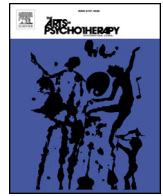




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Research Article

Aphasia Park: A pilot study using the co-active therapeutic theater model with clients in aphasia recovery

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ABSTRACT

Aphasia, most often caused by brain damage due to stroke, is a language disorder hindering one's ability to verbally express and/or comprehend language, ranging in severity from mild to severe. An Applied Thematic Analysis (ATA) was undertaken of a post-production focus group to evaluate a 12-week pilot program that used the CoActive Therapeutic Theater (CoATT) Model for persons in Aphasia recovery. Results of a focus group interview found five themes that participants noted as unique outcomes following participation in the pilot program: 1) Meaningful relationships; 2) Increased belief in self; 3) Invigorating experience; 4) Unique healing opportunity; 5) Perceived speech and language improvement.

Introduction

The Co-Active Therapeutic Theater model was designed to support people in recovery as they re-introduce themselves to the community at large after stepping out of higher levels of treatment. Using manualized drama therapy techniques in a group setting and solution-focused brief therapy principles for goal setting, the treatment results in a public presentation of a play that asks participants to answer the question, "What do you want the community to know about recovery?"

Featuring a 7-person ensemble, the play *Aphasia Park* paints an impressionistic portrait of summer afternoon as a Painter, a Model, a Traveler, a Dancer, a Chef, a Wedding Singer and a Young Lady come together for a picnic. Through the use of various metaphors (setting a picnic table, cutting a cake, dancing, noticing nature, and flying a kite) the ensemble expresses their joy, frustration and grief with an emphasis on what binds them: their humanity, connectedness, and perseverance. As they fly a kite onstage and send it soaring into the rigging above them, the audience, made up of family, friends, and public attendees, is left with a final vision of recovery from aphasia that is uplifting, oriented to the future, and rooted in relationship.

This paper presents a brief review of relevant literature and the results of a pilot study conducted with participants with aphasia who participated in the 12-week CoATT process.

Literature Review

Aphasia and its relevant speech-language treatments, along with drama therapy, therapeutic theater, and The CoATT Model, will be reviewed as an orientation to the 12-week experimental therapeutic theater process with clients in Aphasia recovery discussed in the focus group. The cross-disciplinary approach to the group is best understood with a brief review of major concepts as set out in subsections below.

Aphasia

Aphasia is an acquired communication disorder that specifically impairs an individual's ability to speak or understand language following brain damage due primarily to stroke (Manasco, 2016). Approximately 25–40 % of stroke survivors are diagnosed with Aphasia (National Aphasia Association Website n.d.), and even though they may

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have comorbid challenges such as swallowing deficits, hemiparesis, attentional deficits or apraxia (disorder pertaining to motor planning and programming for intelligible speech production) they are usually intellectually intact. Aphasia affects a number of communicative abilities including, but not limited to, fluency of speech, production, and comprehension of words and sentences in oral and written modalities (Fontanesi & Schmidt, 2016, see Damasio, 1992; Hilari, Needle, & Harrison, 2012 for an extensive review). This leads to social changes and withdrawal for these patients in their everyday lives (Code, Hemsley, & Herrmann, 1999; Code, 2003)

Although there is no medical or surgical cure for Aphasia, it has been established that speech-language intervention is an effective way to rehabilitate communication skills (Naeser et al., 2012; Saur et al., 2006; Brady, Godwin, Enderby, Kelly, & Campbell, 2016). The most significant improvements, which take advantage of the brain's neuroplastic mechanisms, usually occur within the first month post brain damage and may continue through the next two to six months. This is often referred to as the Spontaneous Recovery Period. Other factors influencing Aphasia recovery include age, gender, handedness, motivation, emotional support, educational extent, location of damage in the brain, and severity (Watila & Balarabe, 2015).

Best practice in Aphasia treatment involves interprofessional collaboration (Hoover, Caplan, Waters, & Carney, 2017). The constituent members of such an interdisciplinary team depends on the setting of the treatment, such as in an Acute Care setting in a hospital. The team may include a Speech-Language Pathologist (SLP), a Physical Therapist (PT), and an Occupational Therapist (OT). Treatment at this time, and in this setting, is largely focused on making the patient as independent as possible in his/her mobility and communication. Attention towards socio-emotional well being of the patient, however, may be limited to family counseling by a mental health professional and, in part, by the SLP into other forms of therapeutic support.

