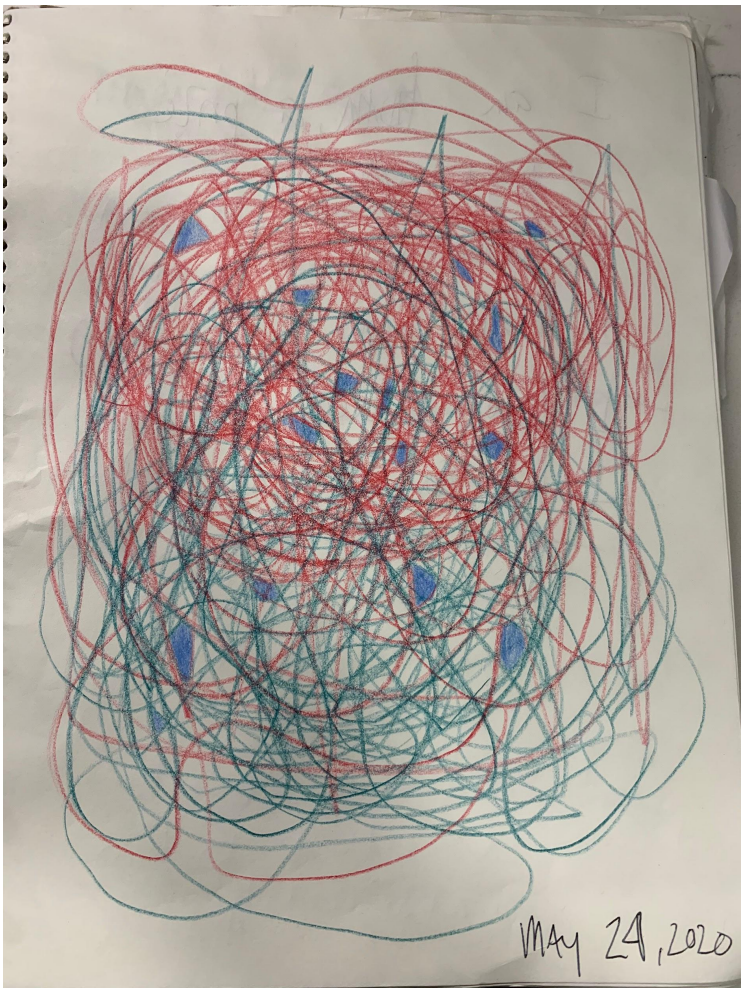

Figure 1. Example of Bilateral Squiggling. Courtesy of Adam Stevens.

We brainstormed a loose structure to the script. We decided to use the field notes from our process and the monologues to create a parallel between the real and the ideal: where we are versus where we want to be. We had a group writing day where we split into breakout rooms on Zoom. One group analyzed our field notes to see what data we could use, while another group worked to edit and structure monologues.

We decided to create a pre-recorded theatrical video that we could play live on Zoom. We asked community members, actors and non-actors, to help us create content for the video. Opening up our ensemble allowed more voices, cultures, and backgrounds to be represented. This became a far-reaching project with over 20

volunteers to help with video editing, acting, voiceovers, animation, and more. It was necessary not to forgo the aesthetics of the piece for the process. As such, Dixon worked with actors, the animator, and video editors in directing the virtual play experience. We used Facetime to direct actors in their roles, offering feedback and guidance as needed.

