

*You're Doing What?! At Your Age?!*  
Intergenerational, Community-Based Theatre to Address Social Stigma of Sexuality Across the  
Life Course

by

Leah Tidey  
B.F.A., University of Victoria, 2017

A Dissertation Submitted in Partial Fulfillment of the  
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## Abstract

Social stigma about sexuality across the life course is pervasive and deeply rooted in “Anglophone West” and patriarchal society that strives to police the sexuality of youth and older adults in diverse yet interconnected ways. Using an Intergenerational and Community-Based Applied Theatre approach to address common misconceptions about sexuality across the life course, I sought to offer a space to share lived experiences of youth and older adults with each other and their community. The community-based project created with the *Victoria Target Theatre Society*, Victoria High School, and Island Sexual Health Society offers insight into an avenue for social change based on the reactions from collaborators before and after the devising and performance process, in addition to audience responses. Furthermore, these findings can inform action in the form of policy change that aims to address systemic stigmatization of older adult and youth sexuality as well as the lack of education for healthcare providers to offer unbiased care and resources.

*Keywords:* applied theatre, community-based theatre, intergenerational theatre, sexuality across the life course, social stigma, policy change, older adults, sexuality and aging

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## Introduction

I walked into the coffee shop excited and nervous to chat about sex with Pearl. With a 50-year age difference, what on earth could we have in common? Three hours later, we were busting a gut and hugging each other goodbye with promises to get together again soon. Little did I know that Pearl's stories would form a central component of our intergenerational work together. One story in particular stood out.

Pearl told the story of a close friend in her late sixties who had been married to her husband for many years. For the sake of our story, I will call her Grace. So, Grace and her husband had been together for almost 40 years and had a loving relationship. But quite unexpectedly, Grace's husband passed away. It was sudden and Grace was devastated. Her life had been turned upside down and she had no idea what to do next. About 10 months later, maybe a year, Grace was invited to a dinner party with some of her good friends. They had invited a friend of theirs who Grace had met once or twice at different social engagements. They had a lovely dinner, drank good wine, had wonderful conversations and shared a lot of laughter over the evening. Grace really connected with this man and felt like herself for the first time since her husband's death. As the evening went on, one thing led to another and she went home with him and they slept together. The next morning when she woke up, she said she felt just like a teenager. At this point in the story, Pearl did not tell me what Grace meant by the phrase "I felt just like a teenager," but it stayed in my mind.

Did Grace mean that it was thrilling and spontaneous? That she felt reckless and naive? Or maybe that she felt ashamed and should have known better as an older woman? The possibilities were boundless and the fact that Grace chose those precise words to describe her feelings was fascinating. What did teenagers feel like and why would an older adult identify their sexual

exploits as a teenage experience? What sort of ageist assumptions were being made about sexuality and who is allowed to be a sexual being? Finally, where did these ageist assumptions come from and what sort of stigma was perpetuating these beliefs?

As I discovered, social stigma about sexuality across the life course is pervasive and deeply rooted in “Anglophone West” (Tolman, Anderson, & Belmonte, 2015, p. 299) and patriarchal society that strives to police the sexuality of youth and older adults in diverse yet interconnected ways. Using an Intergenerational and Community-Based Applied Theatre approach to address common misconceptions about sexuality across the life course, I sought to offer a space to share lived experiences of youth and older adults with each other and their community. The community-based project created with *Victoria Target Theatre Society*, Victoria High School, and the Island Sexual Health Society offered evidence of grassroots social change where collaborators became sexual health advocates in their communities. Furthermore, these findings can inform action in the form of policy change that aims to address systemic issues of stigmatizing older adults’ and youth sexuality as well as the lack of education for healthcare providers to offer unbiased care and resources.

### **Dissertation Roadmap**

My dissertation is divided into three main sections in which each paper is thematically linked to the paper preceding it and offers insight into the subsequent paper. While strategically placed to reflect the intersections of my research, each paper is written to stand alone as a publishable article. In my practice, I strive to create accessible work that will benefit collaborators directly involved in the research, in addition to academics and practitioners in Applied Theatre, Aging, Public Health, Sexual Health Education, and Social Policy. As Leavy (2018) articulates, I intend

to share my work widely outside of academia in addition to following the traditional adage of “*publish or perish*” (p. 10).

Beginning with this integrative chapter that frames my practice, I aim to investigate social constructions and theoretical perspectives to tease out the complexity of sexuality across the life course and to shed light on a topic often relegated to the shadows. With Applied Theatre as my praxis to address social stigma of sexuality across the life course, this first chapter offers insight into the intersectionality of social construction, feminist theory, sexual scripts theory, and the Gendered Sexuality Over the Life Course framework to offer a unique approach to examining embodied experiences of sexuality across the life course. All of these factors converge to create intimate yet scripted sexual behaviours, where embodied experiences of sexuality play into life course trajectories, while being intimately tied to intersectional identities. For older adults in particular, sexuality is mediated through social stigma that impacts sexual health in older age. In order to combat stigma, sociohistorical contexts and the experiences of older adults must inform future research and sexual health education initiatives.

From the integrative chapter, I then turn to Section I: Applied Theatre: Praxis, Analysis, Methodology and Research Findings that begins with my ontological practice as an Applied Theatre practitioner. This section also offers a case study analysis of sexual health projects to inform my research programme, my methodological approach through Community-Based Participatory Research (CBPR) and Arts-Based Research (ABR) and key research findings from *You're Doing What?! At Your Age?! Section I is vital in laying the groundwork for my practice and finishes with a systematic breakdown of my research programme with an emphasis on thematic research findings of community engagement, social stigma, and social change. While my last paper in Section I outlines key research findings, my paper in Section II: Social Change*

for Sexual Shame and Stigma delves into the specific findings on social stigma and sexual shame. With only one paper in Section II, I aim to underpin how my research addresses social stigma and subsequent experiences of sexual shame through a close examination on collaborators' experiences. By shedding light on the intersections of age, gender, and socialization in perpetuating sexual shame across the life course, perhaps we can strive to disrupt the cycle of stigma and shame. Similar to the layout of Section II, Section III: Healthy Public Policy and Policy Change reflects an important consideration on moving theatre research into the realm of social change. With an emphasis on current policy gaps and design, fostering sustainable collaborations, capacity-building, and nurturing policy advocacy, I discuss how my research may inform a holistic approach to social justice and policy change for sexuality across the life course. The aim of this paper and the Policy Briefing Note in my Appendices is to advocate for addressing sexuality across the life course through community-based theatre, as an opportunity to create a more equitable and healthy society with increased awareness, education, and sexual health resources available to older adults and youth.

The final section of my dissertation is my Conclusion Chapter in which I reflect on my understanding of healthy sexuality across the life course and key learning from my research through three central themes: community engagement, social stigma, and social change. Additionally, I acknowledge challenges in practice, from ethical implications, school district politics, and unforeseen time constraints. This final chapter offers a reflective praxis on my research program with a discussion on future endeavours and aims to foster social change in an increasingly divided world.

Additionally, I recognize the limitations in my own world perspective and research practices that does not do enough to recognize diverse intersections of identity. As a 28-year-old white-



settler, middle class, cis-gendered, bisexual Canadian woman and young academic, my knowledge is bound to my positionality in the world. The unfortunate reality is that there is underrepresentation in research outside of Eurocentric, middle class, cis-gendered, and heteronormative perspectives in addition to ageist perceptions that perpetuate social stigma about sexuality across the life course. My hope is to spark a dialogue on sexuality across the life course and hold space for further discussions to evolve that address our myriad of lived experiences.

## **The Diverse Social Constructions and Theoretical Perspectives on the Embodied Experiences of Sexuality Across the Life Course**

### **Social Constructions**

Humans are sexual beings who are socialized from the moment we are born to the moment we die. Indeed, social constructions surround and mediate our experiences throughout our lives. Human beings are “socially produced through the narratives people use to make sense of and understand their lives. We all keep on telling stories about our embodied experiences, both to ourselves and to others” (Lawler, 2008, as cited in Jackson, 2016, p. 39). The repetitive act of storytelling about ourselves, others, and the world has created powerful social institutions that dictate normative behaviour and punish disruptive, non-normative subjects in an attempt to objectify their existence through discourse. By discourse, I intend Foucault’s (2010) understanding from *The History of Sexuality*, whereby discourse is created from institutionalized language where ideas, genres, and ways of speaking and writing about a particular topic are subject to the power dynamics and structures that underpin it, to create hierarchical and structural limitations. Sexuality is part of this discursively produced society, linked to hegemonic concepts of sex and gender. From the moment we are born, the conflation of sex and gender occurs, and we are groomed into performing gender and sexuality appropriately (Butler, 2010). To contend with sexuality, we must begin with an understanding of sex, its relation to gender, and how they work together to inform social constructions of sexuality across the life course.

### **Sex**

Carlson (2016) argues that sex is socially constructed and not an essentialist, “natural,” or biological phenomenon (pp. 18-19). Carlson builds upon the work of several theorists, including Butler, to argue that beyond the woman/man gender binary that presupposes the female/male sex

binary, “the constructivist view of gender constructs sex and the body as the raw material for gender to be constructed upon. Hence, sex and the body are themselves culturally constructed concepts” (p. 19). The crux of Carlson’s theory is that beyond our physical make up of organs into bodies, the two sexes of male and female are socially created and endowed with values and norms that emphasize cis-gender identities and heteronormative reproduction. Therefore, socialization begins from the moment bodies enter the world and are inscribed with social meaning as the building blocks of gender identity and normative behaviour. To avoid biological determinism in the construction of bodies, we must recognize that all knowledge is socially created and not naturally endowed (Carlson, 2016, p. 19). In working with older adults and youth together, I strove to challenge hegemonic beliefs that promote biological determinism by questioning assumptions on what is ‘natural’ in terms of behaviour. Particularly in our collective creation of *You’re Doing What?! At Your Age?!*, I worked with collaborators to develop well-rounded characters whose characteristics were not bound to their sex but rather challenged binary notions of what it means to be female and male in society today. As discussed below, sex and gender become intertwined as social identities. From this understanding of sex as socially created emerges Butler’s theory of gender performativity and how gender is impacted through social institutions.

## **Gender**

Butler (2010), in the influential text *Gender Trouble* (1990), reveals gender as a repeated performative act re-inscribed through daily social actions that are normalized and essentialized as the natural state of gender (p. 2552). Derived from previous theorists, such as Lacan, Derrida, and Foucault, Butler explores “how gendered activity is socially produced through repetitions of ordinary daily activities” (as cited in Leitch et al., 2010, p. 2536), which position bodies to

behave in certain ways according to their prescribed gender. Stating that “the action of gender requires a performance that is *repeated*... [through a] *stylized repetition of acts*” (p. 2552), Butler conceives of gender as a social script that is repeated until normalized. The shift in conceiving gender as an unwittingly performative act re-frames long-held beliefs that gender is a natural phenomenon and destabilizes understandings of self in the social world.

Furthermore, Butler’s (2002) notion of the “heterosexual matrix” (p. 68) reveals the systematic normalization and social enforcement of heterosexuality and subsequent gender identity. As I indicate throughout my work, the dominant discourse of valuing cis-gendered, monogamous, and heterosexual pairings as the desired social “norm” creates sexual and gender identities beyond this framework as deviant, less desirable or “other.” The heterosexual matrix is deeply entrenched in the “Anglophone West” (Tolman, Anderson, & Belmonte, 2015, p. 299) and is bound to normative assumptions of gender expression.

In my work with intergenerational collaborators, I utilize Butler’s theory to unpack my own behaviours as a cis-gendered woman and inform my facilitation as an applied theatre researcher. I strove to disrupt gender assumptions that arose throughout our devising process. For example, early improvisations on various scene prompts, such as the Love Doctor radio show, revealed collaborators’ gender scripts on how women and men should behave. Young men were positioned as aggressively seeking sexual intercourse, while young women were told to value their “virginity.” After this improvisation, I facilitated a group discussion, in which we discussed why gender-based and heterosexual stereotypes exist and how we would work to create characters in our performance that defy these expectations. The socialization of gender became an ongoing discussion with collaborators, where youth in particular felt more comfortable defying normative assumptions of gendered behaviour. Many youth collaborators spoke openly

about their expression of gender as fluid, which led to open discussions with older adult collaborators about what gender identity means to them as individuals. For older adults, conceiving of gender as a socially created phenomenon was a new perspective that they had not considered until engaging with youth. The discussions on gender led to a deeper reflection on sexual identity and fostered connections across generations, gender expressions, and sexual orientations. As a theatre practitioner, I found that facilitating these discussions through stories and collectively created characters offered a critical distance for collaborators to deconstruct gender norms. Shifting now to examine gender as informing sexuality, Seidman's (2015a) social constructivist conception of sexuality weaves together Butler's theory of gender performativity to reveal problematic understandings of sexuality imposed by institutions, dominant ideology, and hegemonic discourse.

### **Sexuality**

The naturalization of gender into the binary of woman/man, derived from the female/male sex binary, impacts experiences of sexuality by promoting heterosexuality as the normative site of sexual expression and procreation (Seidman, 2015a, pp. 36-37): what Butler (2002) describes as the "heterosexual matrix" (p. 68). Seidman (2015a) argues that "we are born with bodies, but it is society that determines which parts of the body and which pleasures and acts are sexual" (pp. 38-39). The relationship between sex, gender, and sexuality illuminates the complex web that creates embodied experiences of sexuality across the life course. Sexuality is fraught with social taboos, personal biases, and shameful beliefs that inform individual experiences. For example, many older adult collaborators were raised with notions that sexuality should not be talked about and that binary gender identities were natural. Alternatively, several youth collaborators spoke openly about how negotiating their own sexual orientation and gender identity was an ongoing

process. Three youth collaborators shared in a small group discussion with an older adult collaborator that their sexual identities were still emerging and that identifying as pansexual, bisexual, or queer at that time did not preclude changes that may occur as they age.

The generational differences between embodied experiences of sexuality emerged in bringing older adults and youth together, while simultaneously revealing similarities in how people at any age grapple with their sexuality. As Jackson, Ray, and Scott (2010a) argue, “mapping these interconnections is no easy task, since gender and sexuality are phenomena of a different order: gender is a fundamental social division and cultural distinction whereas sexuality is a sphere of social life” (p. 2). However, gender and sexuality inform each other in how they are socially enacted in complicated yet symbiotic ways. If viewed through the social constructivist lens, bodies as biological entities are endowed with social meaning that form sexual beings through social norms and morals. Sex, the physical act, as discourse then transcends physicality and is understood in relation to the social structures that govern its norms, attitudes, and permissive acts (Foucault, 2010, p. 1511). While hegemonic discourse instills a stable, biological determinist view of sexuality, Plummer (2004) underpins a social constructivist view of sexuality as an ongoing process that is in constant negotiation with changing societal norms and values (as cited in Pickard, 2016, p. 14). Despite differences across generations, navigating sexuality beyond social or internalized stigma requires a messy and iterative process of discovery.

Therefore, if sex, gender, and sexuality are socially constructed, then what are the specific institutions that impose dominant values and norms? Particularly in North America, or the “Anglophone West” (Tolman, Anderson, & Belmonte, 2015, p. 299), patriarchy and capitalism derived from colonialism are dominant institutions that regulate social expectations about sexuality (Allen, 1992, p. 195). Pickard (2016) argues that,

whatever its origin and combination of biological and social elements that comprise it, in late modern capitalism, sexuality serves as a regulative device through which power flows fixing norms that divide the genders and the ages from each other in complex and minute ways.

These benefit both patriarchy and the capitalist economy. (p. 2)

The conflation of sex and gender, in addition to sexual socialization, props up the heteropatriarchy as an essential element of capitalism and the “heterosexual matrix” (Butler, 2002, p. 68). With an over-emphasis on heteronormative sexual reproduction and “family values” ideologies, sexuality is positioned into socially prescribed norms dictated by the Anglophone West. Within this framework, cis-gendered women and men occupy distinct sexual and gender roles that are learnt and socially inscribed primarily through family (Vissing, 2018). However, family is inextricably linked to “education, religion, government and the economy” (Vissing, 2018, p. 99). Other social institutions include Euro-centric views that promote Christianity as the dominant religion (Carpenter, 2010; Harvey & Harper, 2016; McDonald, 2014) as well as intersections of identity such as gender, sexual orientation, ethnicity, socioeconomic status, age, and race (Dhuffar & Griffiths, 2014; Elise, 2008; Fahs, 2014; Lee, 2009; Rubinstein & Foster, 2013; Schooler, Ward, Merriwether, & Caruthers, 2005).

The institutions of the Anglophone West are important to consider in my research with youth and older adults, particularly in the differences of sociohistorical positioning that altered the messages collaborators received about normative expressions of sexuality and gender. While the older adults represented a fairly homogenous group of white-settler, middle to upper class, university educated individuals, youth collaborators were a far more heterogenous group. With a mix of Canadian-born youth and international students from China, Brazil, and Germany, youth collaborators represented a more diverse and multicultural group, which enriched our discussions

and revealed North American biases on “normative” sexual expression. Furthermore, youth collaborators were enrolled in a Gender/Family Studies class where they were aware of gender and sexual norms that sought to dictate their expression and chose to openly share their knowledge with older adult collaborators. Youth critiqued heteronormative assumptions that some older adult collaborators made, which demonstrated their dexterity with concepts of sexuality and gender and led to a unique learning opportunity for older adults. As Holstein and Minkler (2003) eloquently state, “norms matter because we are situated selves, embedded in society and culture and resonating with what is valued in the environment...as situated selves, we can rarely ignore cultural norms in the construction of a self” (p. 791). The social aspect of sexuality cannot be understated, and a social constructivist lens offers a framework in which to critically engage with the norms and attitudes that shape theoretical understandings and embodied experiences of sexuality.

### **Theoretical Perspectives**

#### **Intersectionality**

Sexuality and sexual expression are bound to intersectional identity. The term intersectionality, first coined by Crenshaw (1989), defines the complex intersections that constitute a person’s identity. Each layer of identity is woven together in distinct and unique ways that impacts each person’s worldview and lived experiences. For a comprehensive description, Hankivsky and Cormier (2009) define intersectionality as:

concerned with simultaneous intersections between aspects of social difference and identity (as related to meanings of race/ethnicity, indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion) and forms of systemic oppression (racism,



classism, sexism, ableism, homophobia) at macro and micro levels in ways that are complex and interdependent. (as cited in Hankivsky, 2011, p. 16)

The myriad of intersections constitutes a framework to understand lived experience. A strength of an intersectional approach to conceptualizing sexuality across the life course, in particular sexual health and aging, is that “one of the primary goals of an intersectionality framework is the inclusion of previously ignored and excluded populations” (Hankivsky, 2011, pp. 44-45). Intersectionality offers an important framework to acknowledge diverse and often silenced voices. Taylor (2006) argues that intersectionality is key in understanding human identity that is multifaceted and beyond problematic generalizations (p. 8). Instead of claiming universal understandings of lived experiences, I investigated the complexity of how intersectional identities interconnect with understandings of sexuality across the life course in observing collaborators’ interactions with each other and our audiences. Each person creates “their own understandings based on their experience...[and] that interpretation is powered by the cultural, socio-political, gendered, ethnic and sexual lens through which the world is perceived” (Taylor, 2006, p. 11).

However, many feminist scholars critique intersectionality for oversimplifying identity into the three major areas of class, gender, and race that disregard other intersections and their interplay with each other (Casey, Hines, & Taylor, 2011, pp. 1-2). Casey, Hines, and Taylor (2011) argue that “the formalistic addition and repetition of ‘intersectionality’ leaves out the intimate interconnections, mutual constitutions, and messiness of everyday identifications and lived experiences” (p. 2), which are essential in understanding how sexuality impacts embodied experiences. To offset a triad intersectionality, I strove to acknowledge various lived experiences of collaborators that were complex, messy, and even contradictory. Instead of abandoning an

intersectional approach, my aim was to critically engage with intersectionality and put it in conversation with Simon and Gagnon's (1969) sexual scripts theory to address gaps in its implementation.

### **Sexual Scripts**

Sociologists Simon and Gagnon (1969) developed the sexual scripts theory to propose that “the individual can learn sexual behavior as he or she learns other behavior—through scripts that in this case give the self, other persons, and situations erotic abilities or content” (p. 61). Carpenter (2010), in “Gendered Sexuality Over the Life Course: A Conceptual Framework” aligns Simon and Gagnon's theory of sexual scripts within social constructionism. The sexual scripts theory posits that human beings are not born with an innate sense of sexuality but rather, “that people's sexual lives are governed by socially learned sets of sexual desires and conduct, rather than by biological behaviours” (Carpenter, 2010, p. 161). Sexuality is considered outside of perceived “natural” desires and actions and instead is positioned as socially informed over time to align with sociocultural norms. Based on our intersectional identities, often reduced to the triad of age, race and class, sexual scripts dictate who we should be attracted to, how to behave in sexual experiences, and inscribe meaning on our sexual experiences. Therefore, “sexuality is not an inborn property but a product of social labeling” (Seidman, 2015a, p. 26) that can be difficult to deconstruct and separate personal sexual feelings from social expectations. For older adult collaborators in particular, many expressed the pressures to enter into a heterosexual marriage where social expectations were not questioned and, if they were, not until much later in their long-term relationships. In conversation with youth collaborators, older adults demonstrated their surprise at the amount of possibilities open to youth from who they chose to partner with or

how they identify sexually. The deep-rooted social labeling of sexuality arose as a key discussion point between collaborators as they compared their sociohistorical contexts.

Indeed, sexuality is produced by socialization over time (Jackson, Ray, & Scott, 2010b, p. 13) and I argue becomes more entrenched as we age if no opportunity arises to question beliefs that may not even be our own. As a feminist, I believe critical engagement is key in questioning not only our beliefs, but the social institutions that seek to control our ideology and behaviour. Aligning with Jackson, Ray, and Scott's (2010b) feminist perspective, if sexuality is socially embedded and produced instead of "natural," then "female sexuality cannot be seen as a repressed version of male sexuality [theorized by Freud] and neither male sexuality nor heterosexuality can be taken as the norm of human sexual being" (p. 13). Sexuality operates as a social system of control over bodies to support hegemonic, heteronormative values that continue to perpetuate power imbalances (Foucault, 2010, p. 1511) and support the "heterosexual matrix" (Butler, 2002, p. 68). As a bisexual woman, I have felt these pressures throughout my life to conform to heterosexual desires, in addition to dampening my sexuality to conform to norms of female passivity in deference to male activity. As a researcher, it has also led to my choice to work primarily with female colleagues and community partners in an attempt to disrupt gender power imbalances and hold space for female voices to inform our process. In fact, I believe our socialization as sexual beings has strong correlations to how we move through the world, since it is bound to our culture, actions, interactions, and inner sense of self as depicted by Simon and Gagnon's three levels of sexual scripts.

Sexuality is not naturally occurring, but rather produced, socially mediated, and reproduced repeatedly throughout our lives. Starting with "*cultural scenarios*" (Carpenter, 2010, p. 161), Simon and Gagnon conceive of sexual scripts as created on a societal level, through what media

and culture tell us about sexuality. Next, “people write *interpersonal scripts*” (Carpenter, 2010, p. 161) based on their own social interactions and embodied experiences of sexuality. Lastly, sexual scripts rely on “The individual, or *intrapsychic*, level of scripting [which] refers to people’s particular desires, fantasies, and intentions” (Carpenter, 2010, pp. 161-162). All levels work together, with inner scripts especially influenced by cultural scenarios and interpersonal experiences. Despite Simon and Gagnon’s ground-breaking claims, understanding sexual scripts through an intersectional lens is important in addressing the diversity of embodied experiences of sexuality.

Simon and Gagnon acknowledge the limitation of the sexual scripts theory in that the term “script” denotes a set of pursued actions within a performance (Jackson, Ray & Scott, 2010b, p. 15). Indeed, “while the dramaturgical analogy is appropriate for understanding human sexuality – we *act* sexually –” (Jackson, Ray, & Scott, 2010b, p. 15), there is an assumption of rigidity and sameness across intersectional identities. The metaphor of scripts indicates a normative narrative of socially informed actions that can be followed, yet are nuanced with cultural meaning woven throughout. From a theatre researcher perspective, the use of the term “script” is apt in depicting the overall structure or words that an actor must follow, but does not account for individual interpretations of the script, the inner dialogue of the character, or the breadth of emotions that can alter the meaning of each line. In the same way we search for a character’s objectives within a script, we assert a semblance of autonomy in sexual scenarios where our actions may be prescribed, but our intentions have limitless possibilities. As Jackson, Ray and Scott (2010b) articulate, “scripts are, therefore, fluid improvisations involving ongoing processes of interpretation and negotiation” (p. 15). Within the context of sexual scripts, lived experiences of sexuality must also be considered through a life course perspective.

## Life Course Perspective

A life course perspective considers the cumulative lived experiences across one's life while acknowledging intersections of change and transition. Hutchinson (2008) depicts the life course perspective as examining "how chronological age, relationships, common life transitions, and social change shape people's lives from birth to death" (p. 9). Utilized by various scholars in many fields, the life course perspective offers a lens through which to consider social construction, intersectionality, and sexual scripts.

Hutchinson (2008) organizes the life course perspective into the five main concepts of (a) cohort; (b) transition; (c) trajectory; (d) life event and; (e) turning point (p. 22). Each of the five concepts work together to construct an understanding of human life and how it is socially mediated across time. While cohorts refer to the specific sociohistorical context of a group of people, transitions, trajectory, life events, and turning points relate to specific changes in social roles, continuing patterns, important experiences, and life-altering occurrences respectively (Hutchinson, 2008, p. 22). Elder (1995) posits that the life course perspective considers the "multiple, simultaneously occurring *trajectories* through various dimensions of life (e.g., family, work, sexuality)" (as cited in Carpenter, 2010, p. 158), where trajectories may alter throughout our lives. Our trajectories can be mapped across the life course through a series of "*transitions*" (Elder, 1995, as cited in Carpenter, 2010, p. 158). Furthermore, "certain transitions can be understood as *turning points*—events that markedly change a trajectory's direction" (Clausen, 1995, as cited in Carpenter, 2010, p. 158) and can result in positive or negative repercussions upon one's life. The life course perspective therefore takes into account these repercussions that are deemed "cumulative advantages and disadvantages" (O'Rand, 1996, as cited in Carpenter, 2010, p. 158) and how these (dis)advantages alter one's lived experiences as we age.

The life course perspective, much like Simon and Gagnon's (1969) sexual scripts, proposes an outline of lived experience that is socially mediated through life events. Age and intersectional identity inform the sexual messages received across the life course. For example, older adult collaborators remarked in an early community building workshop with youth collaborators that sexual expression outside of heterosexuality was "frowned upon" if it was even talked about at all when they were young. Youth collaborators responded with surprise and an acknowledgement that the sexual messages they received were far more inclusive. Additionally, youth collaborators were well-versed in social conceptions of gender that define feminine and masculine stereotypes, as it was a key component of their course work in the Gender/Family Studies class. To contend with collaborators' multiple understandings on gender and sexuality and how they inform each other throughout our lives, Carpenter (2010) offers the Gendered Sexuality Over the Life Course (GSLC) framework as a model for future research.

The GSLC framework provides a structure in which to bring a life course perspective into conversation with gender and sexuality as distinct yet interconnected social constructions. In working intergenerationally, acknowledging lived experiences is vital in bringing multiple perspectives together and navigating the diversity of knowledge between youth and older adults. Recognizing the growing need for research and support for our aging population, the GSLC framework provides insight into the intersection of sexuality on key moments throughout our lives that inform our development as we age. Carpenter and DeLamater (2012) build upon the GSLC lens and cite Diamond's (2003, 2008a) work that destabilizes notions of sexual identity as fixed and instead offers a spectrum wherein attraction, behaviour, and orientation "may change in response to life events" (p. 13), particularly for women. Indeed, the GSLC framework in

conversation with diverse social constructions and theoretical perspectives frame my understanding of sexuality across the life course.

### **Sexuality Across the Life Course**

A vital aspect of the life course perspective is the concept of cumulative (dis)advantages and how they build upon, inform, and complexitize embodied experiences of sexuality (O’Rand, 1996, as cited in Carpenter, 2010, p. 158). From familial upbringing and the education received as youth to intersectional identities and sociohistorical context, experiences across the life course inform understandings of sexuality. Carpenter and DeLamater (2012) argue from a life course perspective that dominant discourse about sexuality implies “linear, static sexual lifestyle, whether asexual, heterosexual, gay or lesbian” (p. 4), yet turning points in our lives can occur at any age, from starting or ending relationships, discovering new sexual pleasures or becoming sick and relying upon a partner for care (p. 4). Within a life course perspective, the importance of sexual agency is prevalent and “describes how people attempt to shape their life trajectories in both the long term and short term to reflect their values and goals” (Waite & Charne, 2015, p. 840), however they may change as we age. Kasif and Band-Winterstein (2017) argue that:

Sexuality is part of every individual’s life from birth, while one’s sexual self-perceptions are shaped over the entire life course. According to the life course perspective, sexuality relates to life events trajectories that are interlocked, both within and across life stages. (p. 2)

While problematic heteronormative assumptions are made throughout the article, Kasif and Band-Winterstein (2017) demonstrate the complex interrelations between life events and sexuality. Sexuality does not exist within a microcosm. It is bound to our cumulative lived experiences and fluctuates across time based on intrapersonal, interpersonal and societal changes in the world around us.

Furthermore, Plummer (2011) argues that sexuality is always created and derived from multiple and overlapping generations that impose social norms and values (p. 165). Instead of conceiving of sexuality as only understood from an individual age standpoint, historical perspectives and biases permeate present lived experiences of sexuality that make it increasingly difficult to separate personal understandings of sexuality from past socialization. These “past sexual stories” (Plummer, 2011, p. 165) come into contact with modern narratives to inform sexual scripts, gender performativity, and shifting social constructions of sexuality, particularly “if we think of sex as deeply social” (Seidman, 2015b, p. 274). Underpinning the importance of sociohistorical context, Vissing (2018) reveals how “patterns in relationships, communication, sexual behaviours and use of health-care services are established during adolescence” (p. 102). In fact, the current lack of education, communication, and use of sexual health-care services by older adults is tied to their socialization as youth and the sociohistorical context in which they (predominantly the Baby Boom and World War II cohorts) were raised. Vissing’s argument lays the groundwork to consider how the education and behaviours youth experience affect sexual health throughout their lives.

## **Youth**

Attitudes about sexuality have changed over time and our understandings of sexuality are grounded in our sociohistorical context. Blair and Caster (2018) argue that “the sexual experiences of youth are considerably less bound by the limitations of conventional gender norms and heteronormative sexual scripts” (p. 1) than their older counterparts. The social construction of sexuality has changed over the last few decades to be more progressive, with greater acceptance of queer identities and a concerted effort to combat conservative ideologies (Kasif & Band-Winterstein, 2017, pp. 2-3).



Furthermore, young people are more openly discussing sexual health with parents, partners and healthcare providers than previous generations (Vissing, 2018, p. 104). Vissing's (2018) research indicates that there is greater access to information for young people, in addition to a cultural shift where it is more socially acceptable to discuss and be educated about sexuality and sexual health. This was prevalent in the discussions between collaborators, where older adults shared stories about the lack of formal education they received on sexual health in comparison to youth collaborators. The sexual health education youth receive presently far surpasses the resources that were available to older adults – demonstrated even in the option to enrol in a Gender/Family Studies class. Vissing underpins older adults' lived experiences and states that there is a drastic change from previous cohorts' experiences and access to information:

While parents may have been the main source of information in the past and continue to be important influences on sexual decision-making, data indicate that young people today are less likely to rely upon parents and more likely to rely upon the internet and peers for information about sex. (National Coalition for Sexual Health, 2016, as cited in Vissing, 2018, p. 99)

Youth today experience sexuality differently than previous generations, in particular the Baby Boom and World War II cohorts (D'Emilio & Freedman, 1988, as cited in Carpenter, 2010, p. 156) who comprise the majority of older adults alive today. There are vast intergenerational differences in regard to societal expectations, resources, and knowledge as a result of widespread societal change of perceptions on sexuality, gender expression and familial role expectations. While this is promising for current and future generations, social change takes considerable time and there remains problematic rhetoric and embodied experiences of sexuality.

To address entrenched patriarchal, cis-gendered, monogamous, and heteronormative ideology – as part of the “heterosexual matrix” (Butler, 2002, p. 68) promoted by the Anglophone West – and how it manifests across the life course, we must understand how early lived experiences influence sexuality as we age. Waite and Charne (2015) urge researchers to consider how “during adolescence, children and teens gain an understanding of the social and cultural meaning of sexuality [and]...acquire sexual scripts” (p. 841). Connected to the rising rates of Sexually Transmitted Infections (STIs) in older adults across North America (Patel, 2017), it is unsurprising that the lack of sexual health education older adults received in adolescence has contributed to sexual health complications in later years. Older adults today grew up in a time when the topic of sexuality was undergoing a dramatic shift in how it was conceived, discussed, and practiced in public discourse. Seidman (2015b) states that,

most of us grow up with little or no formal sex education. Few of us have frank, informative discussions about sex with our kin, teachers, or peers; indeed, many of us lack the kinds of information about the body and sexual technique that would allow us to become skilled, effective sexual agents. Is it any wonder that many of us find it awkward or are simply incapable of talking about our sexual preferences and concerns in thoughtful ways? (pp. 271-272)

Focusing on the experiences of the Baby Boom and World War II cohorts, Seidman (2015b) highlights that older adults today are experiencing negative consequences due in part to their youth socialization.

### **Older Adults**

The World War II cohort, born roughly in the 1930s, experienced high rates of “early marriage, high fertility, and conservative sexual values” (D’Emilio & Freedman, 1988, as cited

in Carpenter, 2010, p. 162). The Baby Boomers, born roughly in the 1950s, experienced a vastly different youth socialization, with social justice movements and the emergence of new contraceptive technologies (Seidman, 1991, as cited in Carpenter, 2010, p. 162). The newfound heterosexual freedom to engage in sex with low chances of conception, in addition to women's rights to autonomy over their bodies, challenged previous generations' views of normative procreative sex. Indeed, "the emergent feminist and gay movements in the West created a climate in which social theories of sexuality became politically significant" (Jackson, Ray, & Scott, 2010b, p. 6) and sought to unsettle the status quo. The shift in understanding sexuality as socially mediated and constructed offered a platform to negotiate rights and acknowledgement for women as well as lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirit, plus (LGBTQIA2S+) communities (Jackson, Ray, & Scott, 2010b, p. 6). In this pre-AIDS era, sexual expression was troubling the boundaries of "normative" behaviour, but sexual health education did not reflect this burgeoning time of sexual revolution.

Furthermore, the "free love" era of the 1960s altered social understandings of sexuality as Baby Boomers entered into adolescence and young adulthood. Fileborn et al. (2018) argue that the Baby Boomers in particular demonstrate a key demographic that drove this cultural shift. In sexuality and aging, "the baby boomers are likewise often credited with challenging dominant norms about aging 'appropriately,' and refusing to perform 'older age' in the same way as their parents, particularly when it comes to sex" (Fileborn et. al., 2018, p. 157). However, an intersectional approach is required to acknowledge the vast diversity of older adults' lived experiences. Despite Fileborn et al.'s argument that the Baby Boomer cohort is performing aging and sexuality on different terms than the World War II cohort, there is cause for concern in how both cohorts are experiencing sexuality today. Not all Baby Boomers were free-loving hippies,

yet we can examine the dramatic effect Baby Boomers had as an overall cohort on sexuality and sexual rights. Alternatively, not all World War II babies became housewives and male breadwinners. As these two cohorts comprise the majority of older adults alive today, however, the effect of their youth socialization is influencing their sexual health experiences and society's ability to support healthy sexuality across the life course.

### **Sexual Stigma and Shame Among Older Adults**

Across the life course, there is an unfortunate relationship between sexuality and stigma. In considering advantageous and disadvantageous life experiences, Carpenter (2010) proposes “assessing sexuality-related experiences as advantageous when they bring pleasure (physical and emotional), enhance self-esteem, or are consonant with an individual's desires or moral convictions and disadvantageous when they are coerced, painful, or result in STIs or unintended pregnancy” (p. 159). The distinction outlined by Carpenter, informed by the World Health Organization's (WHO) conception of sexuality (2002), encompasses the positive and negative aspects of sex. The consideration of stigma may offer an avenue to combat negative aspects of sex and promote positive advantages, particularly for sexual health in older age.

Stigma about older adults' sexuality is socially imposed and creates embodied experiences of shame. Pancake (2012), informed by the work of Elise (2008), argues that sexual shame emerges when a sexual act, expression, or desire is regarded as non-permissible in discourse and is therefore silenced (p. 4). Based on my literature review, sexual shame must be understood within social contexts that foster stigma which becomes internalized and self-imposed. Social stigma is a “wicked problem” (Weber & Khademian, 2008, p. 336) that is deeply complex. While there are endless intersections that create experiences of social stigma, the intersection of age offers insight into the complexities of older adults' sexuality.

The themes of shame and silence in relation to older adults' experiences, discussed more fully in my article "Sexy Till I Die: What Applied Theatre Can Offer in Approaches to Sexual Health," underpin the emphasis placed on youthful bodies as objects of desire (Rubinstein & Foster, 2013, p. 303). Rubinstein and Foster (2013) speculate that, with the rise and accessibility of images that display "ideal" women's bodies, body consciousness and self-objectification may be more prevalent in older adults (p. 303). Based on the perceptions of older adults' themselves, the rhetoric of aging as undesirable, particularly in relation to sexual attractiveness, is repeatedly mentioned throughout the literature (Cohen, 2013, p. 102; Coupland, 2009, p. 954; Rubinstein & Foster, 2013, pp. 301-303).

Levy (1994) positions sex and sexuality for older adults as an under-researched and silenced reality (p. 287) that is still perpetuated today in 2020. Focusing on the "social rather than physiological properties of aging" (p. 287), Levy explores the research, demographics, stereotypes, and sexual scripts of older adults' sexuality. Indeed, Levy indicates the relationship between older adults and their adult children as an embodied experience of sexuality across the life course. Adult children may resent their parent in seeking a sexual relationship, "refuse to recognize their parent's sexuality" (p. 296), or actively discourage sexuality amongst older adults. Due to this familial stigma, I actively chose to work with older adult and youth collaborators who were not related to each other. Theatre can offer a "critical distance" (O'Connor & Anderson, 2015, p. 37) between the topic and individual lived experience; therefore, we shared what a familial relationship between a grandmother and granddaughter could look like without the underlying tensions of actually being related. By modelling their open and honest discussions on stage, we sought to offer new language in which these discussions may occur between family members. While discussed more fully in "*You're Doing*

*What?! At Your Age?! Applied Theatre for Sexuality Across the Life Course,*” one of our audience members reflected that they are “thinking about how much I’d love to talk to my grandma about sex.” I hope that conversation happened.

However, the stigma of older adults’ sexuality still prevails in North America, particularly with a lack of representation of sexually active older adults in popular culture (Dominguez & Barbagallo, 2016; Levy, 1994; Westwood, 2016). While Levy (1994) offers “new sexual scripts” (pp. 302-304) that promote awareness and positivity towards sexuality in later life, the issues outlined in 1994 are still prevalent in 2020. Combatting stereotypes of older adults as sex-less, Levy’s chapter demonstrates how older adults represent a heterogeneous group that experience sexuality and stigma in a myriad of ways.

Next, I will examine the embodied experiences of stigma and how they relate to aging in the context of femininity and masculinity. I acknowledge that the gender binary is prevalent in the research I cite and does not account for the experiences of gender non-binary individuals. Due to the problematic lack of research about older gender non-binary folks, I am not able to knowledgeably comment on their embodied experiences. With this acknowledgement, a gendered lens on older adults’ sexuality reveals a wealth of research on the feminization of aging (Canadian Centre for Elder Law, 2013; Davidson, DiGiacomo, & McGrath, 2011; Pickard, 2016; Westwood, 2016) and how social stigma creates youth-centric perceptions of “proper” femininity and masculinity.

### **Aging Femininity**

Beginning with femininity, Pickard (2016) argues that women are socially pressured to perform youth in their bodies for as long as possible, or else be deemed “old” and “undesirable” (p. 8). Several scholars address the double bind of ageism and sexism that impacts older

women's embodied experiences of sexuality that can result in lower self-esteem, negative body image, and lack of interest in sexual activity (Carpenter, 2010; Carpenter & DeLamater, 2012; Dominguez & Barbagallo, 2016; Kasif & Band-Winterstein, 2017; Lindau et al., 2007; Ringa, Diter, Laborde, & Bajos, 2013; Rubinstein & Foster, 2013; Westwood, 2016). Showing signs of physical aging is considered shameful, particularly with the rise of anti-aging solutions in popular culture and media.

Coupland (2009) states that there is an assumed universal desire to look younger and an “obsessive concern in popular culture lifestyle magazines” (p. 954) to avoid, reduce, and repair the look of aging. Anti-aging is promoted through beauty regimes that are becoming increasingly intense. The assumed desire to look younger contributes to discourse around the undesirability of aging and the association of beauty and sexual allure with youthful bodies. With gender playing a significant role in the target demographic of anti-aging media, women face increasing pressure to limit the signs of aging through creams, diets, beauty regimes, and surgery. Coupland (2009) cites an interviewee from Clarke and Griffin's research (2008), who states that “I look in the mirror, and I judge myself” (p. 962). Furthermore, the trope still exists that postmenopausal women are beyond their sexual prime and desirability (Rubinstein & Foster, 2013), especially given the unequal pressure to meet youth-centric conceptions of physical attractiveness (McKinley, 2006, p. 685; Sanchez & Kiefer, 2007, p. 815). With femininity strongly linked to reproductive capacity, postmenopausal women are positioned as lacking femininity and therefore no longer sexual beings.

For non-heterosexual women, the stigmatization of existing outside of heteronormative standards creates a double burden, particularly through experiences of aging. Blair and Caster (2018) argue that “the rights of those who do not conform to traditional hegemonic standards of

masculinity, femininity, and heterosexuality are being challenged, once again” (p. 1), particularly with the rise of right-wing ideologies that seek to undermine the legal rights obtained by LGBTQIA2S+ communities. In a rare piece of literature discussing LGB<sup>1</sup> older adults, Westwood (2016) discusses how older LGB people are located within a unique intersection of identities that, while varying among individuals, often results in stigmatism due to age, sex, gender, and sexual orientation. As Westwood (2016) argues, older LGB adults are “marginalised by younger LGB people because of their age(s) and marginalised by older heterosexual people and heterosexuality-privileging older age care provision because of their sexualities” (p. 1). Furthermore, Ivanova (2017) and Hafford-Letchfield, Simpson, Willis, and Almack (2018) argue that the stigma against aging women, and in particular non-heterosexual or cis-gendered folks, is resulting in limited accessibility to assisted living facilities. This is placing further strain on hospitals and creating an unsustainable environment in which to access health care. Therefore, internalized ageism and judgement of physical features demonstrates an embodied experience of social stigma in the perception of oneself as unworthy of desire and restricting access to health care.

### **Aging Masculinity**

Across the life course, masculinity undergoes a marked change through the “processes of aging and bodily adaptations” (Jackson, 2016, p. 38) that directly impact embodied experiences of older cis-gendered men. Masculinity is not a homogenous social construction; yet, there is a definitive link between sexual and gender identities within patriarchal social structures that promote bodies to behave in certain ways. Gordon (2018) argues that the overlapping of patriarchal, gendered and sexual scripts can create spaces of toxic masculinity and messages

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<sup>1</sup> While I utilize the acronym LGBTQIA2S+ throughout the article, Westwood’s (2016) article only discusses lesbian, gay and bisexual older adults.



about power. The responses from Gordon's (2018) research participants indicate how men increasingly internalize negative messages about their sexuality and "when these types of messages become directed toward the self, causing the individual to believe that there is something inherently wrong with him, shame is born" (p. 106). Cohen's (2013) article "What Age is Shame?," brings aging into the conversation and offers a discussion on upbringing, associations of youth with beauty, and internalized ageism.

Cohen (2013) argues that unlike bodies, "shame, it seems, never ages" (p. 102), but rather may increase with age due to social stigma. Cohen repeatedly indicates the societal connection between youth and beauty and positions his own experience as an older man in stark contrast. Throughout the article, Cohen's self-analysis, feelings of inadequacy and undesirability as an older man reveals his internalized ageism: "shame is Dorian Gray, ageless and eternally fresh, while desire, beauty's hidden portrait, becomes uglier, wrinkled and disgusting, with age" (p. 103). Despite Cohen's initial thought that over time shame would dissipate, it has instead lingered and grown to represent a different kind of embodied shame. Over his lifetime, Cohen's shame has transformed and seemingly compounded with ageist perspectives that position older bodies as infantilized, undesirable, and even comedic in their sexual expression (p. 103). Cohen's personal reflection reveals lived experiences of aging masculinity.

Furthermore, Carpenter's (2010) GSLC framework brings together sexuality, its complex relationship with gender, and impact on the life course. While problematic in its gender binary approach, the GSLC "proposes that sexual beliefs and behaviours result from individuals' lifelong accumulation of advantageous and disadvantageous experiences" (p. 157) that influence expressions of gender, particularly in the Anglophone West that supports heteromonogamy. Carpenter discusses the impact of aging masculinity on negotiating new sexual scripts,

particularly in challenging dominant ideology about monogamy. For heterosexual men who have followed social norms of marriage then parenthood, tension may arise as they age and feel bound by the monogamy sexual script yet find it “difficult to imagine a future completely outside of this dominant script” (Carpenter, 2010, p. 167). For gay men who have to negotiate non-heteronormative sexual scripts, the experience as they age is far less bound to dominant social norms. However, the intersection of ageism and heterosexism on the experiences of older gay and “not label” (Westwood, 2016, p. 3) men who have sexual experiences with men often results in stigma and societal questioning of masculinity. Dominguez and Barbagallo (2016) indicate that, despite the double bind of ageism and sexism apparent for older women, older men appear to be more susceptible to aging social stigma beliefs. For example, many men experience weaker erections as they age that can affect feelings of masculinity, which has given rise to the profitable male virility market with products such as Viagra and Cialis (Carpenter & DeLamater, 2012, p. 9). Shifting social perceptions on sexuality and aging “along with new technologies like Viagra (Loe, 2004), will likely result in greater resistance to aging-related changes in sexuality among future cohorts, in ways that are gender-specific” (Calasanti & Slevin, 2001, as cited in Carpenter, 2010, p. 171) and hopefully promote more positive associations between aging and sexual expression. Unfortunately, the embodied experiences of internalized ageism in connection to femininity and masculinity highlight how socially imposed shame alters across the life course and may manifest disgust and rejection of aging desire.