There are a variety of speech and language interventions in the treatment of Aphasia, each of which subscribe to one of two fundamental treatment models: the Medical model or the Social model (Chapey, 2008; Tippett, Niparko, & Hillis, 2014). The intervention approaches influenced by the Medical model view Aphasia as an illness, the therapy as a means towards 'cure,' and position the clinician as prescriptive towards the patient. Specific examples of this approach are Constraint-Induced Language Therapy (CILT; Pulvermüller et al., 2001) and Melodic Intonation Therapy (MIT; Albert, Sparks, & Helm, 1973). The other set of approaches subscribe to the Social model, focusing on functional communication within the context of the patient's environment, including their community (Cherney, 2012). Examples of this type of approach include the Life Participation Approach to Aphasia (LPAA) and Promoting Aphasics' Communication Effectiveness (PACE).

Traditional Aphasia treatments designed to be consistent with the medical model most often involve stimulus-response tasks that target one or more communication modalities, such as verbal expression, comprehension, naming, reading, and/or writing (Elman and Bernstein-Ellis, 1999). Such intervention techniques are usually focused on treating communicative difficulties primarily in the context of neurophysiological language deficits directly resulting from the brain damage.

Communication is an act that comprises more than the production and comprehension of speech, writing, and spoken language. It serves a variety of functions that are important to social interactions, and thus, social-emotional well-being (Nguyen, Chatters, Taylor, & Mouzon, 2016; Okun & Keith, 1998). Therefore, losing the ability to communicate effectively and to successfully engage in social interactions in daily life, particularly without prior warning, arguably affects the emotional status of individuals with Aphasia (Code et al., 1999; Davidson, Howe, Worrall, Hickson, & Togher, 2008). As a result, individuals with Aphasia can experience depression, anxiety, social isolation, occupational frustrations, loss of interest, and decreased involvement in daily living (Code & Herrmann, 2003; Code, 2003;

Shehata, El Mistikawi, Al Sayed, & Hassan, 2015). Conversely, there is evidence that emotional state, mood, and well-being can positively impact improvement of communication for people with Aphasia by increasing motivation, cognitive performance, and language processing (Code & Herrmann, 2003). Due to the significant role one's emotional state plays in the Aphasia recovery process, it is important to incorporate emotional and psychosocial factors into rehabilitation. Although emotional change is often acknowledged, many speech-language therapeutic rehabilitation plans fail to meet the emotional needs of people with Aphasia (Code & Herrmann, 2003), and speech language pathologists must turn towards professions that are better equipped to manage them.

Drama therapy and Aphasia

Drama Therapy is the intentional application of drama and theater processes to help individuals make emotional and/or behavioral change (Landy, 1994). Since the general application of drama therapy to persons with Aphasia is minimal, relevant literature on Aphasia and therapeutic theater may be non-existent.

In support of drama therapy as a therapeutic approach for individuals with Aphasia, there are two formal studies that identified participant-reported outcomes. Cherney, Oehring, Whipple, and Rubenstein (2011) conducted a study on a drama therapy group for people living with Aphasia. The authors reported that they believed speech-language pathology and drama therapy both share similar communication goals. In this study, a drama therapy process was introduced to fourteen group members living with Aphasia. After the eighteen-week drama group, Cherney et al. (2011) found that patient outcomes showed that "notable improvements did not occur on all BOSS subscales". The scale included tests on communication, social relations, and mood. The authors infer that the true impact of the drama group could be assessed through the positive experiences and personal reflections of the participants (Cherney et al., 2011). In a 2017 study, Novy researched how utilizing narrative and drama therapy can strengthen communication and expression for individuals living with dementia and expressive aphasia. Through storytelling, dramatic enactments, visual and audio media design, the therapeutic team worked with a 94-year-old client to express and share her life story, therefore decreasing social isolation and enhancing positive peer relationships.