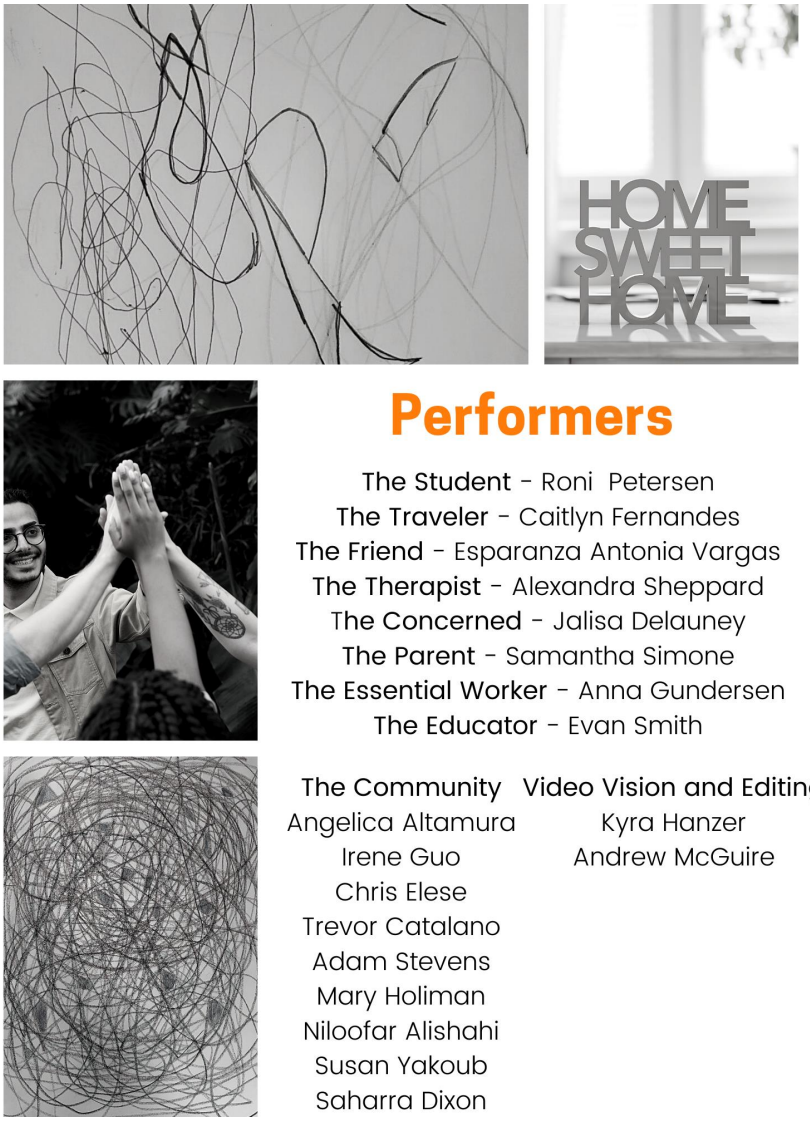

Figure 2. ***The #StayHome Project*** **Cast and Crew. Courtesy of Saharra Dixon**

We premiered *The #StayHome Project* on Saturday, June 20, 2020 to a virtual audience of over 80 people. We promoted the premiere on social media platforms and by word of mouth. We wanted this to be a communal and open space, so attendance was free. We facilitated a post-show discussion for both showings. As the final piece to our process, and staying true to a community-based participatory research methodology, it was clear we needed to debrief our process and discuss audience reception and feedback. We also discussed ways the project would continue. This next section will further explain our findings from the project, including ideas and themes that came up in our post-show discussion and project debrief.

HOW *THE #STAYHOME PROJECT* INSPIRED REFLECTION AND CONNECTION

While dealing with the effects of social isolation, co-investigators connected once a week to create art about the rapidly changing world around them. This discussion took many forms such as poetry, dance/movement, storytelling and acting out monologues of those interviewed. We brought our own experiences to the script through exercises, such as encouraging one word responses to describe feelings on our situations, which then created group poems. We also interviewed and polled people outside of the project (i.e. participants). The sense of community grew amongst us as we grew vulnerable and laughed together during meetings. Our community grew as a larger spectrum of experiences were added to the narrative. In coding similarities between the interviews and other source material for the script, it became apparent that while in isolation, the experience of the COVID-19 pandemic may be similarly shared among national and global communities. This weekly process and connection to the greater community's experience of the pandemic alleviated many feelings of isolation for participants. Theatre brings people together for a common goal and allows for a macro-perspective of the world, when examining or unpacking themes for a play.