### **Sexual Health in Older Age**

Aging research is shifting away from the discourse of decline and instead focusing on growth (Pruchno, 2015; Rowe & Kahn, 1998). People are living longer, healthier lives and physical decline is not intrinsically bound to chronological age (Lowsky, Olshansky, Bhattacharya, &

Goldman, 2014, p. 646). Despite acknowledging physical capacity as not necessarily congruent with age, a shift must also be made to recognize aging in all of its complexity as a process that is simultaneously natural and socially constructed. While it is promising that many people are experiencing healthier lives as they age, it does not problematize capitalist assumptions on productivity, particularly in the Anglophone West. In fact, “older people, especially in very old age, often shift from economic and social productivity to economic and social dependency, diminishing their cultural and social worth in capitalist societies” (Estes, 1979, 1993, 2001; Townsend, 1981, as cited in Westwood, 2016, p. 4) that commodifies people based on their economic ‘value.’ Beard, Officer, and Cassels (2016) expand on these findings and argue that to address social stigma about aging, we must “understand the cumulative impact of environmental determinants across life and to shape policy that looks to address disadvantage rather than reinforcing it” (p. S164). Addressing social stigma about sexuality in older age begins with acknowledging sexuality as an important component of lifelong health.

Sexuality is often neglected in discussions on healthy aging. Dominguez and Barbagallo (2016) argue that “maintaining a healthy sex life in older age could be instrumental in improving cognitive function and well-being” (p. 512). Moreover, sexual experiences in old age have been found to decrease physical and mental distress (Meade & Sikkema, 2007; Taylor et al., 2012, as cited in Kasif & Band-Winterstein, 2017, p. 1). Additionally, Kasif and Band-Winterstein (2017) indicate the WHO’s (2010) definition of sexuality in correlation to health as an “integration of somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love” (p. 1). With sexuality as an element of health across the life course, what then is the impact of the diverse social constructions, theoretical perspectives, and embodied experiences of sexuality across the life

course on sexual health in older age? I will address this question by considering the sexual health of older adults in Canada.

### **Canadian Context**

Across Canada, the statistics reveal that the “Historical Age Pyramid” (Statistics Canada, 2017, para. 1) is starting to resemble a rectangle instead of a pyramid. With lower birth rates, the Baby Boom generation aging, and overall better health of Canadians, the proportion of older adults in Canada is rapidly growing. In addition to increasing numbers of older adults, rates of STIs in the 65 and older population has risen dramatically since 2005. Patel (2017) cites the most recent research from Health Canada in the Global News article “Seniors have Sex – and the STI Rates to Prove It,” which states that syphilis rose by five percent, gonorrhea by 87 percent and chlamydia by 142 percent between 2005 and 2015 (para. 7). Additionally, adults 50 and above account for 31 percent of new diagnoses of Human Immunodeficiency Virus (HIV) as of 2015 (Patel, 2017, para. 9).

The reality is that many older adults grew up in a time when sexual health was not openly discussed or taught in school (Bielski, 2016, para. 1; Brotto, 2015, para. 7). The inconsistency in education is also documented in the Public Health Agency of Canada’s (2010) report “HIV/AIDS Among Older Canadians,” which cites health care professionals’ lack of knowledge about older adults’ sexuality as a key factor in rising rates of HIV/AIDS diagnoses (p. 5). Additionally, Haesler, Bauer, and Fetherstonhaugh (2016) indicate that the “knowledge of healthcare professionals is often inadequate and negative attitudes are common” (p. 70) towards older adults’ sexual health.

**Healthcare providers.** Healthcare providers often do not receive adequate training about sexual health and in the limited education they do receive, older adults’ sexual health is often

ignored or overlooked (Ferrara et al., 2003, p. S47; Shindel & Parish, 2013, p. 5). Shindel and Parish (2013) found that “between 42% and 62% of contemporary medical students find the training on sexuality issues that they have received in medical school inadequate” (p. 5). The result is that older adults feel they cannot discuss sexual health with healthcare providers since healthcare providers themselves often feel uncomfortable and unknowledgeable about older adults’ sexuality due to the widely held societal belief that older adults are either asexual or sexless (Bielski, 2016; Brotto, 2015; Hillman, 2012; Kukkonen, 2017; Patel, 2017). Recent research from the United States reveals that the education of healthcare providers about older adults’ sexual health is lacking and mired in social stigma that can result in misdiagnoses (Tillman & Mark, 2015, p. 2091).

Tillman and Mark (2015) state that STIs and HIV can go undetected by healthcare providers since, “stereotypes and assumptions have hindered providers from identifying and testing older adults at risk” (p. 2074). Sisk (2009) stresses the importance of training care providers to be sex positive and to deconstruct social stigma that surrounds older adults’ sexuality (para. 1-2). While there is disproportionate attention paid to youth sexuality that often negates older adults as sexual beings (Hillman, 2012, p. 68; Minichiello, Rahman, Hawkes, & Pitts, 2012, p. 179), many of the issues older adults face in regards to social stigma are shared by youth who are navigating the world as sexual beings for the first time.

Youth and older adults share several overlapping themes in embodied sexual experiences (Fileborn et. al, 2018, p. 173). However, “the context and the ways in which these themes play out in the lives of older people are distinct and shaped by the interplay of ageism, cohort norms regarding sex, and more general stigma around STIs and sex” (Fileborn et. al, 2018, p. 173). Indeed, “sex positivity advocates for continuous, age appropriate learning and access to

comprehensive sexual health information and treatments” (Ivanski & Kohut, 2017, p. 223) to address changing sexual health needs. Within this context of overlapping yet diverse experiences, I believe there is a need for intergenerational, sex positive health education that goes beyond a classroom lecture or clinical advice to address social stigma of sexuality across the life course.

### **Conclusion**

The integration of social constructionism, intersectionality, feminist theory, sexual scripts theory, and the GSLC framework offers a unique understanding of sexuality across the life course that acknowledges embodied experiences of stigma, sexual health, and aging. Theorists have turned to theatre as an important tool to tease out complex understandings of sexuality and gender. Weaving Simon and Gagnon’s (1969) approach of sexual scripts with Butler’s (2010) theory of gender performativity, a theme of theatricality is revealed as a promising avenue in which to investigate the social construction of sexuality and its intersection with the life course. I posit that theatre itself is not only an approach in which to destabilize norms about sexuality across the life course, but also a platform upon which lived experiences that are honest, complex, and contradictory may arise to provide a richer understanding of what it means to be a sexual being within the context of an aging body in today’s society. How might this understanding inform our policies, health and educational, to reflect this nuance and begin to unravel shame and stigma? My hope is that the findings of my research will foster an intergenerational understanding of sexuality across the life course and the utilization of Applied Theatre as a unique approach to inform future research and sexual health education initiatives.

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## **Section I: Applied Theatre**

### **Praxis, Methodology, Analysis and Research Findings**

#### **Playfulness in Applied Theatre: A Radical Act of Hope and Love**

##### **Abstract**

In the serious state the world is in today with climate change, the rise of right-wing politics, and mass media, playfulness in art-based research is a radical act of hope. Specifically examining Applied Theatre, a playful approach honours the power of laughter in creating community and provides an environment for creative expression that we must explore in order to promote love over hate and community over division. Indeed, a playful approach can break down stereotypes, subvert the status quo, use laughter to build community, and create a safe space for artistic risk-taking. For art-based practitioners, how might we consider these vital aspects of a playful approach in our research and creative endeavours? A playful approach is not only appropriate but necessary in critically engaging and creatively imagining our world from a sense of love and hope as the radical foundation to social justice and change.

*Keywords:* applied theatre, social change, art-based research, playful approach

The serious state of the world today, with climate change, the rise of right-wing politics, and mass media, requires playfulness in art-based research as a radical act of hope. Specifically, Applied Theatre is a playful approach that honours the power of laughter in creating community and provides an environment for creative expression that we must explore in order to promote love over hate and community over division. Indeed, a playful approach goes beyond methods to represent a mindset that is fundamental to the Applied Theatre practitioner. As an emerging art-based practitioner and researcher, understanding my ontological and epistemological positioning is important in how I pursue my work. While acknowledging Balfour's (2009) argument that too often Applied Theatre practitioners are deemed the "useful artist" (p. 353), the field of Applied Theatre can benefit from recognising our "useful" skills in bringing people together to play and create an aesthetic experience. From personal experience and research employing diverse practices under the broad scope of Applied Theatre, I can attest that a playful approach is not only appropriate, but necessary in critically engaging and creatively imagining our world. In this paper, I will explore Applied Theatre as an increasingly important art-based research practice, the underlying beliefs and tenets of a playful approach, how diverse Applied Theatre practices can utilize playfulness and how playfulness may be the radical approach to social change that many art-based practitioners seek.

### **What is Applied Theatre?**

While I am using the term "Applied Theatre" throughout this article, I recognize that music, dance, set design, mime, puppetry, clown, mask-work, visual arts and many others often come under the umbrella of Applied Theatre - as art-based practices that aim to reimagine our world. Applied Theatre practitioners struggle to define their practice in the broader sense as it is "home" to diverse art-based methodologies and techniques used by researchers and community members



alike. Snyder-Young (2013) offers a definition of Applied Theatre as “a wide range of practices in which participatory dramatic activities and/or theatre performances are used for a broad set of purposes including education, community-building, rehabilitation, conflict resolution, and advocacy” (p. 6). Given this broad range of practices, Ackroyd (2000) argues that what ties disparate Applied Theatre practices together is “intentionality...[where practitioners] share a belief in the power of the theatre form to address something beyond the form itself” (p. 1). In fact, the intentionality of Applied Theatre is what defines it from traditional theatre and aligns it with diverse art-based fields that seek to engage audiences in their daily lives. The intention to use our craft to open up dialogue, shed light upon, and critically engage beyond the scope of “traditional” theatre practice for entertainment is what brings Applied Theatre practitioners together. To “generate change (of awareness, attitude, behaviour, etc.)” (Ackroyd, 2000, p. 3), practitioners rely on dialectic relationships with audiences to inform, expand and interpret the art through their own meaning-making process (Leavy, 2018). As Nicholson (2014) argues, Applied Theatre is “specifically an aspiration to use drama to improve the lives of individuals and create better societies” (p. 3), that defies tropes of the “Artist” (p. 7) and recognizes the artistic potential in each of us. Therefore, Applied Theatre researchers often seek to work with non-theatrically trained community members to acknowledge diverse ways of knowing the world (Nicholson, 2014, p. 10).

My understanding of Applied Theatre aligns with those who use art-based practices for social change. Indeed, my belief (and hope) is that practitioners will strive to “promote positive social processes within a particular community” (Ackroyd, 2000, p. 1), while speaking directly to those in power to evoke change. Theatre has a long history of challenging those in power by

questioning authority and acting as a political tool for engagement (p. 5), but a playful approach is just as important to the future of Applied Theatre.

### **A Playful Approach in Applied Theatre: Is it Radical?**

As a radical foundation to social justice and change, a playful approach derives from a sense of love and hope. Freire (1970), in his influential text *Pedagogy of the Oppressed*, posits that “true solidarity is only found in the plentitude of this act of love” (p. 50) between the oppressor and the oppressed, to strive together for a more equitable and just world. Within this act of love, a sense of hope for the world must also be present (Freire, 1970, p. 50). Yet, O’Connor and Anderson (2015), in *Applied Theatre: Research: Radical Departures*, remind us that “Freire understood that hope cannot be naïve, it must be critically informed” (p. 18) to create dialogue. In *Education for Critical Consciousness*, Freire (1973) argues that when “nourished by love, humility, hope, faith, and trust...dialogue truly communicates” (p. 42). A tenet of Applied Theatre practice is engagement in critical dialogue to communicate hopes for the world (Ackroyd, 2000, p. 1; Mitchell et al., 2011, p. 380). O’Connor and Anderson (2015) support the argument that hope and love provide a pedagogical approach to Applied Theatre: “Hope, as a form of pedagogy, confronts and interrogates cynicism, the belief that change is not possible or is too costly. Hope works from rage to love” (p. 19). Hope is positioned as a pedagogy of Applied Theatre that must be practiced across arts and research institutions. Embedded within Freire’s (1970; 1973), as well as O’Connor and Anderson’s (2015) arguments is the belief that hope and love are central to social change.

Furthermore, Anderson and Dunn (2013) argue that an imaginative, creative approach in Applied Theatre is precisely the practice needed to evoke social change through dialogue:

This invoking of imagination as a response to chaos, complexity and contradiction suggests that the Arts, with rich opportunities they collectively offer for the development of imagination and creativity, might be needed to provide the approaches to learning that are best suited to meet these challenges head-on. (p. 5)

In addition to hope and love, imagination is a vital component of a playful approach that evokes creative license in addressing challenges.

However, social change is often associated with protests and angry activists taking to the streets to demand institutional, societal, or policy change. I do not deny the power of such actions and have participated in several such rallies to voice my frustrations with the status quo. Yet I wonder if a playful approach may offer additional means to disrupt the status quo. As Freebody, Mullen, Walls and O'Connor (2018) argue, "like public policy, applied theatre for social change has to establish a problem that needs to be solved" (p. 139) that too often creates short term solutions to deep-rooted societal issues. Particularly in receiving funding from governments and institutions that uphold the status quo, "socially engaged arts practice can function as a dispersed form of governance, constituting particular individuals and communities as problems and contributing to the legitimisation of normalising solutions" (p. 150). While funding and who it is from is an ongoing struggle for many art-based practitioners, my experience participating in and facilitating a playful approach to address serious topics provided optimistic instead of nihilistic approaches to change. As discussed in my article "Community-led Theatre for Sexuality Across the Life Course: An Approach to Social Change and Policy Reform," engaging with policymakers and communities together through playfulness may foster an avenue for change. By utilizing *Subversive Laughter in Troubled Times*, the subtitle of

Lerner's (2009) monograph, might we focus on critique through play and model what a more just world could look like?

The work of Applied Theatre practitioners Murray (2016) and Woodland (2016), in Preston's (2016) *Applied Theatre: Facilitation: Pedagogies, Practices, Resilience*, demonstrate a playful approach in action, derived from a sense of love, hope, and radically reimagining the world. Through examining Murray's "Send in the Clowns," and Woodland's "All Our Stress Goes in the River: The Drama Workshop as a (Playful) Space for Reconciliation," the aspects of a playful approach are revealed: to break down stereotypes, subvert the status quo, use laughter to build community, and create a safe space for artistic risk-taking.

### **Break Down Stereotypes and Subvert the Status Quo**

A key consideration of a playful approach is how it acts to break down stereotypes and subvert the status quo. Stereotypes are created and reinforced through social constructions and biases that inform our understanding of the world throughout our lives (Lawler, 2008, as cited in Jackson, 2016, p. 39). If stereotypes are so pervasive in daily lived experiences across the life course, how might Applied Theatre be used to unsettle assumptions and shed light on new understandings of self and others (Bundy, Ewing, & Fleming, 2013, p. 146; Freebody & Finneran, 2013, pp. 47-48)?

Applied Theatre is positioned outside the norm, since it seeks to utilize theatre techniques in non-theatrical settings, for diverse reasons (Belliveau, 2015, p. 131; Nicholson, 2014, p. 10). Prentki and Preston (2009) state that "the roots of applied theatre grew in the soil of progressive, radical people's movements in various places around the world" (p. 13), who recognized the power of the arts to undermine hegemony. Hegemony is defined as "the complex cultural processes that normalize the status quo, making inequalities seem natural and

constant...Hegemony is, at its core, a process by which people *consent* to social rules that support the interests of dominant social groups” (Snyder-Young, 2013, p. 4). While hegemony is nothing to joke about, how might a playful approach be used to comment on, undermine, and create new understandings of power and stereotypes?

Tracing his career from actor and street performer to theatre director and facilitator, Murray (2016) demonstrates the subversive qualities of a playful approach. Murray utilizes the role of clown as a facilitator, where “in the traditional theatre sense, it is like getting into character, but it is more like getting ready to play” (p. 95). Instead of “trying to fit in with the status quo” (p. 93), the clown exists within a temporal space of play where “he comes to life through playing...[and] sees everyone as a fellow clown” (pp. 95-96). Murray’s process depicts a subversion to hegemonic power structures by engaging with participants as equal members in the process and shares his experience of play as rooted in his own fears about the world and how he confronts them: “Why not just invert the *up to now* status quo and let people whose serious lives were threatened by my playfulness waste *their* energy on subverting *me* rather than the other way around” (p. 104)?

In the creation of the clown facilitator, Murray demonstrates Nicholson’s (2014) discussion on the constant re-negotiation of identity. Nicholson argues that, identity is created and performed in dialogue with others. A deeper sense of belonging to a community, however, derives from shared interpretations of experience. Developing this theme, communities of identity are constructed when people recognise their own experiences in others and share an understanding of each other’s values or stories. (p. 94)

The empathetic experience of sharing stories and acknowledging the stories of others offers an exchange of values, ideology, and identity that can disrupt and contradict previously held

stereotypes. To foster an environment in which stereotypes may be dismantled, playfulness may “keep alight the spark of hope” (Winston, as cited in O’Connor & Anderson, 2015, p. 33) that as humans, we are far more similar to one another than we are different.

Playfulness, an approach that honours creativity, flexibility, improvisation, and negotiation, offers a space for grassroots knowledge to emerge that cannot exist through a top-down research method (Balfour, 2009, p. 355). At the heart of artistic creation is the willingness to play and be vulnerable to the world by exploring what lies just beneath the surface. Kushner (2014) argues that “art is not simply concerned with passively reproducing cultural values, it may also be actively engaged with cultural and social change” (as cited in Nicholson, p. 8). Despite the fact that “participants, audience members, and artists all live in a world saturated by hegemonic narratives, neoliberalism, and cultural products reinforcing the status quo” (Snyder-Young, 2013, p. 135), playfulness emerges as an avenue for new possibilities. Therefore, I posit that play is a silly, collaborative process that thrives on subversive acts of power-sharing and role-playing that relies on laughter.

### **Laughter Builds Community**

Laughter connects and “opens people up” (Selman, Esmail, Munro, & Pontzetti, 2009, p. 320). Personal experience, in conjunction with the writings of various Applied Theatre practitioners, has established the value of laughter in easing anxiety, providing shared moments of relief, and demonstrating openness to others in our ability to laugh together (Salverson, 2009, p. 37; Selman et al., 2009, p. 320). Murray (2016) argues that the clown facilitator “sees laughter as the best way to engage people” (p. 96) and is a reflexive act that critically engages with material by indicating the absurdity of certain behaviours. In addition to the capacity of storytelling to disrupt stereotypes, storytelling and shared laughter can foster community

building through “social support” (Diba & d’Oliveira, 2015, p. 1355). Diba and d’Oliveira’s (2015) research “strengthened the hypothesis that theatrical activity can contribute to strengthening of a group” (p. 1357) and fostering relationships between collaborators. In particular, sharing laughter is a strong approach that art-based practitioners and researchers should foster to strengthen community.

Preston (2016) argues that “It is broadly understood that skillful facilitation can be utilized as a technique to enable the right amount of participation and ownership to be felt by stakeholders and that this effectively eases processes of change” (pp. 2-3). While striking a patriarchal tone in evoking the “right amount of participation” (Preston, 2016, p. 2), the ability to foster connection and ownership of the work within a community is important to promote change. As a feminist Applied Theatre practitioner, I agree with Butler’s (2010) sentiment in *Gender Trouble* that “laughter in the face of serious categories is indispensable for feminism. Without a doubt, feminism continues to require its own forms of serious play” (p. 2540). Therefore, how can Applied Theatre facilitators who strive to build community imagine our practice as a method of serious play that elicits laughter? Woodland (2016), through her practice creating devised theatre with Indigenous Australian prisoners, demonstrates the importance of serious play.

Early in the process, Woodland “realized how much more important it was for them to play and laugh together” (p. 109) instead of moving directly into a theatre-making process. Therefore, Woodland builds her approach through “playing a few games just for fun and group building” (p. 117) before using the games to facilitate discussions and improvisations. Woodland also demonstrates the ability to laugh at oneself as an important part of being a transparent, playful facilitator (p. 113). The “regular explosions of laughter and playfulness” (p. 116) foster an

important connection between the facilitator and collaborators that creates a safe space for artistic risk-taking.

### **Safe Space for Artistic Risk-taking**

Creating a safe environment is a requirement for artistic risk-taking, or in other words, allowing for creative liberties and experimentation. Applied Theatre is often undertaken with non-theatrically trained community members and therefore, must promote a space to explore creatively without judgement. Nicholson (2014) argues that “One of the priorities for those working in applied drama is often a political concern to demystify the arts by encouraging people from many different backgrounds and contexts to participate actively in drama and theatre” (p. 10). By demonstrating a willingness to take artistic risks themselves, Applied Theatre facilitators can build a safe environment.

Integral to a playful approach and its adaptability to various Applied Theatre practices, is the ability to create a safe distance between collaborators and the subject matter. Dobson (2019), in a lecture on Applied Theatre at the University of Victoria, depicts this distance as a lens through which a facilitator must find the optimal distance for safe creative exploration (March 25). The lens, or “Degrees of Projection” (Bolton, 2019) model, offers a variety of approaches to discuss sensitive material and holds the facilitator accountable in holding space for artistic risk-taking. Indeed, “It is about travelling into another world, often fictional, which offers both new ways of seeing and different ways of looking at the familiar” (Nicholson, 2014, pp. 12-13). The artistic capabilities of Applied Theatre practice come to life in a playful approach, where “the theatre forms used are designed to create a safe and critical distance from a subject” (O’Connor & Anderson, 2015, p. 37). The use of distancing within a playful approach provides an opportunity for engagement in the enjoyable task of laughing and playing while building a supportive



environment that encourages artistic expression. Part of the creation of a safe space is dedication to building trust as a process that requires time and patience (Preston, 2016, p. 9).

Murray (2016) and Woodland (2016) depict the importance of a safe space and how a playful approach can foster this environment. Woodland argues that the “use of play to stimulate conversation, made the participants feel comfortable to share these [personal] insights with me early on” (p. 118). Furthermore, Woodland illustrates the use of play to build trust in the community by being vulnerable and possibly looking ridiculous as the facilitator (p. 113). Through the “emphasis on play, laughter and joy” (p. 125), Woodland experienced a change in her practice and how she imagines space. To explore complex topics “in these spaces, our shared knowledge, troubled or not, can be approached as much with humour as it can with gravity” (Woodland, 2016, p. 125). Murray adds to the discussion in stating that “there is no judgement. The space is sacred” (p. 96) when striving towards artistic risk-taking.

To evoke a truly safe space for collaborators to enter into artistic risk-taking with the facilitator, a commitment to transparency and the use of humour is well advised (Murray, 2016, p. 92-97). Nicholson (2014) states “It is not the role of the researcher to invade this privacy [place where participants feel safe, often private spaces], nor to abuse the participants’ trust” (p. 16), but instead to model playfulness as an avenue for collective creation. Therefore, a playful approach embodies a hopeful ideology that seeks to recognize connection over division. To engage with the positive in the world and each other is to shed light on that which is problematic in society and how it might be transformed. Applied Theatre offers a path to transformation since “The arts often express what can sometimes only be felt or glimpsed” (Mitchell et al., 2011, p. 388). Therefore, how might a playful approach be used in specific branches of Applied Theatre?

### **A Playful Approach in Diverse Branches of Applied Theatre**

The *GeriActors and Friends* represent a unique Intergenerational Theatre company that champion a playful approach in their work. From personal experience working with Gusul, Project Manager of *GeriActors and Friends* from 2016 to 2018, and research with the *GeriActors and Friends*, a playful approach beyond Intergenerational Theatre has excellent potential. Gusul (2015) demonstrates that a playful approach offers the ability for “the stereotypes of young and old...[to be] broken...which allows for a deepened sharing [and]...the labels ‘young’ and ‘old’ [to] disappear” (p. 88). Gusul’s argument is reflected in Petherbridge and Kendall’s (2012) intergenerational theatre project, *Blackbirds*, which emphasizes the sharing of oral histories through storytelling, interviews, and workshops that resulted in strong community connections and positive social impact. Furthermore, the stereotypes of age were addressed in the firsthand accounts of a child and older adult participant who state that, as they spent more time together working on the project, social barriers were deconstructed and a mutual understanding was reached (Petherbridge & Kendall, 2012, pp. 305-306). Dismantling stereotypes and building strong connections is essential in a playful approach that offers a lighthearted entry point into artistic collaboration. Beyond Intergenerational Theatre, there are various branches of Applied Theatre that utilize or could benefit from a playful approach.

#### **Community-Based Theatre**

Community-based theatre offers a promising branch of Applied Theatre to utilize a playful approach. Van Erven (2001), in *Community Theatre: Global Perspectives*, states that community-based theatre “should be clear that in the first place it privileges the artistic pleasure and sociocultural empowerment of its community participants” (p. 3), since members of the community take on the role of performers themselves. While nearly 20 years old, van Erven’s

monograph remains an important resource that reflected my fieldwork experience in the Netherlands in 2017, discussed further in this section. From more recent publications, the acknowledgment of the experience and expertise of community members, instead of professional artists and academics, is the cornerstone to community-based theatre practice (Belliveau, 2015, p. 131; Diba & d'Oliveira, 2015, p. 1354; Prentki & Preston, 2009, p. 10).

Embedded in the creation of community-based theatre is the knowledge and voices of community members themselves, while the theatre practitioner facilitates a process with the community to create theatre rooted in their own ideas and stories. Kuppers and Robertson (2007), co-editors of *The Community Performance Reader*, offer their perspective on community theatre as “created collaboratively, challenging conventional ideas of the artist as core creator or specialist” (p. 2). Bringing together the voices and theories of various academics, artists, theatre practitioners, and social change activists, *The Community Performance Reader* offers a spectrum of theatre practices that underpin the ideology of community-based theatre. Kershaw (2007) defines community theatre as “an *ideological transaction* between a company of performers and the community of their audience” (p. 78). Therefore, the assumptions and status of the “Artist” are destabilized and brought into focus for critical engagement (Kershaw, 2007, p. 78). By having community members as “the company of performers” (Kershaw, 2007, p. 78), the transaction of ideology may be transformed into a celebration, critical analysis, or even deconstruction of ideology.

The emphasis on community voices aligns with the creation of a safe space for artistic risk-taking in a playful approach. Van Erven (2001) argues that “the group process generates a deeper consciousness of the social dynamics that operate at a community level and if you present that to the outside world by means of theatre, it produces self-confidence in the participants” (p. 69),

who are now performers of their own stories. Ideologically this understanding of community-based theatre is enticing, yet there are immense challenges in its implementation. Community-based theatre requires patience and flexibility from all members involved. From recruiting community actors, fluctuating commitment to the project, and possible tensions between artists and participants (van Erven, 2001, p. 56), theatre practitioners are in a state of constant adaptation and raised critical awareness.

Power and its unequal distribution are the antithesis to a playful approach, which seeks to actively engage collaborators into building a sense of community through shared laughter and experiences (Murray, 2016, p. 104). To ensure the growth of *communitas*, Turner's (1982) term of "a direct, immediate and total confrontation of human identities" (as cited in Kershaw, 2007, p. 47), negotiating clear communication about power dynamics is fundamental in a successful community-based theatre project. Kershaw (2007) argues that *communitas* is "the foundation of community cohesiveness" (p. 86) and a playful approach provides an accessible means to nurture *communitas*. A strength of community-based theatre and a playful approach is its adaptability and responsiveness to the specific needs of the community. My 2017 field experience in the Netherlands with van Erven and the Islemunda Theatre Company, demonstrated a playful approach in community-based theatre that developed deep levels of critical engagement and creative problem-solving. My experience in assisting with *Café de Kapenees*, directed by Stefan van Hees at the Walhalla Theatre in Rotterdam, greatly informed my own research process and exemplified the immense work of love and hope required to create impactful Community-Based theatre.

### *Café de Kapenees*

In a comedic and truly gezellig<sup>2</sup> setting, *Café de Kapenees* represents some of the best Community-Based theatre I have ever encountered. As the title of the play evokes, *Kapenees* refers to people who live in the neighbourhood of Katendrecht, Rotterdam and the sense of community ownership over the performance was tangible upon arrival. With offers of food, coffee, and even a beer, I was swept into the community and their preparation for the evening's performance in their beloved Katendrecht. The truly remarkable aspect of *Café* is that the performance began long before the audience took their seats.

The cast and crew of *Café* were primarily community members from Katendrecht, where major gentrification is changing the landscape and demographics of this rough but up-and-coming part of town. As Katendrecht is undergoing construction on almost every street corner, part of the theatre which is normally reserved as a lounge for audience members was covered with construction plastic. The sound of workers and tools could be heard behind the construction barricade. Audience members entered through the back entrance, where community actors dressed as construction workers ushered the audience around work pylons, cement mixers, and various construction tools. The audience members seemed dismayed that the lounge was under construction and many rolled their eyes at each other as if to say "typical." The annoyance at the inconvenience of construction could not have set the stage more perfectly for the performance.

While performed in Dutch, the themes and humour were easily understood without language since the characters portrayed issues that face any community that is struggling with the effects of gentrification. Accompanying the community actors were two professional and semi-famous

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<sup>2</sup> Dutch word without a clear English translation; "Its meaning includes everything from cozy to friendly, from comfortable to relaxing, and from enjoyable to gregarious"

Dutch actors, who anchored the performance with their extensive experience and facilitated a space in which other actors could shine. The performance wove together various elements from slapstick comedy, dance, magic tricks, and illusion. From the quirky antics of the café owner to entice customers to the use of popular music and comedic repetition, such as being interrupted by the sounds of construction, the play revealed a desperate but charming story of a community trying to survive even as it is being dug out around them and changed into multi-million dollar apartments and luxury lofts. At the end of act one, the characters decide to transform their local hangout into a hip new establishment called *Hot Chickies*.<sup>3</sup>

At intermission, the audience was brought downstairs and to their surprise, the construction materials had been moved aside to reveal a restaurant, cleverly mentioned throughout the first act as taking over this neighbourhood café in order to entice the new, rich residents of Katendrecht. *Hot Chickies*, the hip new restaurant, was created in the previous lounge space and audience members sat down to a full meal<sup>4</sup> in the hour-long intermission. The reveal and the immense amount of work put into the renovation delighted the audience and immersed them in the story even further. Food and sharing a meal together arose as a vital component of the performance to forge a bond not only between the community actors themselves but with their audience.

After a boisterous intermission, the audience returned to their seats, many with a drink in hand, and act two began with a completely redesigned set. While the audience enjoyed their meal in *Hot Chickies*, the crew and myself transformed the set to create the new, lounge-style bar that the characters had been dreaming of in act one. Equipped now with a pole-dancing platform and a magician's cage for illusions, act two became a hilariously absurd talent show meant to entice

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<sup>3</sup> Referencing not only the menu with its locally raised chicken, but also the clientele that might be attracted to this type of lounge now equipped with pole-dancing apparatus

<sup>4</sup> Building a sense of community even further, the director of *Café de Kapenees*, Stefan van Hees, worked with a local poultry farmer to source all of the chicken for the meal served at intermission.

customers to the newly renovated premises. Moving from one ridiculous talent act to the next, the audience laughed uproariously at each character's antics. Finally ending with a sing-along session of popular Dutch (and English) songs, the play dissolved into a party where the bar was open onstage and off for the whole community to come together.

Most remarkably, Stefan van Hees and the community actors utilized humour to spark a conversation about the changing landscape of Katendrecht. The inclusion of the audience throughout the performance—from sharing food to singing along—fostered a sense of community that lingered long past the performance was over. Even writing this now, I feel drawn to this small section of Rotterdam where I wonder about the lives of the Kapenees and their efforts to maintain their community in the face of adversity. By demonstrating their love for their community through such an ambitious and playful Community-Based project, The Kapenees' engaged in a hopeful, collective dialogue to address the needs of their neighbourhood.

As I reflect on my experience in Katendrecht, I realize that the community performers and audience members spanned several generations. Indeed, a playful approach is not ageist. In considering the changing age demographics of our world, what might a playful approach offer Reminiscence Theatre in terms of honouring lived experiences, fostering community, and promoting joy near the end of life?

### **Reminiscence Theatre**

Reminiscence Theatre is defined by Prendergast and Saxton (2016) as a practice that “uses the strategies and techniques of drama education to generate the recall of memories and experiences of the elderly” (p. 215). However, the Reminiscence Theatre approach that Prendergast and Saxton offer is problematic in valuing the “elderly,” a contested term in labelling older adults (Avers, Brown, Chui, Wong, & Lusardi, 2011, p. 153), only for their *past* memories and

experiences and not their lived realities in the present. While acknowledging that Reminiscence Theatre is traditionally about honouring the stories and memories of older adults, the use of drama education techniques only in memory recall relegates older adults' experiences as only theatrically engaging in remembering their youth. Prendergast and Saxton's definition underpins an ageist perspective, wherein the discourse of decline dominates conversations about aging and older adults that are often relegated to the margins of Eurocentric society (Carpenter & DeLamater, 2012, p. 5). However, older adults are comprising more of the population than ever before (Carstensen, 2014, p. 6) and a playful approach in Reminiscence Theatre may offer a balance between memories and current lived experiences of older adults. Indeed, Pauluth-Penner (2018) demonstrates a playful approach to Reminiscence Theatre for older adults with dementia through her doctoral research at the University of Victoria. Utilizing a literature review as well as my interview with Pauluth-Penner and personal experience, I will highlight the benefits of a playful approach in Reminiscence Theatre.

Pauluth-Penner demonstrates a new paradigm in Reminiscence Theatre by shifting the focus from only memory recall to celebrate that which remains and may yet be discovered through playful imagination (personal communication, October 31, 2017). Over the course of a year, Pauluth-Penner conducted interviews with older adults living with dementia at Oak Bay Lodge in Victoria, British Columbia and facilitated intergenerational workshops with these same older adults and University of Victoria theatre students (personal communication, October 31, 2017). Through a series of interactive, dramatic workshops, students and older adults engaged socially and creatively together. The stories from older adults with dementia were collectively created into a performance, *The Artist and Her Daughter*, which the students presented back to the older adults (personal communication, October 31, 2017). By honouring the imaginations, stories, and



contributions of older adults living with dementia, Pauluth-Penner's approach embodies Prendergast and Saxton's (2016) belief that each person is an artist and values each story that is shared. Throughout Pauluth-Penner's process, her own sense of playfulness and creative energy fostered a safe environment for laughter and storytelling to emerge. A playful approach in action elevated "something ordinary to the status of something extraordinary" (Hughes, 2014, p. 206): in this case, celebrating the lived experiences and imagination of those who are often forgotten or separated from society, and even their own memories.

I witnessed the power of a playful approach as an undergraduate student involved in Pauluth-Penner's (2018) research. My experience demonstrated Hughes' (2014) argument that the use of games, storytelling, music, movement, visual arts, and dramatics create a space for those with dementia to experience a strong sense of community (p. 202). A playful approach to Reminiscence Theatre possesses the ability to forge new understandings of self-worth and aligns with Medeiros and Basting's (2014) argument that participation in multiple social, art-based activities may improve quality of life (p. 348). Hughes (2014) illuminates this belief in stating that "the influence of art tugs us from the technological to the narrative of real individuals" (p. 213). The real experiences of individuals are able to shine through Applied Theatre practices that utilize a playful approach to promote accessibility and participation. The next branch of Applied Theatre demonstrates these abilities of a playful approach.

### **Participatory Theatre**

Selman and Heather (2015) sought to change how sexual education is taught to teenagers through a participatory theatre project that utilizes humour and a playful approach to engage audiences. *Are We There Yet?*, the title of the participatory, interactive play and project, received funding from the Social Sciences and Humanities Research Council under the Community-

University Research Alliance program in 2005 to conduct quantitative and qualitative research over a five-year period (pp. 18-19). Selman and Heather's monograph, *Theatre, Teens, Sex Ed: Are We There Yet?*, explores their process in creating a participatory sexual health play with Edmonton's Concrete Theatre and the Options Sexual Health Association, that travelled across Canada for several years starting in 1998 (p. xi).

Using the metaphor of learning how to drive, the play is divided into sections such as "Know Your Vehicle" (Selman & Heather, 2015, p. 70), "Signs and Signals" (p. 72), and "Safety Equipment and Procedures" (p. 77). The play eases the audience into active participation and as it progresses, the scenes involve increasingly more participation (Selman & Heather, 2015, p. 96). The performance utilizes audience interactions to create improvised scenes, demonstrate communication, and present realistic responses in sexual relationships and interactions (Selman & Heather, 2015). Selman and Heather's commitment to humour in their project is key to its success with data to support their claims that using comedy can spark important conversations (pp. 314-315). *Are We There Yet?* represents a shifting acknowledgement in the power of theatre to evoke dialogue. Selman, Esmail, Munro, and Pontzetti (2009), in "*Are We There Yet? On the Road to Safe Sex Through Interactive Theatre*," ask "So what is special about this play? Many plays focus on sex education, but *AWTY?* stands out on a number of counts. First, it is funny" (p. 320). The importance of humour cannot be understated in a playful approach to Applied Theatre.

The value of laughter in Applied Theatre is often overlooked due to the emphasis on social justice and critiquing the woes of the world through theatrical exploration. O'Connor and Anderson (2015) underpin this argument in their passionate belief that "working in this participatory, activist performance tradition gives back to the community, creating a legacy of inquiry, a process of change, and material resources to enable transformations in social

practices” (p. 28). Yet, Selman et al. (2009) demonstrate that the change O’Connor and Anderson seek is possible through a playful approach:

The value of entertainment – and humour is central to ‘having a good time’ – is too often lost in discussions of popular and educational theatre. Laughter opens people up. In this case, students leave the classroom behind for a while, and enjoy laughing with the actors and their classmates. An embarrassing topic becomes one they can admit to finding funny. They laugh together. Defences are down – this may be ‘good for them’ but they’ll also enjoy themselves. (p. 320)

*Are We There Yet?* demonstrates the ability for humour and laughter to bring people together, break down stereotypes, and create a safe environment for students to discuss a taboo subject all while producing quantifiable data that suggests Applied Theatre can evoke change. But what does change mean in Applied Theatre practice and how might a playful approach offer an avenue to stimulate social change?

### **Theatre for Social Change**

An underlying tenet of most Applied Theatre practice is the hope for social change. However, Balfour (2009) argues that it is vital to shift our understanding of Applied Theatre away from creating widespread social change to recognizing little changes (p. 356). Instead of positioning Applied Theatre as the “new medicine man’s brand of cure all” (O’Connor & Anderson, 2015, p. 31), we must engage with the reality of what our work can create and offer to communities. Snyder-Young (2013) asks us to consider that “When we say we want *change*, how radical a change do theatre artists want, embedded as we are in systems of power, intertwined with institutions, enjoying our privileges?” (p. 135). It is therefore, the role of Applied Theatre practitioners, to be part of the paradigm shift in academia and social policy to recognize the

importance of embodied knowledge that is shared through collective creation instead of purely quantifiable data. Indeed, Balfour's (2009) little changes approach allows for a more balanced methodology between measurement and data collection in research with a supportive and "playful relationship between facilitators and participants" (p. 356). While my playful approach to little changes is discussed more fully in "*You're Doing What?! At Your Age?! Applied Theatre for Sexuality Across the Life Course*," I believe we must strike a balance between the radical hope that Applied Theatre can change the world and the humbling realization that the work may only create fleeting moments of connection.

Nevertheless, a playful approach in Applied Theatre has the potential to offer a new trajectory for social change. While there is an endless number of branches of Applied Theatre and art-based practices that are not explored in this paper, such as Theatre for Development, Drama Education/Classroom Drama, Forum Theatre, Theatre in Education, and Prison Theatre, personal experience in each of these practices demonstrate the power of a playful approach. What aligns these diverse practices together is the belief that the work we create offers some change, however small, to the world and how we interact with each other. Snyder-Young (2013) shares this belief in that "performance is always *doing something*, and artists can look at performances with clear eyes, recognize, and articulate what that *something* is and why it has value to stakeholders" (p. 8) and the wider community.

### **A Playful Approach for the Future of Applied Theatre**

Too often, Applied Theatre is relegated to creating "educational" or "useful" content that values the topic itself over the art form and results in a heavy-handed, didactic presentation of facts instead of a performance. I aim to offer a playful approach not as a blanket solution to every type of Applied Theatre but rather a consideration to align with intentionality in creating

art-based work. An emphasis on the balance between the applied and the theatre, much like the ongoing discussion on process versus product (Leavy, 2018, p. 12; Moody & Phinney, 2012, p. 56; Nicholson, 2014, p. 4; Prendergast, 2017, pp. 37-38; Wooster, 2010, p. 284), might be mitigated through a playful approach that values laughter and imagination in discussing taboo topics.

In keeping with Freirean ideology of hope and love as the foundation of social change, Applied Theatre practitioners must recognize that “there is both radicalism and an instrumentalism about applied drama” (Nicholson, 2014, p. 6) that offers a subversion to the status quo. Unsettling stereotypes, a tenet of art-based practice (Leavy, 2018, p. 10), can be forged through a playful interaction between individuals that emerges from a sense of love. *Café de Kapenees*, *Are We There Yet?* and *The Artist and Her Daughter* demonstrate diverse playful Applied Theatre projects that answer White’s (2015) call for practice in *Applied Theatre: Aesthetics*. It is “a call to some sort of good, indefinable but indicative that something better is possible, and with the potential to ameliorate painful circumstances or to critique them while providing pleasure rather than re-enacting pain” (White, 2015, p. 9). Instead of exploiting painful lived experiences to then be displayed on stage, how can we consider a playful approach as a far more radical act of social justice? Applied Theatre encompasses a wide array of art-based practices that have the ability to move beyond recreating systems of hegemonic inequity and injustice on stage by creating new possibilities to emerge through collective creation. O’Connor and Anderson (2015) theorize that “the creation of beauty and joy in a post-normal world where these qualities have disappeared or been banished is first and foremost a political act” (p. 33). The post-normal world in which we presently reside is riddled with intolerant rhetoric, those in power denying truth, and increasingly divided politics. Yet through the use of laughter and joy to

build community, a playful approach may answer the call to use love and hope to reimagine and create the world.

Lastly, Applied Theatre practitioners can embody the belief that “‘change’ is an ongoing, unstoppable process, coupled with a radical hope that the theatre can nudge the direction of this change just a little towards social justice” (Snyder-Young, 2013, p. 10). Social justice relies on “hope [that] is founded on critical imagination. It is therefore not enough for research to tell us what the world is. Instead it must provide opportunities for communities to imagine what it *might* be” (O’Connor & Anderson, 2015, p. 19). Acknowledging the strength of the community to imagine their own futures is thus the role of the Applied Theatre facilitator to choose an approach that strives to break down stereotypes, use laughter to build community, and create a safe space for voices to emerge and imagine what hopeful future we *might* be creating.

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## Sexy Till I Die:

### What Applied Theatre Can Offer in Approaches to Sexual Health

#### Abstract

For older adults in Canada, too often shame and silence describe their experiences of sexual health. With more citizens over the age of 65 than ever before and increasing rates of Sexually Transmitted Infections (STIs) in older adults, we are facing a serious issue. Applied Theatre offers an innovative approach to deconstructing social stigma in sexuality across the life course, whereby new understandings and perceptions may emerge for people of all ages. The usefulness, gaps, and application of three different approaches to sexual health issues are examined to highlight innovations in addressing sexual health and critiquing ageist, sexist, and heteronormative assumptions through a feminist, critical pedagogy lens. The analysis culminates in a proposed outline for an intergenerational, community-based theatre project to address social stigma of sexuality across the life course entitled *You're Doing What?! At Your Age?!*

*Keywords:* sexual health, applied theatre, intergenerational theatre, community-based theatre, social stigma, sexuality across the life course

When people think of sex, what words come to mind? Pleasure and orgasm? Disappointment and frustration? Shame and silence? For older adults in Canada, too often the last two words describe their experiences of sexuality and negotiating sexual health resources. Popular media depicts sexuality as the domain of young, heterosexual, and “beautiful” people, while older adults are perceived as homogenously asexual. In Canada, as is true of several nations around the world, demographics are shifting, with more citizens over the age of 60 than ever before (Historical Age Pyramid, 2017, para. 4); thus, representing a long-term change in population distribution (Carstensen, 2014, p. 6). The World Health Organization (2018) projects that, by 2050, “the proportion of the world's population over 60 years will nearly double from 12% to 22%” (para. 1). Simultaneously, the rates of Sexually Transmitted Infections (STIs) in older adults are increasing, as reported by Patel (2017) from Health Canada Research. From 2005 to 2015, syphilis has risen by five percent, gonorrhoea by 87 percent and chlamydia by 142 percent (Patel, 2017, para. 7). Furthermore, adults 50 and above account for 31 percent of new diagnoses of HIV as of 2015 (Patel, 2017, para. 9).

If we consider how we will adapt to aging demographics in Canada in a healthy and holistic way, then we must consider older adults’ needs as sexual beings. Indeed, root causes of dramatic increases in STIs include social stigma and the lack of sex education for older adults. In discussing research findings from the University of Guelph and the Sex Information and Education Council of Canada (SIECCAN), Bielski (2016) shares three key issues facing older adults’ sexual health. First, “condom use...declines with age – even if sex doesn’t” (Bielski, 2016, para. 2) and many older heterosexual older adults are not concerned with using barrier methods since they are past their reproductive years. Secondly, the lack of sexual education older adults received as youth is informing sexual decision making in later years, contributing to a

resistance to using barrier-methods (para. 10-12). Lastly, the intense societal stigma, depicted in media, about older adults' sexuality prevents many from openly discussing and accessing sexual health resources (para. 15). Despite new entertainment programs that aim to open the discussion, such as *Grace and Frankie* (para. 16), the conversation about older adults' sexuality remains non-existent or misinformed.

This poses a significant global public health issue that must be addressed (Weiss, 2014, para. 6; Russell, 2017, para. 5). None of us can avoid aging and intimacy, physical touch, and sexuality are key to improved health and quality of life as we age (Heath & Riddett, 2012, p. 533). Beyond health, sexuality is a lifelong process, as "There is no age at which expression of sexuality and intimacy ends, and everyone, regardless of age, needs love, touch, companionship and intimacy" (Dominguez & Barbagallo, 2016, p. 517). Action must be taken now to create meaningful conversations and social change if we hope to support older adults in healthy aging.

### **Art-Based Approach to Sexual Health**

As an Applied Theatre practitioner, I began to wonder how art-based practice could be used to address sexuality across the life course in Canada. While sexuality and aging are global issues, I will focus my analysis on Canada-based initiatives as that is my primary professional residence. Through a feminist, critical pedagogy lens, I aim to tease out structural inequalities to promote a new dialogue that defies the sexual health *status quo* in Canada. My theoretical perspective is based on Paulo Freire's (1970) emphasis on critically engaged dialogue, woven together with Judith Butler's (1990) performativity and Kimberle Crenshaw's (1989) intersectional perspectives on feminism. As a feminist researcher, I agree with Sharon Grady (2005) that feminism "seeks to change oppressive structures [and foster] ...an oppositional discourse" (p. 83). Feminism offers a critical approach to examining structural marginalization that many older

adults face around the world, particularly females who experience increased discrimination due to ageism and sexism (Davidson, DiGiacomo, & McGrath, 2011, pp. 1034-1035). Furthermore, Peter O'Connor's (2013) conceptualization of critical pedagogy aligns with feminism "to challenge dominant ideologies...[and] seeks to empower those systematically excluded from civic participation" (p. 126). By including older adults in the conversation, I hope to underpin the challenges many older adults face in accessing sexual health resources due to institutional ageism (Fenge, 2010; Kasif & Band-Winterstein, 2017) and shift the analysis from the individual to the structures that create oppression.