Therapeutic theater and the CoActive therapeutic theater (CoATT) model

Therapeutic theater is the intentional use of the process and performance of a theatrical piece with specific therapeutic goals and intentions for an identified population (Snow, 2000). Wood and Mowers (2019) propose that although there are three types of therapeutic theater most often used in treatment across many clinical populations: Applied Theater, Five Phase/Self Revelatory, and Autobiographical Therapeutic Theater, CoATT occupies a singular position. Three distinct features of the model may contribute to the efficacy of treatment in the recovery space. First, CoATT insists on public presentation of the play as a primary feature of the treatment process. Theoretically, the model of recovery prioritizes a return to the community post-trauma or illness and therefore necessitates an unmediated encounter between the individuals in treatment and an audience drawn from the world at large. Second, the co-active orientation of the playmaking process is distinct from either devised theater or an improvisational performance. Rather than employing the therapist team to author a script, CoATT mandates that all parties have an equal investment in the artistic output of the treatment work as it appears on stage. Third, CoATT is manualized for specific drama therapy exercises and writing exercises to develop contributions from the group members. Manualization allows for replicability and the capacity to study outcomes through a quantitative or mixed methods lens, which has larger implications for third party payor reimbursement. CoATT is a flexible manualized model which can be

executed in twelve to sixteen weeks, based on the needs of the population. The model is comprised of seven “movements.” Each movement is made up of the following structure:

- 1 Participant task
- 2 Participant commitment
- 3 Drama therapy exercise(s)
- 4 Therapist task
- 5 Homework

Within each week, prescribed drama therapy exercises take place. For an in-depth review of the model and its location in the paradigm of therapeutic theater, see [Wood & Mowers, 2019](#).

Methodology

The research team

After witnessing a presentation on the research of Wood and Mowers (2016), which applied the Co-Active Therapeutic Theater (CoATT) model with clients with eating disorders, the Communication Sciences and Disorders Department (CSD) at a private college on Long Island, New York, felt that the model could have positive implications with persons who were in recovery from Aphasia, post-stroke. A research team was created which consisted of a Registered Drama Therapist (RDT), two CSD faculty members: one Indian Speech Hearing Association (ISHA) certified speech-language pathologist, one American Speech Language Hearing Association (ASHA) certified speech-language pathologist, and two graduate student interns: one M.S. Speech Language Pathology student and one M.S. counseling/drama therapy student. In addition to using the manualized CoATT model, the communication sciences and disorders team added in speech-language goals and suggested script modifications for each participant. Examples include, but are not limited to: modifying utterance length and complexity, including specific vocabulary, and incorporating prompts and cues in rehearsals. Both standardized and non-standardized evaluation methods were utilized to evaluate communication skills.

Research design

A focus group was selected as the primary means of collecting qualitative data from the participants with aphasia. A focus group is a less structured, flexible interview with a small group of people ([Wilkinson, 1998](#)). A general list of open ended questions was available to all researchers during the focus group, as well as to participants. The use of interview, with attention to non-verbals and straightforward questions, is suggested as best practices for qualitative research of persons with Aphasia ([Dalemans, Wade, Van den Heuvel, & De Witte, 2009](#)). A focus group was selected as the means of data collection, as participants with expressive Aphasia are able to comprehend spoken language but may struggle to fully articulate their feelings or ideas with verbal language. The focus group format allowed participants with Aphasia to use one another’s words, to build off of each other’s ideas, to disagree with one another, and offer multiple perspectives ([Wilkinson, 1998](#)). Contrary to the popular belief that a focus group may inhibit participants, focus groups have been shown to “enhance openness and disclosure” ([Wilkinson, 1998, p. 334](#)), challenge the focus group facilitator, and bring to light missed areas of opportunity for exploration ([Wilkinson, 1998](#)). The focus group also offered a useful methodology that parallels the CoATT Model in its collaborative nature and putting the participant’s voice at the forefront.

Open-ended questions were structured around a number of themes including: (1) perceived benefits and challenges of the process; (2) the difference between CoATT versus group and individual speech language sessions; (3) participants meeting the goals they created for themselves and the audience. This focus group was held three days

post-production. The focus group was audio recorded and transcribed verbatim by one of the graduate student interns, and was reviewed again for accuracy checks.

Applied Thematic Analysis (ATA) was chosen as the data analysis methodology. ATA is useful in that it allows for a “rigorous, yet inductive, set of procedures designed to identify and examine themes from textual data in a way that is transparent and credible” ([Guest, MacQueen, & Namey, 2011 p.15](#)). The method has a primary focus on presenting “stories and experiences voiced by study participants as accurately and comprehensively as possible” ([Guest et al., 2011 p.16](#)). Additionally, ATA is well suited for team research and exploring solutions to “real world problems” ([Guest et al., 2011 p.17](#)). In ATA, researchers are encouraged to use tools that enhance rigor and systematic documentation. Field notes and theoretical memos provide qualitative researchers the opportunity to track both verbal and non-verbal behaviors, as well as categorize these into emerging observations to support the data analysis process ([Montgomery & Bailey, 2007](#)). In this research study, the use of field notes and memos were particularly important due to the language limitations of participants and were written with the intention of capturing the full lived experience of the process.