By the end of this project, not only did co-investigators respond by saying the project gave them a "creative outlet," "purpose," "some structure," but also "formed new friendships" and a "creative, supportive, community." All co-investigators who stayed with the

project from inception to the premiere stated that their involvement had benefited their mental health during this difficult time, whether citing the project "inspired them," "made them happier," or "proud." In a participant debrief of the virtual project premiere, discussion about COVID-19 continued. The final project premiere and initial audience response to the project prompted a more in-depth understanding and processing of the pandemic. A few co-investigators for instance, thought that many Americans are "just pretending it [the pandemic] is over" and that we aren't "facing the facts of the immense death toll" in our country. Participants felt that the project made them confront, critique, and process politics and society.

The creation of *The #StayHome Project* allowed for community building, processing and improved mental health outcomes for co-investigators and study participants. This was possible by connecting a group of people through theatre games, activities and creation. The processing led to examination of country, community, and self, as was evident in debrief conversations and in initial participant interviews. "Traditional strategies to disseminate new knowledge from health research have largely focused on the publication of research results in academic journals. Ethnodrama, a dramatic performance of the lived experience, is an innovative way to convey knowledge" (Nicholson, 2011, p. 244). Theatre was effective in this extremely limited, virtual environment and can be therefore applied in many other formats when addressing community concerns.

OUR RESULTS

There are twenty-four facets of QOL which include social support, positive/negative feelings, work capacity, financial resources, physical safety, accessibility and quality of health and social care, home environment, and participation in and opportunities for recreation/leisure (WHO, 2020). These facets became central points of discussion in our process and script. We found being able to process collective trauma, community building/resiliency, and social critique/support were integral to maintaining and sustaining quality of life during the pandemic.

We saw recurring themes and emotions about COVID-19 in our interviews with a variety of individuals ranging from teachers, retired medical workers, therapists, students, and more. The participants

expressed feelings of fear, uncertainty, and frustration. A teacher discussed how the role he plays in his students' life goes beyond just being an educational instructor. Many students rely on them for emotional support, discipline, structure, and a sense of stability. With that connection being disrupted and the loss of resources due to school closures, they were worried: "that fact alone, makes me unable to sleep some nights." Another interview participant mentioned that even though they are retired, they registered for the Medical Reserves to help combat the spread and growing number of hospitalizations. However, this Parent expressed concerns about living with their husband and daughter, and not wanting to put them at risk.

Furthermore, there seems to be a lack of trust for the government. Several of the participants felt that they are inadequately prepared to handle this situation and believe the government is not doing enough to contain it or provide aid and relief, especially to those who are low-income and unemployed. This feeling is particularly evident in the essential worker who is the manager of a grocery store and a student-athlete. The Student expresses frustration and concern that we cannot go back to the way things were:

> I don't think we can go back to a system that basically exploits people, poor people, and the working class—I think a lot of the systems need to be revisited, like our health system, I think it needs to be completely revamped. It doesn't make sense that millionaires with no symptoms can be tested but those with them aren't. I definitely think things have to change, we can't go back to the way we've been living because it's not working.

The Essential Worker spoke about tensions between the customers and employees as customers tend to give them grief despite certain things being out of their control. They say the emotional trauma of dealing with the panicked public has been the worst and they wish that companies were taking better care of their employees.

The audience had a chance to share their reactions to the piece. We were surprised to find that while many enjoyed the piece and found it "inspiring," some felt "heavy" and "sad" after witnessing. Trevor explains:

> I would offer that that's an interesting litmus test though for our audience...to how they understand their own feelings about it. And

> that's why I personally think this [project] is kind of a success story...I find it interesting that people experience that [sadness], because sometimes as a culture we don't acknowledge that feeling...even if it's not what people expected, I think it actually tapped into how people were actually feeling about things.