Through an analysis of three different approaches in Western Canada, I examine the usefulness, gaps, and application of each approach. Beginning with my research entitled *Grandma has WHAT?! (Tidey, 2017a)*, in which workshops about sexual health were facilitated with youth and older adults separately, I will analyse my findings within the context of a conversation with the Seniors a GOGO digital storytelling project about older adults' sexuality as well as Concrete Theatre's participatory theatre project about youth sexuality entitled *Are We There Yet?* In examining the best practices and areas for growth in each approach, I aim to highlight innovations in addressing sexual health and critique ageist, sexist, and heteronormative assumptions.

This analysis will culminate in a proposed outline for an intergenerational, community-based theatre project to address social stigma of sexuality across the life course. The proposal, entitled *You're Doing What?! At Your Age?! (Tidey, 2017a)*, formulates my doctoral research, wherein youth and older adult collaborators are brought together to share lived experiences, address gaps in sexual health education and collectively create a performance and workshop about sexuality across the life course.



## Let's Get It On: Three Approaches to Sexual Health

### *Grandma has WHAT?!*

In addition to ageism in sexual health, structural sexism creates a double burden for older adult females for whom the slut/prude dichotomy continues to exist in social perceptions of sexual availability and shame. This appears in diverse media, such as blogs (Monsters & Muses, 2017) and Facebook projects ('I'm Tired' Project, 2017), as well as newspapers (Chan, 2013) and scholarly articles (Lippman & Campbell 2014; Payne, 2010). The binary created between 'slut' and 'prude' and/or 'virgin,' is deeply gendered in its attempt to label females far more than males; revealing external and internalized misogyny that is entrenched within patriarchal society. Payne (2010) argues that "The slut is a powerful regulatory image for young women" (p. 320) and while Payne's research depicts the experiences of young women, my own research reveals the pervasive effect of the slut/prude dichotomy across the life course.

Using the fairy tale *Snow White and the Seven Dwarfs* as inspiration, my collaborator Rachel Melville and I created two workshops to examine social beliefs about sexuality across the life course and explore how social stigma mediates experiences of sexual health (Tidey, 2017a). We facilitated the workshops in Victoria, British Columbia, with youth at Reynolds Secondary School and older adults Luther Court Seniors Society. We placed Snow White as a young woman, abandoned by her family and living with seven working men and asked collaborators to explore how society would react to her. For youth collaborators, we had Snow White as a 17-year-old woman living with seven working men in 2017. For older adults, 17-year-old Snow White was living with seven working men in the early 1950's, roughly the time when older adult collaborators were also 17. First, we discussed the sexual health education available in each of these time frames. Next, we asked each collaborator to take on the role of a neighbour or

member of the community who knew about Snow White's living situation. As the facilitator, I took on the role of Snow White and asked each collaborator to respond to my presence and what they thought of my character.

In these workshops, recurring themes of silence, misunderstanding, secrecy, and shame arose in conversations about sexuality and sexual health (Tidey, 2017a). Youth collaborators state that "you're judged on how much you know. It can't be too much or too little" and "you're either a slut or a prude" (Tidey, 2017b). The older adults' comments reflect these sentiments: "there's never a right time to lose your virginity. You're too young or too old" and "well, I would think she was quite a slut" (Tidey, 2017c). Regardless of age, the same themes arose out of these workshops and displayed similar fears of shame and silence that are repeated throughout sexuality across the life course research (Bielski, 2016; Brotto, 2015; Gatling, Mills, & Lindsay, 2017; Heath & Riddett, 2012; Weiss, 2014). The striking resemblance in experiences for youth, between the ages of 15 and 18, and older adults, aged 65 and above, led me to consider how an Intergenerational Theatre approach to sexuality across the life course might offer a space for deconstructing social stigma.

### **Seniors a GOGO Project**

Beginning in 2008 and culminating in 2010, under the guidance of Diana Wark (2010), the Calgary Sexual Health Centre worked with older adults to discuss and dismantle the many stigmas surrounding older adults' sexuality (para. 3). While older adults' sexual health is becoming more prevalent in newspaper articles (Bielski, 2016; Brotto, 2015; Patel, 2017), popular television programs and scholarly research (Gatling, Mills, & Lindsay, 2017; Heath & Riddett, 2012; Hillman, 2012), there are few examples of art-based practice being utilized. The Seniors a GOGO Project focuses on the voices of older adults, where digital storytelling is used

to express their sexuality and share their life stories and experiences. Digital storytelling, or “technologically mediated performance” (Alrutz, 2015, p. 1) is essentially short videos created to share stories and performance through a visual, digital medium. For older adults, who may have mobility complications or less experience in performance, digital storytelling creates a space for their voices to be heard on their own terms.

The project began when the Calgary Sexual Health Centre connected with older adults to initiate a dialogue about sexuality (Wark, 2010, para. 3). Out of the initial conversations, monologues were created and performed at various venues across Calgary, accompanied by a brochure about sexuality after 60 (Wark, 2010, para. 3). Most intriguing, and long-lasting due to their availability, are the six digital stories created to capture the essence of each older adult’s monologue. The videos utilize pictures and narration, which are then filmed/recorded and shared on various social media platforms (Wark, 2010, para. 4). The themes presented in the digital stories range from loneliness, shame, and silence to celebration and humour that demonstrate the breadth of sexual lived experiences among older adults.

*Hope and Harold*, written and performed by Mariette Sluyter (2009), depicts a fairy tale about an older couple who long to be together. However, their intimacy and desire disgust a young woman who tries to keep them apart. True to the fairy tale trope, the ending is happy for almost everyone, with only the young woman, who harshly judged the older couple, being unhappy (5:40). The moral of the story is that “human touch is part of our lives forever [and] not just for those who are young and beautiful” (5:19). *Hope and Harold* highlights the often-negative perceptions that youth and younger adults have of older adults’ sexuality (Heath & Riddett, 2012, p. 530; Hillman, 2012, p. 60) and demonstrates romantic love through the perspective of two older adults who are separated due to bias.

*Intimacy* is next, with Wanda (2009), the older adult who wrote and performed the piece, reimagining “intimacy” to “Into-Me-See.” Wanda’s poem “Into-Me-See” asks people to consider what they see when they look at her. She asks, “What do you see?” (0:19) and proceeds to list the multiple roles and identities that are assigned to her by society, her family, and herself. Wanda pushes her audience to be critical by beginning with the stereotype, “do you see the old lady” (0:20) and transitions into her own intimate understanding of self: “Do you see a woman who finally sees who she is?” (0:49). The transition from stereotype to individual is a powerful theatrical tool and is a key component in forging relationships between older adults and youth in intergenerational work.

Following *Intimacy* is *Nature’s Way*, presented by Vidya (2009). She remarks that there is “no cure for getting older” (1:07) and that as an older person, she must learn to accept it since it is “nature’s way” (1:38). Most striking is her comment that older adults are “never going to look like teenagers again...but [they] still have desire, [and] feel like teenagers on the inside” (1:59); in this statement, she unwittingly reinforces the social belief that teenagers are “normal” sexual beings yet challenges that notion by suggesting older adults still experience desire and sex. The silence around older adults’ sexual desires will be a key element for exploration and in its place, a sex positive approach will be offered.

From a completely different angle, *Everything I Needed to Know about Sex, I Learned on the Farm* shares the unconventional sex education that George (2009) received growing up. The only advice he ever received from his father was to “keep it in your pants” (0:56), so George gained his sexual knowledge through watching farm animals. While quaint in his storytelling, George’s education is also problematic, with lines such as “Slam, bam, thank you ma’am” (2:32) when observing horses, since this indicates a colloquial saying that disrespects females in sexual

encounters. However, George then depicts how his wife was patient with him and he ended up having “a lot more fun” (4:10) than any of those farm animals. He finishes his digital story with singing Frank Sinatra’s “I Did It My Way” (4:29), which provides a fitting sentiment for older adults’ sexuality. In personal experience, the use of music is an excellent tool in Intergenerational theatre to forge connections and create a welcoming environment.

Quoting another famous song, Vera (2009) is *Bringing Sexy Back* when she claims that sexy means “all of me, not just limited parts [and] ... looking after myself” (0:19), which transcends the idea of sexualized body parts and instead, incorporates a more holistic understanding of “sexy.” Vera’s revelation that she sometimes feels jealous of younger generations (0:41) is especially compelling, since she grew up in a time with restrictions, taboos, and discrimination, especially around pre-marital sex and being labelled a “slut” (0:50). Vera’s comments illuminate how much sex education has changed over time, but she wonders if her generation has: “paid attention and kept up? Or do we live with these taboos [and] misinformed beliefs?” (1:54). Through theatrical intervention, I intend to offer a space where societal beliefs can be examined and where the intergenerational group can inform each other from their own lived experiences and sex education.

Lastly, Oliver’s (2009) *Confessions of an Old Cowboy* illustrates the lonely existence for many older adults in institutionalized care. He states that when he walks into the “dining room at my residence ... I see a kind of sadness” (1:05), since, for some reason, “we think we can’t touch” (0:39). Questioning the last time anyone in the dining room had an intimate connection, Oliver asks “have they forgotten how to love?” (1:53). In daring to ask this, Oliver and each older adult featured in the digital stories claims their place as sexual beings. Indeed, the Seniors a

GOGO Project presents the unheard voices of older adults who are claiming space in discussing their own sexual health.

***Theatre, Teens, Sex Ed: Are We There Yet?***

Sexual education in Canada, for people of all ages, has been significantly lacking with previous forms of lecturing and scare-tactics proving to be ineffective. Jan Selman and Jane Heather (2015) demonstrate how sexual education for teenagers can be taught through a combination of theatrical expertise and support of sexual health educators. The project received funding from the Social Sciences and Humanities Research Council under the Community-University Research Alliance program in 2005, to conduct quantitative and qualitative research over a five-year period (pp. 18-19). Working with Edmonton's Concrete Theatre and Options Sexual Health Association *Are We There Yet?* travelled across Canada for several years to engage youth in a participatory sexual health performance (p. xi). While Selman and Heather focused on teenagers, there are elements of this project, including the role of a sexual health educator and the use of humour and metaphor, that offer techniques also suitable for older adults.

Divided into sections such as "Know Your Vehicle" (p. 70), "Signs and Signals" (p. 72), and "Safety Equipment and Procedures" (p. 77), Selman and Heather utilize the metaphor of learning how to drive to discuss a sensitive topic with relative ease. Shifting from the traditional passive audience to active participant, the play aims to engage the audience through a series of activities that build upon each other and create a sense of safety by discussing characters and their reactions instead of relying on the personal lived experiences of audience members. The actors, all trained in improvisation and facilitation, work with audience members to introduce scenes, model communication between characters negotiating boundaries and aim to create accurate representations of youth interpersonal communication in regard to sexual interactions (p. 96).

While the metaphor of driving provides an apt approach to youth sexuality, care must be taken not to infantilize older adults. Selman and Heather recognize the importance of humour in their project to create an open environment to discuss a taboo subject; however, acknowledging the lived experiences of older adults without shaming them further in terms of sexual health must be considered. Too often, older adults' sexuality is only deemed acceptable if it is comically portrayed so maintaining a balance between respect and comedy is key (Gatling, Mills, & Lindsay, 2017).

Another significant element in *Theatre, Teens, Sex Ed: Are We There Yet?* is that the theatre company works closely with sexual health educators in each community. The sexual health educator is present at every performance to answer questions or clarify any misunderstandings (Selman & Heather, 2015, p. 190). Sexual health educators also ran a follow-up workshop in classrooms to facilitate smaller discussions with students about sexual health and access to sexual health resources, developing upon specific examples from the play (Selman & Heather, 2015, p. 190). The decision to work with local sexual health educators led to a greater impact in each community, where local colloquial language, references and cultural practices were incorporated by the actors into the performance (Selman & Heather, 2015, pp. 192-193). For example, adapting the place references and creating diverse ensembles depending on location evoked an increase in participants' identification with the actors and performance, be it from Edmonton high school audiences, to small towns in Nova Scotia, to reserves in Saskatchewan, with each performance tailored for its audience (Selman & Heather, 2015, pp. 193-197).

As proven in their data, the performance and follow-up workshop evoke greater confidence in teenagers to communicate their sexual boundaries and ability to make healthy sexual decisions, all while enjoying the performance, identifying with the play, and feeling a strong sense of

empathy for the characters (pp. 303-306). The results demonstrate that participatory theatre is an impactful pedagogical method for engaging teenagers in discussions about sexual health and provides tools for how to better communicate sexual boundaries and consent (pp. 314-315).

The compiled work of the play, research methods, research findings, and attached DVD is a rare resource from a long-term research project about the effectiveness of participatory theatre and follow-up workshops. While the play itself (script included in the monograph), offers several opportunities for the audience to participate and feel ownership over the process, the role of the sexual health educator is significant and demonstrates the importance of interdisciplinary work. The participatory aspect of *Are We There Yet?* offers us an opportunity to consider how a performance may engage with an audience in a non-traditional way to evoke deeper meaning-making and critical awareness.

### ***You're Doing What?! At Your Age?!***

#### **Establishing a Framework for Intergenerational, Community-Based Theatre**

The above-discussed approaches demonstrate innovative practices to addressing sexual health needs as well as revealing gaps in current initiatives. The best practices from each approach have also informed the framework of my doctoral research, *You're Doing What?! At Your Age?!*, which took place in Victoria, British Columbia, Canada. As an intergenerational, community-based theatre project, we undertook a joint initiative between students from Victoria High School and *Victoria Target Theatre Society*, an older adults' theatre company that creates original performances addressing older adults' issues (2017, para. 1-2), to collectively create a play and workshop about sexuality across the life course. As an embedded intergenerational community theatre project within a high school, the cast met once a week over four months to share stories, establish an intergenerational community and create a final performance. Through a series of



community-building workshops, weekly play-making rehearsals and sexual health workshops with our sexual health educator from the Island Sexual Health Society, *You're Doing What?! At Your Age?!* offered a collaborative approach between three community groups and the University of Victoria.

I facilitated the project, along with the Victoria High School drama teacher, Kim Sholinder, Project Assistant, Alexandra Haupt, and Sexual Health Educator, Jennifer Gibson. We formed the interdisciplinary team that endeavoured to create a safe, supportive environment for the group to learn about healthy sexuality and build a strong sense of community. A key focus was to challenge and deepen sexual education for people of all ages, sexual orientations, and gender identities. Understanding possible differences between age groups, such as youth possibly having negative views of older adults' sexuality or older adults having less experience discussing diverse sexual orientations and gender identities, was vital in the ensemble-building phase where stereotypes were examined and deconstructed. Indeed, ensemble-building is an essential part of the dramatic process, whereby older adults and youth were encouraged to share their perceptions openly and with respect for opposing views through a series of diverse trust-building and playful activities. The use of storytelling techniques also provided a "safe and critical distance" (O'Connor & Anderson, 2015, p. 37) for youth and older adults to examine deep rooted and ageism that shames sexual expression and instead, forge connections across generations.

Additionally, the use of humour and metaphor are important to consider in terms of accessibility for older adult and youth collaborators, as well as audiences. The effective use of humour and audience participation in *Are We There Yet?* was incorporated into performances to disrupt the traditional passive audience and instead, engage with audiences directly in a follow-up workshop after each performance. We offered a public performance that invited various

stakeholders from the community and offered audiences an opportunity to begin more open discussions about sexuality across the life course. Engaging intergenerationally and sharing our work with community members promoted a new dialogue about sexual health by including the lived experiences of those often left out of the conversation.

By weaving Intergenerational Theatre with Community-Based Theatre that honours the lived experiences and agency of community members, I propose a new practice of Applied Theatre that provides a space for rigid stereotypes and social structures to be critically analysed. From a feminist and critical pedagogy perspective that examines hegemonic power structures, while honouring playfulness and humour, *You're Doing What?! At Your Age?!* is vitally important in enhancing the visibility of an issue that is routinely silenced and ignored by Canadian society. For older adults and those who will become older adults, *You're Doing What?! At Your Age?!* offers an innovative approach to deconstructing shame and silence whereby new understandings and perceptions may emerge for people of all ages.

### **The Big Finish**

In Canada, the demographic of older adults is growing and issues of social stigma of sexuality across the life course must be addressed. The statistics of STIs in citizens over 50 demonstrates that, while older adults are still having sex despite societal stigma that assumes asexuality in older adults, they are not nearly as well educated about safe sex practices as youth. Instead of replaying the heteronormative, overtly didactic, and scientific approaches that have proven to be ineffective, the narrative must shift to involve older adults and youth creatively in addressing sexual health. As Ávila, Azcona, Claver, Larraín, Segura, and Martínez (2019) argue from their work in art-based community health, “The positive impact of art motivates both the individual and the communal element and, without question, generates a space for positively transforming

people” (p. 215). An intergenerational, community-based approach could bridge the gap in education and lived experiences between older adults and youth and bring these communities together to critically challenge social stigma through theatrical exploration.

However, the key to successful Applied Theatre practice is flexibility and the proposed framework must adapt to suit the needs of older adults and youth collaborators and not impose rigid outcomes on the process. The focus should remain on the process of creation; yet, still strive to obtain a high-quality product that will engage audiences aesthetically and critically. No promises can be made about the radical shift that *You’re Doing What?! At Your Age??!* will evoke. Instead, consider the avenue for social change that may be created from this project and how new understandings from collaborators and audiences may be put into action. Indeed, as an older adult collaborator from Augusto Boal’s (2007) work in *The Community Performance Reader* articulates, “For learning and making love, one is never too old” (p. 17).

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## **Methodological Approach to Intergenerational Community-Based Theatre for Sexuality Across the Life Course**

### **Abstract**

There is a pressing need for innovative sexual health education in Canada and I propose that an Intergenerational Community-Based Theatre approach, through Community-Based Participatory Research (CBPR) and Arts-Based Research (ABR), may result in fresh perspectives that unsettle stereotypes about sexuality across the life course. Indeed, what if CBPR and ABR got into bed together? By weaving together CBPR's emphasis on community health with ABR's creative exploration, what new understandings might emerge to critically and artistically challenge social stigma of sexuality across the life course? I will examine CBPR and the subsequent gaps in the methodology and then offer ABR as an ideal tool to address these gaps and create a more holistic approach to research methodology.

*Keywords:* community-based participatory research, art-based research, intergenerational theatre, community-based theatre, sexuality across the life course

Too often sex is relegated to private conversations, scintillating gossip, or media representation that perpetuate a narrow portrayal of who are socially acceptable sexual beings. For older adults in particular, the notion of being sexually active is often met with humour and derision (Gatling, Mills, & Lindsay, 2017) with social norms dictating that “a ‘typical’ sexual trajectory...that proceeds from dating and experimenting with kissing and foreplay to sexual initiation to establishing a long-term committed relationship that includes sexual activity until the partners decouple or become ‘too old’” (Carpenter, 2010, p. 164). If social discourse is deeply rooted in ageist perspectives of sexuality that thrives in silence, what can the arts tell us about sexuality across the life course?

While I originally intended to focus on the sexual health of older adults, my previous discrete projects with youth and older adults about sexuality has demonstrated that youth and older adults are facing similar issues in regards to the social stigma of sexuality across the life course, with feelings of shame and silence overwhelmingly present (Tidey, 2017; Tidey, 2019). The emergence of overlapping themes has led to my pursuit of intergenerational work to initiate dialogue about sexuality across the life course and seek to de-stigmatize the lived experiences of youth and older adults. Fileborn et al. (2018) underpin these intergenerational themes of stigma, silence, and shame and state that “the context and the ways in which these themes play out in the lives of older people are distinct and shaped by the interplay of ageism, cohort norms regarding sex, and more general stigma around STIs and sex” (p. 173). There is a pressing need for innovative sexual health education in Canada and I propose that an Intergenerational, Community-Based Theatre approach, employing Community-Based Participatory Research (CBPR) and Arts-Based Research (ABR), may result in original perspectives that unsettle stereotypes about sexuality across the life course. So what if CBPR and ABR got into bed

together? By weaving together CBPR's emphasis on community health with ABR's creative exploration, what new understandings might emerge to critically and artistically challenge the social stigma of sexuality across the life course? I will begin by examining CBPR and then offer ABR as an ideal tool to augment CBPR practice and create a more holistic approach to my research. The key components and advantages of each methodology will be woven into my practice, with consideration of my research process and data collection through art-based practice.

### **Community-Based Participatory Research: What Turns It On and Keeps It Up?**

CBPR is a complex and demanding methodology that requires a great deal of patience and flexibility. Indeed, CBPR epitomizes a defining quality of Applied Theatre practice in that it works with the community to direct the work and identify the needs of the community from within. As a methodology, CBPR has the unique ability “to address community health needs that would otherwise go unnoticed” (Boyd, 2014, p. 265) and it is this ability to reveal what is silenced through a process of community involvement that best suits the needs of my research. The name of the methodology itself indicates the community as the central player in the research and is the most important component of CBPR.

As Boyd (2014) argues, effective CBPR is a collective, hands-on approach to research, which requires that the researcher and the community work closely together to evaluate an issue or concept (typically health related) facing a community and as a group, decide what actions to take to address it (p. 264). Instead of acting as participants or being observed, the community represents collaborators and actors who have agency over how the research is conducted and what will happen with the results. The “partnership-based” (Boyd, 2014, p. 264) approach to research disrupts traditional power structures and instead, engages the community as critical

thinkers and requires the researcher to relinquish power. While representing a more complex methodology involving multiple voices with a variety of lived experiences, the community process enriches the work and lends itself to a holistic understanding of an issue/concept and thus, a more well-rounded approach to addressing it. To understand CBPR further, I will briefly outline nine basic principles that define CBPR, as identified by Karen Hacker (2013), and used by other scholars such as Johnson-Lesfrud (2011) and Boyd (2014).

### **Principles of Community-Based Participatory Research**

- “Acknowledges Community as a Unit of Identity” (Hacker, 2013, p. 10)
- “Facilitates a Collaborative, Equitable Partnership in All Phases of Research”
- “Builds on Strengths and Resources Within the Community” (p. 11)
- “Fosters Co-learning and Capacity Building Among All Partners”
- “Integrates and Achieves a Balance Between Knowledge Generation and Intervention for the Mutual Benefit of All Partners” (p. 12)
- “Focuses on the Local Relevance of Public Health Problems”
- “Involves a Long-Term Process and Commitment to Sustainability”
- “Involves Systems Development Using a Cyclical and Iterative Process” (p. 13)
- “Disseminates Results to All Partners and Involves Them in the Wider Dissemination of Results” (p. 14)

In addition to these principles, the role of the academic researcher is of particular importance in working with a community. As demonstrated in the introduction, the first step was to identify myself as the researcher, fully recognize my position in society, and consider how that influences my research. As the researcher, I must investigate how I perceive the world and the intersectional positions I hold. Locating myself as a young, white-settler, middle-class, bisexual, university-

educated cis-gendered woman and having awareness of my own privilege, power, and world view is foundational in creating an equitable space for CBPR. Selman and Heather (2015) argue that “while researching, the researcher is also being researched” (p. 286), to underpin the importance of transparency, authenticity, and the futility of ‘hiding.’ While I am not a previous member of either community that I collaborated with on this research, there are some advantages to being an outsider; “Outsiders can talk about things that are too delicate for anyone in the community to name” (p. 289) and I can utilize my role to generate new discussions as a facilitator who is neither a youth nor an older adult.

Although the role of the researcher and the principles of CBPR provide a basis for this methodology, there are gaps in CBPR practice that had to be addressed in order to suit the needs of my research. CBPR is often linked to health issues, which aligned well with my research on sexual health; yet, as a theatre practitioner, CBPR lacked the theatrical dimension of my process. How then might CBPR and ABR get into bed together to explore new and exciting frontiers? Let us examine Arts-Based Research and how it addressed the gaps in CBPR practice for this project.

### **Arts-Based Research: How Can the Arts Spice Things Up?**

Arts-Based Research (ABR) provides a place for researchers and communities to make meaning through their art. Rather than an observational research model that aims to produce findings, an ABR approach to CBPR allowed us to delve deeply into the contextual issues of sexuality across the life course through artistic exploration. With the aim of engaging a complicated and deep CBPR methodology, I agree with Kershaw and Nicholson (2011), who argue that “creative approaches to research practices offer...an implicit challenge to outmoded perceptions that the terms ‘method’ and ‘methodology’ imply an attempt to capture, codify and

categorise knowledge” (p. 1), whereby knowledge generated through ABR has the potential to be embodied, rich, and ambiguous. Patricia Leavy (2018) outlines ten advantages to ABR practice in *The Handbook of Arts-Based Research*:

### **Advantages of Arts-Based Research**

- “Holistic”
- “Forge micro-macro connections”
- “Describe, explore, discover, problem-solve”
- “Evocative and provocative”
- “New insights and learning” (p. 9)
- “Participatory”
- “Critical consciousness, raising awareness and empathy”
- “Unsettle stereotypes, challenge dominant ideologies, and include marginalized voices”
- “Multiple meanings”
- “Public scholarship and usefulness” (p. 10)

When considering this list, the gifts of ABR are apparent, especially considering its relatively short history. Coined by Elliot Eisner in the 1990s (Leavy, 2018, p. 6), the term ABR is understood by several scholars as an umbrella-term for multiple forms of arts research. When considered in the context of Applied Theatre specifically, Arnold (1998) argues that “Drama in Education researchers and practitioners are at the forefront of arts-based research” (p. 110), through their interdisciplinary approaches to education and arts that transcend previous qualitative research methods. Leavy (2018) highlights the use of ABR within qualitative methodologies, where “both practices are holistic and dynamic, involving reflection, description, problem formulation, and problem solving, and the ability to tap into, identify, and explain the

role of intuition and creativity in the research process” (pp. 8-9). The creativity and flexibility in the research process must also be reflected within the researcher.

Furthermore, CBPR methodology and ABR methods “opens us up, opens up a space that interrupts the ordinary...It forces change” (Leavy, 2018, p. 47) and demands a reflective practice that questions each choice and expression. While this is apparent in several qualitative methodologies, ABR expands traditional methodologies by honouring the process and creation of art as central to the research and findings. Within theatre, for example, the experience occurs in a liminal space that cannot be replicated but only reflected on to capture the live human experience. CBPR and ABR are linked at their fundamental core in the commitment to honouring collaborators as active and complex beings as opposed to passive participants in research. Essential in preserving the intricacy of lived experience is the emphasis on the creative process but how does that effect the product?

As an art-based practice, Applied Theatre is fraught with the tension between process and product. Practitioners are challenged to address both the aesthetics and usefulness of the art (Leavy, 2018, p. 12), with one being valued over the other too often. For example, Prendergast (2017) worries that untrained theatre participants in devised theatre projects are not given the proper skills or education to create a high-quality performance (pp. 37-38), since the impetus is placed purely on the process. Additionally, Jackson (2010) argues that Theatre in Education “will be effective educationally only *if* it’s effective aesthetically” (in Wooster, 2010, p. 284), which challenges the practitioner to pursue process and product simultaneously.

How can I mitigate the aesthetic versus the sociological or educational dichotomy presented by Prendergast, Wooster, and Leavy in terms of creating an aesthetically pleasing performance while still honouring the stories and experiences of my collaborators? To pursue both goals, I

followed the CBPR guideline of dedicating a substantial amount of time for collaborators to not only explore the social stigma of sexuality across the life course, but also their own craft as artists and performers. Furthermore, our devising process followed what Prentki and Preston (2009) describe as “*Theatre ‘by’ a community*” (p. 10). As the facilitator and lead researcher, my role was to be aware of power-sharing within the community, while also guiding the process towards an aesthetic performance. Indeed, “the community make and perform theatre themselves possibly to communicate to a specific audience and setting. This might involve a high level of facilitation by an applied theatre artist to enable decision making and performance by a community” (Prentki & Preston, 2009, p. 10).

### **More than a Community-Arts Program—What makes this Research?**

While valuable in its own way, what distinguishes my ‘rigorous’ research project from a somewhat risqué community-arts program? To address the gaps in my own knowledge and experience in research, I sought the wealth of knowledge that Jan Selman and Jane Heather (2015) offer in their monograph *Theatre, Teens, Sex Ed: Are We There Yet?* In their extensive research process of creating and evaluating the participatory play *Are We There Yet?*, Selman and Heather (2015) offer invaluable guidance on collecting quantitative and qualitative data from a community-based theatre program that aims to address the sexual health of teenagers. Additionally, previous experience with Dr. Matthew Gusul (2015), as a co-collaborator on his doctoral research informed my methods on art-based reflection.

### **Let’s Get It On—CBPR and ABR Style**

My intention was to investigate negative perceptions of sexuality across the life course through Intergenerational, Community-Based Theatre, utilizing CBPR and ABR. Before delving into each phase of the research, the specific topic of my research must be further articulated. The



research questions guiding my process were: 1) To what extent is there social stigma about sexuality across the life course? and 2) To what extent can Intergenerational Community-Based Theatre be utilized to address it? These questions were informed by the rising rates of Sexually Transmitted Infections (STIs) in Canadian older adults as well as entrenched ageism and social stigma that routinely silences older adults' expression of sexuality and access to sexual health resources. For a discussion on the theoretical underpinnings of social stigma on sexuality across the life course, see my first chapter "The Diverse Social Constructions and Theoretical Perspectives on the Embodied Experiences of Sexuality Across the Life Course." For an in-depth discussion of related health statistics and policy implications, see "Community-led Theatre for Sexuality Across the Life Course: An Approach to Social Change and Policy Reform" in Section III: Healthy Public Policy and Policy Change.

### **First Stage: Building Our Knowledge**

Prior to collaborating with the community, I gathered resources regarding rates of STIs, changing demographics in Canada and Intergenerational and Community-Based Theatre practices. I also conducted a literature review on the social stigma of sexuality, with a particular focus on the life course perspective, social construction, intersectionality, feminist theory, sexual scripts theory, the Gendered Sexuality Over the Life Course framework, and healthy public policy. These findings informed the process and were shared with collaborators. Collaborators were encouraged to conduct their own research about sexuality across the life course and any research gathered was incorporated into the workshops and creative explorations. As transparency is key to CBPR and ABR, I shared my findings from the first stage in the research process to formulate my project presentations. As Selman and Heather (2015) argue, "most theatre for change...begins with entering a community as a representative of the powerful" (p.

286) and by openly sharing my findings throughout the process, I endeavoured towards power-sharing over the work to foster co-ownership with all collaborators.

### **Second Stage: Building Our Relationships**

To gather interested youth and older adult audience members, I delivered project presentations in local high schools and older adult community groups. The premise of the project, including the intergenerational aspect and the importance of participation as collaborators, was shared along with an explicit statement that people of all gender identities and sexual orientations were welcome. To gather information from a wider audience, pieces of paper were handed out to each person at the presentation so they could anonymously write down questions and ideas about sexuality across the life course. Each person was encouraged to write something, even a simple ‘hello,’ since “this helps the ones with real and urgent questions to not feel singled out or obvious” (Selman & Heather, 2015, p. 278). Written questions and ideas formulated the first phase of the community research process and information gathered informed the ensemble-building and devising process. Additionally, the project presentations outlined free and informed consent, in accordance with the Human Research Ethics guidelines at the University of Victoria, where participation in the research was voluntary, any possible risks of participation were outlined, and collaborators were able to withdraw at any time without consequence. Consent forms were distributed, and older adults and youth were invited to share their input, questions, and ideas, even if they could not commit to the devising process. Four specific communities and organizations were targeted in an attempt to formulate strong partnerships for the project.

The first organization approached was the *Victoria Target Theatre Society (Target Theatre)*. A former professor and colleague on the board of the *Target Theatre* recommended I write a

proposal on behalf of the society for the New Horizons for Seniors Program Grant. Second, with a focus on community-based, intergenerational theatre, I contacted Kim Sholinder, a colleague who teaches drama at Victoria High School. Kim was keen to introduce her students in a Gender/Family Studies class to a community-led theatre project, particularly with a social justice focus that many of the students had expressed interest in exploring. Additionally, the emphasis on sexual health and discussing social stigma about sexual orientation and gender identity aligned with curriculum for the course. Third, I sought the expertise of Jennifer Gibson, the sexual health educator from the Island Sexual Health Society (ISHS). The enthusiasm and expertise from Jennifer added another dimension to the collaboration that provided a strong network of resources and connections for the project. Lastly, Alexandra Haupt, an acquaintance pursuing an Honours Thesis in Sociology, with a double major in Gender Studies at the University of Victoria, offered her services to the project as the Project Assistant. Forming partnerships based on mutual interest and funding opportunities led to the collaboration between *Target Theatre*, Victoria High School, ISHS, and the University of Victoria.

### **CBPR Methods**

**“Acknowledges community as a unit of identity” (Hacker, 2013, p. 10).** In the case of this project, I created a new intergenerational community by bringing together older adults and youth in Victoria who were interested in creatively exploring sexual health. However, I acknowledged collaborators as members of two distinct communities and witnessed how they each informed the process of creating one community for this project. As Johnson-Lefsrud (2011) argues, “as the community engages in learning more about each other through the sharing of narratives, they may also discover ways in which they can use that knowledge to deepen their participation in the

community” (p. 37), and even create a new-found sense of community in an intergenerational setting.

**“Focuses on the local relevance of public health problems” (Hacker, 2013, p. 13).** The local relevance of this issue is apparent in the rising rates of STIs in older adults and the intense stigma in Canadian society about older adults’ sexuality, particularly among youth and younger adults (Heath & Riddett, 2012, p. 530; Hillman, 2012, p. 60). As Victoria has a large demographic of citizens over 65, almost 25 percent and growing (Victoria City Census, 2016), and most sexual health resources targeted to youth, there is a need to bring these communities together to de-mystify and de-stigmatize sexual health across the life course. It is deeply problematic that many older adults also hold negative opinions of themselves as sexual beings and associate “appropriate” sexuality with youth (Hillman, 2012, p. 68). CBPR represents a strategic approach to addressing health inequalities by identifying, understanding and challenging gaps in the health care system and public policy that are neglecting certain members of community, in this case older adults and youth.

### **ABR Method**

**“Holistic” (Leavy, 2018, p. 9).** By presenting the project to diverse communities and utilizing an interdisciplinary methodological approach, I established the groundwork for a holistic approach to research that recognized collaborators as whole beings with complex and multifaceted perspectives. Too often, research is conducted with “participants” who are denied agency in the creation and expression of research. By utilizing an ABR method within CBPR, I strove to involve multiple points of view, for a richer and more well-rounded understanding of not only sexuality, but artistic expression. Within ABR, this commitment to a holistic approach deeply informed the creative process where collaborators were encouraged to share their interests

in various art forms. In early stages of building our relationships, collaborators identified music, dance, acting, singing, and applied theatre facilitation as key areas they wished to explore as an ensemble.

### **Third Stage: Building an Intergenerational Ensemble**

Led by myself as the Applied Theatre Facilitator, workshops for youth and older adult collaborators were based on the availability of collaborators. These workshops were conducted with youth and older adults separately to gather their thoughts and perceptions about sexuality across the life course, before being brought together for ensemble building. I used discussion, tableaux, improvisation, thought-tracking, and other drama conventions to explore stereotypes and how they alter over the course of ensemble building, devising, and performance.

*You're Doing What?! At Your Age?! offered an embedded intergenerational community theatre project within a high school. Older adult performers from Target Theatre, an older adults' theatre company that creates original performances addressing older adults-based issues (2017, para. 1-2), traveled to Victoria High School for rehearsals. The intergenerational cast met once a week and devised a performance about sexuality across the life course. Alexandra, Kim and I endeavoured to create a safe, supportive environment for the group to learn about healthy sexuality and build a strong sense of community. Every effort was made to create an accessible environment for older adults and youth with multiple abilities, gender identities, and sexual orientations, thereby engaging a myriad of perspectives to inform the work.*

In addition to extensive research on the value of community theatre to evoke critical engagement and create an avenue for social change (Boal, 2007, p. 23; Gonzalez, 2007, p. 56; Kupperts, 2007, p. 36; Roberston, 2007, p.111), the location of the project within a local high school was deliberately chosen as a place for learning and access to resources. As outlined in

“Effective Evidence-Based Sexual Health Education for Youth: A Literature Review” from the Saskatchewan Prevention Institute, “schools are in a unique position to provide children, adolescents, and young adults with the knowledge, understanding, skills, and attitudes required for them to make and act upon decisions that promote sexual health throughout their lives” (Williamson & Lawson, 2015, p. 25). Furthermore, my review of current research revealed that “well-planned and implemented sexual health education programs in schools have been found to be effective in helping youth reduce the risk of STI/HIV infection and unintended pregnancies” (Williamson & Lawson, 2015, p. 25).

Once the intergenerational community was created, the primary focus was on ice-breaker activities, exploring strengths and resources each member of the community contributed, and identifying self. Essential to a cohesive ensemble is creating a space where each member feels comfortable to express who they are. To establish a safe environment, a collectively created contract was established, where the ensemble all agreed upon a code of conduct called the Community Guidelines. The Community Guidelines outlined the expectations the community had of each member throughout the process.

In two intergenerational groups, each member of the ensemble was asked to prepare a personal mythology and find a way to integrate each member into an entire group tableau, which was photo documented for further analysis. Derived from my experience with Dr. Matthew Gusul, a personal mythology is a self-location exercise in which we artistically express who we are and how we have reached this point in our lives as a member of this community. The personal mythologies, introduced in the first workshop, but not required to present until a later date decided upon by the community, could take any artistic form and the collaborators were encouraged to express themselves in whichever way they chose. As the practitioner, I presented

my own personal mythology as part of the first workshop, to demonstrate a possible structure and create a true sense of transparency about myself, my intentions, and my own lived experience.

### **CBPR Methods**

**“Involves a long-term process and commitment to sustainability” (Hacker, 2013, p. 13).**

The community connections took seven months to foster and the ensemble-building process took three months before the first performance, to allow time to gather multiple perspectives from collaborators as well as delve deeply into sexuality across the life course. The commitment to sustainability will be further addressed in the dissemination stage of the project and decisions from collaborators about how our work may continue through various grant applications and performance opportunities.

**“Builds on strengths and resources within the community” (p. 11).** Instead of coming into the community and perceiving them as marginalized or oppressed, I hoped to create a space where older adults and youth could identify the strengths they have and the resources available to them. I also hoped to examine collaborators’ access to sexual health resources and build upon the collaborators’ intimate knowledge of their own lived experiences. It was important to reflect on available resources and highlight the inaccessible or non-existent resources that needed to be offered.

**“Facilitates a collaborative, equitable partnership in all phases of research” (p. 11).** Each phase of the research required open communication between all collaborators and deciding together how to create a truly equitable partnership. In traditional CBPR practice, the academic researcher and community collaborators decide the aim of the research together without preconceived ideas. In my case, preliminary workshops with older adults and youth separately

indicated that sexual health is an issue that both groups were interested in exploring further (Tidey, 2019). Essential to CBPR is that the community is present in all dimensions of the research project and has voice and agency in the research itself and how it is conducted. This requires the researcher and community to be aware of power relationships and strive to create a level playing field for all partners through open communication.

### **ABR Methods**

**“Participatory” (Leavy, 2018, p. 10).** Full participation was expected in the intergenerational ensemble building that engaged collaborators on multiple artistic and critical thinking levels, which is a shared tenet with CBPR. Participation can take many forms; thus, ensemble building explored a wide variety of activities to creatively engage collaborators.

**“Critical consciousness, raising awareness, and empathy” (p. 10).** This part of the project forged connections between youth and older adult collaborators, as they came to understand each other’s lived experiences through storytelling and improvisation. The ensemble building process aimed to connect collaborators with each other and begin to consider sexual health and stigma outside of their own experiences.

### **Fourth Stage: Devising/Collective Creation**

Devising rehearsals were led by myself and Kim with aid from the Alexandra, where older adults and youth shared ideas and stories about sexual health. Through diverse imaginative activities and drama conventions, collaborators improvised and created scenes, as well as explored other artistic explorations, such as dance, music, and song, based on the skills and interests of the community. After extensive creative exploration, collaborators established the structure and outline of the performance, with each person choosing how they would participate: for example, as a stage manager, costume designer, actors, sound design, light design, etc.



Additionally, our sexual health educator revisited near the end of the devising process, as a consultant for any questions or concerns that arose and depicted in the following section.

Utilizing Joe Norris' (2018) practice of play-building, I structured the workshops and rehearsals around a similar process. The devising rehearsals utilized a constantly reflective practice whereby stories were told, examined from multiple angles, and considered in terms of personal identity and how it affected the story (Norris, 2018, as cited in Leavy, 2018, p. 289). These stories and creative explorations eventually generated themes and concepts to be explored further (Norris, 2018, as cited in Leavy, 2018, p. 289). The evolving process created space for nuanced understanding, meaning-making, and connections to be forged that led to a through-line for the performance.

### **CBPR Methods**

**“Integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners” (Hacker, 2013, p. 12).** An important component of the devising process is decolonizing practice. Therefore, transparency in intentions and research practices were necessary for the community to benefit from the work and be a vital part in making decisions. I adopted a community of learners' approach, where an open and inviting environment was created so all collaborators may “actively engage in learning from one another” (Culture of Learning, 2017, para. 2). The collaborators, including myself, were encouraged to share their talents and expertise as well as learn from each other. Johnson-Lefsrud (2011) underpins the importance of this approach in CBPR practice, in that “what needs to be known comes from the community itself and the community exercises control over the research process” (p. 37) as true collaborators.

**“Involves systems development using a cyclical and iterative process” (Hacker, 2013, p. 13).** More simply put, Hacker explains this principle of CBPR practice as the “Plan Do Study Act” (p. 13) process. Using a cyclical progression of constantly reflecting, each devising activity informed and altered the next step in the process of searching for dynamic and engaging material. As we learned as collaborators, we adapted our practice and continued to question and create material. For all CBPR practices, flexibility is key, as it is a non-linear process which requires patience and a sense of humour.

### **ABR Methods**

**“Describe, explore, discover, problem solve” (Leavy, 2018, p. 9).** The advantages of ABR listed above depicts the devising process itself. Through a variety of participatory workshops, we explored ideas and expressions that arose through various problem-solving and dramatic activities. Often messy and demanding a great deal of patience, the devising process deconstructed and analyzed sexuality across the life course through a variety of perspectives.

**“Multiple meanings” (Leavy, 2018, p. 10).** To evoke multiple meanings, rather than message-laden and overt content, I encouraged various art forms to create engaging, non-didactic material for a performance that invited meaning-making (term utilized by Leavy, 2018). Throughout our devising process, collaborators shared their work and offered opportunities to delve deeper through various drama conventions to create evocative performance pieces that were ambiguous, thought-provoking, and utilized comedy as an important tool in addressing a sensitive topic.

### **Fifth Stage: Sexual Health Workshop and Rehearsal**

The sexual health workshop and rehearsal allowed Jennifer to engage with collaborators’ work and offer insight into our collectively created performance and follow-up workshop before

our final performances. Jennifer, Alexandra and I gathered ideas from collaborators about topics they would like to explore in the follow-up workshop and provided an opportunity to offer their own expertise. The two-hour rehearsal/workshop was led by Jennifer and I, while the collaborators, including myself, could ask to pause the rehearsal to reflect upon or explore certain topics further. More than educating the collaborators about sexual health resources and safe sex practices at any age, I hoped to critically engage the community in examining the accessibility of sexual health education and discuss possible gaps. Most important for this process was establishing a safe and supportive environment for older adults and youth, which was upheld by all members of the community through our Community Guidelines.

### **CBPR Method**

**“Fosters co-learning and capacity building among all partners” (Hacker, 2013, p. 12).**

The sexual health workshop was tailored to meet the needs and questions of the community, which were collected anonymously. Collaborators were asked to consider what they wanted to gain from the workshop, in addition to practicing workshop facilitation with Jennifer’s guidance. Overall, I aimed to create a space where new insights could emerge from diverse experiences and understandings of sexual health that would inform and strengthen our performances and follow-up workshops.

### **ABR Methods**

**“Forge micro-macro connections” (Leavy, 2018, p. 9).** The sexual health workshop focused on refining our script and using the play to examine socially constructed values that formulate our beliefs on sexuality. By linking individual experiences and understandings of sexual health to a larger societal framework, I intended to explore how and why we understand sexual health across the life course the way we do, in a Canadian context.

**“Unsettle stereotypes, challenge dominant ideologies, and include marginalized voices and perspectives” (p. 10).** The dominant discourse of youth as sexual beings who need to be monitored and older adults whose sexuality is deemed invisible, must be disrupted to create a cohesive and understanding ensemble. Therefore, emphasis was placed on creating a space where sexual health education was available to an intergenerational community to disrupt the narrative of youth equals sexy and older adult equals sexless.

### **Sixth Stage: Performance**

The collectively created performance and follow-up workshop featured an intergenerational cast. Once the play was created, performers offered two private performances for students at Victoria High School and various other invited high school groups from around Victoria. Additionally, a public performance was offered for community members, family and friends of collaborators, and various stakeholders and decision-makers, in particular healthcare providers, public health nurses and school administrators.

Within the community of older adult and youth collaborators, an opportunity for reflection and critical engagement with the audience was offered after each performance. An important component of the performance was the follow-up workshop that allowed audiences to interact with collaborators who facilitated intergenerational discussion groups about various topics raised by the performance. The importance of the follow-up workshop is to include as many perspectives as possible and create a space for problem-solving and encouraging innovations to emerge.

Led by the collaborators, with assistance from myself and Alexandra, short workshops after each performance were facilitated for audiences to interact with the cast and further consider the topic of sexual health across the life course. In addition to discussing how the performance was

created, audiences have the opportunity to participate with the content by delving deeper into motivations, making meaning, and forging connections. For example, collaborators could replay certain moments of the play and ask the audience in small groups to create a new ending or add to the performance. The small group work with audience members was co-facilitated by youth and older adult collaborators based on topics explored in the performance and selected by collaborators themselves. The audience reaction to the performance and participation in the follow-up workshop was observed to elicit further findings. Indeed, reflection is a key component in the performance and follow-up workshops so audiences could consider what they had seen and how they understand it in context.

### **CBPR Methods**

**“Disseminates results to all partners and involves them in the wider dissemination of results” (Hacker, 2013, p. 14).** As the facilitator, I offered the idea of presenting our performance at high schools and older adults’ community groups around Victoria. However, the decision on where to performance was made by collaborators as an ensemble. The performance itself was a product of the devising process and reflected our creative process as a community.

### **ABR Methods**

**“Evocative and provocative” (Leavy, 2018, p. 9).** Selman and Heather (2015) argue, in their participatory theatre work that this research took inspiration from, “the play could move from the cognitive and safe (what workshops can do well) to the emotional and risky (what plays can do well)” (p. 277), where audiences are challenged to critically engage with the material. Using this model, collaborators were able to perform their own stories, fictionalized or otherwise, to present lived realities of sexuality across the life course that may have disrupted dominant discourse and

societal expectations. My focus as the facilitator was to evoke not only the tragic stories but foster the humorous and beautiful stories that celebrate sexuality at any age.

**“New insights and learning” (Leavy, 2018, p. 9).** New understandings emerged from the follow-up workshop that provided a space for the audience to participate in delving deeper into the content of the performance and challenging previous ideas about sexuality across the life course. An opportunity for written reflection was offered to audience members to assess their engagement, enjoyment of the show, identification with the characters, and feelings of empathy, discomfort, or surprise. The deeper inquiry occurred in observing audience members’ participation during the follow-up workshop with collaborators. The option to film the process was made available for collaborators to observe and further reflect on the audience engagement in the follow-up workshop.