After transcription, the file was manually coded separately by two members of the research team. A code is a “word or short phrase that symbolically assigns a summative, salient, essence capturing...attribute” ([Saldaña, 2015 p.4](#)) that allows for the researchers to identify ‘regular or consistent occurrences of action/data that appear more than twice’ ([Saldaña, 2015 p.5](#)). Codes were compared and contrasted, then grouped into preliminary themes that addressed the research inquiry. These groups were linked back to larger text from the transcript which captured and represented these themes organized in a codebook ([Guest et al., 2011 p.17](#)). To ensure the integrity of interpretation, given the linguistic, cultural and ethnic diversity of the group and the nature of their communicative deficits, two components of the process, in particular, were emphasized. First, the preliminary themes derived from the data were taken to the larger research team to be clarified and examined. The diversity of the research team both in discipline (from Speech-Language Pathology and Drama Therapy/ Mental Health Counseling), and in language/ethnicity (one researcher from Speech-Language Pathology is South Asian, multilingual, and overlapping in two languages with at least one participant) prevented unjustified interpretation of limited, as well as non-verbal communication (e.g., body language and gestures) from the participants. The themes were then shared with the participants of the project through the process of member checks. Member Checks provide qualitative researchers a form of triangulation that gives participants an opportunity to ensure that what the researchers are finding resonates with participants ([Shenton, 2004](#)). During Member Checks participants reiterated that each theme felt accurate, and they were also able to link the theme back to a specific examples.

Site

This study took place at a private Catholic college on Long Island. Weekly rehearsals were held in classrooms on campus, and the therapeutic theater production was held at one of the college’s two performance venues.

Recruitment

Recruitment of participants for this study took place via snowball sampling and through flyers that were posted at the college, university, and local speech language clinics, including the Molloy Speech, Language and Hearing Center.

Participants

Five individuals (3 females and 2 males) were recruited and selected

to participate in this study. All participants met the following criteria for inclusion: diagnosis of Aphasia resulting from a stroke that occurred at least 10 months prior to this study. Three of the participants also had co-occurring Apraxia. Below is a detailed description of each participant. Pseudonyms are utilized to describe each participant, and the biographical information reported was gathered from the participants and/or caretakers via interviews and compilation of case histories. It should be noted that one of the 5 participants was ultimately unavailable to participate in the focus group, though field notes and memos capture this participant demonstrating similar emotional experiences, as perceived by the researchers.

Patty identified as a 51-year-old white, married female. She lived at home with her spouse and two children. Patty had a dominant language of English, but she also reported speaking some German. She had earned her bachelor's degree, and prior to her stroke was employed as a certified public accountant. In April 2013, Patty suffered a stroke resulting in Broca's aphasia and apraxia. Since then, she has been unemployed, and has been receiving speech and language therapy. At the time of this study, she spoke only English, and was receiving therapy at two university clinics.

Gale identified as a 70-year-old, monolingual, English-speaking African American female. She has two children, is divorced, and lived alone. She completed three years of college and was employed as a clerical worker prior to her stroke. In July 2015, she had a stroke resulting in anomic aphasia and apraxia. Since then, she has been unemployed, and has been receiving speech and language therapy. At the time of this study, she was receiving speech language therapy at a university clinic.

Anice identified as a 48-year-old South Asian, multilingual, married female. She lived at home with her spouse and two children. Her languages include her native language Gujarati, as well as English, Hindi, and Marathi. She earned her bachelor's degree and completed two years of advanced studies. Prior to her stroke she was an income tax specialist. In April 2015, Anice suffered a stroke resulting in Broca's aphasia and apraxia. Since then, she has been unemployed, and has been receiving speech and language therapy at multiple university clinics.

Charlie identified as a married, bilingual, 74-year-old Afro-Panamanian male. He had five children, and lived at home with his spouse and one child. Charlie earned his bachelor's degree in Computer Science and spoke both Spanish and English prior to his stroke. At the time of this study, he spoke only English and was receiving speech and language therapy at a university clinic. Charlie did not participate in the focus group portion of the study.