Mary also notes:

> This is something we can get through if we all just stick together…I think America as a country...we never really had so many things taken away from us, at least not in our lifetime. So now that we're forced to quarantine ourselves and not have these little pleasures...it's a new feeling and it's a weird feeling...it's forcing them to acknowledge just how traumatizing being in a pandemic has been.

As a public health professional, this may be an interesting concept to explore further. Our status and culture has potentially affected our ability to recover and process, in turn aiding in poor COVID-19 response. Anna and Niloofar both reflect on how the U.S. is certainly more privileged than places like Iran (Niloofar's country of origin). We must be able to adopt more traits of a collectivistic society than of an individualistic society--a society that depends on group harmony, consensus, and group goals to maintain and improve QOL. As many of our responses underscored the importance of "sticking together," "protecting your neighbor," and "taking care of each other and the earth," we already saw some paradigmatic shifts reflected in the piece.

OUR CALL TO ACTION

The arts have been shown to have a major impact on health and well-being (Ettun, Schultz, & Bar-Sela, 2014). Applied theatre practitioners can do this through a public health lens. Compared to drama therapists, they focus more on cognitive, social and political change. Drama therapists often work toward psychological change through the distance of theatrical fiction (Landy & Montgomery, 2012).

From painting, to poetry, music, and song, the arts fulfills a basic need for creation and self-expression, while empowering and instilling a sense of community (Ettun, Schultz, & Bar-Sela, 2014). Furthermore,

using the arts in the realm of health can be divided into five focus areas:

1. Patient care—using the arts as therapeutic and healing tools
2. Community well-being—engaging people in prevention and wellness activities
3. Healing environments—creating spaces to facilitate healing
4. Caring for caregivers
5. Education

(Schwartz, Speiser, & Wikoff, 2014)

As co-investigators of *The #StayHome Project*, we hope that the arts become a formidable force in the world of public health and wellness. We challenge practitioners, doctors, therapists, medical professionals, and more to explore the arts as a framework to treat, rehabilitate, assess, and spark individual and social change.

The #StayHome Project *will continue to be a living and breathing experience. Co-investigators have created a website to invite a larger community to share their own #StayHome stories. This may promote community and resiliency, and increase awareness of other community needs that may have been overlooked during our process. We hope to come together in the future to explore new feelings that arise as more time and distance pass. Creating a theatre experience during this time has been daunting, hectic, and oftentimes discouraging. With so much going on in our everyday lives, it is still so important to lead with love, always.*

Our offerings to you:

Susan: Peace

Mary: Unity

Anna: Positivity

Niloofar: Warmth

Trevor: Change

Adam: Hope

Saharra: Gratitude

SUGGESTED CITATION

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Saharra Dixon is a Certified Health Education Specialist (CHES), Sex Educator, and Community-engaged theatre artist. She received her BS in Health Behavior Science from University of Delaware and MA in Educational Theatre from New York University. Saharra uses a mixed-method approach to health, wellness, and social justice. She is passionate about the arts' ability to heal, inspire, and foster change across cultures and lifespans. She is interested in empowering women, girls, & Black and Brown populations. Saharra is founder of Soul Circle, a Women's Arts & Health Collective.

Anna Gundersen received her Bachelor of Arts in Theatre from The Pennsylvania State University and is currently pursuing her Master of Arts degree in Educational Theatre in Colleges and Communities at Steinhardt, New York University. Anna works in the non-profit sector and is a theatre artist, devising plays and acting. Anna's interest lies in teaching and utilizing theatre as a tool for empathy-building, increasing self-awareness and self-empowerment.

Mary Holiman received her BA in Interdisciplinary Studies from Johnson C. Smith University. She is currently a 2nd-year graduate student at NYU's School of Global Public Health in the Community Health Sciences and Practice concentration. Mary is interested in the intersection between the arts, the media, and public health, particularly in Black communities. She aspires to start her own non-profit organization that provides free mental health counseling and creative

arts therapy to at-risk youth and make it more accessible to disadvantaged populations.