### **Seventh Stage: Dissemination/What Happens Now?**

The methods of dissemination were decided as a community. I offered the following possible methods, in which several are ongoing: creating a guideline for other communities to create their own work based on this model, sharing a reflection video of our process, publishing the play with follow-up workshop outlines as a resource, recommending policy change in older adults’ homes and community groups to incorporate sexual health education and resources, or recommending curriculum change to include a section dedicated to sexuality across the life course in sexual health education for youth. Additionally, collaborators were asked open-ended and provocative questions to stimulate creative reflection in our final workshop. Through a series of active reflection activities, such as still image work and spectrum responses to open-ended questions, collaborators were offered an opportunity to embody their learning over the course of the project.

## CBPR Methods

**“Disseminates results to all partners and involves them in the wider dissemination of results” (Hacker, 2014, p. 14).** Beyond our final reflective workshop and sharing of personal mythologies, further dissemination will be decided by the community. As Boyd (2014) argues, “more people involved in the research process can lead to greater change in social policy, behaviour, or services since it is identified as important to a wider group of people and not just the researcher” (p. 265). As a community, we decided together how best to proceed with sharing our findings and the impact we hope to have.

**“Involves a long-term process and commitment to sustainability” (Hacker, 2013, p. 13).** After the final performance and reflective workshops, the community will decide how best to proceed to ensure that a sustainable method of sharing findings is created. Indeed, the community is part of the entire process and not just as participants. They are actors and collaborators themselves in analyzing what is discovered while also being involved in the wider decision-making (Boyd, 2014, p. 264). This has included applying for other grant opportunities, performances, and further developing our script and follow-up workshop.

## ABR Method

**“Public scholarship and usefulness” (Leavy, 2018, p. 10).** In academia, there is a saying that academics must “*publish or perish*” (Leavy, 2018, p. 10), which refers to the emphasis on publishing articles based on research and maintaining relevance in the field. However, Leavy (2018) reframes this idea to “*go public or perish*” (p. 10) instead. The perspective of sharing findings with the public and honouring their knowledge is essential and intrinsic to Applied Theatre ideology. Instead of staying within academic circles, knowledge is taken from an elite

status that only a few might attain and re-focused on how knowledge is created, shared, and put into action by everyday citizens.

### **Wrap it Up!**

Academic research is shifting to acknowledge the power of qualitative and arts-based research methods that value the knowledge of the community for their lived experiences and creative expression. By grounding my practice in Community-Based Participatory Research and incorporating Arts-Based Research, I believe *You're Doing What?! At Your Age?!* has the potential to shed light on a topic that is too often shrouded in misinformation and repression. While CBPR provided a structural approach, ABR captured the heart of our practice where collaborators were encouraged and supported to creatively express themselves about such a highly stigmatized topic. However, academic research must be undertaken through established methods to ensure that findings are trustworthy and useful. In this research, I have attempted to use ABR methods to demonstrate that our knowledge is expanded when we explore multiple ways of understanding the world and what it means to be human. Indeed, embracing the beauty and mess of sexuality to create a space of free expression and open communication may just evoke practical action for change at a critical point in Canada's demography and sexual health.



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***You're Doing What?! At Your Age?!***

**Applied Theatre for Sexuality Across the Life Course**

Abstract

Older adults have sex, and yes, they tend to enjoy it. Yet, too often older adults' sexuality is reduced to punchlines in popular media and mired in stigma. Across the life course, beliefs formed in adolescence about sexuality and sexual health inform later life experiences. Therefore, working with older adults alone to discuss sexual health may not fully address social stigma in wider society that valorizes youth. Using a combined Community-Based Participatory Research and Arts-Based Research methodology, I share my key research findings from an Intergenerational, Community-Based Theatre project entitled *You're Doing What?! At Your Age?!* that aims to address social stigma of sexuality across the life course. Based on the responses from our audiences, I believe we were successful in offering perspectives that sparked "Act 1 of a longer conversation."

*Keywords:* applied theatre, sexual health, life course, community-based theatre, intergenerational theatre

Ever since I was a child, I have been fascinated with sex. From playing with my Barbie dolls to hearing about same-sex marriage when I was five, I have been intrigued by relationships, experiences, and stories about sex. Given my interest, I decided to take a Healthy Sexuality class taught by Dr. Charlotte Loppie in the second year of my undergraduate degree. In this class, I was first introduced to older adults' sexuality and my eyes were opened to the fact that yes, older people have sex, and yes, they tend to enjoy it. The fact that older adults' sexuality had never crossed my mind before was problematic. I may have come a long way from squashing my Barbies together and calling it "sex," but what about our ideas as a society about older adults' sexuality? I have been part of several Intergenerational and Reminiscence theatre projects and, while love and romance are perceived as acceptable in these contexts, sexuality as an older adult was never discussed. As an Applied Theatre practitioner, I began to wonder how my theatrical practice could be utilized to address social stigma of sexuality across the life course.

However, working with older adults alone to discuss sexual health will not fully address social stigma in wider society that valorizes youth. Using a life course perspective that recognizes the importance of sociohistorical context, I agree with Vissing's (2018) argument that "patterns in relationships, communication, sexual behaviours and use of health-care services are established during adolescence" (p. 102). In fact, the lack of education, communication, and use of sexual healthcare services by older adults now is tied to youth socialization and the sociohistorical context in which older adults were raised (Baker, 2014; Bielski, 2016; Brotto, 2015; Lum, 2009; Patel, 2017). Vissing's argument lays the groundwork to consider how the behaviours and education of youth affect sexual health throughout their lives. Indeed, youth and younger adults have been revealed as being the least permissive of older adult's sexuality (Heath & Riddett, 2012, p. 530). Even older adults often hold negative opinions of themselves and



some not, to educate, create social engagement and foster community building. An Intergenerational approach offers an opportunity to bring together diverse age groups to deepen the learning of the collaborators and forge new relationships and understanding across generations. Gusul (2015) argues that an Intergenerational and playful approach allows “the labels ‘young’ and ‘old’ [to] disappear” (p. 88). Combatting ageist stereotypes to foster a sense of community is essential in addressing sexuality across the life course as a contested issue wrought with age and social boundaries. While Intergenerational theatre has many strengths, a Community-Based approach may additionally offer tangible practices in social change by actively resisting the re-creation of hegemonic beliefs and the *status quo* on stage.

Carstensen (2014) explains that, as we age, we “care increasingly about investing [...] time in things that really matter” (p. 5); we are inclined to think outside of ourselves and, I argue, are more motivated to create social change. Community-Based Theatre aligns with this aim for social change through its typical power-sharing structure and attention to including a variety of voices (Prendergast & Saxton, 2016, p. 178). Prendergast and Saxton (2016) depict Community-Based Theatre as involving “a group of community members coming together to explore and present a performance based on some shared issue or concern” (p. 177). Community-Based Theatre challenges notions of the “expert” and instead relies on the lived experiences and knowledge of community members to create performances (Kuppers & Robertson, 2007, p. 2). The sense of community is essential and I believe that older adults and youth benefited from this research by actively engaging in innovative workshops and performances that were, as Wooster (2010) argues “more than just a health message” (p. 281). This research aims to shift our practice beyond didactic health messages and instead, create a safe and engaging environment in which older adults and youth can destigmatize sexuality across the life course. Reflecting on our work,

which is discussed in the following sections, the themes of community engagement, social stigma, and social change emerge as central to the process.

### ***You're Doing What?! At Your Age?!***

#### **Initial Research (September 2017 to February 2018)**

Prior to collaborating with the community, I gathered resources regarding rates of Sexually Transmitted Infections (STIs), changing demographics in Canada, and Intergenerational and Community-Based Theatre practices. I then conducted a literature review on the social stigma of sexuality across the life course, with a particular focus on the life course perspective, social construction, intersectionality, feminist theory, sexual scripts theory, Gendered Sexuality Over the Life Course framework, and healthy public policy. From this initial research, I discovered that there is a pressing need for innovative sexual health education in Canada for people of all ages but in particular, older adults.

Briefly, older adults are comprising a larger proportion of the overall population in Canada, representing a long-term trend in demographic change (Historical Age Pyramid, 2017, para. 1). In addition to a dramatic demographic shift, adults over 50 are experiencing an increase in STIs with a five percent increase in rates of syphilis, 87 percent increase in gonorrhea and a 142 percent increase in chlamydia (Patel, 2017, para. 7). Additionally, 31 percent of new diagnoses of Human Immunodeficiency Virus (HIV) are among older adult populations (para. 9). These statistics may be the result of older adults receiving minimal sexual health education when they were younger (Brotto, 2015, para. 7), particularly in terms of using barrier methods, such as internal or external condoms, for more than just birth control. The sexual health resources currently available to older adults are limited since the majority of resources are targeted at youth and younger adults (Bielski, 2016, para. 1; Brotto, 2015, para. 5). Furthermore, social biases



from both older adults and healthcare providers has created an environment of silence and shame in discussing and accessing sexual health resources (Bielski, 2016; Brotto, 2015; Hillman, 2012; Kukkonen, 2017; Patel, 2017).

Preliminary theatre workshops were conducted in Victoria with older adults from the Luther Court Seniors Society and youth from Reynolds Secondary High School. The workshops were conducted with each age group separately yet revealed overlapping themes of slut-shaming and lack of comprehensive sexual health education across generations. The *Snow White* workshops, depicted more fully in my article “Sexy Till I Die: What Applied Theatre Can Offer in Approaches to Sexual Health” (Tidey, 2019), were part of the undergraduate research that informed my decision to pursue graduate school. The emergence of connecting themes across generations, in conjunction with my literature review, led me to consider how social stigma could be addressed by bringing older adults and youth together to address sexuality across the life course. The findings from this initial research informed the subsequent research process, discussed further in this article.

### **Forming Partnerships (June 2017 to February 2018)**

With the aim of formulating strong partnerships, several specific communities and organizations were invited to engage in this project, honouring a “partnership approach” (Crisp, Swerissen, & Duckett, 2000, p. 100) that brings together different organizations under a common goal providing “possibilities for the two-way flow of knowledge” (p. 102). The first organization approached was the *Victoria Target Theatre Society (Target Theatre)*, an older adults’ theatre company that creates original performances addressing older adults-based issues (2017, para. 1-2). A former professor and colleague on the board of the *Target Theatre* recommended that I write a proposal for the New Horizons for Seniors Program Grant on behalf of the society. The

grant writing process set the tone of our community-based practice where an entire team came together to design, write, and edit the proposal.

As this was my first grant proposal, I relied on expertise from *Target Theatre* members, including the treasurer, George Morfitt, colleague and board member, Lauren Jerke, and the community liaison, Madeleine Mills. We then consulted with key community stakeholders to gather letters of support and formulate partnerships for our intergenerational ensemble. Based on the previous *Snow-White* workshops, community partners from the Luther Court Seniors Society and Reynolds Secondary High School wrote support letters and contributed valuable insight into our application. In consultation with Amber Hayes at Luther Court and John Gray at Reynolds Secondary, both of whom reported genuine interest from older adults and students respectively in continuing our work together, we proposed an eight-month community building and devising process to allow non-theatre trained collaborators to develop their performance skills. We then planned to bring our devised performance and follow-up workshop to various high schools and older adult community groups across Victoria.

With a timeline established that incorporated multiple community perspectives, I then sought out the expertise of a sexual health professional. I contacted Jennifer Gibson, the sexual health educator from the Island Sexual Health Society (ISHS) about joining the project. The enthusiasm and expertise from Jennifer added a vital dimension to our community collaboration that provided a strong network of resources and connections for the project. Jennifer's support for our application solidified our proposal and undoubtedly contributed to being awarded the grant. However, my commitment to a community-based approach was tested immediately upon receiving grant funding.

Despite our community partners' early interest in the project, Luther Court and Reynolds Secondary did not become part of our intergenerational ensemble. From the time of our grant application deadline in June 2017 to being notified of our successful application in January 2018, commitments had changed, and I was unable to negotiate a continued relationship with Luther Court and only minimal work with Reynolds Secondary. I consulted with my collaborators at *Target Theatre* and decided to reach out to a colleague who teaches drama at Victoria High School, Kim Sholinder. Kim was keen to collaborate and introduce her students in a Gender/Family Studies class to a community-led theatre process. Many of them had expressed interest in exploring social justice issues and we felt her senior class, with ages ranging between 15 to 18-years old, were mature enough to engage with the subject matter. Additionally, the emphasis on sexual health and discussing social stigma about sexual orientation and gender identity aligned with course curriculum. Kim and I explicitly stated to interested students that people of all gender identities and sexual orientations were welcome to collaborate.

With the addition of youth from a Gender/Family Studies class, the final partnership aligned perfectly. Only a few weeks before intergenerational ensemble building, I was approached by an acquaintance pursuing an Honours Thesis in Sociology with a double major in Gender Studies at the University of Victoria. Alexandra Haupt agreed to be our Project Assistant and her contributions proved invaluable throughout our project. With our community partnerships finally in place, we sought to gather additional voices to inform our devising process and identify key areas for exploration.

### **Gathering Youth and Older Adult Community Input (February 2017 to June 2018)**

To engage potential older adult and youth audiences, I delivered project presentations for local high schools and older adult community groups. The premise of the project as an embedded

community-led, intergenerational theatre project in a high school was shared along with an invitation to attend our final devised performance scheduled for the end of 2018. While the primary collaborators were Victoria High School students and older adult actors from *Target Theatre*, we aimed to gather several voices from the wider community to inform the devising process. The older adult responses are from *Target Theatre* actors and the youth responses are from a grade 11/12 drama class at Reynolds Secondary High School in Victoria.

I created a drama workshop about a grandmother, Grace, and her granddaughter, Jena. I co-facilitated this workshop with an older adult actor from *Target Theatre*, Pearl Arden, a former teacher, therapist, and sexual health educator. This workshop was run with older adults and youth separately. Through a series of brainstorming, role-play, still image work and scene creation from collaborators, we explored the relationship between Grace and Jena and what happens when Grace starts a new sexual relationship which only her granddaughter knows about. Later in the workshop, Jena suspects her grandmother has an STI. The key to our workshop was using a playful approach to draw out participants and utilize a narrative in which they could share their ideas without feeling compelled to share personal stories. At the end of each workshop, we asked youth and older adults to write down a question, or comment about the sexual health education they had received in school: What was it like? What topics did it cover? Were there questions that you wanted to ask or that were not covered? Each person was encouraged to write something, even a simple “hello,” since “this helps the ones with real and urgent questions to not feel singled out or obvious” (Selman & Heather, 2015, p. 278). I created a “suggestion box” to gather responses, which was placed at the side of the room for youth and older adults to place their responses in at the end of the workshop.

Youth anonymous responses included discussions on the lack of proper sexual health education provided to them in school with only one positive response: “We spoke about masturbation and pleasure!!! It was awesome!!” The rest were not nearly as positive. Of the 15 comments collected from youth, open coding analysis revealed “unengaging,” as an *in vivo* code taken directly from collaborators’ repetition of the term, in addition to feelings that the overall education was limited. Other than the singular positive remark, a theme of dissatisfaction arose from my axial coding analysis. For example, the following comment demonstrates the dissatisfaction from youth: “The class was unengaging and not as informative as it needed to be.” Youth collaborators critiqued facilitators for not providing a comfortable environment, not addressing diverse sexual orientations and gender identities, and not providing adequate information. The concerns and questions from youth centred on consent, barrier methods, and same-sex relationships as key areas they wanted more education on.

While the youth responses depict a bleak picture of sexual health education available in schools, the older adults’ responses revealed the necessity for sexual health resources for older populations. Following the same pattern of open then axial coding analysis for youth responses, older adults depicted their early sexual health education along a spectrum from “limited” to non-existent. The theme of dissatisfaction arose again as the sexual health education that was provided focused primarily on “mechanics,” “reproduction,” and “female and male bodies.” Each of the eight recollections was framed in negative memories of the experience, if it was remembered at all, and revealed problematic assumptions about consent and sexual boundaries. As one older adult collaborator reflected, “I don’t recall any sex education in school or at home. All came through interaction with peers, both stories and experimentation, learning from experience how far you could go with a female.”

While the older adult responses supported my initial research findings about the lack of adequate sexual health education for people over 50, the dissatisfaction from youth created a surprising overlap between age groups. Youth typically have greater access to sexual health education, particularly in Victoria with resources such as the Victoria Youth Clinic, Royal Bay High School Clinic, Youth Committee facilitated by the ISHS, and classroom workshops with sexual health educators from ISHS, yet they felt their education had been inadequate. Since youth from Reynolds Secondary would not be collaborators in the intergenerational ensemble building and devising process, I decided to create a Sexual Health Education Frequently Asked Questions document to address the questions that were placed in the “suggestion box.” Drawing on my literature review and initial research, I answered each question to the best of my ability and included website links for accessible information on each response. I then shared this document with their classroom teacher, John Gray, who printed handouts for each of his students who had attended the workshop.<sup>5</sup> In analyzing the responses from youth and older adults in conjunction with initial research on STI rates, three key topics arose: consent, diverse sexual orientations, and barrier methods. These topics emerged as requests for information by youth and were troublingly absent in older adults’ education; therefore, they became key topics to inform the ensemble-building and devising process.

### **Intergenerational Ensemble Building (September to October 2017)**

Prior to intergenerational ensemble building, I created age-based workshops for youth and older adults separately to analyze their thoughts and perceptions about sexuality across the life course. However, I was only able to facilitate a short group discussion with youth at Victoria High School instead of a full workshop due to scheduling issues with the beginning of the school

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<sup>5</sup> For full document, see Appendix I: Sexual Health Education Frequently Asked Questions

year. I instead facilitated two workshops with older adults at the *Target Theatre* rehearsal space at the Langham Court Theatre in Victoria. Before discussing the workshops with older adult collaborators, I will outline the discussion and pre-devising survey administered to both age groups separately.

Since the Victoria High School students (16 youth in total) and *Target Theatre* actors (nine in total) had never met, I facilitated a discussion with each group separately and administered a pre-devising survey that I constructed along a 5-point Likert scale. The survey consisted of nine multiple choice questions derived from my initial literature review, analysis from the Grace and Jena workshops, and key topics that arose from reflections on sexual health education, as depicted in the previous section. The questions focused on age-based access to sexual health resources, level of concern regarding the contraction of STIs, interest in receiving further sexual health education, comfortability in discussing sexual health and feelings of access to a close friend, partner, etc. to discuss sexual health.<sup>6</sup> Question three offered five distinct age ranges to examine social perceptions on which age group had greatest access to sexual health resources, while questions seven and eight sought to explore any ageist biases about sexuality. However, my original question had to be altered due to concern from School District 61.

Question eight on my original survey asked, “Do you feel there is a certain age in which people are expected to be sexually active?”, with a follow up question of “If yes, what age range?” To acquire School District 61 Ethics Approval, I was requested to alter my question to the following: “Do you feel there is a certain age in which people generally become sexually active?” The approved question negated my intended purpose of analyzing social stigma among collaborators and unwittingly revealed the biases of School District 61 in discussing sexuality

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<sup>6</sup> For full survey questions, see Appendix G: Pre- and Post-Devising Surveys and Results

across the life course. The difference from “expected” to “become sexually active” led to skewed survey results, where 23 of the overall 25 collaborators responded in the pre-devising survey that people between the ages of 12 to 25 generally become sexually active. While this was an interesting finding in terms of our age-based perceptions on initiation into sexual activity, it did not investigate collaborators’ social perceptions on who they consider to be sexually active based on age. Upon reflection, I was intimidated by the ethics protocol and felt that altering my question to the suggestion from the Associate Superintendent was necessary in order to work with youth collaborators. As a young female academic, I did not feel I had the power or privilege to negotiate with School District 61 and was concerned that if I challenged their request, I would be denied approval. However, I was fortunate that the social stigma of sexuality across the life course became a central topic that collaborators chose to explore throughout our community-building and devising process, as I discuss further in this article.

The last question on the pre-devising survey asked for a short answer response to the question “What does the term sexual health mean to you?” I utilized inductive reasoning to understand collaborators’ foundation of knowledge to inform our community-building, devising process, and sexual health education workshop with Jennifer. While an in-depth analysis of the data to measure change among collaborators was conducted after administering the post-devising survey in January 2019, Alexandra and I examined the short answer responses to identify what was understood about the term sexual health. The theme of sexual health was equated with preventing STIs and the negative consequences of being sexually active in 13 of the 25 responses, with an additional five responses focusing on being “safe,” “aware,” and “responsible” in sexual relations. We decided to share initial research findings on rates of STIs in older adult populations to align with collaborators’ understandings of sexual health and expand



the conversation using humour and video in our first intergenerational workshop. The results from the survey greatly informed my facilitation of our first intergenerational workshop in addition to incorporating our work from the previous two workshops with older adults on September 11 and 18, 2018.

Our first workshop with older adults at *Target Theatre* centred on discussions of the project outline, placing myself in the “hot-seat” to answer any questions collaborators had, and brainstorming key areas of interest for scene exploration. After an in-depth conversation on gender identity and practicing sharing our pronouns, for example she/her, I facilitated a written group brainstorm where collaborators shared ideas for scenes, and I wrote each idea onto a large poster board. I utilized these ideas and crafted 16 short scene prompts for our next workshop.

Two examples of scene prompts that created comedic and fruitful improvisations were:

1. Love Doctor introduces their radio show that answers your questions about sex and sexuality. The Love Doctor is in and ready to take callers. Callers, in order to conceal yourself, you must come up with an alias and a question for the Love Doctor.
2. After a night of passion, two people are having breakfast the next morning and trying to figure out what they are. One person is looking for companionship and a relationship while the other, not so much...

Since older adult collaborators had extensive theatre experience and we had limited time<sup>7</sup>, we then decided to use three of these scene explorations in our first intergenerational workshop with youth, as discussed later in this section.

The workshops and entirety of the intergenerational devising took place at Victoria High School where the intergenerational cast met every Tuesday morning. We dedicated our first three

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<sup>7</sup> While our original grant proposal outlined two rehearsals a week with collaborators, *Target Theatre*'s prior commitments to performances outside of this project meant that we were reduced to one rehearsal a week.

workshops to establishing a joint community. The primary focus at this stage was ice-breaker activities, identifying self, and exploring the strengths and resources of each member of the community. At the beginning of each workshop, everyone was given a sticker to write their name and pronouns. Kim, as the youth collaborators' classroom teacher, did a daily check-in where each person could share how they were feeling based on a scale of one to ten – one being low energy and ten being excited and motivated. Kim, Alexandra, and I agreed that recognizing each collaborator's mindset at the beginning of a rehearsal as well as gender identity through pronouns was a key element in our work to ensure that everyone felt safe. Essential to a cohesive ensemble is creating a space where each member feels comfortable to express who they are (Nicholson, 2016, p. 16).

To establish a safe environment in addition to our daily check-ins, a collectively created contract was formed during our first workshop together. The practice of creating a code of conduct, called the Community Guidelines, is a technique I successfully used as a teaching assistant with my students to build trust and promote a shared sense of community. The Community Guidelines outlined the expectations collaborators had of each member and themselves throughout the process. In our first meeting on September 25, we brainstormed as an entire group to establish how we would work with each other throughout the project:

1. Willingness to be playful and work with a sense of humour
2. Respecting where people are coming from
3. Come from a sense of non-judgemental curiosity
4. Practice active listening
5. Practice being open minded
6. Working with integrity

7. Honouring confidentiality outside of the group
8. Practice empathy and tolerance
9. Practice being present and mindful

As the lead facilitator, I dedicated time to bring these disparate communities together with a shared common goal while acknowledging the importance of diversity within the group.

Together, we outlined the following as the aim of our work: “Community-building, Combatting Ageism (with high school students and seniors and the assumptions we make about each group), Busting Stereotypes, Devising/Writing a Play, & Education (youth, seniors, and audiences alike).” Yet how do we move from a written goal into action?

First, I am a firm believer in the power of sharing laughter and food. In our first meeting, I showed a short video created by myself with youth actors from the University of Victoria and older adults from *Target Theatre*. The video, *It Burns When I Pee*<sup>8</sup>, uses comedy to reveal the differences older adults and youth face in receiving sexual health care when presenting the same symptoms to a healthcare provider. Based on the responses from collaborators to the sexual health question in the pre-devising survey, Alexandra and I decided that sharing information on STIs through a lighthearted, yet informative video might ease everyone into the topic of sexuality across the life course. The video had the desired effect of creating laughter in the room and led us into a group discussion. In the post video discussion, I reminded collaborators that “we don’t need to be pigeonholed into just talking about STIs – we could be talking about negotiating sexuality and other topics that don’t get discussed” (observation, September 25, 2018) in many sexual health education initiatives. With large group discussions producing long, awkward silences, we shifted into small group discussions to reflect on the video and introduce

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<sup>8</sup> For link to the video, see Appendix C: *It Burns When I Pee*

ourselves in intergenerational groups. I clearly stated that our commitment to a community-based approach meant recognizing the contribution of each collaborator and offering an emergent process that reflected the needs of the entire ensemble. We also plied collaborators with baked goods.

Indeed, food became a core part of our community-building process. Victoria High School is an inner-city school with students from various socioeconomic backgrounds and Kim noted that food insecurity was an ongoing issue for some students, where the food we provided on Tuesday mornings may have been their first meal of the day. Therefore, our federal funding was key in providing food at each workshop and brought our collaborators closer together. I observed in my fieldnotes on October 2, 2019, that “Having a break to eat is hugely successful and raises energy and talking in the room.” Food, especially treats such as cinnamon buns and cookies, appeared to foster a greater willingness to engage with each other and discuss sexuality across the life course with genuine curiosity and excitement. While food kept their hands busy partaking in the everyday task of eating, collaborators appeared to open up to each other and forge strong community connections.<sup>9</sup>

To encourage community building, I also recognized the importance of engaging collaborators immediately in the theatre-making process to foster intergenerational connections and demystify preconceived notions of what theatre is and how it should be done. For the majority of youth collaborators, theatre was a new experience and I sought to quell any fears by demonstrating how applied theatre is responsive to the needs of the community. Based on the success of our improvisations with older adults separately, we explored the following three scene

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<sup>9</sup> In fact, a recent study from Yi, Lee and Kim (2018) found what they call “*altruistic indulgence*, a novel phenomenon illustrating that people voluntarily consume high-calorie foods with the altruistic motive of making other people feel comfortable and pleasant” (p. 223).

prompts: Love Doctor segment, adult receiving phone calls from the principal at teenager's school and healthcare worker at their parent's care facility, and sexual health class in 2018 versus 1960. Collaborators were placed into three groups selected by numbering each person from one to three around the circle, ensuring there were at least two older adult collaborators in each group. The theatre expertise of older adult collaborators led to mentorship-style relationships between youth and older adults that began in their first scene explorations together. Furthermore, by utilizing scene prompts based on older adults' improvisations, I strove to ease older adults' anxieties about working with youth to discuss sexuality.

As Johnson-Lefsrud (2011) argues, "as the community engages in learning more about each other through the sharing of narratives, they may also discover ways in which they can use that knowledge to deepen their participation in the community" (p. 37), and even create a new-found sense of community in an intergenerational setting. One older adult collaborator underpins Johnson-Lefsrud's (2011) argument in a comment from October 2, 2018: "Really enjoyed group discussion. Youths and Target discussed as equals—jokes and serious. I was nervous going into this but no longer." Youth collaborators shared similar sentiments on October 23, 2018. Older adult collaborators had to leave rehearsal early for a performance commitment with *Target Theatre* and this allowed Alexandra, Kim and I to facilitate a group reflection with youth on their experiences thus far. After a brief group discussion, I felt that offering an anonymous way to provide feedback may result in more engagement and allow youth to share their honest reflections without feeling vulnerable in front of their peers. I passed around pieces of paper and pens for each collaborator and used the same method Selman and Heather (2015) suggest of asking each person to write something in order to ensure anonymity. Using the same "suggestion

box” I created for the Grace and Jena workshops, collaborators placed their written reflections inside the box, and I waited until after our rehearsal to examine the responses.

Between a request for donuts, a drawing of a cat, and three statements that the project was “cool,” seven of the 15 responses commented on enjoying the intergenerational dynamic and wanting to spend more time with older adult collaborators. In particular, one youth comment highlighted the overall sentiment from youth collaborators: “Interesting to have an open convo about sexuality with the older generation. Doesn’t happen often.” The positive feedback from both age groups demonstrated our commitment to fostering a strong sense of community between collaborators in order to examine the taboo topic of sexuality across the life course. As Selman and Heather (2015) argue, “time to listen, honouring difference, and looking for things in common, genuine curiosity, complete transparency in the process, and in the plans for research, can help to go beyond tourism, appropriation, and re-colonization and move toward a reciprocal alliance” (p. 286), which was the aim for the ensemble building process. Furthermore, the anonymity of the written responses allowed for questions to arise that would inform our devising process. Youth collaborators inquired about how we planned to bring our various scene creations together and how long the final performance would be. As we transitioned into devising, these questions informed the development of our devising rehearsals and fostered collaborative discussion on the timeline of our work.

### **Devising (October to November 2018)**

Devising rehearsals were led by myself as the Applied Theatre Facilitator, with assistance from Alexandra and Kim and focused on small intergenerational groups sharing ideas and creating short scenes or still images about their discussions. Using various drama conventions such as small group discussion, creating still images, improvisation, music, dance, storytelling,

and turning newspaper articles into short scenes, we strove to analyze sexuality across the life course from various perspectives. My initial research on the topic of sexuality across the life course was shared with collaborators and collaborators themselves were encouraged to conduct their own research to assist in the devising process. As Selman and Heather (2015) argue, “most theatre for change [...] begins with entering a community as a representative of the powerful” (p. 286) and by openly sharing my findings throughout the process and honouring the contributions of collaborators, I strove toward a power-sharing model to foster co-ownership.

Utilizing Joe Norris’s (2018) practice of play-building, I structured the rehearsals around a similar process. Derived from Norris’s (2018) practice, the devising rehearsals demonstrated a constantly reflective practice whereby stories were told, examined from multiple angles, and considered in terms of personal identity and how it affected the story (as cited in Leavy, 2018, p. 289). In order to ensure the safety of collaborators, I also chose multiple distancing techniques to discuss sexuality across the life course without delving into personal experiences. The following section depicts our emergent and iterative devising process that wove together multiple stories, perspectives, sexual health research, and improvised scenes into a final performance script.

Beginning on October 2, 2018, collaborators were put into groups based on collaborators’ self-identified check-in numbers. Kim and I divided collaborators into four groups that strove to balance low energy with high energy collaborators as well as evenly distribute older adult collaborators with youth collaborators. Based on topics identified from the pre-devising survey and initial age-based workshops with older adults and youth separately, each group was asked to look at a newspaper article to initiate a dialogue and transform the article into a short, improvised scene. I chose a selection of six recent and research-informed newspaper articles, including one article that was emailed to me by an older adult collaborator on September 22, 2018. I emailed

the articles to older adult collaborators and Kim to confer with youth collaborators five days prior to our next rehearsal. Older adult collaborators felt that all of the articles were relevant, while Kim “polled students to see what they were most excited about” (personal communication, September 27, 2018). The final consensus resulted in the following four articles: “Sex and the Senior: They’re Doing It, So Get Over It” (Roussy, 2018), “Let’s Talk About Intimacy – and Why it Makes for Better Love and Sex” (Moorhead, 2017), “What Sexuality can Teach Us about Sexual Relationships and Boundaries” (Jones, Jomeen, & Hayter, 2018), and “Getting ‘Consent’ for Sex Is Too Low a Bar” (Damour, 2018).

Each group was given an opportunity to choose which topic they would like to explore and had 20 minutes to have a group discussion before moving into action. Throughout group discussions, Kim and I moved from group to group to offer guidance, ensure everyone felt comfortable in their groups and encourage creative responses to the articles. While I moved throughout the room and focused on facilitation of each workshop, Alexandra was integral in capturing the essence of each day in her meticulous fieldnotes. Due to Alexandra’s assistance, Kim and I moving throughout the classroom to work with collaborators became an important component of each rehearsal that demonstrated our commitment to a power-sharing and grassroots approach. Instead of sitting behind a desk, we wanted to share ideas, hold space for each person’s voice to be heard and foster strong connections not only between older adult and youth collaborators, but between us and collaborators as an entire ensemble. For example, the following is an excerpt from our October 2, 2018 workshop outline that demonstrates the prompts we offered to collaborators and how we encouraged each group to shift from discussion to action.<sup>10</sup>

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<sup>10</sup> For full workshop outlines, see Appendix F: Intergenerational Workshops



Brainstorm on these topics that we want to explore **(20 minutes)**

- Each group gets a piece of paper and pens in which to brainstorm their ideas and what questions or thoughts they have right now
- What do we want to know more about?
- Whose stories do we want to share?
- What do we want to say to an audience?
- Why is it important and what can we tell them that they don't already know?

Into Action **(5 minutes)**

- How do I know what I mean until I see what I say?<sup>11</sup>
- Impetus to get up and try something out without worrying that it will be the final version
- Will return to ideas next week for further development

At the end of the workshop, we encouraged collaborators to write down their group ideas in preparation for our next rehearsal, where we would share our creations with the entire ensemble. I also passed around pieces of paper and asked each collaborator to write down any questions or ideas that arose from our work with the newspaper articles and to place them in our “suggestion box.” I returned to this method throughout our process as a means to check in with collaborators and ensure that any serious questions, particularly ones that would be vulnerable to share with the entire group, could be addressed in a timely fashion. While five of the responses told me to “have a good day” and an additional six remarked on how “grateful” they felt to be involved in the project, several important questions were posed. These questions may have been missed if

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<sup>11</sup> This specific phrase is often utilized by Dr. Warwick Dobson to encourage the move to action in devising processes

there had not been an anonymous way to ask them and were vital in guiding our devising process.

- “Can people who are asexual still enjoy sex?”
- “Where in Victoria can we find sexual health clinics?”
- “Is masturbation a topic that gets equal time?”
- “Why are so many sex/consent discussions biased against men? Why do male sex stereotypes still remain?”
- “Lesbian sex...What is it? How does it work? Who? What? When? Where? Why?”
- “What is the most frequent STI in seniors?”
- “At any age, can being intimate with a partner be just as satisfying as having sex?”

To address these questions, I returned to my literature review and initial research to compile a short document that answered each question and included information on accessible resources for further information. I also chose to pair the document with our collectively created rehearsal schedule on the first page, so each collaborator was compelled to take a copy of the document for the rehearsal schedule without feeling embarrassed for also getting further information on sexual health.<sup>12</sup>

After passing out the rehearsal schedule and sexual health anonymous questions at our rehearsal on October 9, 2018, I went through each question in the document and read aloud my research-informed responses. I wanted to model open and sex positive responses to each question and acknowledge that these were valid questions that could guide our devising process.

Collaborators then met in their four newspaper groups established from the previous week and were challenged to utilize these questions and responses in their scene development. At the end

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<sup>12</sup> For the full document, see Appendix J: Rehearsal Schedule and Sexual Health Anonymous Questions

of rehearsal, each group shared their short scenes and I facilitated a brief discussion to ask collaborators what they had seen. We decided in our group discussion that we required another rehearsal to develop our newspaper ideas into scenes, monologues, songs and dance. We also chose to integrate our anonymous questions into our early improvisations of the Love Doctor radio show, where characters could call in to get advice. Lastly, I offered the idea of exploring how our various scene explorations could be placed within the framework of Grace and Jena's story. Collaborators unanimously decided that this would create a strong structure to weave together our variety of scene explorations.

Our next rehearsal on October 16, 2018 began with developing Grace and Jena's backstory, as depicted below:

Grace and Jena backstory **(15 minutes)**

- Let's explore the story of Grace and Jena a bit further to see if there is some merit in it
  - Each group will explore the backstory of either Grace or Jena and put together a short presentation
  - Split into 4 groups, two of youths and two of older adults
- Youth, I would like you to create a scene of Grace's backstory
- Older adults, I would like you to create a scene of Jena's backstory

Each group then shared their backstory scenes while I wrote the key ideas on the chalkboard under each character's name. The brainstorming session resulted in several scene ideas emerging that brought together discussions from our newspaper articles and early improvisations into the lives of Grace and Jena. Alexandra recorded each of these suggestions in her fieldnotes while I facilitated the discussion to delve more deeply into collaborators' ideas and offer suggestions on how we might explore each idea on stage. After character exploration and a discussion on how

each element would suit Grace and Jena's story, collaborators established the roles that they would like to explore in the performance and follow-up workshop: for example, as a stage manager, costume designer, actors, sound, lighting designer, workshop facilitators, etc. Our collective brainstorming became the entirety of our workshop that day and was a necessary step in our devising process. In fact, the success of the following devising rehearsal on October 23, 2018 was due to our commitment to working through each idea and framing them within Grace and Jena's story.

Using the same scene prompt method from our first intergenerational workshop, I created 20 scene prompts based on the suggestions from the discussion in our previous rehearsal. Each scene prompt was typed on pieces of paper and collaborators were given ten minutes at the beginning of our workshop to choose a prompt that they wanted to explore further. Collaborators created their own intergenerational groups and were given 40 minutes to discuss and explore scene ideas. During this workshop, Levi Hildebrand, my husband and videographer, recorded collaborators' conversations and devising processes. Levi and his business partner, Mike Morash, attended several devising workshops and rehearsals in addition to the final performances and follow-up workshops. Their role was to capture moments of intergenerational conversations, scene explorations and audience interactions for data analysis and the creation of a three-minute reflection video for knowledge dissemination.<sup>13</sup>

Upon reflecting on the video recordings, I saw how our emergent process had created space for nuanced understanding, meaning making, and connections to be forged across generations that led to a wealth of material to formulate our script. While the final scene presentations were scheduled for the following week, I utilized the video recordings and extensive fieldnotes to

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<sup>13</sup> For link the video, see Appendix B: *You're Doing What?! At Your Age?! Reflection Video*

inform the proposed script outline. The central themes of intergenerational misunderstandings and connections, negotiating sexual boundaries at any age, and exploring sexual orientation emerged throughout our devising process. Additionally, we were quickly approaching the end of our devising process and I needed to make decisions as the facilitator for the sake of time. This type of community-based theatre is depicted as:

*Theatre 'by' a community.* Here the community make and perform theatre themselves possibly to communicate to a specific audience and setting. This might involve a high level of facilitation by an applied theatre artist to enable decision making and performance by a community. (Prentki & Preston, 2009, p. 10)

To facilitate our decision-making process, I shared the script outline at our final devising workshop on October 29, 2018 after each group shared their presentations of each scene. Levi returned to film the scene presentations for further script development and analysis.

The following is an excerpt from our workshop outline that demonstrates my understanding of “*Theatre 'by' a community*” (Prentki & Preston, 2009, p. 10).

#### **Rough Script (30 minutes)**

- Thank everyone for their hard work over the past six weeks and for the scenes they shared today
- Now that we are coming up on November, I have been incorporating all of the work we have been creating and have pieced together a rough script for us to work with. The script is not set in stone, but it gives us a framework in which we can now start to rehearse and figure out what works and what doesn't. Obviously, I haven't had a chance to incorporate the specific dialogue from the scenes we shared today but I have thought about how each scene can be woven together into the play.

- Pass out scripts for everyone to read. Read through it as a class with myself reading the stage directions (everything in italics) and other people taking on the roles in the play.

### Reflection/Wrap-up (20 minutes)

- In small groups, let's discuss our initial thoughts on the script
  - Does the structure work for us?
  - What parts will need to change, including the scenes we shared today?
  - Do we feel that there is something missing?
- After a small group discussion, can a representative from each group give the whole group a brief summary of what was discussed?
  - Brainstorm on the board

After this workshop, I incorporated collaborators' feedback and utilized the recorded scene presentations to include verbatim dialogue created by collaborators into our script. Our final script centred on the relationship between Grace and Jena who are both navigating the world of sexual health at 65 and 16. While Grace struggles with feeling "just like a teenager" after having a one-night stand, Jena is questioning her sexual orientation. The play also follows the stories of Jonathan, Grace's lover, as he discovers he has chlamydia and Sam, Jena's boyfriend, who is learning what consent, or rather enthusiastic agreement, looks like in action. Interspersed with the quirky and charming hosts of the radio show "The Love Doctor," the characters call in to ask advice on relationships and sex at any age.

### Rehearsals (November 2018)

With a final script created and approved by collaborators on November 6, 2018,<sup>14</sup> we shifted into rehearsals and supporting each collaborator in their self-selected roles as actors, stage

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<sup>14</sup> For the full script, see Appendix D: *You're Doing What?! At Your Age?! Script*

managers, facilitators, etc. Given the various chosen roles of collaborators, Kim, Alexandra and I divided collaborators into three groups: production team, workshop facilitators, and actors. Kim worked with the production team to organize costumes and properties in addition to mentoring youth collaborators interested in exploring sound and lighting design. Alexandra facilitated group discussions with workshop facilitators and gathered ideas on topics to explore in our follow-up workshop with audience members. I stepped into a director's role and worked with actors to create blocking for each scene, choreograph a short dance sequence, and offer acting guidance, particularly for youth collaborators. Based on older adults' experience with *Target Theatre*, collaborators chose to have a double cast for the roles of Grace, Jena, and Jonathan. While I did not fully agree, the decision to double cast allowed collaborators to feel an increased sense of security in their roles and ensured that each collaborator who wanted to act had a role.

At the end of each rehearsal, I checked in with the production team and workshop facilitators to address any questions that arose and formulate our rehearsal plans. The communication between Kim, Alexandra and I became crucial in navigating the multiple requirements of the performance and follow-up workshop. At our November 13, 2018 rehearsal, the production team shared their ideas on costumes, makeup, set pieces, properties, and sound and we scheduled a time to select what we needed from a local thrift store. Before our next rehearsal, I created an updated script with light and sound cues that included the production teams' ideas in addition to the soundscape. We then brought the production team and actors together on November 20, 2018 to run the play in the Victoria High School auditorium with costume pieces, properties, lights and sound.

For workshop facilitators, I crafted workshop discussion themes based on the ideas from collaborators that Alexandra recorded in her fieldnotes from November 6 and 13, 2018. At the

following rehearsal, we focused on discussion and brainstorming until we had selected four central themes from the play that we wanted to explore more deeply with audience members. On November 27, 2018, we practiced facilitation based on our themes: Exploring Gender Identity and Sexuality, Breaking Stigmas / Generational Differences, Consent and Enthusiastic Agreement, and Safer Sex and You! STIs, Contraceptives, and Masturbation. While all collaborators were involved in the follow-up workshop, the workshop facilitators took leadership roles to guide discussions with audiences and were divided into four intergenerational teams based on the topic collaborators felt the most prepared to discuss. Indeed, the iterative and flexible nature of our work was central to ensuring each collaborator felt engaged and part of the community-based process. While time was a constant struggle, in part due to unforeseen scheduling issues at Victoria High School, the energy and enthusiasm from collaborators held our community together in our final rehearsals.

### **Sexual Health Workshop (November 23, 2018)**

Near the end of our rehearsal period<sup>15</sup>, we offered a rehearsal and workshop with our sexual health educator, Jennifer, to consult on our collectively created script and provide information for our follow-up workshop. The two-hour rehearsal and workshop provided Jennifer an opportunity to offer any insight on character relationships, answer collaborators' questions and deliver additional support for our follow-up workshop. Furthermore, our rehearsal and interactions with Jennifer were filmed to document our process and gather observational data for further analysis and our reflection video.

The first hour was dedicated to rehearsing with actors and doing a run-through of the entire play for Jennifer. The second hour was dedicated to a group discussion facilitated by myself and

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<sup>15</sup> While the original sexual health workshop was proposed for earlier in our devising process, difficulties arose in scheduling between collaborators' and Jennifer's schedule with ISHS.



Jennifer to examine certain scenes from the play, in particular the consent scene between Jena and Sam, and prepare collaborators for the follow-up workshop. For example, Jennifer spoke about unpacking the term enthusiastic agreement that is used in the play to discuss consent. In the follow-up workshop, Jennifer suggested saying to audience members “we use the term enthusiastic agreement in the play. Are there other words that you could use? What are the ingredients necessary for consent?” While Kim, Alexandra and I offered our expertise throughout the devising and rehearsal process, Jennifer offered concrete advice on how to frame questions about difficult topics, especially consent, from her wealth of experience as a sexual health educator. Furthermore, discussing the four themes chosen by workshop facilitators allowed Jennifer to provide input on how to facilitate open and informed conversations about sexual health with audience members. I also felt that by framing the sexual health workshop around our play and follow-up workshop themes, collaborators would be able to ask Jennifer questions about what our characters were experiencing in a safe and supportive environment.

Throughout my experience in Applied Theatre, I have witnessed the power of using a character or story to investigate a concept deeper that might resonate with a collaborator’s own lived experience. Instead of directly educating collaborators about their sexual health, I hoped to create a “critical distance” (O’Connor & Anderson, 2015, p. 37) through the lens of our characters to examine age-based access to sexual health education, discuss possible gaps, and consider actions that need to be taken. Based on a discussion about why Jena feels she cannot talk to her mother about sex in the play, Jennifer began teasing out why parents can often have a difficult time opening up a dialogue on sexual health with their children. She stated that parents “haven’t always been given the permission” to discuss sexuality openly and there can be an assumption that their children can learn everything they need from the internet. In response, an

older adult collaborator shared that, “From my generation, the lack of communication was the biggest factor. It wasn’t communication, it was assumption, just assumption that we knew something, and we didn’t.” This moment revealed that shift from a discussion on a character to personal and intergenerational learning. Youth and older adult collaborators alike recognized the assumptions across generations that we are supposed to know about sex without ever having a conversation with a trusted adult.

At the end of our workshop, Jennifer shared her perspective on the importance of our work in starting a dialogue on sexual health: “That’s what I think this script and all of you do so beautifully is really show the human experience of this. And that ultimately is what sexuality is.” By honouring the human experience in all of its messiness, pleasures, and misunderstandings, we strove to capture an honest yet comedic representation of sexuality across the life course.

### **Performance (December 2018)**

*You’re Doing What?! At Your Age?!* performances and follow-up workshops featured an intergenerational cast and crew. We held two private performances for students at Victoria High School and various invited high school groups from around Victoria. Additionally, a public performance was held for community members, family and friends of collaborators, and various stakeholders and decision-makers, in particular healthcare providers, public health nurses and school administrators.

Prior to each performance, audience members were given a program which included implied consent forms, a small piece of paper and a pen. Once the audience had settled, I stood on stage to introduce myself, briefly discuss the content of the implied consent forms and explain what the paper and pens were for. I asked audience members to briefly write down their thoughts and expectations on what they were about to experience. We then asked the audience to hold onto

these written responses until after the performance and follow-up workshop. The play itself was 25 minutes long and garnered laughter from audience members, particularly in the public performance. After the performance, snacks for audience members and collaborators were offered and led into the follow-up workshop. The follow-up workshop offered an opportunity for reflection and critical engagement between audience members and collaborators.