Brad, identified as a monolingual, 51-year-old white, married male who lived at home with his spouse and three children. He earned his bachelor's degree in Business Administration Accounting. In November 2016, he suffered a stroke which resulted in Broca's aphasia. He has been unemployed and receiving speech and language therapy since that time. At the time of this study he was receiving therapy at multiple university clinics.

Results

This next section will present the results of the analysis of the forty-five-minute focus group interview, researcher field notes, and theoretical memos (Montgomery & Bailey, 2007). Based on the analysis, there were five distinct themes that emerged as benefits experienced by participants who performed in *Aphasia Parkusing the CoATT Model*. The themes are as follows: 1) Meaningful relationships; 2) Increased belief in self; 3) Invigorating experience; 4) Unique healing opportunity; 5) Perceived speech and language improvement. Below, each theme is presented in greater detail. Line numbers are included to help the reader track the dialogue. We encourage readers to keep in mind that persons with Aphasia have a communication disorder, so at times a transcribed version may inadequately capture the energy, non-verbal

language, or insider knowledge of the process. We have included par-enthetical field notes to highlight some of the salient non-verbal aspects of this population.

Meaningful relationships

Participants offered consensus that being a part of the CoATT production allowed them to build meaningful relationships with people who had similar struggles. Despite the barrier of language as a primary form of communication, therapeutic theater provided unique ways for these individuals to connect which were not always necessarily language based. Participants noted that the relationships created in the process provided them the courage, hope, and support they needed to be able to perform, especially in more language-focused moments of the play. The theme of building relationships, as well as the power of relationships, was mentioned or agreed upon twelve different times in the focus group and was often noted in field notes. Comments ranged from more verbally articulate experiences of how the process created a sense of community to non-verbal endorsement from other members with limited speech and language skills. One poignant moment was when Gale expressed how the relationships of the group helped her with a challenging line in the script:

...there was a piece that I couldn't get about this. "And the clouds"(recalling the line from the play).. and I just couldn't for some reason I couldn't get that and I didn't want to mess up. I wanted to do the best I could, but I have to tell you, all of you helped me because when we started talking, when we started doing our play together, I was looking at you and you made me feel comfortable... yes...because I felt like all of you help me (Line 125).

As Gale shared this experience, the group nodded. She went on to express how her relationship with one very verbally limited participant, Anice, inspired her:

Gale: 'You made me feel like it was worth doing this', (Line 141).
Anice: *Smiled, nodded and reached for Gale's hand* (Line 142).

Another verbally simplistic but equally enthusiastic comment regarding the CoATT process supporting meaningful relationships came from Patty, who, when asked about what she got out of the experience stated, 'Yes. Together, community, community!' (Line 10) to which the community nodded, and verbally agreed with a 'yes!' or 'oh yeah!'

Gale reiterated this theme when recalling watching her newfound friends, and feeling connected to the relationships she had built:

Gale: 'And..I was like..I wanted to to cry...I really did..because I saw this'(Line 211).
Researcher: 'Yeah' (Line 213).
Patty: 'Connection' (Line 214).
Researcher: 'Yes' (Line 215).
Gale: 'Yes' (Line 216).
Patty: 'Yes. For each other. Yes, yes, yes. All of it' (Line 222).

This exchange demonstrates one way relationship and community were experienced by this group, as participants help each other to express an idea verbally. Meaningful relationships was the first theme brought up by the group when asked about potential benefits of the experience.

Increased belief in self

The second theme spoke to the way in which participants experienced the success of taking on a task that initially felt impossible. During the early rehearsals, participants (and at times, family members) could not conceptualize how they would ever memorize and perform a play, especially since all participants reported struggling in simple day to day verbal interactions. During the group interview and production there was marked celebration of their accomplishment of such a

challenging task, which was evidenced by cheering one another on, clapping, and celebratory remarks as recorded in the field notes. Additionally, some members reported that the increased belief in self that they found through the production gave them the courage to take more risks outside of the theater space. This was well demonstrated when Gale expressed the following:

Umm, well, as I was telling you, I didn't even think I could do this in the beginning, I was a little, umm upset, not upset, but..what's the word..I didn't think I could do it. We kept going and going..and I started to feel better...So we got on the stage and everything started to come together...and I felt good for all of us, because I am going to say that this is something we have never done before (Line 34).

A little later in the focus group, Brad expressed a similar sentiment: 'Um..I nervous, um..and then..I nailed it!' (Line 175). In response, the group laughed and celebrated with Brad. A moment later, Gale expanded on this sense of accomplishment by saying, '...now I feel like...I can try to do more. This opened me up to...to do more' (Line 186). The energy in the group continued to build with Brad echoing Gale, 'drama therapy...and beyond!' (Line 188).

Invigorating experience

There can be significant limitations after a stroke that results in aphasia. A person's schedule becomes filled with doctor's appointments, and ongoing speech-language therapy. The fears and frustrations of communicating with others can also occupy a significant amount of an individual's time and mental capacity. The participants in the CoATT Model experienced the process of rehearsing and performing to be *invigorating*. Anice, who had limited verbal capacities, answered, 'Fun!' (Line 67) when asked about the process. Patty described this process as giving her 'energy...yes...ENERGY!' (Line 59) and, later in the interview, as 'exhilarating!' (Line 162). Later, Anice also expressed that being a part of the CoATT process was 'Great!' (Line 486). Considering non-verbal embodied responses, clear consensus was found around the process being invigorating.

Unique healing opportunity

Participants described the CoATT Model as something that allowed them to authentically address their struggles, as well as the misconceptions about Aphasia. According to the CoATT model, cast members make a commitment to expressing to the audience the theme of recovery they are exploring (Wood & Mowers, 2019). Participants in this production decided on three themes of Aphasia recovery to explore: 1) People with aphasia are not stupid; 2) People with aphasia are the same person that they use to be; 3) People with aphasia recover at their own pace, and in their own way. Participants used these themes to build an original play that would metaphorically present these statements. When asked to reflect in the focus group if they reached this goal, the group enthusiastically agreed that they had succeeded. As Gale described,

'Okay I had a stroke and this...this is what happens when you have a stroke, but we were able to show people that, what you gave us was a chance to let people know how we were feeling and put it into a play' (Lines 289–290).

Or as Patti expressed in an exchange with one of the researchers:

Researcher: 'What makes CoATT different, than just practicing words? If anything?' (Line 273).

Gale: 'Because, we were able to bring what we feel' (Line 275).

Researcher: 'Mmmhmm' (Line 276).

Patti: 'The feelings that we have with aphasia...out' (Line 277).

Researcher: 'I see' (Line 278).

Gale: 'You helps us (motioning to the drama therapist) bring it out'

(Line 279).

Researcher: 'So, not only could you practice words, but it was words in connection to something what you were feeling?' (Line 280).

Gale: 'Yes...even though you have a stroke, we can get to different places...with with with, you know, with...therapy' (Line 292).

Researcher: 'Yeah. And it sounds like drama helped you better explain that to people?' (Line 294).

Gale: 'Explain that to people. Yes, yes' (Line 295).

When Brad had discussed his success, he added that he felt:

Brad: 'Like old times' (Line 337).

Researcher: 'Something about about doing this process and feeling successful, made it feel like...to use your words...like old times?' (Line 338).

Brad: 'Yeah' (Line 339).

There was also another moment where the researchers and participants discussed a metaphor from the play that illustrated one of the principles the group had regarding not interrupting, and allowing people with aphasia to take their time:

Researcher: 'I think picking up on...and correct me if I'm wrong, is that...it...the theater, the play, gave you a voice?' (Line 440–441).

Patty: 'Yes!' (Line 442).

Gale: 'Yes, yes' (Line 443).

Researcher: 'Right. That people couldn't finish your sentence, people couldn't cut in, people couldn't walk up on stage' (Line 444–445).

Gale: 'Right, right, right' (Line 446).

Researcher: 'People had to sit and listen' (Line 447).

Gale: 'And listen, yes!' (Line 448).

Patty: 'And listen!' (Line 449).

Gale: 'And understand what we're going through' (Line 450).

Researcher: 'Yes' (Line 451).

Gale: 'You know, I mean even if you...if you...help him, you are doing it because you love him. But some...and that's what all, everybody does this because they love us, but sometimes you want to tell your family "back off"...'(Line 452–453)

Researcher: 'Yeah' (Line 454).

Gale: '...it's hard to do it' (Line 455).

Researcher: 'Yeah' (Line 456).

G: 'Because then they feel like I don't appreciate what we are doing for you and it's not that, we are just trying to get it out our self' (Line 457).