As mentioned in the Rehearsal section, each collaborator chose how to participate in our project with many youth and older adult collaborators choosing to lead intergenerational discussion groups. The follow-up workshop was a vital component of our work that allowed audiences to interact with collaborators and reflect on the various topics raised by the performance. Using the four discussion topics chosen by collaborators – Exploring Gender Identity and Sexuality, Breaking Stigmas / Generational Differences, Consent and Enthusiastic Agreement, and Safer Sex and You! STIs, Contraceptives, and Masturbation – the discussion groups were led by intergenerational teams. As depicted in the Rehearsals section above, the intergenerational teams were derived from the workshop facilitators group that had practiced the facilitation of their chosen topic. Audience members were given the choice of which group they would like to join based on large poster board signs that contained the title of each discussion topic. Workshop facilitators then led audience members through a brief discussion on how the performance was created before delving into the specific topic they had prepared. While originally planning to move audience members to all discussion groups, once discussions began it was clear that audience members were deeply engaged with collaborators. In response, we chose to extend the time for each discussion group to allow for the discussions to continue uninterrupted. The deep engagement was wonderful to witness as Kim, Alexandra, and I moved between each group to observe conversations and assist if needed.

After the follow-up workshop, we invited audience members to write their reflections on the back side of their piece of paper and place them in the “suggestion box” located on the snack table. Between the three performances, we received 93 comment cards from audience members which garnered insight into audience’s reactions and perceptions pre- and post-performance and workshop. Alexandra and I compiled the audience responses into a pre- and post-show chart so responses from the same audience member were placed adjacent to each other. We then open coded the responses separately to identify major themes and strove to capture in vivo codes that precisely reflected the ideas from audience members. We also decided to code pre-show responses first without referencing post-show responses and used the same method to code post-show responses without referring to pre-show responses. Our decision to separate pre- and post-show responses initially arose from 11 pre-show responses without a post-show response and 28 post-show responses without a correlating pre-show response. Of the 28 post-show only responses, 16 were non-applicable responses or drawings, such as “Hi,” “Have a nice day,” and “Food!” However, the importance of ensuring anonymity by asking each audience member to write a response meant a more accessible format for audience members to share serious responses or questions.

After separating audience responses, we then coded the 53 complete pre- and post-show responses to analyze any shifts in perceptions, ideas, or learning.<sup>16</sup> The 53 audience response dyads formed the majority of our individual and collective analyses, since they reflected a pre- and post-show reflection that we cross-referenced with collaborators’ pre- and post-devising surveys.

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<sup>16</sup> For full list of coded responses, see Appendix H-2: Coded Audience Responses

Once our separate coding analysis was complete, Alexandra and I met to compare our codes, triangulate our findings with our separate literature reviews and theoretical frameworks, and critically engage with our own and each other's subjectivity. While Alexandra and I share a gendered and intersectional approach to our work that investigates power relations, social constructions and institutional inequalities, our differences as a sociologist and applied theatre academic respectively was reflected in our coding analysis. Furthermore, our theoretical frameworks offered distinct yet complementary analysis. Alexandra's analysis was framed through a community-engaged learning approach with Blumer's (1969) symbolic interactionist understanding of her own and audience members' perceptions of the world. This resulted in a combined approach between acknowledging individual agency in conjunction with structural factors that inform individual responses. For example, Alexandra noted instances of relationships between audience members and collaborators in the project, including ourselves. There were 13 examples of our sub-theme personal support that Alexandra and I discussed as positively influencing audience responses despite being anonymous.

Alternatively, I utilized Freire's (1970) critical dialogue in conversation with O'Connor and Anderson's (2015) perspective on the power of applied theatre to incite a pathway to change through love and hope to inform my analysis of audience responses. In particular, I framed my coding and analysis through an art-based perspective to examine the value of education and discussion evoked through theatrical engagement. My individual analysis indicated 18 occurrences of the production as an important theme that audience members remarked on, including reciting lines from the play itself. I then separated the production code into three sub-themes of the value of theatre, feedback, and combined responses. The production code became

an important component of my analysis, in particular for future research recommendations that I discuss in my conclusion chapter.

Upon discussion with Alexandra, we chose to re-analyze the production code into several other codes that identified the nature of the responses through collaborative axial coding. For example, comments about enjoying the show or being entertained by it were reframed under the support code. Additionally, feedback comments were placed under the education code that encompassed our own learning and that of audience members. Our process revolved around several “intensive group discussion[s]” (Saldaña, 2013, p. 35) as a means to reach a consensus on our collective analysis as opposed to creating an intercoder agreement that did not suit our qualitative and art-based approach. We then exchanged each other’s codes and analyzed them separately before placing them in a single document for further analysis together. Using a cyclical process in which we conducted three rounds of collaborative coding, we created the following themes and placed them in descending order from the most prevalent to the least prevalent. As depicted below, the numbers beside each theme displays the number of audience member responses that reflected each code.

### **Pre-Show Reflection Themes**

- Curious (26)
- Support (22)
  - Personal (13)
  - Topic (10)
  - Community (5)
- Excited (21)
- Interested (15)
- Education/Learning (10)
  - Addressing Stigma (3)
- Intergenerational (9)
- Unsure (6)
- Tired (4)

### **Post-Show Reflection Themes**

- Appreciation (25)
- Opening up Dialogue (21)
- Affirmation (21)
  - Call to Action (1)
- Education (21)
- Change (21)
- Intergenerational (17)
- Addressing Stigma (5)
  - Breaking Barriers (1)

Our collaborative coding process reflected our commitment to bringing various perspectives together to analyze the data more deeply, particularly in contextualizing audience responses with collaborators' perspectives. The interrelated reflections from audience members and collaborators aided my analysis and identification of three central themes of the overall research, more fully addressed in the Discussion section further in this article.

### **Reflection (January 8, 2019)**

With our performances completed, we facilitated a final reflection workshop for collaborators to share their experiences of being involved in *You're Doing What?! At Your Age?! In our last meeting, we celebrated our hard work while discussing key moments of learning. I shared an excerpt of dyad audience responses that I chose due to their positive comments on our work and facilitated a group discussion on collaborators' reflections now a month after our last performance. While I was honest with collaborators' that audience responses also provided critical feedback and offered copies of full audience responses to collaborators who wanted them, I decided that particular comments were not necessary to highlight. For example, "Teen acting was a bit awkward, but it was a good pre-show for the conversation circles." This feedback was valid from a production standpoint, but I chose to honour collaborators' work in our last workshop together instead of remark on aspects we could not change.*

Additionally, I passed around pieces of paper and pens and asked collaborators to reflect on what youth had learnt from older adults and what older adults had learnt from youth. I brought out the “suggestion box” once more and asked collaborators to place their responses in it. Following a similar procedure as depicted in coding audience responses, I used open then axial coding to analyze the responses separated by age then brought all of the responses together to identify any overarching themes. I then engaged in a collaborative discussion with Alexandra to critically analyze the themes that I had identified. As Saldaña (2013) states, “Discussion not only provides an opportunity to articulate your internal thinking, but also presents windows of opportunity for clarifying your emergent ideas and possibly making new insights about the data” (p. 36). I found our discussions offered a vital component of my analysis, particularly in contextualizing the responses from collaborators within the entirety of our work together. Our discussion led to identifying the central theme to collaborators’ responses.

I identified social stigma as the overarching theme since collaborators’ responses depicted new learning that defied social stigma yet simultaneously represented the stigmas that still exist across generations. For example, 11 youth responses demonstrated well-rounded perspectives on aging and sexual health that exemplified learning as a lifelong journey, respect for older adults’ theatre experience and acknowledged the openness and kindness they felt from older adults. Alternatively, three youth responses demonstrated the belief that older adults require further sexual health education in comparison to the education youth receive in school presently. For older adult collaborators, five responses reflected genuinely happy surprise that youth were open and willing to discuss sexual health with them despite the vast age difference. A further three responses depicted an empathetic perspective of the difficulties in navigating sexual health as a youth in 2019, while the last response stated, “learned from youth?” While I unpack this



response and social stigma further in the Discussion section, I believe that collaborators' responses indicate learning that defies ageist assumptions while underpinning institutional inequities that limit older adults' access to sexual health education. Therefore, I posit that as a community, we addressed social stigma by offering an educational opportunity to discuss sexual health across generations that also revealed to collaborators the depth of social stigma that still exists.

In addition to written reflections, I administered the post-devising survey that included eight of the same questions from the pre-devising survey along a 5-point Likert scale. Despite our small group size of 25 collaborators, our survey results reveal some measure of change from before and after being involved in the project. I originally hoped to run an independent sample t-test between pre- and post-devising survey results, but decided that, due to the small sample size and my inexperience with statistical data analysis, I would compare the mean scores from collaborators. While our project was not posited as an intervention, I aimed to examine the educational efficacy of using a community-based, intergenerational theatre approach to address social stigma of sexuality across the life course.

Briefly, I will note the results from the altered question proposed by School District 61 as mentioned previously in *Intergenerational Ensemble-Building*. The results garnered less than useful pre- and post-devising data, where 23 of collaborators felt that people generally become sexually active between the ages of 12 to 25 in the post-devising survey. As I move into the next stages of my career, the learning from this experience will undoubtedly influence my future research projects and ability to advocate for myself as a researcher. Fortunately, the following results from the pre- and post-devising survey provided ample data for my analysis.

Beginning with an analysis on the same pre- and post-devising survey questions, collaborators demonstrated a minor increase from 17 to 20 collaborators who stated they had an average to great amount of access to sexual health resources and programming. In terms of age-based access to sexual health resources, the trend continued with a slight decrease from 20 to 18 collaborators who felt that 12 to 25-year old's have the greatest access to sexual health resources. These results appear to indicate that by being involved in the project, collaborators felt they had slightly greater access to sexual health resources than before, but that youth still had the greatest access than any other age group. To strengthen this hypothesis, collaborators also indicated a slight decrease in concern about contracting STIs from 18 collaborators in the pre-devising survey as opposed to 16 collaborators in the post-devising survey. Education on STIs was an important component of our work that sought to reveal the rising rates among older adults while simultaneously de-stigmatizing diagnosis and treatment. Indeed, the *It Burns When I Pee* video shared in the first intergenerational workshop and Jennifer's sexual health workshop sought to offer comedic and informative approaches to discussing STIs without shame.

Furthermore, we aimed to strengthen community connections across generations in addition to connecting collaborators with local and accessible sexual health resources. From the post-devising survey, there was an increase from 16 to 18 collaborators in strongly feeling that they had access to a close friend, partner, teacher, and/or relative who they can talk to about sexual health. To re-frame this change, nine collaborators indicated that before the project, they maybe had access or were unsure if they had access to someone to discuss sexual health with compared to only five indicating maybe to not at all after the project. This may appear to be minor, but I argue that it indicates an important shift towards positive change for those previously without a support network.

Lastly, collaborators were asked if sexual health was a topic they feel comfortable talking about. Due to the transparent nature of our work, in addition to collaborators providing their free and informed consent to be involved in the project, I created this question primarily to gauge collaborators' level of comfort before our first intergenerational workshop. Before entering the community, I felt it was vital to have an understanding of the baseline comfortability with the topic of sexual health and the pre-devising survey results influenced my style of facilitation. Twenty-one of collaborators noted a high level of comfortability in discussing sexual health before the project with only an increase to 22 collaborators after the project. I will indicate, however, that four collaborators indicated they "maybe" felt comfortable discussing sexual health beforehand as opposed to only two collaborators stating "maybe" in the post-devising survey. As I argue above, these incremental changes among those who felt the least comfortable support my underlying belief that our work created an environment for an important dialogue to begin on sexual health across the life course.

We also asked collaborators to share their understandings of what sexual health means to them and compared these answers with their written responses from the pre-devising survey. Upon analysis, I found that collaborators focused slightly less on STIs and the risks of sexual activity and noted longer descriptions that encompassed a wider conception of sexual health. As discussed in *Intergenerational Ensemble Building*, 18 collaborators in the pre-devising survey equated sexual health with STI prevention or remaining "safe" and "aware" when engaging in sexual activity. However, the post-devising survey results revealed that only 10 collaborators mentioned STIs, taking "precautions" or staying "safe." While I do not wish to diminish the importance of practicing safe sex and the education required to make informed decisions about STI prevention and care, sexual health is about much more than just the risks. One collaborator

demonstrated new language in their understanding of sexual health, in particular “enthusiastic agreement,” and six collaborators indicated the importance of communication with sexual partners. Also, the importance of accessibility to resources and knowledge arose in eight collaborator responses. Based on these responses, I believe collaborators were offered an opportunity to broaden their understanding of sexual health. Furthermore, the findings from the two different questions added to the post-devising survey demonstrate collaborators’ growth throughout the project.

Collaborators were also asked in the post-devising survey to indicate along a 3-point scale whether their interest in the topic of sexual health had increased, decreased, or stayed the same from being involved in the project. Sixteen of the collaborators felt that their interest in sexual health had stayed the same. This was unsurprising since choosing to be involved in the project was part of collaborators’ free and informed consent, where collaborators could leave the project at any time without consequence. However, six collaborators reported an increase in their interest in sexual health, while two collaborators reported a decrease. Upon further analysis of the surveys from collaborators who noted a decrease, there was a correlation between feeling they had limited or no access to a trusted individual to discuss sexual health with. While it is only speculation, I wonder if these two collaborators’ felt overwhelmed or uncomfortable with our discussions on sexual health despite our best efforts to promote a safe and supportive environment.

Lastly, the post-devising survey asked collaborators to write about their most memorable moment from the project. Based on my observations of collaborators through film, fieldnotes, and collective creation, I was unsurprised by the two central themes that arose from collaborators’ responses. Intergenerational connection and community-building was indicated in

13 of the responses with an additional 10 responses stating that the play and follow-up workshop was the most memorable. The indication that our community and art-based approach was a key takeaway for collaborators demonstrated the validity of our unique approach that strove to disrupt age silos and promote sexual health as a lifelong process. The responses from collaborators greatly informed my recommendations for future projects, as outlined in my conclusion chapter, “‘I’d Love to Talk to my Gramma about Sex’: How Theatre Can Make It Happen.”

### **Discussion**

Based on data collection and analysis, I identified three central themes that define my research: community engagement, social stigma and social change. While I offer a more thorough analysis of social stigma in my article “‘Age Doesn’t Discriminate When it Comes to Sexual Feelings’: Addressing Sexual Shame and Stigma Across the Life Course,” and social change in my article “Community-led Theatre for Sexuality Across the Life Course: An Approach to Social Change and Policy Reform,” I briefly discuss each theme below. The theme of community engagement, however, is addressed throughout each of my articles in diverse ways as an encompassing theme of the research. In particular, my article “Playfulness in Applied Theatre: A Radical Act of Love and Hope” discusses the importance of community engagement and my ontological approach as an Applied Theatre practitioner. Lastly, a discussion on the challenges and limitations of this research is more fully discussed in my conclusion chapter.

#### **Community Engagement**

From experiences of skepticism about how these disparate age groups could be brought together, building a strong sense of community was essential. Despite trepidation in our first intergenerational devising workshop, the forged connections across generations were

exemplified in our final reflection workshop on January 8, 2019. By the end of the project, I was moved to see how this community had come together with several hugs and almost tearful goodbyes. The community-based aspect of the work was central to our success and underpinned the subsequent themes of addressing social stigma and promoting social change. The level of engagement between collaborators and each community partner created the foundation in which the group could begin to tackle the topic of sexuality across the life course, tease out how social stigma affects us and what we can do about it. As two audience members reflected, “Great to see the different generations come together” and “It was wonderful to see & hear about the process of your inter-generational group over the months.” Indeed, the intergenerational aspect of our work not only created a new community between youth at Victoria High School and older adults from *Target Theatre*, it modelled to the larger community of our audience members what connections across generations can look like. Collaborators were committed to this process despite various challenges in scheduling, school politics, arranging space, and differences in social and cultural beliefs about sexuality across the life course. Our decision to work from a place of playful engagement, using laughter and music to bring the community together and willingness to address a sensitive topic from a sex positive approach carried us through several trying situations and hopefully inspired a continued conversation.

### **Social Stigma**

Our collaboration revealed significant misconceptions on aging, particularly the silence and lack of considering aging and sexuality together. For example, many youth collaborators stated throughout the process that they had never thought of older adults’ sexuality and it was apparent in our early intergenerational workshops that youth collaborators were shocked that older adult collaborators were wanting to discuss sexuality. After several intergenerational workshops, the

honesty and respect in conversations was wonderful to observe and Alexandra, Kim, and I remarked on how youth collaborators were eager for older adult collaborators' stories.

Two youth collaborators reflected on the post-devising survey that "I've learned a lot for the seniors are their kindness for teaching us for telling thing what is right to do and not to do [*sic*]" and "I had never really thought about seniors sexual health but I have always been curious about sex ed 'back in the day' and I get to learn about that from the elders."

Our work also revealed the chasm between the availability and quality of sexual health education each generation received. Youth collaborators have more sexual health resources at their disposal and are generally more comfortable in discussing gender identity and sexual orientation as part of their daily conversations. The youth expertise in discussing sexual orientation and gender identity revealed the quality of the education and resources they receive as well as their confidence in sharing knowledge with older adults. An older adult collaborator reflected that "From the youth, I have learned that despite identifying with their biological gender, they are interested in exploring gender issues." While not a typical sample of 15 to 18-year-old students due to their enrolment in a Gender/Family Studies course at a high school known for its focus on social justice issues, the findings underpin the research from several sources that cite the increased access to education youth receive presently that was lacking in previous generations (Blair & Caster, 2018, p. 1; Kasif & Band-Winterstein, 2017, pp. 2-3; Vissing, 2018, p. 104).

However, one intergenerational, community-based theatre project cannot "fix" deeply rooted ageist assumptions and stigma. One audience member articulated the level of pervasive stigma that is often silenced and unseen: "Lots of stigmas—and even more than you think after talking about it." While there was a display of changed perspectives on sexuality across the life course

during our final reflection and post-devising survey, there were still instances of ageist stigma. Some youth displayed ongoing stigma about older adults' sexuality, yet the focus of their concern was the need for comprehensive sexual health education: "we are very lucky with what stuff we have learned in school" and "The seniors had less knowledge about sexual health than we do now." Furthermore, one older adult collaborator reflected on what they had learnt from youth collaborators with "Learned from youth?" One interpretation of this comment could be ageist stigma that dismissed youth as having knowledge worth sharing. Or perhaps the older adult collaborator wrote down the question when I asked it and decided to, forgot, or neglected to answer the question. While the mystery remains, the rest of older adult collaborators indicated their changed perceptions on what youth have to offer. Indeed, the important discussions and community connections fostered throughout this project promoted an avenue for social change.

### **Social Change**

After considering my own intentionality and research findings, I believe that *You're Doing What?! At Your Age?!* fostered advocates for social change. An avenue has opened up that was previously non-existent between youth and older adult collaborators, where expertise was acknowledged, and education expanded. With the intention of offering theatre as a tool to initiate dialogue on sexuality across the life course, the specific topics were identified by collaborators themselves based on their own curiosity and desire to learn. Kim commented in our reflection video interview that our project allowed "students to become educators too and not just to be educated...[which fostered] ownership over what those conversations could look like." On what they had learned from youth, an older adult collaborator reflected that "I found it interesting that we seniors were able to discuss issues of sex with you. We talked/they talked. We laughed/they laughed. Who knew we could relate so well?" On what youth had learnt from older adults, a



youth collaborator stated: “I think it changed my opinions on senior sexual health, and I am surprised by how open everyone is when talking about this topic.” Furthermore, an audience member reflected this sentiment in their comment about the follow-up workshop: “Actors talked about how their own ability to talk openly has been impacted positively.” As a researcher, I openly admit that I did a happy dance after reading these reflections. The self-identified recognition from older adult and youth collaborators that their own knowledge had grown from being part of the research and that audiences could recognize and benefit from that knowledge supports my belief that Applied Theatre can act as a catalyst for change.

### **Conclusion**

For social change to take hold, community members must have agency over the work. Within the creation of *You’re Doing What?! At Your Age?!*, there were often instances of critical engagement and disagreement on particular topics or themes and it is these “dissonances of identity and location [that] allow for a theatre that challenges accepted beliefs and histories and work towards new visions of community action and social change” (Prendergast & Saxton, 2016, p. 178). I firmly believe that the power to evoke social change lies within community members themselves that defy hegemonic power structures to creatively imagine a new and different reality. By bringing my own privilege to bear in providing resources and connections to the larger community, I strove to hold space for collaborators to share their dialogue on sexuality across the life course that is too often ignored and silenced. Based on the responses from our audiences, I believe we were successful in offering perspectives that sparked “Act 1 of a longer conversation.”

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## Section II: Sexuality Across the Life Course: Addressing Sexual Shame and Stigma

### **“Age Doesn’t Discriminate When It Comes to Sexual Feelings”:**

#### **Addressing Sexual Shame and Stigma Across the Life Course**

##### Abstract

Sexual shame permeates our daily lives, yet there is a surprising lack of research on how to address it and how social stigma deeply influences experiences of sexual shame across the life course. For older adults in particular, sexuality is too often deemed disgusting or humorous by society and older adults themselves. My research on the social stigma of sexuality across the life course aims to address this gap. *You’re Doing What?! At Your Age?!*, An Intergenerational, Community-Based Theatre Project, aims to foster a dialogue on social stigma and its manifestation of sexual shame. In this paper, I have woven key findings from this research into a discussion about the origins of sexual shame in order to root theoretical concepts within lived experiences. Hopefully, this article will act as a catalyst for expanding the discussion of social stigma and shedding light on the intersections of age, gender, and socialization in perpetuating sexual shame across the life course.

*Keywords:* sexual shame, stigma, sexuality, aging, gender, social change, theatre

At any age, it would be wonderful to talk about sexuality without stigma or shame, right? However, sexual shame is pervasive in our daily lives; yet, there is a surprising lack of literature about how to address it and how social stigma deeply influences experiences of sexual shame across the life course. My research on the social stigma of sexuality across the life course aims to address this gap. *You're Doing What?! At Your Age?!*, An Intergenerational, Community-Based Theatre Project, aims to foster a dialogue on social stigma and its manifestation as sexual shame. I have woven key research findings into a discussion about the origins of sexual shame in order to root theoretical concepts within lived experiences. For older adults in particular, sexuality is too often deemed disgusting or humourous by society and older adults themselves. As one of my older adult collaborators stated:

Society as a whole has poked fun at anybody over 60 having sex. That's crazy. You're finished, you're done. But what research is showing more and more and actually we seniors are beginning to talk about it more and more is that we remain sexual beings all of our lives. I think it opens up more discussions with our spouses and maybe a lot more happiness.

Hopefully, this article will act as a catalyst in expanding the discussion of social stigma and shedding light on the intersections of age, gender, and socialization in perpetuating sexual shame across the life course. How might we begin to unravel the messy intersections of sexual shame and social stigma and create positive, grassroots change to address it through theatre?

### **Background**

As an Applied Theatre practitioner, I aim to facilitate theatrical work that fosters education, community engagement, and social justice. What drew me to Applied Theatre is its ability to address a wide range of topics through creative exploration of human experiences that quantitative and qualitative research methods can miss. Given my personal interest in sexuality

and sexual health, I considered how my theatre practice could be utilized to address sexual health challenges. Over the course of my undergraduate degree, I became acquainted with many of the sexual health issues facing older adults and decided to pursue graduate research in Applied Theatre as a medium to open dialogue on older adults' sexuality.

I originally intended to focus my doctoral study solely on the sexual health of older adults but my early workshops with youth and older adults, independently, demonstrated that youth and older adults are facing similar issues with regard to social stigma of sexuality across the life course, including feelings of shame and silence (Tidey, 2017). My findings, discussed more fully in my article "Sexy Till I Die: What Applied Theatre Can Offer in Approaches to Sexual Health" (Tidey, 2019), were supported by research, which claims that youth and younger adults hold negative perceptions of older adults' sexuality (Heath & Riddett, 2012; Hillman, 2012), as well as a difference between what people say and what they actually believe about older adults' sexuality (Lai & Hynie, 2011; O'Sullivan & Byers, 2014). Indeed, "young adults explicitly reported positive views about the sexuality of older people; however, implicit attitudes towards sexuality and ageing were negative" (Gewirtz-Meydan, Hafford-Letchfield, Benyamini, Phelan, Jackson, & Ayalon, 2018, pp. 9-10). The need to de-stigmatize sexuality across the life course for older adults *and* youth led to *You're Doing What?! At Your Age?! An Intergenerational, Community-Based Theatre Research Project*, which initiated dialogue about de-stigmatizing lived sexual experiences.

### **Methodology of *You're Doing What?! At Your Age?!***

Using Community-Based Participatory Research (CBPR) and Arts-Based Research (ABR) methodology, I strove to foster a strong intergenerational ensemble between 20 youth in a Gender/Family studies class at Victoria High School and 12 older adult collaborators from the



*Victoria Target Theatre Society*. Over the course of a semester, we met once a week at Victoria High School to share stories, discuss access to sexual health resources and collectively create a play about sexuality across the life course. The project was funded in part by Government of Canada's New Horizons for Seniors Program Grant and included support from Jennifer Gibson, sexual health educator from the Island Sexual Health Society, Kim Sholinder, drama teacher at Victoria High School, and Alexandra Haupt, University of Victoria Honours Student and Project Assistant.

As part of my methodological approach, a commitment to transparency, addressing the topics collaborators identified and being flexible to the emergent process of creation was of key importance in fostering community cohesion and ownership over the work. By weaving CBPR and ABR together, I strove to emulate Kathleen Gallagher's belief that:

Drama gives participants as co-researchers the opportunity for '*self*-representation,' whereas in other methodologies it is the researcher who represents the research subjects: This is theatre as methodology, theatre as a mode of devising a meta-world; to collaboratively and artistically frame a 'real' research problem or context in order to peer inside it. (as cited in O'Connor & Anderson, 2015, p. 36)

Using theatre as the medium to explore sexuality across the life course allowed collaborators to investigate sensitive subject matter from a critical distance (O'Connor & Anderson, 2015, p. 37).

Throughout the process, older adult and youth collaborators explored ageism and the social stigma surrounding sexuality to create an original play and follow-up workshop. As the Applied Theatre facilitator of the project, I led collaborators through a series of devising workshops that utilized storytelling, newspaper articles, music, dance, and improvisation to explore topics chosen by collaborators. I then gathered our series of collectively created scenes and placed them

into a play structure based on the story of a grandmother and granddaughter navigating their sexual health at 65 and 16. Key transitions between scenes followed the quirky hosts of the Love Doctor radio show, where diverse characters call in to get advice on their various sexual health questions. The play wove together verbatim dialogue created by collaborators in devising with themes of connection across generations, consent and “enthusiastic agreement” (Damour, 2018, para. 9), navigating new sexual relationships, sexually transmitted infections (STIs), and emerging sexual orientation. A unique component of the research is the follow-up workshop that allowed audiences to interact with performers, explore themes of the play, and discuss their reactions to the performance. The follow-up workshop featured discussion groups led by intergenerational facilitators who chose the topics they wanted to explore more deeply with audience members. The topics were: Exploring Gender Identity and Sexuality, Breaking Stigmas / Generational Differences, Consent and Enthusiastic Agreement, and Safer Sex and You! STIs, Contraceptives, and Masturbation. Working with an intergenerational group offered an opportunity to hear from those who are often left out of the conversation.

A major component on assessing change in attitudes and perceptions was a pre-devising and post-devising survey for collaborators before and after the project as well as observations, field notes and reflections gathered from collaborators at weekly rehearsals. Additionally, audience members at each of the three performances were asked to write down their thoughts pre- and post-performance and workshop to analyze any change in perspectives and learning. For the purpose of this article, I report on findings related to the intersection of social stigma and sexual shame revealed in *You’re Doing What?! At Your Age?! To unpack the systems and intersections of sexual shame and key research findings from You’re Doing What?! At Your Age?!, a definition of shame and its stigmatizing effect must first be explored.*

### Defining Sexual Shame

What does the term sexual health mean to you? Prior to youth and older adult collaborators starting their intergenerational work together, this question was asked in a pre-devising survey. The following response was gathered from one collaborator: “Healthy sexual practices that allow both partners to enjoy sex without any kind of negative consequences – pain, disease, embarrassment, shame, etc.” Shame is indicated here as a possible negative consequence of sexual practice - but what is sexual shame? Elise (2008), in *Sex and Shame: The Inhibition of Female Desires*, offers a comprehensive definition of shame that encompasses a wide range of emotions. Shame is defined as “a feeling of inferiority, inadequacy, incompetence, helplessness; a sense of self as defective, flawed, leading to a pervasive sense of failure, unworthiness, and to an experience of being scorned, unloved, and forsaken” (Elise, 2008, p. 77). Pancake (2012) utilizes Elise’s (2008) definition and acknowledges shame as a unique emotion that affects an individual’s sense of identity beyond a passing feeling, into an internalized perception of oneself as bad, wrong, flawed, and unworthy of love. Most importantly, Pancake (2012) argues that sexual shame emerges when a sexual act, expression, or desire is regarded as non-permissible in discourse and is therefore silenced.

Elise’s (2008) definition of shame, as well as Pancake’s (2012) further development of the concept, paints a disturbing portrait that, while undoubtedly representing the experiences of some individuals, is a somewhat hyperbolic representation that negates the realities of many others who experience a less extreme form of sexual shame. Based on a review of literature, as well as the findings of my own research, the definition of sexual shame must expand to include social contexts that foster an environment of shame that becomes individually internalized and imposed (on one’s self and others). Indeed, the relationship between sexual shame and socialization

cannot be understated. Working from this understanding of sexual shame, a discussion on the discourse of shame is also necessary.

Within the discourse of sexual shame, too often the term “slut” arises in literature, social media and societal perceptions, which condemn female sexual expression. In my own research with youth and older adult collaborators, the pervasive use of “slut” indicates intergenerational stigma that can become internalized sexual shame (Tidey, 2019). Before analyzing the intersections of sexual shame, a brief discussion about the slut/prude/virgin continuum should be addressed.

### **Slut/Prude/Virgin Continuum**

The slut/prude or slut/virgin dichotomy is well-documented in social commentary that particularly affects cis-gendered women’s sexuality and sexual expression. A myriad of social media outlets and scholarly articles reveal an “all or nothing” mentality about feminine sexuality, creating a toxic environment within which women seek sexual freedom and pleasure (Chan, 2013; Lippman & Campbell, 2014; Monsters & Muses, 2017). As Schooler, Ward, Merriwether, and Caruthers (2005) argue, the label of “slut” is too often applied to young women who carry barrier and birth control methods, communicate their sexual needs, and/or are sexually assertive.

Shifting from the slut/virgin dichotomy to the more nuanced slut/prude/virgin continuum, Tolman, Anderson, and Belmonte (2015) offer a fluid, dynamic approach to unpacking the social implications of sexual expression. The authors build upon Bay-Cheng’s (2015) article “The Agency Line: A Neoliberal Metric for Appraising Young Women’s Sexuality,” which introduces the concept of the neoliberal agency line in conjunction with the slut/prude/virgin continuum. The inclusion of prude within the slut/virgin dichotomy addresses the changing social implications of sexuality, imposed particularly upon young women, that offers a continuum of

experiences and negotiations beyond the binary divide of slut/virgin. Therefore, the agency line aims to address the hegemonic influence of neoliberalism upon girls' and young women's negotiation of sexuality. The emphasis in the agency line is on the individual to navigate their sexuality within a space of socially prescribed norms, increased surveillance of self and management of sexuality (Tolman, Anderson, & Belmonte, 2015, p. 299). Indeed, the slut/prude/virgin continuum is part of the lived experiences of "slut shaming" felt by women of all ages.

In my research with youth, aged 15-18, and older adults, aged 65 and older, "slut" was used by both age groups to negatively describe young women who appear to be sexually available (Tidey, 2019). In workshops with youth and older adults separately, I asked collaborators to discuss the sexual health education they had received in school. Despite an almost 60-year difference between youth and older adults, both age groups indicated "slut-shaming" as part of their sexual health education experiences. One older adult collaborator stated that "sluts go all the way" was a key message they received about sexual health as a teenager. The comment was met with much recollection from several older adult collaborators about their youth socialization in terms of who was a "slut" and why it was so important not to be perceived as one. Conversely, when youth collaborators reflected on the sexual health education they had received thus far in school, one anonymous youth wrote "how to avoid promiscuity." The fear of being labelled a "slut," particularly for female-identified collaborators was palpable within both age groups. Socially constructed heterosexual scripts typically promote feminine passivity and masculine activity, where destabilizing these scripts may result in being labelled a slut or a prude. Recognizing the social constructions that influence perceptions of "proper" sexual expression, I will utilize Tolman, Anderson, and Belmonte's (2015) term "Anglophone West" (p. 299)

throughout the article to acknowledge the dominant social structures in North America that impose certain norms through a colonial, patriarchal, heteronormative, capitalist system that undoubtedly influences labels of “slut” and intersectional experiences of sexual shame.

### **Where does Sexual Shame Come From?**

So, where does sexual shame even come from? Is it the emphasis on capitalism and male dominance in Anglophone West society? Is it our familial upbringing and how we are socialized? Or perhaps it is the intersection of identities such as gender, sexual orientation, and age. As is the case with many “wicked problems” (Weber & Khademian, 2008, p. 336) that are deeply complex and multi-layered, the root causes of sexual shame are bound to each other in intricate ways.

Pancake (2012) argues that there are seven dimensions of shame that are socially influenced. This claim is based on an extensive literature review and original research through the *Sexy Talk Project*, an anonymous, online resource where everyday people share stories; it also includes web-based group therapy and cognitive behavioural therapy sessions. The seven dimensions capture distinct, yet interconnected, origins of sexual shame, which include: childhood shame, genital shame, adolescent shame, media, adulthood shame, cultural considerations and educational systems. Based on my own perspective, analyzing sexual shame begins with an exploration of power structures in the Anglophone West and how they intersect with socialization gender, and age.

According to Tolman, Anderson, and Belmonte (2015), first and foremost, sexual shame is derived from patriarchal social structures in the Anglophone West that disproportionately advantage white-settler, Christian, heterosexual, cis-gendered men. As revealed in a growing scholarship and research, the structures of power within the Anglophone West perpetuate

inequity and establish societal norms. The colonial narrative of dehumanizing non-Christian, non-white, non-heterosexual and trans-gendered people is deconstructed in Paula Gunn Allen's (1992) book, *The Sacred Hoop*, in which they share an Indigenous perspective of sexual shame as deeply rooted in colonial, patriarchal structures. Tracing the matriarchal lineage and delineation of gender roles in Indigenous cultures across what is now called North America, Allen brings a nuanced understanding of sexuality, sexual expression, and shame. Allen's monograph is as an integral piece of literature that discusses the "pattern of colonized psychology and social valuation" (p. 200) that is still perpetuated within the Anglophone West and is an important element of the complex roots of sexual shame. I entered my work with collaborators with this understanding and strove to facilitate discussions on how the Anglophone West intersects with embodied experiences of social stigma and sexual shame. The reflections from collaborators and audience members from *You're Doing What?! At Your Age?!* are woven into the following discussion on socialization, gender and age as key intersections of social stigma of sexuality across the life course.

### **Socialization**

Sexual shame does not originate within us, but rather is imposed by the people who are educating us (or not) about sexuality. The repetition and reinforcement of social norms, particularly around behaviours that are stigmatized may become internalized as sexual shame over time (Pancake, 2012), which profoundly influences experiences of sexuality across the life course (Fileborn et al., 2018). As Fileborn et al.'s (2018) article in *The Journal of Sex Research* reveals, "It was apparent that norms and beliefs about safer sex from when participants were growing up continued to shape the understandings and practices of at least some older people" (p. 173). The cyclical process of teaching and feeling shame across generations continues to

perpetuate a legacy that shapes our experiences. As McDonald (2014) observes, “like slivers of glass, moments of shame slide into us” (3:11) and begin to impose rules about sexual behaviour. Masturbation is a key example of socializing “proper” sexual behaviour that perpetuates myths designed to stigmatize and shame self-pleasure.

To gather ideas for play creation in *You’re Doing What?! At Your Age?!*, I asked collaborators to anonymously write down any questions or topics that they wanted to explore. One question was “Is masturbation a topic that gets equal time?” Based on this question, and several others that identified consent, sexual orientation, and intimacy across the life course, I collected newspaper articles on each topic to spark discussions and improvisations. The decision to use newspaper articles instead of scholarly articles from my literature review was to offer accessible material for creative exploration. For a full discussion on our process, see “*You’re Doing What?! At Your Age?! Applied Theatre for Sexuality Across the Life Course.*” The group who chose to discuss “Masturbation/Differences across the Years” began their discussions on myths around masturbation and how these stories have evolved from generation to generation.

Indeed, Carpenter and DeLamater (2012) in *Sex for Life: From Virginity to Viagra, How Sexuality Changes Throughout Our Lives*, state that there is an “emphasis on partner sex in North American societies...This is evident in many ways, including continuing negative attitudes towards masturbation” (p. 16). Unfortunately, this has resulted in common myths about palms becoming hairy or going blind from masturbation. In response to these myths that have been used to stigmatize youth masturbation for generations, one older adult collaborator exclaimed that for older adults’ masturbating, it did not matter since “I’m already blind!” The good humour and use of source materials, such as the newspaper article, opened a dialogue on what was



socially acceptable and what stories collaborators had been told about self-pleasuring. While these myths are still common, how youth are discussing masturbation has changed dramatically.

During observations of group discussions, one youth collaborator boldly said, “did you know men have stronger grips because of masturbation?” Upon reflection of the project as a whole, one older adult collaborator reflected that what they had learnt from youth was “how they are handling many issues/topics – vastly different from our era.” The socialization of acceptable sexual behaviours over time revealed a willingness from youth collaborators to engage in frank discussions that older adult collaborators felt they could never have had in their own youth. The comfortability shown by youth collaborators in discussing masturbation highlighted generational differences while simultaneously revealing deep-rooted assumptions. Alexandra’s fieldnotes emphasize our observation of socialization in the masturbation discussion group:

Some students are really open to talking about masturbation, but their convo also had a lot of normative assumptions with it. i.e. ‘Guys have a higher sex drive for masturbating than girls’—uh, not necessarily! This is partially due to socialization too. (October 23, 2018)

The assumptions made by youth collaborators reveal deep seated gendered biases on sexual behaviour that is explored further in the following section. While a scene was never put into action from these conversations, an important dialogue evolved that became a vital part of the follow-up workshop.

One youth collaborator took it upon themselves to research the health benefits of masturbation across the life course and shared these findings as the facilitator of a discussion group in the follow-up workshop. The youth collaborator was prepared for facilitation with a worksheet they had created with information, such as “babies in the womb touch themselves, it’s a common

phenomenon, it's natural"<sup>17</sup> and that "some health benefits for people with vaginas is that it prevents urinary tract infections, reduces insomnia, and increases pelvic floor strength"<sup>18</sup> (observation, December 10, 2018). This particular youth cited recent research that they gathered outside of rehearsal time to prepare for our performance and follow-up workshops. Furthermore, they took their new learning home and shared it with their family. After our December 10, 2018 performance, Kim shared:

I had several parents come to me and say what an amazing opportunity it was for their kids...So much so in fact that one of the parents had said 'you know, my child came home the other night, sat down at the dinner table and said today, I talked about masturbation with a senior.' Not something that they would have ever done before. They would have never brought up sex with their parents before. (personal communication, January 22, 2019)

As Kim reflected, by opening up the conversation for youth and older adults, we sought to normalize sexuality across the life course and offer vocabulary that could be brought into their daily lives "without it feeling embarrassing or shameful" (personal communication, January 22, 2019). Despite masturbation still being a taboo subject, collaborators were interested in exploring how the accessibility to porn, especially with the rise of the internet, had evolved over time and how that affected perceptions on masturbation.

With the rise of the internet, youth collaborators were shocked that older adult collaborators used actual magazines to masturbate when they were young. One youth collaborator wrote in their post-devising reflection that "Boys used to masturbate to Sears catalogues" when asked what youth had learnt from older adults. Furthermore, an exchange between a youth collaborator

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<sup>17</sup> While still debated, see Rodríguez Fernández, V., & López Ramón y Cajal, Carlos. (2016). In utero gratification behaviour in male fetus. *Prenatal Diagnosis*, 36(10), 985-986. doi:10.1002/pd.4923.

<sup>18</sup> Planned Parenthood has gathered together a list of the health benefits of masturbation based on several research findings. For more information, see [www.plannedparenthood.org/learn/sex-and-relationships/masturbation](http://www.plannedparenthood.org/learn/sex-and-relationships/masturbation)

and an older adult collaborator was captured in Alexandra's fieldnotes: "when you were young, was sex used to sell things in the media?", in which the older adult collaborator responded with "well, depends what you mean by media!" (October 23, 2018). Social media and the rise of the internet represents access to information but also a change in the sexual socialization of youth.

In regard to sexuality across the life course, the distinction of age and generational exposure to technology is suggested to play "a significant role in which we now engage in sexual experiences" (Weiss, 2013b, as cited in Dhuffar & Griffiths, 2014, Introduction). Utilizing Weiss' terms "digital natives" for those under 30 who grew up with technology and "digital migrants" for those over 30 who are adapting to technology as adults, the theme emerges of decreased stigma associated with increased sexual content and availability (Dhuffar & Griffiths, 2014, Discussion). By working intergenerationally with "digital natives" and "digital migrants," the access to technology highlighted differences in socialization between youth and older adult collaborators. From these discussions on generational differences in access to technology and masturbation myths, an awareness emerged about how social norms of sexuality have changed over time.

As sexual social norms change over time, so too do social constructions of sexuality (e.g. sexual identities and practices). Social constructions play a critical role in informing social norms about "appropriate" sexual interest and expression, which are reflected in socialization processes (Pancake, 2012). Particularly in working with a Gender/Family studies class, we strove to address normative assumptions of sexual orientation and practices and offer a space for collaborators of all sexual orientations to feel welcome. While collaborators were not asked to share personal stories, an open discussion arose between a group of youth collaborators and one older adult collaborator about how sexual orientation norms have evolved over time.

From video recorded observations, one youth shared that they identify as bisexual and an older adult collaborator stated “well, I mean that’s pretty forward because we would have never heard about anything like that...I think things have changed significantly, you know, for the better, because basically homosexuality was frowned upon.” The youth collaborator responded with “it’s a lot more fluid now,” while another stated that they identify as pansexual. The openness and honesty between collaborators in this moment was poignant and offered a unique learning opportunity for the older adult collaborator to ask about pansexuality. In terms of learning to deconstruct generational socialization, Alexandra’s field notes exemplify the change in communication about sexual orientation:

pansexuality was almost definitely not talked about when TAs [older adult collaborators] were teenagers so just that difference in approach to sexuality in itself is kind of amazing to think about (when TAs were young, you were probably either straight or gay, if you felt ok enough to claim that identity, ideas of other identities weren’t even a thing). (observation, October 23, 2018)

By building community and a safe environment through a series of theatre-based activities, this respectful exchange between collaborators arose to discuss the changing landscape of sexual orientation. The discussion and observations reveal changing social norms on sexual orientation and an increased awareness for collaborators about the differences in each other’s sexual socialization. However, the most notable difference youth and older adult collaborators reflected on was discussions on how gender affects societal norms and feelings of sexual shame.

## **Gender**

As a preliminary workshop before bringing older adults and youth together, I facilitated a workshop with older adult collaborators about gender identity and the use of pronouns, such as

her, she, he, him, they, them, etc. As a cis-gendered woman who has worked with a variety of gender diverse folks, I aimed to offer a safe environment for older adult collaborators to ask questions freely about why pronouns and gender identity are important to recognize before working with a group of gender diverse youth. All of the older adult collaborators identify as cis-gendered and did not have previous experience in introducing themselves with pronouns. Kim reflected that many of her students were:

Intimidated by the aspect of working with seniors who may not have an understanding of that demographic and may not have the sensitivity to be able to work with them in a respectful way. So, we [Leah and Kim] had to do a lot of work around fail safes. If that were to happen, what's going to be our response and how are we then going to make sure the students feel safe without an environment where there's a lot of conflict. (personal communication, January 22, 2019)

Therefore, we started each rehearsal with a gender pronoun circle where each person would state their pronouns and how they were feeling that day as part of our check in practice. This small practice alleviated youth collaborators' worries, where Kim noted that "Right from that first meeting onwards there was a huge shift and students were looking forward to seeing seniors again" (personal communication, January 22, 2019). By offering this practice of acknowledging gender identity, we hoped to relieve the pressure on gender diverse youth to educate older adults about their identities and pronouns and to mitigate any experiences of stigma or shame.

In a personal reflection with our Project Assistant, our commitment to holding a safe space was revealed as vitally important in combatting feelings of shame and stigma: "I agree with Alexandra that a high level of trust, safety, and comfort has been achieved if a student can openly say, in check in, that they are dealing with gender dysmorphia" (observation, October 16,

2018). By the end of our work together, an older adult collaborator reflected that “From the youth, I have learned that despite identifying with their biological gender, they are interested in exploring gender issues.” The intergenerational community building was essential in developing these new understandings of gender yet did not fully address societal pressures on gender expression.

A prevalent theme that arises from the literature is the connection of gender to feelings of sexual shame within the Anglophone West. The values of patriarchy and capitalism prioritize consumption and production that have fostered deeply imbalanced experiences of sexual pleasure and shame in relation to gender (Fahs, 2014). In a pilot study examining the connection between female hypersexual behaviours and shame, Dhuffar and Griffiths (2014), make a first attempt at unpacking the complexities surrounding socialization and its effect on sexual behaviours and shame, arguing that shame “has an important social control function” (Introduction), particularly for females. This argument is based on the consequences of ‘unsanctioned’ sexual behaviour for females, such as contracting a Sexually Transmitted Infection (STI), becoming pregnant, or being socially ostracized (Dhuffar & Griffiths, 2014). The heteronormative assumption of Dhuffar and Griffiths underpins the gender imbalance in the Anglophone West, where cis-gendered men are celebrated for their sexual exploits and cis-gendered women are repeatedly warned against the dangers of sexual expression.

In the collective creation of our play about sexuality across the life course, I actively strove to complicate narratives of socially constructed female passivity and male activity in sexual behaviour. As a facilitator and researcher, I endeavoured to tease out reductive understandings of gender expression and offer opportunities to deepen character development to reflect more nuanced lived experiences of gender. However, during an early improvisation of a radio call-in

show with the “Love Doctor,” gender-based stereotypes arose about males pressuring females to have sex. An older adult female collaborator improvised the role of a youth calling into the Love Doctor show and said that they had been “talking with people who were giving me a bad time because I wanted to be a virgin... and they said get rid of your virginity because it’s of no use to you.” The older adult female collaborator playing the Love Doctor promptly responded with “Those people would have been male, right?” and continued on to state that “Of course that’s what they’re saying, that’s all they want!” The improvisation resulted in a group discussion about gender-based stereotypes with one collaborator asking anonymously “Why are so many sex/consent discussions biased against men? Why do male sex stereotypes still remain?” Therefore, toxic masculinity and negotiating consent became key topics for creative exploration, particularly for our youth characters, Jena and Sam.