Perceived speech and language improvement

Participants unanimously agreed that each of them had an improvement in speech and language. While we anticipate that the forthcoming quantitative analysis will corroborate these gains, this theme focuses on the participants' lived experiences of improvement. For example, Anice put together multiple words to express her improvement, which was followed by the rest of the group commenting on their own growth and improvement:

Researcher: 'Do you think that anything about your talking changed since the first day you were here and today?' (Line 550–551).

Anice: 'I think....I did' (Line 552).

Group celebrates her saying four words together in a sentence. A moment later:

Gale: 'Yes, I feel that...that I have, I have gotten a little better. Um, if nothing else, I'm not afraid to try...even if I don't get the words out the first time. Sometimes you don't want to say it again, but people are waiting too...you know, but I feel now, I can try again and tell people "wait a minute!"' (Lines 559–565)

Researcher: 'How about you, Brad?' (Line 569).

Brad: 'Um, once sentence...one feeling. Feeling. (pause) Um, one sentence and two sentences...'(Line 570).

Researcher: 'Mmhhmm' (Line 571).

Brad: 'And three sentences and four' (Line 572) (*with excited intonation building on the fact that there were complicated sentences written into the play for him, laughter*).

Researcher: 'Yeah! They wrote you some hard lines that you had to string together' (Line 575).

Brad: 'Yeah! I never! Believed in how much I tried!' (Line 576).

As the conversation proceeded, Patty reiterated a major theme of the play that all of the participants agreed upon: that everyone recovers at their own pace.

Patty: 'Everybody is different. Everybody is different. All of life. All of life. Walks of life. Walks of life. Um, yes, um slow down. Yes, slow down yes, I ...I am...slowing down —visualizing, visualizing...yes?' (*clarifying if we understand*) (Line 582).

Researcher: 'Yes' (Line 583).

She continued by remembering how Anice, who played the role of the painter, made such big improvements with her lines about painting. She then reflected on her own struggles and improvements, which included saying a complicated line in the play: 'the clouds are fluffy.'

Patty: 'Painter? (points to Anice) Yes, looks good! Remember visualizing, yes? Yeah, yeah. "The clouds are as fluffy..." (laughter) Remember...um, um, wait um, everybody is different. EVERYbody is different. Thank you' (Line 584–589).

Researcher: 'Right...Anice is different, Gloria is different, Brad is different. You're different. Did you also feel you improved?' (Line 591–592).

Patty: 'Oh yeah! Oh yes. Wait...increments...increments...increments...uh, wait. Five years ago, don't say anything' (Line 593).

Discussion

The CoATT model, designed to work on various forms of recovery through therapeutic theater, appeared to be a good fit for these patients with Aphasia, due to the embodied approach to recovery, manualized exercises, and required public performance. Additionally, the inclusion of speech-language goals incorporated into the script and addressed by the speech-language pathology team, seemed to offer an invigorating and dynamic way to approach the work. Interpretation of the data in our results requires an awareness of the workings of aphasia as well as the workings of performance. The dynamics of the model are reflected in the distinct themes raised by the participants in the focus group.

First, CoATT is a recovery model that empowers the participant to take ownership of their own recovery. Individuals who face constant communicative challenges in their daily lives may experience helplessness as well as lose their communicative intent. More than one participant in this study reported that, throughout their experience, others (perhaps with helpful intentions) often finished their sentences, leaving the participant's thoughts unexpressed or perhaps misinterpreted. Participants explored this phenomenon by using a metaphor, in which characters would rush each other to accomplish tasks (e.g., set a table, cut a cake, etc.). By using a metaphor in the play, and rehearsing the lines 'let me finish!' or 'we all go in our own time,' the participants had the opportunity to practice asking for time, which then gave them the courage to do the same outside of the model. By taking charge of the play-making through the CoATT model participants demonstrated that they can be in charge of their recovery and their communication.

Second, the success of the CoATT model with individuals with aphasia is rooted in the "double life" of theater (Landy, 1994). Theater, to the public eye, is an act of communication, while aphasia is a disorder of communication. Individuals with aphasia, embarking on an experience where the ultimate goal is to express their feelings on a stage, in front of an audience, confront the paradox with embodied

experience. Therefore, the mere act of agreeing to take on this "challenge" (as described by participants) helped them overcome certain boundaries that they may never have approached otherwise. The chances of success using the CoATT model increase as participants stay present, witnessing the group turn challenge into opportunity. The act of moving a theater with a full audience by using words, which they have identified as their weakness, is seen as a steppingstone toward success for them. In performance, the entire body is engaged in an action of expression and an act of support. The audience witnessing is another embodied act of communication. Since the CoATT Model requires participants to take ownership over significant creation of the play (e.g., script, characters, themes, costumes, etc.), there was an increased sense of pride and ownership over the accomplishment. In the results, non-verbal endorsement and verbal encouragement demonstrated this consensus.