During reflection on character and script development, a youth collaborator wrote that “It’d be interesting to have more conversations about masculinity and Jena’s boyfriend.” In the script, the main youth character, Jena, is at a party when her boyfriend, Sam, starts pressuring her to have sex with him. Central to our play development was discussions on consent and reimagining consent through Damour’s (2018) term “enthusiastic agreement” (para. 9) in the article “Getting ‘Consent’ for Sex Is Too Low A Bar.” Employing a feminist lens, we chose to discuss “enthusiastic agreement” (Damour, 2018, para. 9) as a new paradigm for negotiating sexual experiences while considering gendered socialization. Instead of demonizing Sam’s character as a young man pressuring his girlfriend, we strove to take a deeper look into the root causes of sexual coercion and gender-based violence within patriarchal society. Using questions such as “What is his backstory? What sort of pressures is he facing that is possibly contributing to him pressuring Jena to have sex? What social ideas are being represented about masculinity?”, we

facilitated a group discussion about Sam's character to better understand systemic as well as individual factors that led to this moment between Jena and him. Indeed, Fitzgerald (2017) argues that "sexuality is frequently the stage upon which male dominance is played out" (p. 484) and female passivity is reinforced.

To balance our discussion on Sam, we also examined Jena's character and her rejection of female passivity to spark a dialogue among collaborators and audience members. I cannot stress enough the importance of collective creation in crafting well-rounded characters who defy stereotypes, reflect a myriad of lived experiences and complicate gender expression. The combination of collaborators' lived experiences and research-based knowledge from Jennifer, Kim, Alexandra, and myself provided rich material from which to create together. For example, Fahs' (2014) article "Coming to Power: Women's Fake Orgasms and Best Orgasm Experiences Illuminate the Failures of (hetero) Sex and the Pleasures of Connection," deeply influenced my facilitation of Jena's character development with collaborators. Fahs (2014) asserts that "correlations between sexual satisfaction and social identities...show some notable patterns, as women who engaged in unsatisfying sex often include younger, less educated, poorer women, and women of colour" (Fahs & Swank 2011, as cited in Fahs, 2014, p. 977). These intersectional relations reveal well-documented structural inequalities within a patriarchal society that privileges white-settler, educated, heterosexual, cis-gendered male subjects. Thus, "how people interpret sexual satisfaction in interpersonal relationships remains intimately tied to norms of gender, power, and entitlement" (McClelland 2011; Nicholson & Burr 2003; as cited in Fahs, 2014, p. 974), where socialization of female passivity/male activity is normalized inside and outside of the bedroom.



Furthermore, combining previous ideas about socialization as affecting sexual shame with the intersection of gender, Elise (2008) claims that sexual shame is firmly attached to gender and offers a feminist perspective on Sigmund Freud's Oedipal phase and how it affects shame cross-generationally. Elise argues that a gendered understanding of self is central to sexual shame where "the ego ideals set up by the culture to construct gender do so in a way that is often very problematic for personal well-being" (p. 93). Particularly, sex-specific and gendered language about how bodies move and operate in a patriarchal society naturalizes female inferiority: "it is a problem in language, not with the female body, that agency is masculinized" (Elise, 2008, p. 87) in patriarchal societies. Therefore, the female body itself is shaped, contained, and controlled through dominant discourse. From this highly academic understanding of gender as socially constructed and impacting experiences of sexual shame and stigma, my role was to integrate this knowledge into discussions with collaborators that could inform our script development.

To analyze our measure of success in knowledge mobilization and creating accessible content, our audience responses before and after the performance and workshop reveal key moments of learning. On our December 10, 2018 performance, an audience member stated "love the concept of enthusiastic agreement as a way of talking about consent. Actors talked about how their own ability to talk openly has been impacted positively. The power of metaphors!" Another audience member reflected before the show that they "Found that even the students are surprised by how quickly gender differences are changing." After the performance and workshop, the same audience member wrote "What a great space and wonderful initiative. The more we talk intergenerationally the happier we will all be." Lastly, one audience member reflected:

I thought the play + the following workshop made me consider how much discussions re sex + gender have changed in recent times and how this might offer/potentially [*sic*] a theatre senior, who have maybe not kept up [with] ‘the times.’

These reflections underpin my belief that intergenerational discussion through theatre is an innovative approach to addressing sexual shame and social stigma. However, the second reflection also indicates the important intersection of age that reveals subtle ageism about older adults holding traditional or outdated perceptions on gender, sex, and sexuality. Therefore, how does age intersect with socialization and gender in relation to sexual shame and social stigma?

### **Age**

“Age doesn’t discriminate when it comes to sexual feelings” or does it? This reflection was written by an audience member after our December 10, 2018 performance and workshop and while I agree with the sentiment, the rhetoric of aging as undesirable, particularly in relation to sexual attractiveness, is repeatedly mentioned throughout the literature. The intersection of age offers insight into the complexities of older adults’ sexuality and feelings of sexual shame and experiences of social stigma. As the intersections of socialization and gender indicate, sexual shame is multi-layered and may even compound across the life course, particularly for older cis-gendered women.

Rubinstein and Foster (2013) speculate that, with the rise and accessibility of images that display “ideal” women’s bodies, body consciousness and self-objectification may be more prevalent in later generations. The theme of shame and silence in relation to older adults’ experiences underpins the emphasis placed on youthful bodies as objects of desire (Rubinstein & Foster, 2013, p. 303). Additionally, Kasif and Band-Winterstein (2017) argue that the social construction of ageism “includes negative stereotypes of old age, in general, and sexuality, in

particular (Kessel, 2001; Wada et al., 2015). In other words, older adults are considered to be asexual” (p. 7). The denial of older adults’ as sexual beings is related to the over-emphasis on youthful bodies as desirable in the Anglophone West. Pickard (2016) indicates that older adults’ sexuality is as an under-researched and often silenced reality partially due to youth-centric representations of sexuality in the media.

As mentioned in the Socialization section, social media and sociohistorical context have greatly impacted socialization. By working intergenerationally, collaborators recognized the differences in accessibility to resources and sexual health education. Youth collaborators stated, “I’ve learned about the divide in knowledge we have between seniors and youth. Older generations should receive more education about sexual health and LGBTQ+” and “The seniors had less knowledge about sexual health than we do now.” Another comment from a youth collaborator supports the previous reflections: “I had never really thought about seniors’ sexual health, but I have always been curious about sex ed ‘back in the day’ and I get to learn about that from the elders.” The gay and women’s rights movements, beginning in the 1960s, advances in and accessibility of contraceptive and barrier methods, as well as access to information through technology represent progressive sexual norms that youth appear to take for granted—until they connect with older adults.

Audience members also remarked on the effects of ageism and stereotypes on experiences of sexuality across the life course. In two pre-performance reflections from audience members on December 10, 2018, one stated that they were “so stoked [to] talk about ageism + sex. Normalize sex across lifespan” while another wrote that they attended the performance hoping to discuss “Stereotypes related to age + sexuality.” But why do these stereotypes exist and how might working intergenerationally combat ageist perspectives?

Indeed, what could a 25-minute play and follow up workshop offer to such a complicated topic? In regard to audience reflections, the following examples highlight the power of theatre to open a dialogue on sexuality across the life course. The first audience reflection from December 10, 2018 stated that “not sure if I’ve ever talked to anyone other than those around my age about sex. Very cool to have open conversations about it.” The second audience reflection revealed a desire to bring learning from the performance into their personal life: “Thinking about how much I’d love to talk to my gramma about sex. Generational differences in pleasure i.e. My generation having language to ask for pleasure but IDK if my mom or gramma had that.” Lastly, the use of humour to address social stigma about sexuality across the life course was indicated as an important aspect of our work in two post-performance reflections: “Vulnerability & humour” and “Pretty Funny. Lots of stigmas—and even more than you think after talking about it.” As one audience member reflected before the show, “[I am] curious, eager to learn, get over stigma/embarrassment, feel more comfortable.” After the performance, another audience member reflected that “This was amazing. It was incredible to see some of my students be so brave and to fight stigma.” By shedding light on the intersection of age and sexuality, we strove to engage audiences in a much-needed discourse that would ripple out from an evening of laughter and learning into lived experiences.

For collaborators, the intersection of age offered the richest learning opportunity to which older adults and youth often do not have access. During our final workshop on January 8, 2019, I asked collaborators to reflect on the process and write about any memorable moments and key learning opportunities, in addition to feedback or critique on our work. I facilitated an entire group discussion to reflect on our experience, in addition to collecting collaborators’ anonymous responses using a “suggestion box” style device. Seven of the 25 comments on most memorable

moments indicated intergenerational connection, while another 10 mentioned the performance and working together onstage. Some key comments that reflect on age are “the fact that two age groups could relate so well with one another”, “The first couple conversations that we had together about the difference in our age gap”, and “When we get to talk with each other, with the senior actors and have [*sic*] bond with them.” Key moments of learning from youth collaborators indicated that “I learnt from seniors that no matter my age, I’ll always have to learn something new by leaving my comfort zone” and that “I think it changed my opinions on senior sexual health, and I am surprised by how open everyone is when talking about this topic.” For older adult collaborators, “I’ve learned that the intergenerational differences are nowhere near as far apart as they appeared to be when I was younger” and “I found it interesting that we seniors were able to discuss issues of sex with you. We talked/they talked. We laughed/they laughed. Who knew we could relate so well?” Based on these reflections of changed opinions, new learning, and intergenerational bonding, perhaps ageism in sexuality across the life course that results in sexual shame and social stigma might be overcome through art-based community research and practice. As Kim stated about the new comfortability between youth and older adult collaborators, *You’re Doing What?! At Your Age?!* “provided them [youth] with new vocabulary on how to speak to older people about sex and sexuality” (personal communication, January 22, 2019).

### **Combatting Sexual Shame and Social Stigma**

Clearly, there are ‘intersections within intersections’ of socialization, gender, and age that affect sexual shame and social stigma. Yet, discreet discussions about each specific topic represents an attempt to unravel the complexity of sexual shame and, in doing so, reveals how each aspect is interwoven. While our work demonstrates a promising avenue to deconstruct

sexual shame and social stigma, there is a need for greater diversity in research that challenges the dominant discourse of the Anglophone West that perpetuates patriarchal, cis-gendered, heteronormative, white-settler narratives. The majority of my collaborators, and myself, are cis-gendered, middle-class, white-settler Canadian folks who can only speak to our own lived experiences. How then do we combat sexual shame and social stigma while holding space for diverse voices to emerge? From my literature review and research, I recognize how social stigma impacts experiences of sexual shame and am considering what a more thoughtful and diverse approach might look like.

Using intergenerational, community-based theatre, I sought to provide resources and environments for open discussions about sexuality across the life course and begin to question social norms that propagate stigma and sexual shame. I hope that the findings of this study, as they have been incorporated into this article, contribute to an interdisciplinary discussion, which is required to combat sexual shame. An open dialogue about sexual shame that acknowledges diversity requires a commitment to innovative research that extends beyond academia, into the public domain. Simply put, “Sex is normal. Talk about it.”<sup>19</sup>

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<sup>19</sup> Audience member post-show reflection.

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### **Section III: Healthy Public Policy and Policy Change**

#### **Community-led Theatre for Sexuality Across the Life Course:**

#### **An Approach to Social Change and Policy Reform**

##### **Abstract**

Sexuality across the life course is mired in social stigma and the relegation of sex as the prerogative of youth. The rising demographics of older adults and higher rates of Sexually Transmitted Infections among citizens over 65 in Canada indicate an increasing pressure to address the needs of this growing demographic. With an emphasis on current policy gaps and design, fostering sustainable collaborations, capacity-building, and nurturing policy advocacy, a community-led intergenerational theatre project in Victoria, British Columbia may provide a holistic approach to socially engaged policy change for sexuality across the life course. The aim of *You're Doing What?! At Your Age?!*, the title of my doctoral research, is to address sexuality across the life course through community theatre as an opportunity to create a more equitable and healthy society with increased awareness, education, and sexual health resources available to older adults and youth.

*Keywords:* public health, older adults, policy advocacy, intergenerational, community theatre, sexuality across the life course

In a youth-centric and increasingly sexualized society through the influence of social media and popular culture (Lee, 2009, p. 623), older adults' sexuality is relegated to the margins. Despite recent attempts to normalize older adults' sexuality in popular culture, such as the television show *Grace and Frankie* (2015) and the movie *The Book Club* (2018), the sexuality of older adults is too often mired in silence, misrepresentation, and shame (Walz, 2002, p. 100). To evoke social change for accessible sexual health resources and education for people of all ages, older adults' sexuality must come to the fore of community-led health projects and policy advocacy. By community members comprising the heart of the project, the self-identified health needs and lived experiences of the community reveal gaps in sexual health public policy that repeatedly underserve older adults. Additionally, a community-led, intergenerational perspective on healthy sexuality may offer a platform in which older adults and youth together may destigmatize sexuality across the life course through theatre.

### ***You're Doing What?! At Your Age?!***

#### **Community-based, Intergenerational Theatre Project**

In collaboration with students from Victoria High School and older adults from *Victoria Target Theatre Society (Target Theatre)*, an older adults' theatre company that creates original performances addressing older adults' issues (2017, para. 1-2), an intergenerational community was formed to collectively create a play and workshop about sexuality across the life course. *You're Doing What?! At Your Age?!* rehearsals were held at Victoria High School as an embedded intergenerational community theatre project within a high school. The intergenerational cast met once a week over four months to share stories, establish an intergenerational community and create the final performance and follow-up workshop.

The facilitator of the project, myself, along with the Victoria High School drama teacher, Kim Sholinder, Project Assistant, Alexandra Haupt, and Sexual Health Educator, Jennifer Gibson, formed the interdisciplinary team that endeavoured to create a safe, supportive environment for collaborators to learn about healthy sexuality and build a strong sense of community. Within the environment of safe spaces, the possibility to take risks was encouraged since we strove to question long-held beliefs and expand our understanding of sexuality. The aim of *You're Doing What?! At Your Age?!*, the community-led theatre project, was to support healthy sexuality across the life course and address the gaps in current policy practice that largely ignores older adults as sexual beings.

### **Location of *You're Doing What?! At Your Age?!***

The location of the project within a local high school is deliberately chosen as a place for learning and access to resources. As outlined in “Effective Evidence-Based Sexual Health Education for Youth: A Literature Review” from the Saskatchewan Prevention Institute, “schools are in a unique position to provide children, adolescents, and young adults with the knowledge, understanding, skills, and attitudes required for them to make and act upon decisions that promote sexual health throughout their lives” (Williamson & Lawson, 2015, p. 25). Furthermore, the literature review of current research reveals that “well-planned and implemented sexual health education programs in schools have been found to be effective in helping youth reduce the risk of STI/HIV infection and unintended pregnancies” (Williamson & Lawson, 2015, p. 25). By taking an intergenerational approach to sexual health education in schools and using theatre as our medium, we offered diverse perspectives on a growing issue across the ages.

Over a period of four months, older adult and youth collaborators explored the social stigma surrounding sexuality and, with support from the interdisciplinary team, used storytelling, music, dance, and drama techniques to create a play. Once the play was created, collaborators rehearsed weekly and invited various local high schools and community members to be audience members and participants in the follow-up workshop after each performance. The follow-up workshop offered an opportunity for reflection and critical engagement between the audience and collaborators to initiate a dialogue on the various topics raised by the performance.

There was also a public performance in which various stakeholders and decision-makers were invited. Through an environment scan of key stakeholders, the stakeholders were identified as healthcare providers and public health nurses as well as school administrators, educators, and community members from around Victoria High School. The positive reactions and desire for more information from collaborators and audience members alike indicate the need for healthy public policy change.

### **Framework for Healthy Public Policy Change**

Utilizing Servaes and Malikhaob's (2010) framework from their article "Advocacy Strategies for Health Communication," policy decisions undergoing a "*public health policy life cycle*" (p. 46) must go through four steps. The steps include: "(i) recognizing the problem; (ii) 'defining' the problem; (iii) solving the problem; and (iv) maintaining control over the problem" (Servaes & Malikhaob, 2010, p. 46). The central "problem" is social stigma and shame of sexuality across the life course that does not acknowledge the rights of people to engage in healthy sexuality throughout their lives. Additionally, the term "control" indicates the power of societal stigma to dictate "normative" sexual behaviour and incite feelings of shame about sexual expression. By

focusing on “empowerment” (Behn, 2003, p. 589) in healthy public policy instead of “control,” I strove to foster an environment of positive social change.

Using this emphasis on empowerment and placing it within a community setting, the aim is to tease out the “problem” of social stigma of sexuality across the life course as an *opportunity* to create a more equitable and healthy society with increased awareness, education, and sexual health resources available to older adults and youth. The focus is primarily on the first three steps of Servaes and Malikhaob’s (2010) framework to foster an environment in which “maintaining control over the problem” (p. 46) may arise through social change and policy reform. To understand how *You’re Doing What?! At Your Age?!* may assist in evoking policy advocacy and promoting policy change in British Columbia (B.C.), Canada, sexuality across the life course must be explored for why it is an important topic to discuss today and into the future.

### **Sexual Health Across the Life course**

The first consideration in “recognizing the problem” (Servaes & Malikhaob, 2010, p. 46), is the increasing rates of Sexually Transmitted Infections (STIs) in the 65 and older population that have risen dramatically over the past 10 years (Patel, 2017, para. 6). Patel (2017) cites the most recent research from Health Canada in “Seniors have Sex – and the STI Rates to Prove It,” which states that syphilis rose by five percent, gonorrhea by 87 percent and chlamydia by 142 percent between 2005 and 2015 (para. 7). Furthermore, adults 50 and above account for 31 percent of new diagnoses of Human Immunodeficiency Virus (HIV) as of 2015 (Patel, 2017, para. 9). These statistics are troubling and indicate a need to offer accessible education and sexual health resources to older adults. While these statistics may be shocking, the reality is that many older adults grew up in a time when sexual health was not openly discussed or taught in school (Bielski, 2016, para. 1; Brotto, 2015, para. 7). The need to de-stigmatize older adults’ sexuality

in regard to sexual health resources and access to education is crucial in addressing rising rates of STIs (Patel, 2017, para. 9) and creating sustainable, healthy public policy for increased demographics of older adults.

Additionally, the rising demographics of older adults may also offer a positive change in Canadian society, where promoting healthy sexuality for older adults and advocating for policy change will enhance these benefits. Across Canada, the statistics reveal that the “Historical Age Pyramid” (Statistics Canada, 2017, para. 1) is starting to resemble a rectangle instead of a pyramid. With lower birth rates, the baby-boomer generation aging, and overall better health of Canadians, the proportion of older adults in Canada is growing rapidly (Statistics Canada, 2017, para. 4; Weiss, 2014, para. 3). This growth and rectangular population distribution of society is not a passing trend but a long-term change (Carstensen, 2014, p. 6), especially in B.C. Here there is a pointed increase in the demographics of older adults, and it is estimated that over the next 20 years, the number of older adults living in B.C. will grow from one million to an estimated 1.47 million (British Columbia Ministry of Health, 2017, p. 13) with the overall older adult population in Canada projected to “represent between 23% and 25% of the total population in 2036” (Statistics Canada, 2018, para. 2). The rise in older adult population in Canada provides an opportune time to effect positive change and de-stigmatize sexuality across the life course.

Ganong and Larson (2011) state that sex and physical intimacy for older adults may support better mental health and foster feelings of “support and belonging” (p. 168). While gender identity plays a significant role in how sex and mental health are connected across the life course, there is increasing evidence that physical intimacy is an important health consideration, especially as we age (Ganong & Larson, 2011, p. 168). Furthermore, Carstensen (2014), in “Our Aging Population – It May Just Save Us All,” argues that a growing older demographic could be



greatly beneficial for society (p. 2). Carstensen (2014) reframes the dominant discourse on aging in a youth-centric society by explaining that older adults have improved emotional stability, increased knowledge, and are “motivated to make a difference” (pp. 3-4). While older adults are too often negated as sexual beings with socially acceptable sexuality attributed primarily to youth (Hillman, 2012, p. 68; Minichiello, Rahman, Hawkes, & Pitts, 2012, p. 179), older adults and youth face many similar issues in terms of social stigma of sexuality across the life course.

The majority of sexual health resources are allocated to youth, which includes progressive sexual health education as part of the B.C. high school curriculum (British Columbia Ministry of Education, 2017). The high school curriculum incorporates the Sexual Orientation and Gender Identity (SOGI) model (British Columbia Ministry of Education, 2017, para. 8-11) that aims to foster a supportive and safe environment for students of any sexual orientation or gender identity. Despite progressive sexual health curriculum, there are still gaps in students’ knowledge. In previous research, as well as personal experience in facilitating workshops and interviews with youth at various high schools in Victoria, B.C., similar themes of policing sexuality and sexual shame emerge for youth (Manago et al., 2015, p. 4; Levy, 1994, p. 295; Sanchez & Kiefer, 2007, p. 810; Tidey, 2019, p. 370).

Furthermore, older adults often hold negative opinions of themselves and associate “appropriate” sexuality with youth (Hillman, 2012, p. 68), providing another barrier to accessing sexual health education and resources. Conversely, youth and younger adults are often intolerant of older adults’ sexuality (Heath & Riddett, 2012, p. 530; Hillman, 2012, p. 60), and reinforce the connection between youth and idealized sexuality. Therefore, youth as well as older adults need de-stigmatized sexual health education. The intergenerational need for sex positive health education that goes beyond a classroom lecture or clinical advice is required to address social

stigma of sexuality across the life course. Indeed, “sex positivity advocates for continuous, age appropriate learning and access to comprehensive sexual health information and treatments” (Ivanski & Kohut, 2017, p. 223) to address changing sexual health needs.

As a “wicked problem” (Weber & Khademian, 2008, p. 336) that encompasses a public health concern for current and future older adults as well as a social justice issue, sexuality across the life course requires an ideological shift and deconstruction of social stigma. Minichiello, Rahman, Hawkes, and Pitts (2012) argue that “sexual health can no longer be a public health concern only for young people” (p. 178). To acknowledge the many benefits of growing older and recognizing older adults as sexual beings, *You’re Doing What?! At Your Age?!* incorporated the lived experiences of older adults and youth with initial research findings to foster a strong foundation in which to question current policy design, to form collaborations and partnerships, to build capacity, and to advocate for policy change.

### **Gaps in Current Policy, Design Flaws, and Implementation**

In “‘defining’ the problem” (Servaes & Malikhaob, 2010, p. 46) of social stigma of sexuality across the life course, unpacking current policy, gaps in implementation and embedded assumptions about sexuality must be considered. The current process of formulating policies and designing programs has undergone shifts, where problematic policy tools have been questioned (Wranik, 2012, p. 205) and a wider scope of tools are required in order to conduct more holistic and intersectional understandings of health (Howlett, 2000, p. 425). In conjunction with the use of substantive tools that are “intended to directly affect the nature, types, quantities, and distribution of goods and services provided in society” (Howlett, 2000, p. 415), the emphasis on lived experience and community input is growing in the world of healthy policy change (Abelson

& Gauvin, 2004, p. 12). However, the current policies in place must be analyzed for underlying ageist assumptions on sexuality that promote stigma and shame.

The first policy consideration is the lack of sexual health education available to older adults that further entrenches stigma. As previously stated, most sexual health resources in B.C., in particular STI prevention, are promoted exclusively for youth at the detriment to older adults (Deering, Tyndall, & Koehoorn, 2014, p. 7). The lack of education and resources available to older adults has resulted in “risky sexual behaviour among older people [which] include[s] less safe sexual practice [and] limited sexual health service for older people, who frequently are not the target population for safer sex health promotion campaigns” (Minichiello, Rahman, Hawkes, & Pitts, 2012, p. 178). The conflation of “proper” sexuality with youth has created an environment in which accessing sexual health resources is increasingly difficult for older adults. As documented in Orel, Stelle, Watson, and Bunner’s (2010) research, sexual health educational programs specifically targeted at older adults are desperately needed (p. 368). When implemented, these programs are effective and foster de-stigmatized conversations, in particular when taking an intergenerational approach (Orel, Stelle, Watson, & Bunner, 2010, pp. 365-367). However, the barriers to accessing education and resources are compounded with the lack of education for healthcare providers about older adults’ sexuality.

The sexual health education of healthcare providers is another key policy consideration. Recent research from the United States reveals that the education of healthcare providers about older adults’ sexual health is lacking and mired in social stigma that can result in misdiagnoses (Tillman & Mark, 2015, p. 2091). Tillman and Mark (2015) state that STIs and HIV can go undetected from healthcare providers since “stereotypes and assumptions have hindered providers from identifying and testing older adults at risk” (p. 2074).

Within B.C., these findings are vital in considering the educational training and diverse responsibilities of public health nurses (Bungay & Stevenson, 2013, p. 75). Bungay and Stevenson (2013) focus on the under-researched aspect of public health nursing and the irregularities of sexual health training, where among public health nurses, there are several instances of nurses independently diagnosing and treating STIs despite vast irregularities in educational preparation (p. 70). In fact, as of 2013 over 600 public health nurses in B.C. were involved in STI diagnosis and treatment (Bungay & Stevenson, 2013, p. 70). Public health nurses are “an essential component of sexual health care” (Bungay & Stevenson, 2013, p. 77) in B.C., yet there are “substantial inconsistencies” (p. 70) across training that has resulted in reduced sexual health care services (p. 76). The issues between policy and implementation were due to “disconnect...from the local politics in which sexual health nursing practice occurred [where] stakeholders had limited participation in policy design which further contributed to nursing role confusion and communication challenges regarding implementation” (Bungay & Stevenson, 2013, p. 76). The inconsistency in education is also documented in the Public Health Agency of Canada’s (2010) report “HIV/AIDS among Older Canadians,” which cites health care professional’s lack of knowledge about older adults’ sexuality as a key factor in rising rates of HIV/AIDS diagnoses among older adults (p. 5). Additionally, Haesler, Bauer, and Fetherstonhaugh’s (2016) article “Sexuality, Sexual Health and Older People: A Systematic Review of Research on the Knowledge and Attitudes of Health Professionals,” indicates that the “knowledge of healthcare professionals is often inadequate and negative attitudes are common” (p. 70). Indeed, the “misconceptions about sexuality in older age in the health care and policy fields” (Public Health Agency of Canada, 2010, p. 1) must be addressed through innovative means that engage older adults and their communities.

Therefore, policy design and implementation could benefit from greater engagement with stakeholders and community members who may inform policy changes from a grassroots approach. Indeed, the Center for Healthy Communities (n.d.) argue that “to be effective, advocacy involves a broad range of people with different skills and commitment to time, from academics to community activists” (p. 3), who together can offer a holistic approach. In practice, bringing together various stakeholders requires patience and commitment. While there are challenges in working collectively and power-sharing, Agranoff (2006) argues that the opportunity for knowledge exchange and a holistic approach that incorporates multiple perspectives can greatly benefit the process and outcomes of programs (p. 63). With more participation from the community and individuals with lived experience, perhaps pervasive social stigma that limits communication between older adults and healthcare providers about sexual health in addition to the lack of resources available to older adults may be addressed (Tillman & Mark, 2015, p. 2091; Haesler, Bauer, & Fetherstonhaugh, 2016, p. 57). The proposed community-led theatre project strives to include community input to promote positive social change and effect the educational and health services provided to older adults.

### **Community-led Theatre as a Method for Social Change**

In “solving the problem” (Servaes & Malikhaob, 2010, p. 46) of the social stigma of sexuality across the life course, a community-led theatre project could offer a compelling method in which to reveal the gaps in current policy and policy implementation. As art-based practice emerges as an innovative field in research methodology and promoting social justice, the aim is to explore how this practice may build a strong foundation for policy advocacy and influence policymakers. Therefore, *You’re Doing What?! At Your Age?!* was held in Victoria, B.C. since Victoria offers a key environment to explore community-led theatre as a process for policy advocacy due to the

high population of older adults living in the area and the proximity to policymakers in the provincial government. According to the Greater Victoria Local Health Area Profile from 2015, “the 75+ population of Greater Victoria is expected to more than double” (Vancouver Island Health Authority, p. 2) over the next 10 years. Additionally, the location of Victoria as the capital of B.C. provides a platform in which the community may speak directly to those responsible for provincial policy.

From a community, art-based perspective, Kuppers (2007) reflects that “our work is not located within art therapy, changing ourselves, but within political labor, changing ourselves and our world” (p. 36). Kuppers indicates a new space in which public health advocates may occupy by integrating community voices and interdisciplinary approaches to address health and evoke sustainable, healthy public policy. Shifting away from traditional understandings of health professionals, how might the terms “professional” and “expert” be destabilized by bringing the voices of those most affected to the centre of the conversation? As Servaes and Malikhaob (2010) argue, striving to create “*communication for structural and social change*” (emphasis in original, p. 43) requires adopting a “participatory-based advocacy” (p. 43) approach. Theatre for social justice is a vehicle in which to reimagine the “expert” and bring together a community that advocates for their health rights that are currently ignored in public policy. This form of Applied Theatre “operates as dialogue – an artist or team of artists with expertise in theatre-making collaborate with theatre participants and/or audiences with expertise in their own experiences, lives and concerns to create theatrical events” (Snyder-Young, 2013, p. 4) that can speak to larger concerns of community health. Furthermore, the theatre facilitator acts as a tool that the community can utilize to create theatre rooted in their own ideas and stories. Kuppers and Robertson (2007) offer their perspective on community theatre as “created collaboratively,

challenging conventional ideas of the artist as core creator or specialist...[where] her or his political consciousness are still very much in evidence” (p. 2) and is transparent to the community.

van Erven (2001), an Applied Theatre scholar and specialist in community-based theatre, argues, “the group process generates a deeper consciousness of the social dynamics that operate at a community level and if you present that to the outside world by means of theatre, it produces self-confidence in the participants” (p. 69), who are now performers of their own stories. While it is difficult to quantify and collect data on social change through community-based theatre, several authors cited in *The Community Performance Reader* (2007) offer the perspective that social change is possible through community-based theatre since it acts as a subversion of the status quo (Boal, p. 23; Gonzalez, p. 56; Kupperts, p. 36; Robertson, p.111). As an innovative method, community-based theatre could foster “participatory-based advocacy” (Servaes & Malikhaob, 2010, p. 43) for older adults and youth alike.

### **Forming Collaborations and Partnerships**

As an equally important component of “solving the problem” (Servaes & Malikhaob, 2010, p. 46), the *You’re Doing What?! At Your Age?!* project relies upon the collaborations and support of various partners. To form sustainable and trusting collaborations, the dedication to time is a key component. As Bess, Speer, and Perkins (2012) argue, social networks often form the basis of collaborations and partnerships, where an established connection is an important first step in working together (p. 534). In creating the multi-layered collaboration for *You’re Doing What?! At Your Age?!*, the process required transparency and an openness to new ideas from various stakeholders. The partnership began between *Target Theatre* and myself, as a theatre practitioner and doctoral researcher at the University of Victoria, with agreeing to write a grant proposal for

the Government of Canada's New Horizons for Seniors Program. We chose to work with Victoria High School due to my personal contacts there and the intergenerational connection sought after from both communities. The addition of our Project Assistant and Sexual Health Educator provided an opportunity for interdisciplinary work that strove to support our diverse collaborators.

In addition to partnerships and the creation of our interdisciplinary team, the importance of capacity-building was also considered. Within collaborations, there must be a transparent discussion about power-sharing and leadership roles. Kernaghan (1993) underpins the importance of power-sharing and distribution of power among stakeholders as an important component of the sustainability and commitment to the collaboration (p. 74). The distribution of power relies on what Servaes and Malikhaob (2010) argue is a decision-reaching process instead of decision-making (p. 45). Instead of a single decision-maker, the community works together to arrive at a decision that is agreed upon by each person involved. However, this process required an emphasis on capacity-building amongst community members and acknowledging various forms of knowledge.

### **Capacity Building among Collaborators**

Capacity building among the collaborators and community partners for *You're Doing What?! At Your Age?!* is another important step in "solving the problem" (Servaes & Malikhaob, 2010, p. 46) and moving towards social justice and policy advocacy. By engaging with older adults and youth directly in the process of creating theatre about lived experiences of sexuality across the life course, the capacity to recognize ourselves in others and our shared humanity offers an antidote to our increasingly divided world. In order to become advocates, we came together to understand various perspectives outside of our own and foster a new sense of community. As



Kuppers and Robertson (2007) argue, community performance is able to transcend artistic conventions and enter into the realm of “capacity building [and] building the ability of a community to help itself” (p. 1). With a community emphasis on empowerment, capacity building is understood not as an economic endeavour but rather as “community development...[that fosters] public health and education” (Crisp, Swerissen, & Duckett, 2000, p. 99). Drawing from Crisp, Swerissen, and Duckett's (2000) article, the following two approaches guided the work of *You're Doing What?! At Your Age?!*

First, a “partnership approach” (Crisp, Swerissen, & Duckett, 2000, p. 100) allows for the sharing and creation of knowledge between organizations that are united for a single purpose (p. 102). The exchange of knowledge between *Target Theatre* performers, Victoria High School students, and the Island Sexual Health Society offered a rich opportunity for new perspectives and critical engagement to emerge. The interactions between collaborators “can lead to individuals gaining familiarity with new approaches and concepts and result in changed understandings, attitudes and practices” (Crisp, Swerissen, & Duckett, 2000, p. 102). Indeed, the literature and research surrounding sexuality across the life course repeatedly indicates the importance of greater knowledge and de-stigmatized perceptions as a core feature in promoting health and social change (Haesler, Bauer, & Fetherstonhaugh, 2016; Minichiello, Rahman, Hawkes, & Pitts, 2012; Tillman & Mark, 2015).

Secondly, a “community organizing approach” (Crisp, Swerissen, & Duckett, 2000, p. 100) brought together members from the larger community to collaborate in the project and become advocates for change. The public performance of *You're Doing What?! At Your Age?!* and follow-up workshop engaged a diverse range of community members from collaborator's friends and family to school district administrators, educators, public health nurses, and academics. A

central aim of the project was to foster a sustainable practice where collaborators have the opportunity to work together further in addition to welcoming new collaborators throughout our ongoing process. Fostering the aim of Finn and Checkoway's (1998) approach to capacity building in a community, *You're Doing What?! At Your Age?!* has the potential to "transform individuals from passive recipients of services to active participants in a process of community change" (as cited in Crisp, Swerissen, & Duckett, 2000, p. 103). Building upon these approaches, acknowledging various ways of knowing and perceiving the world was another component in capacity building within a community.

Weber and Khademian (2008) argue that knowledge "is socially-mediated information" (p. 338) that is influenced by our communities, education, upbringing, and socialization. Too often, the definition of knowledge lays within the dominant discourse of academic knowledge as "a form of social capital" (Weber & Khademian, 2008, p. 338) and devalues localized knowledge that is embedded in cultural practices and specificity (p. 339). The devaluation of local, community knowledge is a challenge in communicating effective local initiatives into larger scale policy change. However, the issue of older demographics and providing health care for older adults is extremely topical in political debate in addressing how best to prepare for and benefit from a larger proportion of society being over 65 (Jackson & Clemens, 2017, para. 2; Carstensen, 2014, p. 7). With an effort on building capacity among collaborators, the hope for advocacy among collaborators is key in fostering policy change.

### **Policy Advocacy**

The last component of "solving the problem" (Servaes & Malikhaob, 2010, p. 46) is policy advocacy. Doing policy advocacy is a means to indicate to policymakers and those in power that current policies are ignoring the needs of certain populations and negatively impacting health

(Bungay & Stevenson, 2013, p. 75; Minichiello, Rahman, Hawkes, & Pitts, 2012, p. 178).

Moving into action, policy advocacy “is a way to change both health policy rules and resource allocation decisions of government and private institutions” (Center for Healthy Communities, n.d., p. 1). The findings from *You’re Doing What?! At Your Age?!* aim to use policy advocacy to put sexuality across the life course on the agenda, promote the change of current policy and create new policy to address these needs. It was essential to create a space in which stereotypes of older adults’ sexuality were addressed and the voices of older adults and youth were given room to emerge. To foster an environment for advocacy, recognizing the intersections of power in social institutions and entrenched emphasis on the individual is vital in challenging the status quo of healthcare systems and ideologies.

Too often the role of the individual is over-emphasized in navigating health and de-emphasizes the role of social institutions and policies (Laverack, 2012, p. 429). By placing the responsibility of health on the individual, the larger systemic issue of inequitable access to sexual health resources is ignored. The emphasis on the individual to navigate their sexuality within socially prescribed norms makes accessing sexual health education and resources far less appealing and more stigmatized (Tolman, Anderson, & Belmonte, 2015, p. 301). As Pancake (2012) argues in their dissertation *Sex, Shame and Pleasure*, the intersection of government policy, education, and social institutions provides the framework that perpetuates the social stigma of sexuality, in particular sexual shame, while also offering a means to combat it (p. 11).

In fact, Brolan et al. (2012) demonstrate the importance of policy advocacy as a site for social change. Instead of doing policy advocacy *for*, the emphasis must be on doing policy advocacy *with* and promoting self-advocacy (Brolan et al., 2012, p. 1088) for older adults and youth. While Brolan et al. highlight examples of how to conduct qualitative research through interviews with

key stakeholders (pp. 1090-1091), the lack of inclusion for those with lived experiences negates the reality of populations who are most deeply affected. For those in a position of authority, the sexual health of older adults is often overlooked while the sexual health of youth is constantly under scrutiny. Indeed, the inclusion of older adults and youth in policy advocacy aimed at implementing sustainable, accessible sexual health education and resources is vital in addressing the real issues that populations on either end of life face.

While *You're Doing What?! At Your Age?!* offers an innovative and creative space in which to address social stigma of sexuality across the life course, the community-led theatre practice also strove to influence policy and evoke social change. From personal experience, too often community theatre projects are fleeting, “feel good” performances that bring communities together for a brief moment and then rapidly disperse without any long-lasting effects. Despite growing research that outlines the positive emotional and social health implications of being involved in theatre projects and the importance in fostering community (Diba & d'Oliveira, 2015; Kupperts, 2007; Linds et al., 2013), this does not address the root causes of a problem and structural inequality where the need for improved sexual health education for all ages is required. This begins with our understanding of health and how theatre may shed light on the taboo subject of sexuality.

To transform *You're Doing What?! At Your Age?! from a one-time, community-led project into effective policy advocacy, sexual health education must be considered through the lens of sexuality across the life course to better serve the needs and improve the health of older adults and youth. As Lackey (2007) argues, the world may be reimagined as a more equitable and healthier place through the lens of policy advocacy (p. 114). Indeed, "the policy world deals legitimately and appropriately with the oughts and shoulds" (Lackey, 2007, p. 114) of society.*

Our work with collaborators is ongoing and we are coming together to create policy briefs for the University of Victoria's School of Nursing, the B.C. Ministry of Health and Ministry of Education to inform policy change in addition to creating a program for the Island Sexual Health Society that addresses the specific sexual health needs of older adults. Therefore, the final step of "maintaining control over the problem" (Servaes & Malikhaob, 2010, p. 46) may be achieved through policy advocacy that institutes policy reform and social change.

### **Conclusion**

Sexuality across the life course presents healthcare providers, advocates, and theatre practitioners with a "wicked problem" (Weber & Khademian, 2008, p. 336) that requires innovation to be addressed. An interdisciplinary approach that marries community-led theatre practice with social justice, health advocacy, and policy reform offers a unique intersection of knowledge to influence policymakers and decision-makers. With an emphasis on policy change regarding healthcare providers' knowledge about sexuality across the life course and increased educational resources available to older adults, the dominant discourse of "old people as sexless" (Walz, 2002, p. 100) may be dismantled in order for new perspectives to arise. Through a community-led theatre project, the foundation for social change and policy reform may be promoted from the perspective of older adults and youth who desire a de-stigmatized future for sexual health. The emphasis on current policy gaps and design, fostering sustainable collaborations, capacity-building, and nurturing policy advocacy, may provide a holistic approach to social justice and policy change.

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## Conclusion Chapter

### “I’d Love to Talk to My Gramma About Sex”: How Theatre Can Make It Happen

There was a rare moment of silence in the room. Just moments before everyone had been talking excitedly about the different scenes we were working on. I recorded in my fieldnotes that “Bringing groups together and mixing them is always so amazing since the level of engagement is tangible in the room. People leaning into the circle to talk, lots of laughter, and an eagerness to share” (October 16, 2018). But at this moment, everyone was silently nodding their heads and looking at each other knowingly. Pam, one of the older adult collaborators, had just told a story where someone said to her “you’re doing what? At your age?” Everyone in the room had experienced someone saying almost this exact phrase to them. While there were countless challenges yet to come – many unforeseen – in that moment, I witnessed the recognition between youth and older adult collaborators of their shared reality and felt that now we were a community. We also had the title of our play.

For selfish reasons, I was delighted because I had followed my hunch that older adults and youth face similar social stigma about sexuality. A bond was forged based on this phrase and shared understandings of having behaviour and self-expression judged based on age. Despite the recognition of stigma, and possibly in spite of it, we continued to laugh in our creation of *You’re Doing What?! At Your Age?! Indeed*, facilitating intergenerational dialogue about sex needs to be funny and engaging. A major component of my practice is using playfulness and humour to start a dialogue since it can be awkward and difficult to talk about sexuality, especially with people of different ages. The discourse of research and sexuality share an overemphasis on preventing risks and mitigating challenges without acknowledging the pleasure and joy that can arise from both. But when people get together to write songs about condoms, how can you not laugh? Our work

reclaimed laughter that is often used against youth and older adults' sexuality and transferred that laughter into the creation of our own narratives. As one audience member perfectly articulates, "The more we talk intergenerationally the happier we will all be." My hope is that the research engaged collaborators and their communities in a playful, humorous, and ongoing discussion about sexuality across the life course.

In fact, this research has taken on a life of its own with an increasing number of people wanting to be involved, watch the performance, and be part of the discussion. After four years of building this work piece by piece and watching it expand with each new person who becomes involved, even to this day, I am honoured and humbled to be writing about our experience. However, I do not wish to misrepresent the process since the challenges were many and required a great deal of deep breathing. Beyond the limits of patience, what did I learn and hope to take away from this expanding, challenging, and heart-opening experience?

### **Definition of Healthy Sexuality**

Before I delve into the central themes of the research woven together with reflections from collaborators and audience members, I want to share my understanding of health and sexuality and how that has been shaped over the past four years through my literature review and research experience. Health is an ongoing, embodied and socially constructed process that goes beyond our biological bodies and the functioning of our organs. Health includes the immense impact that socially constructed values and norms inscribe on our bodies as ideals of "health," often associated with youth and bodies under control. True health is derived from a sense of satisfaction in embodied living that allows us to construct a meaningful and valuable life that we choose; health relates to our security in being able to access resources with healthcare providers offering fulsome care and a positive relationship with one's body. This definition incorporates a

multitude of perspectives, including the World Health Organization (WHO). WHO's 2015 report on Health and Ageing states that functional ability is a key part of a healthy aging framework: "the health-related attributes that enable people to be and to do what they have reason to value" (Beard, Officer, & Cassels, 2016, p. S163) beyond a capitalist sense of production but rather meaningful engagement in one's life that is valued.

In considering the socially constructed aspect of health, I posit that there is an over-emphasis on the individual and their behaviours as markers of health. Genetics and lived behaviour are vitally important in considering a holistic view of health but does not account for our situated selves within society whose health is formulated through socioeconomic, "normative" hierarchies. As Holstein and Minkler (2003) argue:

Health, as a normative standard, calls for certain virtues—diligence, caution, and perhaps a touch of solipsism. We must be ever wary of how we govern our lives. This view omits the natural lottery imposed by genetics, the general contingencies of human life, and the more specific damages (and often strengths) that marginalization and oppression bequeath to many individuals. (p. 792)

Recognizing Holstein and Minkler's (2003) understanding of intersectionality in health is integral in conceptualizing equitable research and policy. Therefore, our definitions of health must shift to include well-being and the diverse intersections of identity that comprise health across the life course. By well-being, my understanding is informed by Bagnall's (2018) Community Evidence Programme in the UK, where "The most popular definition of 'well-being' was: 'functioning well in life, for example having a strong sense of meaning and feeling connected to other people'" (p. 151). Bagnall's community-based findings correlate to a more complex understanding of health and well-being that includes mental and psychological health as

opposed to purely physiological. Much like the pursuit of happiness, health and well-being are negotiated daily with value derived from a sense of community and meaning in one's life.

Integral to my conceptualization of health is the inclusion of sexuality as a key component that is often neglected, particularly for older adults. But what is sexuality anyway? As argued by Westwood (2016) and derived from several sources,

Sexuality itself is a contestable term (Weeks, 2010) in terms of whether it describes a behaviour, an orientation (innate or acquired), a strategic identity (Bernstein, 2009), an actual identity (Calzo, Antonucci, Mays & Cochran, 2011), with/out a politicised component (Adam, 1995; Power, 1995), a broader ethos (Blasius, 1994), or possible combinations of all. (pp. 4-5).

I agree that sexuality is a complex web of all of these definitions, where sexuality is socially constructed, connected to our sensual and embodied desires, our behaviours/actions, and as a category in which to rally under. As I discuss in my introduction chapter, socially created categories of gender, sex, and sexuality greatly influence individual experiences of health through socially imposed norms and stereotypes. However, norms and stereotypes of sexuality change over time whereas internalized stigma may remain the same. Therefore, what might temporality offer as means to deconstruct social stigma of sexuality across the life course?

### **Temporality: Past, Present, and Future**

From observing intergenerational interactions, I offer temporality as means to reframe our understanding of social stigma of sexuality across the life course. In considering Westwood's (2016) use of temporality in *Ageing, Gender and Sexuality: Equality in Later Life*, I conceptualize temporality as the social construction of time interwoven with life course trajectories, sexual scripts, and cohorts' sociohistorical contexts (p. 14). My thoughts on



temporality are also influenced by Carpenter's (2010) Gendered Sexuality Across the Life Course (GSLC) framework in considering the intersection of sexuality and gender in intergenerational experiences across the life course.

Reflecting on the life course with “normative” perspectives on “on-time” or “off-time” life events (Carpenter, 2010, p. 164; Hutchinson, 2008, p. 21), I posit that an intergenerational understanding of temporality may offer critical engagement and dialogue to complicate and conflate time in experiencing the past, present, and future simultaneously. For older adult collaborators in *You're Doing What?! At Your Age?!*, temporality may have been experienced by reflecting on their own youth by working with youth collaborators, experiencing their present in discussing sexuality with youth and peers, and considering the possibilities available to them in the future. For example, one older adult collaborator reflected that “I’ve learned that the intergenerational differences are nowhere near as far apart as they appeared to be when I was younger,” while another stated that how youth are engaging with sexuality is “vastly different from our era.” In terms of new knowledge, older adult collaborators stated “Well, I did find out what chlamydia is” (Tidey, 2019, 0:03) and that “I now know there’s a fetish for Adam’s apples...I never knew that” (0:09). While said with a chuckle, the previous statements demonstrate a level of comfortability with the topic of sexuality that I observed was not present when I first started working with older adults from *Victoria Target Theatre Society (Target Theatre)*.

Alternatively, perhaps youth collaborators from Victoria High School experienced temporality in discussing sexuality across the life course based on their comparatively limited past experiences, deconstructing their present social norms by working with older adults and informing their future decisions and sexual scripts. A youth collaborator reflected that “A lot of it

addressed the common misconception that like people think like that elders don't engage in sexual activity as much which I didn't really think that, but I had never really thought about it, you know?" (Tidey, 2019, 1:05). Another youth collaborator stated, "I learnt from seniors that no matter my age, I'll always have to learn something new by leaving my comfort zone." In fact, our Victoria High School teacher collaborator, Kim Sholinder, shared a key moment of learning for youth collaborators in her comment about testing the limits of what was "appropriate" to discuss with older adults:

The day before, the students would be saying things like "I think I'm going to bring in something on masturbation. Or I'm going to bring in something on consent." And just see what they say, almost like they were going to test and see how far they could take it before they could make some of the seniors uncomfortable and what was great is that they were never uncomfortable. (Tidey, 2019, 1:15)

Each of these reflections depict how social barriers of age were broken down to allow for connections across generations and time. Through temporality, youth and older adult collaborators actively participated in remembering, sharing, and creating life stories.

### **Life Stories**

Beyond our conceptualization of time and aging along a linear trajectory, how might we consider our sexual selves as existing and being informed by the past, present, and future simultaneously? As Plummer (2011) argues:

we live our sexual lives through moments with others in the here and now, and tell our stories at this juncture, we do this also across a series of life stages and historical moments that we then carry through life with us to any particular sexual moment of the present. We live with

perpetually reconstructed life others, life memories, life stories, life accounts, life selves—  
drawing continuously on our own imagined pasts. (p. 168)

People are made up of stories. As we age, we collect, polish, forget, and share stories that comprise our identity and lived experience. Our intergenerational work has demonstrated that our lives are cyclical and defy linear trajectories. When someone in their late 70s is talking to a 16-year-old about what it means to be pansexual, you can see the immense learning occurring in the present, while also recognizing an older adult reflecting on their past and how it will inform their future ideas on sexual orientation. In the same moment, a youth is considering, perhaps for the first time, what that sexual orientation and identity might mean as they age. We are made up of the past, present, and future simultaneously and by reflecting on life stages, I believe we develop a richer sense of self and how we identify with other people.

Sharing our life stories is not only an act of remembrance, but an act of understanding. Our brains are notorious for remembering inaccurately (Eisold, 2012), yet we constantly search for meaning and connection. When I witness older adults and youth sharing stories with each other, there is a recognition that their differences are far fewer than their similarities. My hope is that by talking to someone of a different age than yourself, we may reflect on their stories and how their lens of the world may impact and expand our perspectives. From stories, I have a better understanding of what it meant to be a teenager in the 60s as well as what it means to be a teenager in 2019, even though my own lived experience was in the early 2000s. The central themes of our work arose from each individual's past experiences, presence in the project and consideration of future implications to address social stigma of sexuality across the life course. The following three themes identify the core of our work and integrate key reflections from collaborators as well as reveal my journey as a researcher.

## **Reflection on Themes of Research**

### **Community Engagement**

At the beginning of each intergenerational rehearsal, I asked collaborators to give an indication of their energy level based on a scale of one to ten: one being incredibly low and ten being fully energized and excited. On October 16, 2018, an older adult collaborator exclaimed “I was a nine but sitting beside Hannah puts me at a ten!” In terms of community engagement, I would be remiss if I did not mention Hannah, a youth collaborator whose positive energy brought more to the project than she will ever know. As Hannah reflected in our last intergenerational meeting, “I love this project so much and it means a lot to me. Unforgettable experience!! Love you!!!” Her connection with everyone in the room, and especially with Pearl despite their 60-year age difference, exemplified the power of intergenerational theatre to turn strangers into dear friends. We all need a Hannah in our work.

Furthermore, many audience members and academics have asked how we got older adults and youth together to talk about and create a play about sex. My response is time. My methodological approach of Community-Based Participatory Research (CBPR) coupled with Arts-Based Research (ABR) meant I was committed to engaging with community members over a long period of time and building their trust in me and each other.

For youth collaborators, that meant many meetings with Kim to meet students in person and being available to answer their questions. It also meant going to musical theatre performances and attending a music bingo fundraising event for the drama department to demonstrate my commitment to Victoria High School and the students. We facilitated regular check-ins, with the entire intergenerational ensemble but also with youth collaborators separately to share their thoughts, offer open discussions and gather anonymous feedback opportunities to demonstrate a

respect for the ideas, concerns, and hopes of each youth collaborator. At the end of our work together, I was also able to provide a \$1000 honorarium to Victoria High School from our New Horizons for Seniors Program Grant funding to honour their collaboration.

For older adult collaborators, building community meant coffee dates and attending *Target Theatre* rehearsals to witness the community dynamic. It meant attending regular meetings as well the Annual General Meeting to give updates on our work, discuss expectations from the grant, and our budget details. Despite our differences in process and artistic practice, it meant meetings with the former Artistic Coordinator to understand their process and interactions with older adult collaborators. It also meant baking cookies for rehearsals, bartending for a fundraiser event and offering my husband's services as a videographer to document the performance at the aforementioned fundraiser event. It meant attending performances of older adult collaborators to show my support for their work outside of our project. Ultimately, it meant becoming a true member of the community who joins in singing carols at the annual holiday party *and* staying to clean-up afterwards.

From my commitment to each community group, I strove to build trust so each collaborator may feel supported and encouraged to take artistic risks in the creation of *You're Doing What?! At Your Age?! Despite* trepidation at the beginning of our intergenerational work, collaborators formed new bonds across generations and demonstrated that older adults and youth have a lot to say to each other about sexuality. As Belliveau (2015) argues:

At the heart of most community-based theatre projects lies a desire for community members (and others) to engage in dialogue, using theatre as the catalyst to provoke, evoke, and celebrate ideas. Another outcome of community-based theatre is the development of new partnerships and connections within and beyond the community. (p. 131)

Did I want more time to build intergenerational community? Absolutely. However, I am proud of our work and the critical dialogue created between youth and older adult collaborators that offers insight into how social stigma of sexuality across the life course may be addressed.

### **Social Stigma**

I began this research with a hunch that there is social stigma about sexuality across the life course. With collaborators, we sought to examine to what extent this stigma exists and how our intergenerational work may act as a first step in deconstructing stigma for youth and older adults. By working intergenerationally, we strove to unsettle age silos that dictate who are socially acceptable sexual beings and expand perspectives beyond our own age biases. Ageism is entrenched in our language in the “Anglophone West” (Tolman, Anderson, & Belmonte, 2015, p. 299) and my hope in creating this work is to shed light on how these ageist assumptions become steeped in our understanding of self and how we perceive others. The undercurrent of ageism in our society is creating a toxic environment for youth and older adults’ understanding, education, and expression of sexuality that will continue to perpetuate silence and shame if the cycle is not broken. To combat internalized ageism, we must bring youth and older adults into the conversation to demystify sexuality across the life course and initiate a dialogue on sexual expression as part of our entire lives.

Youth and older adult collaborators were honoured as learners and experts throughout the process. Older adult collaborators spoke knowledgeably about their own lived experiences, especially in long term relationships, and how communication, bodies, sexuality and desires change over time. However, stigma still exists among some collaborators not only on age, but also on “normative” sexual behaviours and relationships.

For example, an older adult collaborator wrote that their most memorable moment from the project was “A student enquiring how to access a ‘sugar daddy’ and happily how other students responded so unapprovingly, how could this student have been so disconnected and unaware?” While I do not condone an underage person searching for a “sugar daddy,” the emphasis on publicly shaming and stigmatizing the youth’s question was problematic in denying an honest discussion on the reality of this type of relationship, sexual or otherwise, and the curiosity shown by the student. I foster a sex positive approach in my work grounded in “The belief that all consensual expressions of sexuality are valid” (Kimmes, Mallory, Cameron, & Kose, 2015, p. 289) without stigma or shame. As we strove to address social stigma, I anticipated instances of intergenerational stigma and worked to facilitate important conversations throughout our process. In the future projects and implications section, I recognize the limitations of this research, but believe that an intergenerational dialogue was created that will continue to address social stigma of sexuality across the life course. As one audience member reflected after the performance and follow-up workshop “This was amazing. It was incredible to see some of my students be so brave & to fight stigma.”

### **Social Change**

Have we created the much sought after social change? As an Applied Theatre researcher, I can state unequivocally that I been changed. Selman and Heather (2015) argue that “while researching, the researcher is also being researched” (p. 286), particularly in an iterative process that relies on repeated reflection, analysis, and discussion on each phase of the research and how it is being conducted. The reflexive praxis can raise “personal, political and professional challenges” (Cornwall & Jewkes, 1995, p. 1668) that are simultaneously humbling and infuriating. While these challenges can be uncomfortable and demand transparency and

authenticity as a facilitator, they must be met with good humour. In fact, Prentki and Preston (2009) highlight that the values, ideology and context of the practitioner and those they work with is important in recognizing the pitfalls of theatre practice that claim to bring about social change. For Prentki and Preston, social change relies on intention:

Applied theatre therefore denotes the intention to employ theatre processes in the service of self-development, wellbeing and social change...this intent is subject to differing interpretation and understanding by practitioners, and is influenced by context and the social, cultural or political landscapes which shape the artistic interventions that are created. (p. 14)

How then do we examine power dynamics within this intentionality understanding of social change in Applied Theatre? Is there a patriarchal, colonial, and saviour-complex assumption that audiences and participants need to change or are objects of change? Too often, yes. Yet I still believe that engagement with Applied Theatre work as collaborators with equal power may evoke actual change that is negotiated through diverse experiences.

Theatre has an indefinable quality of sharing stories that evokes empathy in a way few non-art-based forms can. By creating characters in various life stages, we can capture nuance and intimate details while also offering a more universal understanding of what it means to communicate effectively with another person and what it looks like to face stereotypes or prejudice. We can create a critical distance between ourselves and the character on stage that allows us to feel the emotions of that person while also reflecting on the wider circumstances that impact how we live our lives and what stories are told about us (O'Connor & Anderson, 2015, p. 37). Through this process, I believe Applied Theatre may offer a safe environment to change the narrative where "theatre can nudge the direction of this change just a little towards social justice" (Snyder-Young, 2013, p. 10). For older adults and youth, theatre can hold space to claim agency



by telling stories about themselves instead of someone else telling stories about them. As collaborators move in the world as advocates for our work, hopefully we can continue one audience member's conviction that the "Play broke all the barriers."

### **Difficulties and Limitations**

While the "play broke all the barriers," there were innumerable barriers I faced as a researcher and facilitator. I have highlighted our successes and briefly mentioned challenges, yet there is no way in which researchers and Applied Theatre practitioners can be "value free" (Taylor, 1996, p. 14-16, as cited in Ackroyd, 2000, p. 4). Instead, we must critically engage with our positionalities and be transparent in our practice: "In some ways, the issue of values is writ large when it comes to applied theatre" (Ackroyd, 2000, p. 5) and bias must be acknowledged. I openly admit that I tend towards a positive outlook since my energy at times felt like the only thing that was holding the project together. As two collaborators noted in their reflection comments on the project and performances, "The time and effort put into this project has been lovely to observe!" and "Your constant positive attitude has been a major reason that it worked well tonight."

However, criticism is a key function in Applied Theatre and Ackroyd (2000) argues we should be dubious when criticism is discouraged or silenced (p. 5). Engaging in intergenerational, community-based theatre may be challenging but "Researchers need to struggle with the many perspectives and voices while acknowledging the contradictory tensions that often power the human experience" (Taylor, 2003, p. 12). As Applied Theatre practitioners, Taylor (2003) argues that when we participate "in such a struggle, researchers demonstrate their own humanity" (p. 12) and the claims we make about social change.

The first struggle arose in acquiring School District 61 Ethics Approval. While my experience with the Human Research Ethics Board at the University of Victoria was relatively straightforward due largely to the work of Applied Theatre researchers before me, School District 61 Ethics required patience. With a focus on social stigma of sexuality across the life course, I sought to understand the extent to which social stigma existed among collaborators and to measure the change from pre-devising to post-devising survey results. Question eight on the survey asked, “Do you feel there is a certain age in which people are expected to be sexually active?”, with a follow up question of “If yes, what age range?” However, due to worry from the School District that parents and guardians may be upset by the question, I was requested in a Letter of Conditional Approval from the Associate Superintendent to “please limit your survey and group discussion to topics relevant to student age groups. For example, questions regarding social stigma surrounding sexuality should be limited to student age demographic” (personal communication, January 25, 2017). I was specifically requested to “make adjustments to question #8 on your survey” and the replacement question suggested by the School District was “Do you feel there is a certain age in which people generally become sexually active?” As a young academic, I chose not to challenge this suggestion, but as I reflect on the research findings, I wish the original question had been asked. By asking when people “become” sexually active, the question completely negated social perceptions on who we consider sexual beings in relation to age. However, the fact that the question had to be altered due to concern that students should not discuss sexual health outside of their own age range reveals the very stigma I strove to address, particularly within institutions.

The second struggle arose from an ever-changing timeline that differed from our proposal to the New Horizons for Seniors Program Grant that funded our work. In our original timeline,

*Target Theatre* and I agreed on eight months to work with older adults and youth together where we would strive to meet twice a week. Due to performance commitments from *Target Theatre* and the schedule of classes at Victoria High School, we were shortened to only working together for four months and meeting once a week. Our meetings once a week also strove to align with *Target Theatre*'s regular schedule of Tuesday mornings, hence we were limited in the access to theatre students at Victoria High School. Working with Kim as our Victoria High School teacher contact, the only class that aligned with our schedule was a Gender/Family Studies class which became a challenge and an opportunity. As one older adult collaborator suggested for future projects, "More informed choice of students – in theatre (some students bored most of the time), appreciate the reason was class time." Furthermore, school scheduling resulted in several unforeseen shorter rehearsals, lack of access to preferred performance space, and repeated complications in rehearsing within the allotted performance space. Many of the suggestions from collaborators on the post-devising survey highlight the time pressure: "Be more active and more day [*sic*] to interact with each other, to talk to or bond with each other," "more guys and more rehearsal time," and "we need a lot of time doing things."

The suggestions from collaborators underpin my own learning as a theatre facilitator and researcher using CBPR methodology. I prioritized intergenerational community-building, a decision I would make again, but sacrificed our time to rehearse. Two collaborators mentioned in the post-devising survey that "a much longer rehearsal period" was required and that "Minimal time was spent in rehearsing. I was struck by the importance of the level of performance this suggests." The hardest part of my journey lay in the final reflection with older adult collaborators at the *Target Theatre* rehearsal space at Langham Court Theatre in Victoria. After our intergenerational reflection with all collaborators on January 8, 2019, I offered a last reflection

with older adult collaborators to discuss our work together over the past year and how it may continue.

Now, older adult collaborators and I had not met in this space at Langham Court since our pre-devising workshops in September 2018. When I walked into the room, the energy was notably different from the strong community connection we had fostered at Victoria High School. It honestly felt as if I was about to be broken up with. I had made cookies and put them into small packages for each collaborator and began by facilitating a series of tableaux and small group reflection activities. I then facilitated a group brainstorm in which we had three posters to write our reflections under: “What Worked,” “What Can Be Improved,” and “What’s Next?” We spent the remainder of the session writing endless suggestions about “What Can Be Improved” with a clear indication that “What’s Next” was not going to happen in collaboration with *Target Theatre* as a society. I consulted with Alexandra on her observations of the workshop and she agreed that it was a particularly intense meeting that radiated negative energy. I decided to email older adult collaborators the following day to express my thoughts on our final meeting:

Hello everyone,

Thank you for gathering yesterday to have our final reflection together for our work on *You're Doing What?! At Your Age?!*

First, I want to say that I am grateful for all the work that we have done together over the past year and I am so honoured to have built a sense of community with yourselves and the youth during that time. However, I felt that yesterday was a not a good representation of that supportive, vibrant community that we have been building. Of course, I recognize fully that there are several areas for improvement in this project and I have been open and honest

throughout this whole process about what changes were being made due to unforeseen circumstances that we were forced to adapt to.

That being said, I had hoped that yesterday would be a time to celebrate all of our hard work, acknowledge our accomplishments, and have an honest discussion on what can be improved. I left yesterday feeling defeated despite all we had created together and that the positive feedback that we had received from each other in the community, from our audiences and stakeholders was forgotten.

I wanted to take this opportunity to share with each of you the audience responses we received as well as the feedback that each of you wrote about what you learnt from working with the youth.

Again, I am immensely thankful for all of the energy and work put towards this project by each of you and wanted to share my perspective.

All the best.

Cheers, Leah

While I received positive email responses from various members of *Target Theatre*, I can now reflect without the immediacy of emotion that there were collaborators who had certain expectations of what our project would be and that as it evolved, these expectations were not met. I believe the time limitations, decision to double cast, and disbelief in my abilities to facilitate this project led to a particularly negative response from one collaborator that affected the overall mood and energy of our final workshop together. This meeting represents a major learning opportunity that, while I do not wish it upon anyone else, has taught me to separate feedback on my work from criticism of myself as a person. As a passionate and sensitive researcher, it is an ongoing lesson. However, I have been fortunate to work with several

members of *Target Theatre* on additional projects that has built an even stronger community bond as we continue our work in the community.

### **Current and Future Projects**

My current work with the Island Sexual Health Society (ISH) is funded by Island Health through a Community Wellness Grant. Continuing to work in collaboration with Jennifer Gibson, our sexual health educator liaison for *You're Doing What?! At Your Age?!*, and our Project Assistant, Alexandra, the aim of the grant is to develop and share a staged play reading and workshop with and for older adults across Victoria to build on the successful collaboration between *Target Theatre* and Victoria High School youth. Four older adult collaborators from the original project, as well as a youth collaborator from Victoria High School who saw the original performance, are part of the ongoing project. Based on the self-identified sexual health needs of older adults, the project team will engage with older adults on their sexual and mental health experiences through applied theatre and create a standardized educational workshop and program package. Part of the development of the staged play reading is to work with ISHS to address the diverse needs of their older adult clients, including LGBTQIA2S+ folks. In the expansion of the original script of *You're Doing What?! At Your Age?!*, we strove to include a wide range of lived experiences, including the character development of Judith as an older lesbian cis-gendered woman. Our aim is to offer a deeper look at older adults' sexual health and create a program that can be used at ISHS for years to come. We are currently in the process of writing additional grant applications to expand our work even further across Victoria and Vancouver Island.

After the Community Wellness Grant, I aim to work with future healthcare providers and medical students to discuss older adults' sexual health. The education and training most healthcare providers receive about sexual health is minimal, with older adults' sexual health

routinely ignored (Haesler, Bauer, & Fetherstonhaugh, 2016, p. 70). As mentioned in the Policy Briefing Note in the Appendices<sup>20</sup>, I will offer the School of Nursing at the University of Victoria an opportunity to collaborate with the Applied Theatre Department. The School of Nursing offers NURS 350: Health and Healing VII: Promoting Community and Societal Health as a required course. Within this course, “Emphasis is placed on working with community and society, from perspectives of social justice, health equity and political action, community development and capacity building for community health promotion, and transformative and emancipatory approaches to teaching and learning” (University of Victoria, 2019, para. 1). Indeed, older adults’ sexual health aligns with NURS 350’s emphasis on social justice, health equity and community health promotion.

A collaboration may offer a unique learning opportunity for nursing students. In offering an interactive lecture/performance and workshop for nursing students with older adults themselves discussing sexual health, future nurses may help reduce stigma of older adults’ sexual health across British Columbia. The work supports NURS 350’s goal where “Students will engage in community-based learning activities to integrate theory and practice” (University of Victoria, 2019, para. 1) with an emphasis on interdisciplinary connection and experience with older adults directly. In conjunction with the Policy Briefing Note and our collaborative video, *It Burns When I Pee*, I present the following implications as areas that require additional research and indicate promising avenues to influence policy change at various institutions, such as the University of Victoria, Island Health, British Columbia Ministry of Health, and Ministry of Education.

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<sup>20</sup> For the full Policy Brief, see Appendix A: Policy Briefing Note

## Implications

### Raise Awareness

One of the most important factors is acknowledging social stigma of sexuality across the life course. Stigma thrives in the dark, unspoken parts of ourselves which we do not share with others. It can be imposed by other people and institutions that tell us certain behaviour is unacceptable and that we must conform to societal norms. By raising awareness on sexuality across the life course, perhaps we can question the environments and social contexts in which stigma is perpetuated and continues to exist. In questioning our assumptions about “proper” sexual behaviour, we may engage in a critical reflection and dialogue with ourselves and our communities. Indeed, it is clear from the literature that stigma is often associated with silence (Levy, 1994, p. 287; McDonald, 2014, 9:54; Pancake, 2012, p. 4; Rubinstein & Foster, 2013, p. 303), whereas empowerment lays in finding our voice.

For older adult and youth collaborators involved in *You’re Doing What?! At Your Age?!*, their increased awareness of sexuality across the life course positions them as potential advocates for addressing social stigma. By sharing their experience of working intergenerationally with their family, friends, and community, collaborators are able to raise awareness based on their own learning. Kim underpins this belief in her statement about youth collaborators’ learning: “My students are going to walk out of that class having forever being changed and will always remember this particular project because it’s the authentic learning the counts and that’s the stuff that sticks” (Tidey, 2019, 2:26). Furthermore, Osha, a youth collaborator featured in the reflection video, states that “I put it on my university resume. It was worth acknowledging. I did it and it’s a significant thing that I’m proud of doing” (Tidey, 2019, 2:37). With youth and older adult collaborators as advocates, we are striving to start a dialogue.



## Start a Dialogue

Peter, an older adult collaborator featured in the reflection video, states that “The whole notion of seniors talking to teens about sexuality, I think it opened up the whole conversation for both generations” (Tidey, 2019, 2:46). As Peter indicates, the dialogue created between youth and older adult collaborators fostered an environment for larger conversations to occur with audiences consisting of family and friends of collaborators, as well as school administrators, educators, and the wider community in Victoria. The decision to facilitate a follow-up workshop after each performance created an opportunity for discussions to emerge between collaborators and audience members across generations. George, an older adult collaborator also featured in the reflection video, outlines the aim of the follow-up workshops in starting a dialogue: “we have invited the audiences to interact with the actors and talk about what they saw in the presentations and their attitudes themselves toward the topic of senior sexuality and sexuality through the ages” (1:45). As Peter reflected on collaborators facilitating intergenerational discussion groups after the public performance, “I could see during the Monday discussions that there were some parents of the kids who were out there talking and maybe it opened their eyes to things they hadn’t realized before as well” (2:02).

For many audience members and collaborators, the follow-up discussions were a highlight of the project. One collaborator reflected that their most memorable moment was “The workshop after the 2<sup>nd</sup> performance, because the audience were actively engaging in the conversation.” Two audience members echo this sentiment: “Informative – the open dialogue between the 2 generations—fascinating” and “After watching the play, it makes me want to have more plays that open up these important conversations.” Our project indicates the desire for more conversations on sexuality across the life course. In particular, these important conversations

need to occur with healthcare providers, clinicians, and educators who provide sexual health resources and care. Starting an open dialogue is key in understanding what issues arise for community members and how education policy must change in order to address their self-identified needs.

### **Better Sexual Health Education**

The next implication is better sexual health education for people of all ages. As outlined in my article “Community-led Theatre for Sexuality Across the Life Course: An Approach to Social Change and Policy Reform,” most sexual health resources across Canada and British Columbia are promoted exclusively for youth at the detriment to older adults (Minichiello, Rahman, Hawkes, & Pitts, 2012, p. 179; Orel, Stelle, Watson, & Bunner, 2010, p. 368). One audience member reflected that “I didn’t realize how minimal [the] sexual education older generations received. This makes me appreciate how little my mother ever wanted to talk about sex given how she was raised.” At any age, the over-emphasis on sexual consequences must be changed in modern sexual health education to include discussions on pleasure, “enthusiastic agreement” (Damour, 2018, para. 9), and communication instead of only covering Sexually Transmitted Infections (STIs) and preventing pregnancy. This requires analyzing current sexual health education curriculum and including community input on the topics required to address the diverse needs of citizens.

Increasingly important is the acknowledgment of older adults as sexual beings to build awareness and provide a space for older adults’ voices and stories to emerge and offer new understandings of sexuality across the life course. My current work with ISHS aims to address this gap by offering an educational program package specifically for older adults. Furthermore, we need to lobby our educational institutions to include better sexual health education and foster

positive policy change. My aim for the Policy Briefing Note in the Appendices is to offer better sexual health education for future healthcare providers at the University of Victoria to provide a more supportive environment for people of all ages. If well-received, I hope to leverage the success of our collaboration with the School of Nursing to collaborate with other universities and strive to lobby the British Columbia Ministry of Health to create public policy about sexual health across the life course.

### **Knowledge Dissemination**

Lastly, one audience member underpins the need for increased knowledge and indicates a space in which to foster it: “Very excited to support a public forum for such a conversation that finds no space in popular media!” Indeed, popular and social media is precisely where this knowledge should be shared in order to influence larger communities. As a researcher, I share our work broadly to raise awareness about a topic too often shrouded in taboo. By sending tweets about our research to academic communities around the world, making Instagram posts to invite audience members, and sharing our videos, *It Burns When I Pee* and *You’re Doing What?! At Your Age?!* on YouTube, I strive to create accessible content that promotes sexuality as a lifelong journey.

Snyder-Young (2013) argues that “Mainstream culture is bigger and more powerful than theatre. Theatre’s liveness prevents it from reaching mass audiences the way media does...theatre projects cannot saturate global public consciousness to replace dominant narratives with ones resisting existing power structures” (p. 136). As Applied Theatre practitioners, I believe we should turn to the power of video to capture our work beyond our community and incite a dialogue that needs to occur in wider society. To mobilize our knowledge and foster opportunities to bring our live theatrical work to diverse, powerful

communities, we can collaborate with videographers to tap into the zeitgeist and spark discussion. I agree with Snyder-Young's (2013) that too often "artists do not think strategically enough about what tactics will mount the most effective opposition to the status quo" (p. 10). The decision to create two videos indicates my commitment to share our work with broader communities who may not choose to read a 400-page dissertation.

### **Twerk it Till the End**

With rise of generational divide in the media and popular culture, we need more intergenerational connections. As a millennial, my generation is perceived as apathetic, addicted to our phones and self-centered, whereas older adults are often deemed as close-minded and ruining the environment. We only need to look at the rise of the phrase "Ok Boomer" in social media to realize how divided we are becoming by age. However, *You're Doing What?! At Your Age?!* offers promising intergenerational connection that defied ageist stereotypes about sexuality. Our project was a labour of laughter that could not have occurred without each collaborator and our community partners. My gratitude can never be fully expressed for working with collaborators who left with me tears of laughter throughout our project. As one youth collaborator wrote: "Thank you all for an amazing experience and opportunity. It was the most fun way to learn about new things and you all were so much fun to be around!" Indeed, the amount of laughter and fun can be summed up in this final story.

After our script readthrough on November 6, 2018, I facilitated a group discussion on initial thoughts and asked if anything needed to be changed or clarified. We were discussing the party scene between Jena, and her boyfriend, Sam, where one of Jena's lines is "Can we keep this quick? I always feel like I need to know how to twerk or something to go to parties like this." We were deciding how to stage the scene when Maureen, an older adult collaborator, tentatively

raised her hand and asked, “Excuse me, what is twerking?” I paused for a moment trying to collect my thoughts on how to possibly explain twerking without a demonstration. Twerking, according to Urban Dictionary (2019), is “A dance that requires you to shake your booty up and down” (para. 1). While I pride myself on being a playful facilitator who is willing to look ridiculous so collaborators are put at ease, my twerking is not great. I was saved when Susan, another older adult collaborator, jumped up and said, “Oh really Maureen, you don’t know what twerking is? I’ll show you” and started twerking for the entire group. After we recovered from hysterical laughter and many of us attempting to twerk, we decided that in the spirit of accessibility and community engagement, the term “twerk” should be put in the program under our Glossary of Terms. Through laughter and playfulness, perhaps the radical foundation to change was laid through intergenerational twerking.

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## Appendix A: Policy Briefing Note

### UNIVERSITY OF VICTORIA SCHOOL OF NURSING INFORMATION BRIEFING NOTE

**PREPARED FOR:** School of Nursing – **FOR INFORMATION**

**TITLE:** Older Adults' Sexual Health

**PURPOSE:** To offer a collaboration to enhance education for nursing students regarding older adults' sexual health

#### BACKGROUND:

Older adults' sexual health is too often met with disgust or surprise,<sup>21</sup> even from healthcare providers. Current research projects the overall older adult population in Canada will “represent between 23% and 25% of the total population in 2036,”<sup>22</sup> with British Columbia statistics even higher with between 24% and 27% of the population in 2038.<sup>23</sup> These shifting demographics may mean additional strain on our healthcare system<sup>24</sup> as well as an opportunity to consider how to promote holistic health and wellbeing. Health is a lifelong process that incorporates physical, mental and social well-being<sup>25</sup> as well as recognizing a person as a whole being.<sup>26</sup> Integral to a more holistic conceptualization of health is the inclusion of sexuality as a key component that is often neglected in discussions about older adults. The World Health Organization (2010) defines sexual health as an “integration of somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love.”<sup>27</sup> Sexuality is a vital component of health across the life course, since sexual expression, intimacy, and physical touch are known to promote better overall health and wellbeing.<sup>28</sup> In fact, staying sexually active and healthy as we age contributes to improved cognitive function<sup>29</sup> and sense of vitality.

<sup>21</sup> Kukkonen, T. (2017, March 20). Still going strong: Sexuality in older adults. [Video File]. *TEDx GuelphU*. [www.youtube.com/watch?v=pqLhPPOEJB4](http://www.youtube.com/watch?v=pqLhPPOEJB4).

<sup>22</sup> Statistics Canada. (2018). Seniors. Retrieved from [www150.statcan.gc.ca/n1/pub/11-402-x/2011000/chap/seniors-aines/seniors-aines-eng.htm](http://www150.statcan.gc.ca/n1/pub/11-402-x/2011000/chap/seniors-aines/seniors-aines-eng.htm), para. 2.

<sup>23</sup> United Way. (2014, September 18). B.C.'s senior population will exceed national average. Retrieved from [www.uwlm.ca/news/b-c-s-senior-population-will-exceed-national-average/](http://www.uwlm.ca/news/b-c-s-senior-population-will-exceed-national-average/), para. 1.

<sup>24</sup> Jackson, T., & Clemens, J. (2017, October). Canada's aging population is going to put a strain on government coffers. *Macleans*. Retrieved from [www.macleans.ca/opinion/canadas-aging-population-is-going-to-put-a-strain-on-government-coffers/](http://www.macleans.ca/opinion/canadas-aging-population-is-going-to-put-a-strain-on-government-coffers/), para. 6.

<sup>25</sup> World Health Organization (2019). Constitution. Retrieved from [www.who.int/about/who-we-are/constitution](http://www.who.int/about/who-we-are/constitution), para. 1.

<sup>26</sup> Walter, S. (1999). Holistic health. *American Holistic Health Association*. Retrieved from <https://ahha.org/selfhelp-articles/holistic-health/>, para. 2.

<sup>27</sup> Kasif, T., & Band-Winterstein, T. (2017). Older widows' perspectives on sexuality: A life course perspective. *Journal of Aging Studies*, 41, 1-9. doi:10.1016/j.jaging.2017.01.002, p. 1.

<sup>28</sup> Meade & Sikkema, 2007; Taylor et al., 2012, as cited in Kasif & Band-Winterstein p. 1.

<sup>29</sup> Dominguez, L. J., & Barbagallo, M. (2016). Ageing and sexuality. *European Geriatric Medicine*, 7(6), 512-518. doi:10.1016/j.eurger.2016.05.013, p. 512.

However, there is increasing frequency in media coverage that depicts older adults' sexuality as an uncomfortable<sup>30</sup> and humorous reality<sup>31</sup> that many people wish to ignore. This is largely due to societal stigma that denies older adults as sexual beings and negates an essential part of overall health. Research indicates that healthcare providers often feel uncomfortable and unknowledgeable about older adults' sexuality<sup>32</sup> with recent research from the United States revealing that the education of healthcare providers about older adults' sexual health is lacking.<sup>33</sup> Furthermore, healthcare providers are too often mired in social stigma that can result in misdiagnoses,<sup>34</sup> especially if an illness is undiagnosed due to uncomfortable or non-existent discussions between older adults and healthcare providers.<sup>35</sup> Given the stigma surrounding sexuality and aging from older adults themselves<sup>36</sup> and from healthcare providers,<sup>37</sup> action must be taken to address health profession stigma. This lack of education for healthcare providers presents a major public health concern for healthcare providers and older adults alike.

## DISCUSSION:

The sexual health of older adults is being routinely ignored and is resulting in rising rates of Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV).<sup>38</sup> STIs and HIV can go undetected from healthcare providers since "stereotypes and assumptions have hindered providers from identifying and testing older adults at risk."<sup>39</sup> STIs in older adults are not only deeply stigmatized and can often go undiagnosed,<sup>40</sup> but they also represent deeper issues of compromising older adults' immune systems, leaving them vulnerable to the risk of other infections.<sup>41</sup> These increased rates reflect the lack of safe sex education older adults received when they were younger,<sup>42</sup> intense social stigma that deems older adults as sex-less,<sup>43</sup> and a gap in healthcare providers' education. Instead of continuously stigmatizing aging and

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<sup>30</sup> Brotto, L. (2015). Seniors are having sex – And some are getting STIs along with it. *The Globe and Mail*. Retrieved from [www.theglobeandmail.com/life/health-and-fitness/health-advisor/seniors-are-having-sex-and-some-are-getting-stis-along-with-it/article27565444/](http://www.theglobeandmail.com/life/health-and-fitness/health-advisor/seniors-are-having-sex-and-some-are-getting-stis-along-with-it/article27565444/).

<sup>31</sup> Bielski, Z. (2016). Turning 50? You may need 'the talk' more than your teen. *The Globe and Mail*. Retrieved from [beta.theglobeandmail.com/life/relationships/turning-50-you-may-need-the-talk-more-than-your-teen/article29973483/](http://beta.theglobeandmail.com/life/relationships/turning-50-you-may-need-the-talk-more-than-your-teen/article29973483/).

<sup>32</sup> Patel, A. (2017, October 19). Seniors have sex – and the STI rates to prove it. *Global News*. Retrieved from [www.globalnews.ca](http://www.globalnews.ca), para. 10.

<sup>33</sup> Tillman, J. L., & Mark, H. D. (2015). HIV and STI testing in older adults: An integrative review. *Journal of Clinical Nursing*, 24(15-16), 2074-2095. doi:10.1111/jocn.12797, p. 2091.

<sup>34</sup> Tillman & Mark p. 2091.

<sup>35</sup> Brotto para. 6

<sup>36</sup> Cohen, J. (2013). What age is shame? *Studies in Gender and Sexuality*, 14(2), 102-105. doi:10.1080/15240657.2013.791514, p. 102.

<sup>37</sup> Kukkonen 2017.

<sup>38</sup> Patel para. 5-9.

<sup>39</sup> Tillman & Mark p. 2074.

<sup>40</sup> Patel para. 10.

<sup>41</sup> Weiss, R. (2014, March 5). Baby boomers gone wild! Seniors and STDs. *Psychology Today*. Retrieved from [www.psychologytoday.com](http://www.psychologytoday.com), para. 6.

<sup>42</sup> Warso, A. (2015). Something catchy: Nursing home liability in the senior sexually transmitted disease epidemic. *The Elder Law Journal*, vol. 22, pp. 491-522. Retrieved from <http://publish.illinois.edu/elderlawjournal/files/2015/03/Warso.pdf>, p. 495.

<sup>43</sup> Kukkonen 2017.

sexuality, we need to reframe the discourse on aging in a youth-centric society by acknowledging older adults as sexual beings.

Within B.C., these findings are vital in considering the educational training and diverse responsibilities of public health nurses.<sup>44</sup> Among public health nurses, there are several instances of nurses independently diagnosing and treating STIs despite vast irregularities in educational preparation.<sup>45</sup> In fact, as of 2013 over 600 public health nurses in B.C. were involved in STI diagnosis and treatment.<sup>46</sup> Public health nurses are “an essential component of sexual health care”<sup>47</sup> in B.C., yet there are “substantial inconsistencies”<sup>48</sup> across training that has resulted in reduced sexual health care services.<sup>49</sup> The rising rates of STIs in older adults coupled with minimal education on sexual health has underprepared nursing students and future healthcare providers in offering care for B.C.’s aging population. Therefore, sexual health education programming for future nurses could be part of a grassroots change in healthcare and society.

### ADVICE:

Adequate sexual health education for healthcare providers is key to addressing stigma and the lack of sexual health care for older adults. I propose a collaboration between the School of Nursing and the Applied Theatre Department to offer a unique learning opportunity in older adult sexual health for nursing students. Specifically, I propose an interactive lecture/performance and workshop for nursing students about older adults’ sexual health with older adults themselves within the course NURS 350: Health and Healing VII: Promoting Community and Societal Health. The proposed collaboration uses transformative approaches to education and community health while emphasizing social justice and health equity.

This collaboration would build on previous collaborations between the Applied Theatre Department and Island Sexual Health Society, *Victoria Target Theatre Society*, and Victoria High School to create a standardized educational workshop and program package based on the self-identified sexual health needs of older adults. The purpose is to support interdisciplinary community-based learning as a way to integrate theory and practice for future nurses. The intended outcomes are to address social stigma, promote sexual health education and reduce cases of misdiagnosed/undiagnosed STIs and HIV among older adults. By bringing the School of Nursing and Applied Theatre together, a new collaboration may emerge to inform future programming in both departments that offers interdisciplinary learning and a holistic approach to supporting community health for older adults.

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<sup>44</sup> Bungay, V. & Stevenson, J. (2013, October). Nurse Leaders’ Experiences of Implementing Regulatory Changes in Sexual Health Nursing Practice in British Columbia, Canada. *Policy, Politics, & Nursing Practice*, 14(2), pp. 69–78. Retrieved from doi-org.ezproxy.library.uvic.ca/10.1177/1527154413510564, p. 75.

<sup>45</sup> Bungay & Stevenson p. 70.

<sup>46</sup> Bungay, 2010, as cited in Bungay & Stevenson p. 70.

<sup>47</sup> Bungay, 2010, as cited in Bungay & Stevenson p. 76.

<sup>48</sup> Bungay, 2010, as cited in Bungay & Stevenson p. 70.

<sup>49</sup> Bungay, 2010, as cited in Bungay & Stevenson p. 76.

**Appendix B: *You're Doing What?! At Your Age?! Reflection Video***

<https://www.youtube.com/watch?v=3aUUHUrQm0w>

(Three minutes)

**Appendix C: *It Burns When I Pee* Video**

<https://www.youtube.com/watch?v=BYHVCOTfB5s&t=75s>

(Three minutes

**Appendix D: *You're Doing What?! At Your Age?! Script*****You're Doing What? At Your Age?!****Sound and Light Cues Script****Characters**

Grace

Jena

Grace's Lover, Jonathan

Grace's Friend, Judith

Jena's Boyfriend, Sam

Jena's Friend, Sarah

Love Doctor

First Caller

Ensemble

Sponsor(s)

**SC** = Sound Cue

**LC** = Light Cue

## Scene 1

**SC #1:** Fade in *At Last* recording sung by Pam after Leah introduces the show.

**LC #1:** Spotlight comes up on the Love Doctor radio station

*The Love Doctor is listening to the song and preparing for their show.*

**LOVE DOCTOR:** Good afternoon and welcome back to The Love Doctor! The spiciest radio show on the planet, hosted by your favourite little bottle of hot sauce. The Love Doctor is in and ready to answer your burning questions along your journey to love, sex, and pleasure! But first, a message from our sponsors.

**SPONSOR:** The Love Doctor is brought to you by Delilah's Home Deco. Don't know how to make the magic happen? Renovate your love lair to impress your future lover!

**LOVE DOCTOR:** Thank you Delilah's Home Deco for your support! If you're just tuning in, the Love Doctor is our daily radio show that answers all of your sexy questions you can't ask your mom.

**SC #2:** Fade Out *At Last*

**LC #2:** Lights up on the rest of the stage

**LOVE DOCTOR:** Caller number 1, what can I do for you?

**FIRST CALLER:** Hi Love Doctor. I'm really in a bind. I received two phone calls today and have no idea what to do!

**LOVE DOCTOR:** Well let's see what we can do to help. What happened in these phone calls?

**FIRST CALLER:** Well, I was at work when I received a call from the principal at my son's school. The principal said that we needed to talk about my son's behaviour. Turns out, he was caught canoodling, or well, I don't know or really want to know exactly what they were doing,



with another student in the hallway! I was told that I have to talk to my son about “safe sex” and I am so mortified, I have no idea what to say!

**LOVE DOCTOR:** Have you ever talked to your son about sex? I know it can be difficult but—

**FIRST CALLER:** But wait! It gets worse. I’m trying to recover from the first call when I receive a *second* call but this time, it’s from my dad’s care facility. He’s only been living in this new seniors home for a couple of months now and I thought he was fitting in. Apparently too well! One of the nurses called me and told me that my dad—ugh I don’t want to think about it—but *my dad* was caught canoodling with another resident in the t.v. lounge during Ellen!

**LOVE DOCTOR:** (*trying to hold back their laughter*) Well, is that so? It looks like you’re in for quite a chat about the birds and the bees.

**LC #3:** Spotlight out on the LOVE DOCTOR radio station

## Scene 2

**SC #3:** Fade in *Let’s Fall in Love* by Ella Fitzgerald to play quietly in the background

*It’s a Friday night and GRACE is arriving at a dinner party with her friends, ENSEMBLE. On the other side of the stage, JENA is walking into a house party (ENSEMBLE) with her BOYFRIEND, SAM. Both scenes play at the same time with one being silent while the other has dialogue/music and then switches back and forth.*

*GRACE arrives at her friend, JUDITH’S dinner party.*

**GRACE’S FRIEND, JUDITH:** Hi Grace! Oh it is so good to see you. We haven’t seen you enough since Jacob passed away. Oh dear, I probably shouldn’t be talking about that... I’m so sorry, you look fabulous. Really, just smashing. Anyway sorry, we’re here to have a lovely evening so come on in, please. You really do look lovely Grace, really!

*GRACE and JUDITH continue to have a silent conversation while JUDITH pours GRACE a glass of wine.*

**SC #4:** Fade out *Let's Fall In Love*

*JENA and SAM arrive at the house party.*

**JENA:** Sam, can we keep this quick? I always feel like I need to know how to twerk or something to attend parties like this.

**SAM:** No twerking, Jena. I promise, just a quick in and out. (*SAM winks as he says this*)

**SC #5:** Fade in *Anaconda* by Nicki Minaj plays in the background

*JENA and SAM walk into the party and JENA sees her friend, SARAH from across the room.*

**JENA:** Hey, Sarah!

**SARAH:** Hey Jena woah! You look hot as hell!

*JENA and SARAH hug and then have a slightly awkward moment as they pull away from each other.*

**SARAH:** I thought you weren't coming out tonight? Aren't you seeing your grandma tomorrow morning?

**JENA:** Yeah, we're just here for a little bit but no one is giving me drinks yet—

**SAM:** Hey Sarah. Jena, can show you me something real quick?

**JENA:** Uh...sure. I'll talk to you later, Sarah.

*The music fades as SAM takes JENA's hand and silently takes her offstage while the party continues.*

**SC #6:** Fade out *Anaconda*

**SC #7:** Fade in *Some Enchanted Evening*

*Shift focus back to GRACE and JUDITH with the arrival of JONATHAN, soon to be GRACE'S LOVER.*

**JUDITH:** Oh Grace, you must meet Jonathan. He is unattached isn't that right, Jonathan? He might be getting a little grey on the top there but that doesn't mean he's not... a really great person. *(awkward silence)* Jonathan, darling, this is Grace that I've been telling you so much about!

*Spotlight comes up on the middle of stage with only GRACE and JONATHAN standing in it.*

*ENSEMBLE from both scenes sing/hum while GRACE and JONATHAN dance together. Break from reality and then rapid snap back after the song.*

**ENSEMBLE:** Some enchanted evening,

You may see a stranger,

You may see a stranger,

Across a crowded room.

And somehow you know,

You know even then,

That you will be wearing a condom again...and again.

Who can explain it,

Who can tell you why.

Fools will not wear them,

Wise men always try.

*(JONATHAN goes in for a kiss but GRACE puts a hand over his mouth)*

*Snap back to reality from ENSEMBLE.*

**GRACE:** Would....would you like to come back to my place?

**JONATHAN:** *(murmurs into GRACE's hand)* Mhmmmm...

*GRACE and JONATHAN exit the stage together on the opposite side to where JENA and SAM exited. ENSEMBLE from GRACE's dinner party exit the stage as well.*

**SC #8:** Fade out *Some Enchanted Evening*

*ENSEMBLE from JENA's party remain on stage*

*(talking over each other)*

**JENA:** *(offstage)* Sam, listen, hey. Can you stop!? Just take me home please?

**SAM:** Hey come on you were into it a second ago! What happened?

*JENA hurries back on stage and is quickly putting her sweater back on.*

**JENA:** I told you I'm not ready!

*JENA bumps into SARAH.*

**SARAH:** Woah cowgirl, what's going on here?

**JENA:** Nothing. I just...can you drive me home?

**SARAH:** Ok yeah, sure thing.

*JENA and SARAH exit the stage together.*

**SC #9:** Fade in *Some Enchanted Evening*

*GRACE and JONATHAN enter from upstage left and move across the stage while discarding scarves and jackets. They exit upstage right and from offstage, giggling is heard while articles of clothing are being flung on stage.*

**GRACE:** *ad lib lines and giggles while clothes are thrown onstage*

**SC #10:** Fade out *Some Enchanted Evening*

### Scene 3

**LC #4:** Spotlight comes up on the radio station for the Love Doctor show.

**SC #11:** Fade in Marvin Gaye's *Let's Get It On*

**LOVE DOCTOR:** Welcome back to another exciting episode of the Love Doctor on this lovely Saturday morning. Before we get it on—

*Allows Let's Get It On to play for a little while*

**LOVE DOCTOR:** — let's hear from our sponsors!

**SPONSOR:** The Love Doctor is brought to you by Bob's Autobody and Mechanics. Bob's sure to get your engines revving!

**LOVE DOCTOR:** Thank you Bob's AutoBody and Mechanics! If you're just tuning in, the Love Doctor is our daily radio show that answers all of your sexy questions you can't ask your mom.

**SC #12:** Fade out Marvin Gaye's *Let's Get It On*

**LOVE DOCTOR:** Let's take our first caller!

**SAM AS CALLER:** Hey Love Doctor. I...well this is really awkward. Apparently, I'm the only virgin in our class...

**LOVE DOCTOR:** Alright, what specifically can I help you with?

**SAM AS CALLER:** Well I'm a virgin and my girlfriend doesn't want to have sex with me even though I've been doing all the right things.

**LOVE DOCTOR:** Meaning what exactly?

**SAM AS CALLER:** Look, I don't know. I really do like her and stuff and I've been taking it slow and everything but I feel like we should have done it by now.

**LOVE DOCTOR:** Uh huh....but how does she feel about it?

**SAM AS CALLER:** I have no idea. The night we were supposed to do it, she freaked out and hasn't answered any of my texts since.