Finally, literature cites instances of communicative and psychological benefits of group therapy for individuals with aphasia (Bollinger, Musson, & Holland, 1993; Elman & Bernstein-Ellis, 1999; Lanyon, Rose, & Worrall, 2013; Marshall, 1993; Shadden, 2007; Wertz et al., 1981). The participants in this study were able to capitalize on a number of group therapy advantages that are cited in the literature by the application of the CoATT model within a group context. Coding the focus group elicited powerful thematic connections in the lived experience of participants that ratify important elements of group work: engaging in *meaningful relationships*, *increased belief in oneself*, and *language and speech improvement*.

Limitations

There were a number of limitations to the study. One limitation of the study pertained to participants' communicative outcomes. Since a subset of participants continued with their speech-language therapy sessions outside of the inter-professional therapeutic theater participation, not all reported communicative improvements could only be attributed to the inter-professional therapeutic theater intervention. So, although participants attributed participation in this process as contributing to a felt sense of *speech-language improvement*, there were other factors that may have also contributed to that experience. There are quantitative results of the standardized speech-language assessments in a forthcoming article.

It should be acknowledged that the researchers had spent significant time with the participants, which helped them become familiar with individual communicative strategies. The research team had multiple researchers present in the focus group writing field notes in order to objectively understand what was taking place, as well as using bracketing and member checks. While working in a team of researchers that are using member checks can help to bracket and address researcher bias, or over-interpretation of speech from people with aphasia, it acknowledges that different teams may conclude with different outcomes from qualitative methodologies depending on researcher viewpoints remains (Maxwell, 1996).

Conclusion

The goal of this study was to explore the outcomes of using the CoATT model on a group of individuals who are diagnosed with aphasia, a disorder that poses communicative restrictions due to the sudden onset of a stroke that leads to brain injury. The communicative difficulties experienced by these individuals with aphasia, despite continuous speech therapy, leads to increased self-doubt, especially in environments where communication is needed for establishing new relationships (Code & Herrmann, 2003; Code, 2003; Shehata et al., 2015).

Participants spontaneously report that the CoATT experience with speech and language support integrated, impacts both communication skills and the self-confidence that comes through building relationships.

The CoActive element between clinicians and patients, as well as the group approach to treatment, facilitates the additional benefit that traditional speech- language pathology approaches may not deliver. Treatment is described as invigorating; clinicians and colleagues are valued. The drama therapy elements of the CoATT model create an opportunity for a shift in role for every member of a co-active process. Clinicians become creators and patients become caregivers for cast-mates.

This unique study explored the perceived benefits that participants with aphasia experienced using the CoATT Model to create an original piece of therapeutic theater. Theater and playmaking seem to have clear benefits to address both the socio-emotional challenges that come with aphasia recovery, as well as the potential for facilitating language re-acquisition in inter-professional practice. There are larger questions raised in the literature review which frame the discussion in terms of the most challenging aspects of living with Aphasia. Since individuals with Aphasia can experience depression, anxiety, social isolation, occupational frustrations, loss of interest, and decreased involvement in daily living, longitudinal study may investigate how participation in the CoATT model is a catalyst to long-term development and recovery.

Future studies should consider potential benefits of the CoATT model for individuals with communication disorders, as well as their families and caregivers. This pilot study demonstrated that the CoATT model is amenable to integration of another discipline allowing for inter-professional practice and a holistic approach to treating clients such as those with Aphasia. What is most exciting about CoATT is the capacity for replicability. Ideally, we would love to see multiple treatment centers use the model and compare results. In addition, this design offers opportunities for engaging students in inter-professional education, while researching the benefits and challenges of co-treating in an inter-professional setting. Our future directions include recently finishing another play using the CoATT model and exploring caregiver/ audience benefits as well as working to run the model in two different cities in 2020 and compare and contrast mixed method results with people using the model that did not create it. We invite interested parties to read Wood and Mowers (2019) and contact us about running a study in your community. It is essential that the model can be replicated without the original creators, and we believe it has the potential to do so, which may also elevate the use of therapeutic theatre in more traditional treatment settings.

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