**LOVE DOCTOR:** I'm sorry to hear about this, and I'm going to say right off the bat that this is probably a conversation that needs to be had between you and your girlfriend, but I will tell you what I think (since you called in to ask for it). Your first time, and sex in general is a very vulnerable experience and both people need to be interested. More than interested, something on this show we like to call enthusiastic consent. So you need to tell your girlfriend you're sorry, and be clear about what you want just like you have here today. And If she doesn't want to hear from you, then that's her right too.

**SAM AS CALLER:** Ok.

**LOVE DOCTOR:** In the meantime, masturbation is always a great option to blow off some steam.

**LC #5:** Spotlight goes down on the radio station

#### Scene 4

*Saturday morning at GRACE's house. GRACE is still asleep in bed while JONATHAN gets up early to make croissants for GRACE. JONATHAN is busy humming and working away in the kitchen. GRACE wakes up to the smell of fresh croissants and hurries to the kitchen.*

**JONATHAN:** Grace, darling! How are you this morning? I thought I would get up early. I had a wonderful night last night. It was terrific!

**GRACE:** Oh, yes it was.

**JONATHAN:** You know, I've just been so lonely.

**GRACE:** I can relate to that.

**JONATHAN:** I made you croissants!

**GRACE:** Well, that's kind of you—

**JONATHAN:** *(reaching for GRACE)* I would like to make croissants for you every morning.

**GRACE:** *(moves away from JONATHAN)* Um...well... Maybe some tea would be a good start?

**JONATHAN:** Right of course, tea can certainly be a habit we get into.

**GRACE:** I had a lovely evening and certainly, we will eat the croissants and I'll make some tea.

But um...Do you have any plans for the day?

**JONATHAN:** Oh no, I'm quite available.

**GRACE:** Well I actually have... *(realization)*

**JONATHAN:** Oh. Has something come up?

**GRACE:** *(distracted)* Well actually...

*JONATHAN and GRACE are interrupted by a knock at the door and the sound of someone letting themselves in.*

**JENA:** *(as she is walking in the front door and taking off her jacket)* Grandma? Sorry I'm a bit late but I'm here. I really need to talk to you and...wow, it smells so good in here. You normally just make muffins but wow. It's just me Grandma, you didn't need to do that.

*JENA continues to talk while GRACE and JONATHAN whisper to each other but what they need to do. GRACE succeeds in stuffing JONATHAN into a closet so JENA doesn't see him.*

**GRACE:** *(fixing her fancier than usual robe quickly turns around to see JENA)* Good morning, Jena! Goodness, you surprised me.

**JENA:** Really? Cause there's already croissants made...?

**GRACE:** Right! Which I made, of course. Well...why don't you bring the croissants out to the table and I'll be right there with the tea?

**JENA:** Ok. *(JENA picks up the plate of croissants and takes them to the other room)*

*GRACE goes over to the closet and drags JONATHAN out of it. JONATHAN tries to embrace her and GRACE quickly shoos him away.*

**GRACE:** *(whispering to JONATHAN)* You need to go! Quick, just head around the corner and I'll keep her distracted.

**JONATHAN:** *(whispering)* Oh, but I would love to meet your granddaughter! How lovely that she came by to see you—

**GRACE:** *(whispering)* Absolutely not!

**JENA:** *(calling from the other room)* Grandma, do you need some help with the tea?

**GRACE:** *(to JENA)* Oh no dear, I'll be right there! *(to JONATHAN)* Go!

*GRACE gets the teapot and hurries out to the table to sit down with JENA. Throughout the scene, JENA is trying to explain about what happened last night with SAM and then her kiss with SARAH. GRACE is trying to explain her own feelings about missing her husband and her experience last night with JONATHAN. They think they're talking about the same thing until they clearly are not.*

*Additionally throughout the scene, JONATHAN is seen poking his head out from around the corner to try and retrieve his discarded clothing from the night before.*

**JENA:** Are you ok?

**GRACE:** Absolutely dear. *(Pours tea into two cups)* So, how are you?

**JENA:** I'm ok. I just, I need to talk to you about something.

**GRACE:** Oh, that's a coincidence dear cause I have something to tell you too. Well, you go first.

**JENA:** Ok. Well...

*JENA is having trouble finding the right words so she picks up a croissant and has an idea.*

**JENA:** Ok, so you know how I've always said that I like muffins, right? And I do, I really do like muffins.



**GRACE:** Right...

**JENA:** But lately, I've been feeling like muffins aren't quite right for me and I feel like everyone is forcing me to eat muffins. But what if I don't want to eat muffins? I feel like everywhere I look everyone is eating muffins and it's always muffins, muffins, muffins—

**GRACE:** Honey, you don't need to eat muffins if you don't want. It's not a big deal so—

**JENA:** I know. But now...I really want croissants. Like, I *really* want croissants. Croissants feel so much more attractive, I mean delicious, and especially this particular croissant.

**GRACE:** Jena honey, then just have a croissant.

**JENA:** No Grandma. I'm not talking about croissants.

**GRACE:** (*thinks she understands the metaphor*) Ohhhhh ok. Well it seems we have had similar experiences lately with our baked goods... can I tell you about my experience with croissants and muffins?

**JENA:** I guess so...

**GRACE:** Jena, I loved muffins. I really did and I miss muffins every day. And just recently...I tried a croissant.

**JENA:** Wait, what? *You* tried a croissant?

**GRACE:** Ok, it's not that outrageous that I would crave a croissant. And I can see why you would want croissants too. They are delicious and even feel a little bit naughty. And it really was quite lovely...but do you really want to have croissants every single day?

**JENA:** Well I don't know about every day, that might be a bit excessive but—

**GRACE:** I mean really, I like croissants but can't they sometimes be so overbearing? And high maintenance? They're lovely and as much as you may have had a good time last night with croissants it doesn't mean that your life is now consumed by croissants!

**JENA:** Woah...hold on. Last night? I'm confused. Who's your croissant?

*At this moment, JONATHAN accidentally trips over his shoes in his attempt to leave quietly.*

*JENA and GRACE look up at JONATHAN, JENA with genuine surprise and GRACE with horrified shock.*

**JONATHAN:** ...well, this is truly awkward.

**JENA:** Hi...um, Grandma, who is this?

**GRACE:** *(stands up)* Ummm... My plumber?

**JONATHAN:** Hello. I'm Jonathan and I am the man thoroughly enchanted by your grandmother. *(shakes JENA's hand)*

**JENA:** *(looking at GRACE)* Is this... Your croissant?

**GRACE:** Oh dear, please leave Jonathan. I will call you later but will you please just leave?

**JENA:** Grandma were you even listening? Croissants are girls!

**GRACE:** What!?

**JONATHAN:** *(to GRACE)* This seems like a private conversation Grace, see you tomorrow?  
*(going in for the kiss)*

**JENA:** Oh god!

**GRACE:** Jonathan, you are making this worse!

*GRACE pushes JONATHAN out the front door without a kiss and shuts it behind him*

**JENA:** I think I should go too.

**GRACE:** Oh Jena, no I'm so sorry. Now that I understand the baking metaphor I'm sure I'll get it this time!

**JENA:** I think you've been doing a little too much baking so I'm just gonna go

**GRACE:** You really don't need to—

**JENA:** I'll talk to you later

*JENA leaves and GRACE calls out to her as she is leaving.*

**GRACE:** Please don't tell your mother!

## Scene 5

**LC #6:** Spotlight goes up on the radio station

**SC #13:** Fade in *Afternoon Delight* by Starland Vocal Band

**LOVE DOCTOR:** Hello and welcome to another episode of the Love Doctor. For all those lovers out there looking for some afternoon delight, you have come to the right place. But first, a message from our sponsors.

**SPONSOR:** The Love Doctor is brought to you by Henderson Wood Products. Handling wood since 1973.

**LOVE DOCTOR:** A big thank you to Henderson Wood Products! If you're just tuning in, the Love Doctor is our daily radio show that answers all of your sexy questions you can't ask your mom.

**SC #14:** Fade out *Afternoon Delight* by Starland Vocal Band

**LOVE DOCTOR:** Let's take our first caller!

**JENA AS CALLER:** Hey Love Doctor. I'm calling about lesbian sex. Like, how do you know if you would like it? Do I need to buy stuff for it? What is it? How does it work?

**LOVE DOCTOR:** Ok great, I can see you have a lot of questions! Ok, let's start with the basics. Lesbian sex, like all sex, requires communication to see what works best for your body and your partner, or partners. So lesbian sex can mean digital sex or sex with fingers, oral sex, penetrative sex with dildos, or strap-ons, anal sex, really the list goes on and on! Great sex is not limited to the classic P in the V orientation. It really comes down to what feels good for you!

**JENA AS CALLER:** So you're saying that the possibilities are endless?

**LOVE DOCTOR:** As long as it's consensual then pretty much.

**JENA AS CALLER:** Wow.

**LOVE DOCTOR:** Well I hope that helps! On to our next call—

**JENA AS CALLER:** Wait! I just have one more question.

**LOVE DOCTOR:** Ok.

**JENA AS CALLER:** The other night I...well, I may have kissed my friend... and I don't wanna do that Katy Perry thing but... I liked it. I guess what I want to ask is how do you know if you're gay?

**LOVE DOCTOR:** Well, how much time do you have?

**LC #7:** Spotlight goes down on the radio station. Onstage lights remain on JENA

*JENA stands there after hanging up with the LOVE DOCTOR and looks thoughtfully at her phone. She waits a moment and then dials.*

## Scene 6

**SC #15:** Landline Phone Ringing—Play three times

*GRACE enters the stage when her phone starts ringing.*

**GRACE:** Hello?

**JENA:** Hi Grandma. Look, I...well, I just wanted to talk to you about the whole croissant thing.

**GRACE:** *(chuckle)* Oh no that's ok, I really should have picked up on that sooner. Jonathan is totally not a croissant, is he?

**JENA:** *(laughing)* No, no he's not Grandma. *(Pause for a moment)* So do you love him?

**GRACE:** Oh gosh no, I only just met him!

**JENA:** Grandma!

**GRACE:** Oh I know, we just got so carried away, I felt like a teenager again.

**JENA:** You know, Grandma they tell teenagers not to do it until after the fourth date.

**GRACE:** Well Jena, your Grandma isn't perfect. And lately she's been pretty lonely outside of our tea dates. But now every time I think of tea I think of Jonathan following me around the house with that look on his face smiling at me...

**JENA:** *(interrupting)* Grandma... I think I'm gay. Or bi...I don't know, I'm still trying to figure it out

**GRACE:** Oh Jena. Jena, that's fine. It's more than fine, and I totally understand and respect you for being so brave. *(pause)* So, do you have a girlfriend or a...um...what do you call it...a hook up?

**JENA:** *(laughing)* Grandma I get what you're saying and yeah, I kind of do. Thank you. It honestly just feels good to tell someone.

**GRACE:** Well gosh I mean, who else are you going to tell. I still haven't gathered the courage to tell your mother.

**JENA:** Yeah me neither.

**GRACE:** Maybe we should we invite her to tea next week?

**JENA:** Ok yeah... yeah let's do that.

**GRACE:** I'll make sure the croissants are ready.

*Lights fade out as GRACE and JENA exit to opposite sides of the stage.*

## Scene 7

**LC #8:** Spotlight goes up on the radio station

**SC #16:** Fade in *Hey Good Lookin'* by Hank Williams

**LOVE DOCTOR:** Hey good lookin' and thanks for tuning in to the Love Doctor! Let's listen in to our sponsors and get into those juicy questions you have for us today!

**SPONSOR:** The Love Doctor is brought to you by Cheryl's Antique Boutique where everything, and I mean *everything*, gets better with age!

**LOVE DOCTOR:** Thank you Cheryl's Antique Boutique! If you're just tuning in, the Love Doctor is our daily radio show that answers all of your sexy questions you can't ask your mom.

**SC #17:** Fade out *Hey Good Lookin'* by Hank Williams

**LOVE DOCTOR:** Let's take our first caller!

**JONATHAN AS CALLER:** Hi Love Doctor. I'm in a bit of a predicament. I've just started seeing someone new...well, I don't even know if "seeing" is the right term...Anyway, I'm afraid I've blown it. I always come on too strong!

**LOVE DOCTOR:** Well tell me what happened.

**JONATHAN AS CALLER:** I've been lonely for some time now and then the other night something magical happened! I met this incredible woman and one thing led to another and well...I spent the night at her house.

**LOVE DOCTOR:** Well that doesn't sound so bad.

**JONATHAN AS CALLER:** Yes...but the problem is...

**LOVE DOCTOR:** Yes...?

**JONATHAN AS CALLER:** I....well....I have chlamydia.

**LC #9:** Spotlight goes down on the radio station and blackout on stage

**LC #10:** Lights up on stage for the Curtain Call

**SC #18:** Fade in *Let's Talk About Sex, Baby* as Curtain Call Music while everyone takes their bows

## Appendix E: Marketing and Community Outreach Materials

### E-1: Newspaper Articles and Advertisements

#### Monday Magazine December 2018 Advertisement

grew up in Toronto, Knowles in Winnipeg – you'd never know it from their performance as two lovable, but vastly different characters who keep he says.

This has something for everyone. The Victoria shows are part of a 20-show December tour around B.C.,

Winnipeg tossed in for good measure. Tickets are available online at [rmts.bc.ca](http://rmts.bc.ca), by phone at 250-386-6121 or in person at the Royal or McPherson

about this comedy duo, visit [jamesandjamesy.com](http://jamesandjamesy.com), or email [editor@monday-mag.com](mailto:editor@monday-mag.com)

### You're Doing What?! ~ At Your Age?!

A play created by high school students and seniors about sexuality

Join us at Victoria High School for a performance and workshop with our senior and youth collaborators!

December 10, 2018  
7pm  
(Doors 6:30pm)

Victoria High School Auditorium  
FREE admission and free condoms!



For more information, contact Leah Tidey at [Ltidey@uvic.ca](mailto:Ltidey@uvic.ca)  
This project is funded in part by the Government of Canada's New Horizons for Seniors Program

[20] MONDAY MAGAZINE DECEMBER 2018 [mondaymag.com](http://mondaymag.com)

#### Times Colonist Advertisement December 7, 2018

retro vibe to Living Coral, in the same way a softer version of the 2018 pick, Ultra Violet, is the shade of some grey heads when hair toners bring on a turn to purple.

"It's the emotional nourishment. It's a big hug," she said of Living Coral.

How important colour analysis is when weighed against, well, the rest of the world is in the eye of the beholder. Pantone is a for-profit enterprise that forecasts colour trends, analyzes the psychology of colour and advises companies on colour for product packaging and brand identity. Its wares come with price tags, but nearly 20 years of choosing colours of the year has been a useful marketing strategy and free, free, free.

Living Coral is ascending, Pressman said, at a time when bleaching due to climate change continues to rob actual coral reefs of their rainbows. It's a colour that seems to work for everybody, across the gender spectrum in apparel and across segments, from art and housewares to home interiors and industrial design.

The colour also points to a long and often painful slog over the past decade or so through financial market scares and political crises to environmental chaos and the rise of social media, where saturated colour

A model wears a coral outfit from the Marc Jacobs spring 2019 collection during Fashion Week in New York. Pantone Color Institute has chosen the colour Living Coral as its 2019 colour of the year.

THE ASSOCIATED PRESS

### You're Doing What? At Your Age?

A collaborative performance about sexuality.  
Brought to you by Victoria Target Theatre Society & Victoria High School



Watch as this intergenerational group addresses the stigma about sexuality across the lifespan.

An opportunity to hear from those who are often left out of the conversation.

Will include a 30-min. workshop directly following. Come join us!

Part of Leah Tidey's PhD research in Applied Theatre at UVic

Monday, December 10th • 7pm  
(Doors at 6:30pm)

Victoria High School Auditorium  
Free Admission (and free condoms!)

For more information contact Leah Tidey at [ltidey@uvic.ca](mailto:ltidey@uvic.ca)

50% CONCEPT

1-2745

For free i



## Times Colonist Advertisement December 1, 2018

TIMES COLONIST | timescolonist.com

LIFE

SATURDAY, DECEMBER 1, 2018



The latest outbreak of E. coli linked to romaine lettuce underscores the challenge of eliminating risk for vegetables grown in open fields and eaten raw, and highlights the role of nearby cattle operations. *AP*

## Produce industry pressured to step up E. coli prevention

CANDICE CHOI  
The Associated Press

**NEW YORK** — After repeated food poisoning outbreaks linked to romaine lettuce, the produce industry is confronting the failure of its own safety measures in preventing contamination.

The E. coli outbreak announced in November follows one in the spring that sickened more than 200 people and killed five, and another last year that sickened 28 and killed one.

No deaths have been reported in the latest outbreak, but the dozens of illnesses highlight the challenge of eliminating risk for vegetables grown in open fields and eaten raw, the role of nearby cattle operations that produce huge volumes of manure and the delay of stricter federal food safety regulations.

A contested aspect of the regulation, for example, would require testing irrigation water for E. coli. The U.S. Food and Drug Administration put the measure on hold when the produce industry said such tests wouldn't necessarily help prevent outbreaks. Additional regulation on sanitation for workers and equipment — other potential sources of contamination — only recently started being implemented.

FDA commissioner Scott Gottlieb said he thinks the combination of rules, once fully in place, will make vegetables safer to eat. "I don't think any one source of this is going to be the magic bullet," he said.

He said that any improved detection may make romaine lettuce and other leafy greens safer.

know what's OK to eat.

The labeling is voluntary, and the industry said it will evaluate whether to extend it to other leafy greens. Gottlieb said improving traceability would allow targeted health alerts that don't hurt the entire industry. The FDA recently fined a former Walmart executive who used blockchain technology to improve traceability in the retailer's supply chain.

The Associated Press

## Polio remains global emergency

LONDON — The World Health Organization says the ongoing attempt to eradicate polio remains a global emergency amid an increase in cases for the first time in years and a worrying number of outbreaks sparked by the vaccine.

After an expert meeting convened by the U.N. health agency this week, experts said Friday that failing to wipe out polio in the next few years could lead to a resurgence of the crippling disease. An international initiative to eradicate polio began in 1988 but efforts have stalled in western countries and WHO and its partners have missed repeated deadlines to stop the virus.

WHO said the polio epidemics in Afghanistan and Pakistan were particularly worrying. The number of cases in Afghanistan has almost doubled this year and polio is increasingly being found in the environment.

### You're Doing What? At Your Age?

A collaborative performance about sexuality  
Brought to you by Victoria Target Theatre Society & Victoria High School

When is the after-primetime group addresses the stigma about sexuality across the lifespan.

As opportunity to hear from those who are often left out of the conversation.

Will include a 30-min. workshop directly following the play.

Part of Leah Tolley's PhD research on Applied Theatre at Uvic.

Monday, December 10th 7pm (Doors at 6:30pm)  
Victoria High School Auditorium  
Free Admission (and free condoms)  
For more information contact Leah Tolley at leah@vtsociety.ca

**UP TO 20% OFF MSRP ON IN-STOCK 2018s up to \$15,500 IN SAVINGS**

Exclusive to Glenoak Ford Victoria

## Victoria News Advertisement December 5, 2018

www.victoriastar.com

Victoria News

Wednesday, December 5, 2018 A13

## Esquimalt lights up the night



Spencer Pickles photos

### You're Doing What? At Your Age?!

A play created by high school students and seniors about sexuality  
Join us for a performance and workshop with our senior and youth collaborators!

December 10, 2018 | 7 pm (Doors 6:30 pm)  
Victoria High School Auditorium  
FREE admission and free condoms!

For more information, contact Leah Tolley at leah@vtsociety.ca  
The project is funded by the Uvic Applied Theatre Program.  
Part of Leah Tolley's PhD research on Applied Theatre at Uvic.

### Michael's

HAIR • BEAUTY • NAILS

**Correction Notice**

In the section beginning Friday, November 30, 2018, we incorrectly stated Chantelle Partridge as Chantelle's and not Chantelle. The 2018 50% off Memorial program, we apologize for any inconvenience this may have caused.

### WIN A TRIP TO EXPLORE Hawaii Islands

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## Village Vibe Newspaper Article December 2018

# You're Doing What? At Your Age?!

A play created by  
seniors and youth about  
sexuality

» LEAH TIDEY & ALEXANDRA  
HAUPT

Have you ever talked to your grandma about sex? Or wanted to ask advice of the Love Doctor? The play *You're Doing What? At Your Age?!* is your opportunity to get it on.

This play is a collaborative theatre performance about sexuality created by seniors from Victoria Target Theatre Society and Victoria High School students. With weekly rehearsals at Vic High, *You're Doing What? At Your Age?!* is the first of its kind as an intergenerational community theatre project. In collaboration with Target Theatre, a seniors' theatre company that creates original performances addressing seniors-based issues, and federally funded by the



*You're Doing What? At Your Age?!*, a play created by seniors and youth about sexuality. Above: original artwork created for the play by Jessica Wiebe.

New Horizons for Seniors Program Grant, this project is part of Applied Theatre Practitioner, Leah Tidey's, PhD research at the University of Victoria.

Over three months, senior and youth

collaborators have explored ageism and the social stigma surrounding sexuality to create an original play and follow-up workshop. In collaboration with Kim Sholinder, drama teacher at Vic High, and

Alexandra Haupt, Uvic Honours Student and Project Assistant, the emphasis of this project is community-building and addressing social justice issues. Working with an intergenerational group to address stigma about sexuality across the lifespan offers an opportunity to hear from those who are often left out of the conversation.

Our aim is to bring decision-makers to our performance to start this important discussion. A unique component of the evening is the follow-up workshop that will allow audiences to interact with performers, explore themes of the play, and discuss their reactions to the performance. For more info, contact Leah Tidey at [ltidey@uvic.ca](mailto:ltidey@uvic.ca).

Please join us for our public performance:

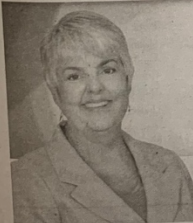
**What:** *You're Doing What? At Your Age?!*

**When:** Monday, December 10th at 7pm (doors at 6:30pm)

**Where:** Victoria High School Auditorium

**Cost:** Free admission (& free condoms!)

Carole James, MLA VICTORIA-BEACON HILL



**Working hard  
for our  
community**

1084 Fort Street, Victoria, BC V8V 3K4  
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[www.CaroleJamesMLA.ca](http://www.CaroleJamesMLA.ca)

**DON'T HAVE A PRINTER?  
DO YOU FIND GOING DOWNTOWN TO SEND A FAX INCONVENIENT?**

The Fernwood Community Centre offers a wide range of office services from faxing and printing to small scale document shredding and laminating. We keep our prices as low as possible to make these services available to everyone.

PRINTING FOR AS LITTLE AS \$0.10/PAGE

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[www.fernwoodnrg.ca](http://www.fernwoodnrg.ca)

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## E-2: Programme

### SEXUAL HEALTH RESOURCES

#### Amaze

AMAZE is a collaboration between experts in the field of sex education—Advocates for Youth, Answer and Youth Tech Health. Based in the US, Amaze is an online sex education resource for 10- to 14-year-olds.  
[www.amaze.org](http://www.amaze.org)

#### Beyond the Talk

A comprehensive Victoria based sexual health website for youth and their allies hosted by Island Sexual Health.  
[www.beyondthetalk.ca](http://www.beyondthetalk.ca)

#### Island Sexual Health

Information for parents & teens about sexual health. Includes tips for talking about sexuality, information on anatomy, birth control, STIs, local resources, links, and more.  
Text 250-812-9374 for the Sexual Health Q&A texting line  
[www.islandsexualhealth.org/](http://www.islandsexualhealth.org/)

#### Living OUT Visibly & Engaged

Coordinating a community response to sexual and gender minority adult abuse, neglect and self-neglect with lists of resources  
<https://www.lovecrn.ca/victoria>

#### Outproud

Information for gay, lesbian, bisexual, questioning, and transgender youth  
[www.outproud.org](http://www.outproud.org)

#### Options For Sexual Health

A comprehensive website that includes detailed sexual health information, clinical resources, and contacts throughout BC  
[www.optionsforsexualhealth.org](http://www.optionsforsexualhealth.org)

#### Planetahead

On PlanetAhead, you can find information on Relationships, Sexually Transmitted Infections (STI), HIV, Pregnancy, Contraceptives, and how to reduce physical, mental, and emotional risks  
[www.planetahead.ca](http://www.planetahead.ca)

#### Sex, Etc.

Information, advice, and resources by teens for teens (and parents too!)  
<https://sexetc.org/>

#### Scarleteen

Information addressing sexuality and sexual health issues for adolescents and parents  
[www.scarleteen.com](http://www.scarleteen.com)

#### Seniors Serving Seniors

Volunteer organization promoting quality of life and well-being for seniors in Greater Victoria  
<http://seniorsservingseniors.bc.ca/>

#### Sexuality and U

Society of Obstetricians & Gynecologists of Canada provides info for parents, teens, and professionals about sexuality education.  
<https://www.sexandu.ca/>

#### Smart Sex Resource

A comprehensive website that provides local, relevant sexual health information and services for all ages in BC. This website is a program of the BCCDC.  
[www.smartsexresource.com](http://www.smartsexresource.com)

#### Sunny Hill Education Resource Centre (SHERC)

houses a unique collection of books, videos, journals, board games, and various educational props and materials designed for children with disabilities and their families.  
<http://bit.ly/Sunnyhill>

#### Victoria Lesbian Senior Care Society

Victoria Lesbian Seniors Care Society supports lesbians' health and social needs as we age.  
<https://vlscs.ca/>

#### Victoria Youth Clinic

Youth-focused organization that is located downtown  
<http://www.victoriayouthclinic.ca/>

#### Youth Committee at Island Sexual Health

Teenagers/young adults whose job is to make sexual health more accessible, engaging, and supportive of youth and sexuality  
<http://bit.ly/youthcommittee>

#### Youth Native Sexual Health Network

YNSHN is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice through US and Canada.  
[www.nativeyouthsexualhealth.com](http://www.nativeyouthsexualhealth.com)



We respectfully acknowledge the Lkwungen-speaking people as well as the Songhees and Esquimalt people whose unceded traditional territory we are gathered on today to perform, share, and create together.

## BACKGROUND STORY

Have you ever talked to your Grandma about sex? Or wanted to ask advice of the Love Doctor? The play *You're Doing What? At Your Age?!* is your opportunity to get it on.

*You're Doing What? At Your Age?!?* is a collaborative theatre performance about sexuality created by seniors from Victoria Target Theatre Society and Victoria High School students. In the culmination of weekly rehearsals at Vic High, *You're Doing What? At Your Age?!?* is the first of its kind as an intergenerational community theatre project.

In collaboration with Target Theatre, a seniors' theatre company that creates original performances addressing seniors-based issues, and federally funded by the New Horizons for Seniors Program Grant, this project is part of Applied Theatre Practitioner, Leah Tidey's, PhD research at the University of Victoria.

Over three months, senior and youth collaborators have explored ageism and the social stigma surrounding sexuality to create an original play and follow-up workshop. Working with an intergenerational group to address stigma about sexuality across the lifespan offers an opportunity to hear from those who are often left out of the conversation. The aims of the project are to bring decision-makers to the performance to start this important discussion.

A unique component of the evening is the follow-up workshop that will allow audiences to interact with performers, explore themes of the play, and discuss their reactions to the performance. In collaboration with Kim Sholinder, drama teacher at Vic High, and Alexandra Haupt, UVic Honours Student and Project Assistant, the emphasis of this project is community-engaged learning through theatre.



### Target Theatre Senior Collaborators:

Dave, George, Gloria, Lou-Ann, Madeleine, Maureen, Pam, Pearl, Penny, Peter, Phyllis & Susan

### Vic High Youth Collaborators:

Aria, Bell Fran, Dylan, Ella, Grace, Hannah, Hayley, Kaiya, Marina, Natalia, Osha, Peyton, Roman, Sophie, Estephanie, Tulia, Tsion, Valentina, William, Wanda

### CAST

Grace: Gloria & Lou-Ann  
Jena: Hannah & Wanda  
Jonathan: George & Peter  
Judith: Penny & Susan  
Sam: Bell Fran  
Sarah: Sophie  
Love Doctor: Osha  
First Caller: William  
Sponsors: Kaiya  
Recording of Etta James' song *At Last* performed by Pam, a senior collaborator

### PRODUCTION CREW

Costumes/Properties: Ella, Hayley, Madeleine, Natalia, Pearl & Valentina  
Makeup: Ella  
Hair: Hayley & Tsion  
Lights: Grace  
Sound: Kim  
Stage Management: William

### Workshop Facilitators

Aria, Dylan, Marina, Peyton, Roman, Susan, Maureen & Tulia

### Facilitator: Leah Tidey

Project Assistant: Alexandra Haupt

Vic High Teacher/Collaborator: Kim Sholinder



creating social transformation through entertainment

Started in 1986 as a group of older adults with an interest in the performing arts, Victoria Target Theatre Society has grown into a company of mature actors who provide a voice for the concerns of seniors. Target uses drama to address seniors' issues because theatre stimulates and moves people in a way that is different from ideas learned through lectures or books. This is among one of Target's first intergenerational projects and hopefully not the last. This project is funded in part by the Government of Canada's New Horizons for Seniors Program.

Supported by and in collaboration with Victoria High School Drama Teacher, **Kim Sholinder**



Facilitated by UVic PhD Researcher in Applied Theatre, **Leah Tidey**

Project Assisted by UVic Honours Student, **Alexandra Haupt**

## SPECIAL THANKS TO:

Jennifer Gibson, Sexual Health Educator  
Landa Mark, Sexual Health Educator  
Dr. Kirsten Sadeghi-Yekta, PhD supervisor  
Dr. Warwick Dobson, PhD Committee Member  
Dr. Charlotte Loppie, PhD Committee Member  
Dr. Kaitlyn Roland, PhD Committee Member  
Reynolds Secondary Senior Drama Students  
Island Sexual Health  
Jessica May, Poster and Program

## GLOSSARY OF TERMS

**Canoodle:** to hug, cuddle, or hold someone else intimately, to be touchy feely

**Katy Perry Thing:** Katy Perry is a pop artist who sang *I Kissed a Girl* and *I Liked It*. Jena is referring to kissing her friend Sarah and "liking it"

**Twerk:** A dance that requires you to shake your booty up and down



## E-3: Poster

# You're Doing *What?! At Your Age?! A play created by high school students and seniors about sexuality*

Join us at Victoria High School for a performance and workshop with our senior and youth collaborators!

December 10, 2018  
7 PM (Doors 6:30PM)  
Victoria Highschool Auditorium  
**FREE** admission  
and **free** condoms!



For more information, contact Leah Tidey at [ltidey@uvic.ca](mailto:ltidey@uvic.ca)  
This project is funded in part by the Government of Canada's New Horizons for Seniors Program

## **Appendix F: Intergenerational Workshops**

### **First Intergenerational Devising Rehearsal**

September 25<sup>th</sup>, 2018

Victoria High School  
10:06am-11:26am  
Room 205

#### **Materials**

- Name tags
- Pens
- Flash drive with video file

#### **Introduction (10 minutes)**

- Welcome everyone and create space for everyone to sit in a circle
  - Alexandra and Leah introduce themselves
- Introductions and pronouns
  - Everyone receives a nametag Kim starts check-in discussion with numbers
- Any questions about ethics forms?
  - Explaining Alexandra's role and purpose of capturing everyone's wonderful ideas

#### **Community-Based Process (5 minutes)**

- Reiterating the importance of the emergent process
- Everything from a grassroots approach
- Discussion on change, how do we measure change and what are we interested in seeing or exploring
- Clear goals on our process and being able to present something but other than that, we are deciding what that is
  - Follow up workshop

As a group, let's examine these questions and fill them in together as part of our devising process

**Who**

**What**

**When**

**Where**

**Why**

- Establishing a timeline and working backwards from the first week of December
- First exploratory and then putting together how we want to say it and present it
- What can we present to the audience that they don't already know?
- What do we want to say?
- We've taken the time to explore the topic of sexual health and what can we share

- Whatever understanding we have will be so much stronger because we're weaving together such diverse perspectives and valuable collaboration

#### Video (5-10 minutes)

- Show *It Burns When I Pee* video and discussion

#### Community Guidelines Brainstorm (10 minutes)

- Creating community guidelines/intentions
- How are we going to foster a supportive environment and what is important for us to keep in mind as we move through this process together?
  - Write out ideas on the board

#### Ice-breaker games (15 minutes)

- Does anyone have any good icebreaker or name games that we can try out today?
  - Try any offered games

#### Re-visit the scenes that the seniors worked on last week (10 minutes)

- 6 groups working on 3 scenes and playing them next to each other
  - Make bold choices and try them out (melodrama, musical, minimal words)
- Pass out three scene ideas
  - Love Doctor Segment
  - Parent receiving two calls from Principal and Health care worker at seniors' home
  - Sexual health class from 2018 versus 1960 (approximate year of seniors' sexual health education as teenagers)
- 30 second improvisations and Leah will end them at a certain point
- Option for collaborators not wanting to act
  - Brainstorm about options

#### Sharing Scenes (10 minutes)

- Each group shares their scenes
- For the audience, what did we see?
  - Reflection on ideas, stereotypes, opinions, etc. that came up from these scenes

#### Personal mythologies prepare for following week? (5-10 minutes)

- Circle up and reflection of the day
- Explanation of personal mythologies
  - Sharing who we are at this moment and how we have reached this moment in our lives
  - Will repeat this process at the end of the devising and performance, reflective practice
  - I will share my own mythology first for example and to put people at ease
- Keep track of things that you learn throughout the process
  - Part of personal mythology? Keeping a journal of our process and reflecting on it throughout our process
  - Picking out the similarities and differences, why and how do they diverge?

## Second Intergenerational Devising Rehearsal

October 2<sup>nd</sup>, 2018

Victoria High School

10:06am-11:26am

Room 205

### Materials

- Name tags
- Pens
- Pieces of paper (30)
- Large paper for brainstorming (4)

### Check-in and Warm-up (10 minutes)

- Re-introduce names and a number on how we are feeling today
  - Get youth collaborators to explain what the different numbers mean?
  - Pass out name tags and pens
- Name Game
  - Re-play name game from last week to try to learn a few more people's names

### Personal Mythologies (20 minutes)

- Let's get back into the groups we were in last week
  - Re-shuffle some groups or put some groups together so we have 4 groups total
  - Dave & group with Peter & group?
- Staying in these small groups, let's do an exercise to get to know each other a bit better before we start diving into some new work
- If each person in their group could share a brief story from their lives that has brought them to this moment right now
  - Demo by telling a story about myself, use a single word or sentence
- Create a series of tableaux/still images that represent each person
- Transition from image to image as you go through each member of the group
- Offer to share with everyone in the room as part of the community we are building together

### Reflection Groups (15 minutes)

- Short performance and longer workshop
  - Not a traditional performance
  - Focusing on the process as well as product but understanding that the "product" includes the workshop
- Based on the improvisations from last week and our discussion, what do we see?
  - Reflection on ideas, stereotypes, opinions, etc. that came up from these scenes and concepts we are exploring
  - Brief discussion about what we worked on and what you observed
- Establishing a common language
  - What does "making out" mean? What about "necking?"

### Newspaper Articles (20 minutes)

- Each group will be asked to look at a newspaper article that reflects some of the topics and ideas that have come up in our discussions and results from the Pre-Devising Survey
- Topics/Articles are
  - Sexuality and Aging
  - Intimacy
  - Asexuality
  - Consent
- Groups choose the topic they want to discuss or assigned? See how the group is feeling

### Brainstorm on these topics that we want to explore

- Each group gets a piece of paper and pens in which to brainstorm their ideas and what questions or thoughts they have right now
- What do we want to know more about?
- Whose stories do we want to share?
- What do we want to say to an audience?
- Why is it important and what can we tell them that they don't already know?

### Into Action (5 minutes)

- How do I know what I mean until I see what I say?
- Impetus to get up and try something out
- Will return to next week for further development
- Start thinking about what we might explore next week

### Reflection (10 minutes)

- Have pieces of paper to write down any questions or ideas that we may have
  - Discussing these small groups and compiling a list of questions and responses for everyone to look over
  - Especially discussions in small groups about gender and not belittling the importance of identity
  - Charlotte/Jennifer will come in to run a workshop with us (hopefully!)



### Third Intergenerational Devising Rehearsal

October 9<sup>th</sup>, 2018

Victoria High School

10:06am-11:26am

Room 205

#### Materials

- Name tags
- Pens
- Pieces of paper (30)

#### Share Grace and Jena Story **(10 minutes)**

- May offer a framework in which to examine these newspaper articles into the characters we are exploring?
- Preface that next week we will explore these characters and their relationships with each other with these newspaper articles and topics in mind?

#### Each group given a different section of the story **(15-20 minutes)**

- Grace and Jena or the newspaper articles turned into a narrative?
- Each group puts together a brief scene and then they are woven together
  - Everyone watches first and then adds in for each scene

#### Re-visit Newspaper Articles **(10 minutes)**

- Great discussions and brainstorm
- Explore how these could be put into scenes or shared with the group

#### Music suggestions

- Hey Good Lookin'
  - <https://www.youtube.com/watch?v=bjCoKslQOE8>

## **Fourth Intergenerational Devising Rehearsal**

October 16<sup>th</sup>, 2018

Victoria High School

10:06am-11:26am (80 minutes)

Room 205

### **Materials**

- Name tags
- Pens
- Large paper for brainstorming (4)

### **Check-in and Warm-up (5 minutes)**

- Names and a number on how we are feeling today
  - Pass out name tags and pens

### **Grace and Jena back story (15 minutes)**

- Let's explore the story of Grace and Jena a bit further to see if there is some merit in it
  - Each group will explore the backstory of either Grace or Jena and put together a short presentation
  - Split into 4 groups, two of youths and two of seniors
- Youth, I would like you to create a scene of Grace's backstory
- Seniors, I would like you to create a scene of Jena's backstory

### **Group Brainstorm (10 minutes)**

- Introduction on outlining all aspects we need for the show and splitting into groups to start working on all of the pieces
- What are the elements we need for our performance?
  - On the board, write out ideas of what is needed
  - Examples: scene development, music, marketing/PR material, writing letters to schools and community members, facilitation of follow-up workshop, costumes and props, public performance, organizing the program, etc.
- Hand out questions and responses from the cue cards that can help guide the process?

### **Scenes to Develop (40 minutes)**

- Love Doctor Segment
  - Could include music? Advertisements? Using the actual questions from the group as the call in questions?
- Masturbation/Difference across the Years
  - Scene about magazines and porn from the seniors perspective and from youth perspective?
- Sexual Health Education Workshop
  - Youth teaching seniors as if seniors were in a high school classroom?
- Consent Scene

- Introduce script from Lou-Ann that may start a dialogue about consent and how it can be developed further
- Evening where Grace and her lover meet
  - Working from the still image that the group discussing consent created
  - Replaying the evening but doesn't necessarily have to be all realistic? Use music, movement, still image, etc. to explore the events of the evening?
- Parent receiving call from Highschool/Seniors Home
  - Side by side phone call
  - Possibilities of using the exact same dialogue from each call with only slight variations
- Exploring the other characters in the Grace and Jena story
  - Jena's parents, possibly a same sex couple?
  - Grace's parent, possibly in a seniors home?
  - Grace's lover
  - Jena's friends, siblings, love interests or lack thereof?
- Creating scenes about newspaper articles?
  - Shifting the groups and based on interest, could focus on putting this stories on their feet?
- TMI
  - Not actually wanting to know about the other age group's sexuality and experiences
  - How can it be expanded on from the initial still image from last week with "see no sex, hear no sex, say no sex?"
- Grace and Jena meeting the morning after
  - Playing with the "lover" leaving the house just as Jena arrives
  - Ensuing conversation between Jena and Grace
- Grace and "lover" discussing their intentions
  - One of them is looking for intimacy and companionship and the other is not
  - Hysterical scene from Lou-Ann and Maureen about "don't you like the croissants? I woke up at 4am to make them for you"

#### Reflection/Wrap-up (10 minutes)

- Thoughts on the day
- What do we want to focus on for next week?
  - Continuing to develop our scenes and the structure of the play

## **Fifth Intergenerational Devising Rehearsal**

October 23<sup>rd</sup>, 2018

Victoria High School

10:06am-11:26am (80 minutes)

Room 205

### Materials

- Name tags
- Pens
- Laptop

### Check-in and Housekeeping (10 minutes)

- Names and a number on how we are feeling today
  - Pass out name tags and pens
- Housekeeping
  - **Finalize performance dates that work for everyone**
  - **Finalize date of Sexual Health Workshop**
  - **Discuss possibility of putting in a Fringe Application**
  - **Senior actors leaving at 11am today for rehearsal but we will use the last 20 minutes to have a reflection and de-brief session with youths**

### Devising (40 minutes)

- Pass out scene prompts and musical suggestions
- Don't be afraid to incorporate movement, dance, and mixed art forms into your devising work
  - Doesn't have to only be sitting and talking so explore multiple options that work for everyone involved!

### Scene Prompts

#### Love Doctor Segment

- Could include music? Advertisements? Using the actual questions from the group as the call in questions?

#### "I felt just like a teenager"

- Explore Grace's emotions and intentions behind this line
- Could be the same line said twice in the same scene with completely different emotion and connotations behind it?

#### Masturbation/Difference across the Years

- Scene about magazines and porn from the seniors perspective and from youth perspective?

- 16 versus 75?
- “I’m already blind!”

Grace’s long-term relation before they passed away

- Previously married to a woman (insemination, turkey baster?)
  - Possibly pregnant as a teen and then married a woman? Well, not married but partners
- Look into the logistics but could possibly be the other way around where she was married to a man and then starts an affair with a woman?

Consent Scene

- Introduce script from Lou-Ann that may start a dialogue about consent and how it can be developed further

Evening where Grace and her lover meet

- Working from the still image that the group discussing consent created
  - Replaying the evening but doesn’t necessarily have to be all realistic? Use music, movement, still image, etc. to explore the events of the evening?

Parent receiving calls from Highschool/Seniors Care Home

- Side by side phone call
  - Possibilities of using the exact same dialogue from each call with only slight variations?

Exploring the other characters in the Grace and Jena story

- Jena’s parents, possibly a same sex couple?
- Grace’s parent, possibly in a long term care home?
- Grace’s lover
- Jena’s friends, siblings, love interests or lack thereof?
  - Making sure not to create too many characters since less is more but having a well-rounded representation of perspectives

Jena’s Boyfriend

- What is his backstory?
- What sort of pressures is he facing that is possibly contributing to him pressuring Jena to have sex?
  - Social ideas about masculinity?

Too Much Information

- Not actually wanting to know about the other age group’s sexuality and experiences
  - How can it be expanded on from the initial still image with “see no sex, hear no sex, say no sex?”

Grace and Jena meeting on the Saturday morning

- Playing with the “lover” leaving the house just as Jena arrives
- Grace’s lover could also be Jena’s teacher?

- Merits and setbacks to this idea?
- Pulp Fiction reveal of Grace's lover/Magic Mike-esque
- Ensuing conversation between Jena and Grace

Grace and "lover" discussing their intentions

- One of them is looking for intimacy and companionship and the other is not
  - Hysterical scene from Lou-Ann and Maureen about "don't you like the croissants? I woke up at 4am to make them for you"

Opening scene with music

- "Let's Fall in Love" that could be mashed up with "Let's Talk About Sex Baby"
- The night of the party?
  - Side by side scene where Grace is meeting her lover and Jena is out with her boyfriend?
  - Dance battle between the two?
- Pulp Fiction soundtrack with side by side of Grace's lover and Jena's boyfriend/girlfriend/partner at the night of the party?

After the party where Jena's boyfriend is pressuring her

- Jena is upset and wants to talk with Grace, prompting her to arrive even earlier on that fateful Saturday morning?

Freeze frames between each scene

- Not using a condom since and throwing it over their shoulder?
  - "Fly Me to the Moon" (seniors) versus "Shape of You" (youths)

Song Ideas

- Frank Sinatra
- Marvin Gaye's "Let's Get It on"
- Barry White
- "Light my Fire"
  - Try to include more recent and relevant songs for youths?

Spotlight monologues

- Each character going through a scene where other characters take on their inner voice
- Both Grace and Jena dealing with societal expectations and how that can play out in the show

Pam's Song

- Recording of "At Last" as a beautiful overture to the show?
- Could represent Grace's connection with her lover?

Song about STI's?

- Create a parody/remix of a popular song to discuss Sexually Transmitted Infections?
- Peter's Song

- Using music to convey an idea?

“You’re doing what? At your age?”

- Exact same line said to a youth and a senior in a scene

Reflection/Wrap-up (**20 minutes**)

- Thoughts on the day and process so far for youths
- What can I do to make this a better experience for everyone?
  - Are there any suggestions or ideas? Any resources that I can offer?

## **Sixth Intergenerational Devising Rehearsal**

October 29<sup>th</sup>, 2018

Victoria High School

10:06am-11:26am (80 minutes)

Room 205

### Materials

- Devising materials from last rehearsal
- Scripts

### Check-in and Housekeeping (**10 minutes**)

- Names and a number on how we are feeling today
- Housekeeping
  - **Finalize performance dates that work for everyone**
    - Dec. 3<sup>rd</sup> - 7<sup>th</sup> with Vic High classes and other high schools/community groups coming in during class time
    - Dec. 8<sup>th</sup> – 12<sup>th</sup> public performances (2?) and could offer them over the weekend (matinee for community members?) or Monday, Tuesday, or Wednesday evening
  - **Finalize date of Sexual Health Workshop**
    - Friday, November 23<sup>rd</sup> from 1:30-3:30pm Pizza will be provided so let me know if there are any allergies that I need to know about!

### Re-visit Devising Groups from last Rehearsal (**10 minutes**)

- Let's gather together in the groups we were in last week. If you were not here last week, we may assign you to a group
- Take about 10 minutes to go over the idea and come up with a short scene, idea, or discussion that you can share with the group. I encourage you to try showing what you talked about instead of telling us the idea
- Pass out scene prompts and rough ideas from last week

### Sharing Devised Scenes (**10 minutes**)

- Share scenes with the group
- Allow time for a brief discussion after each asking: What did you see?



**Rough Script (30 minutes)**

- Thank everyone for their hard work over the past six weeks and for the scenes they shared today
- Now that we coming up on November, I have been incorporating all of the work we have been creating and have pieced together a rough script for us to work with. The script is not set in stone but it gives us a framework in which we can now start to rehearse and figure out what works and what doesn't. Obviously, I haven't had a chance to incorporate the specific dialogue from the scenes we shared today but I have thought about how each scene can be woven together into the play.
- Pass out scripts for everyone to read. Read through it as a class with myself reading the stage directions (everything in italics) and other people taking on the roles in the play.

**Reflection/Wrap-up (20 minutes)**

- In small groups, let's discuss our initial thoughts on the script
  - Does the structure work for us?
  - What parts will need to change, including the scenes we shared today?
  - Do we feel that there is something missing?
- After a small group discussion, can a representative from each group give the whole group a brief summary of what was discussed?
  - Brainstorm on the board

**Seventh Intergenerational Devising Rehearsal**

November 6<sup>th</sup>, 2018

Victoria High School

10:06am-11:26am (80 minutes)

Room 205

**Materials**

- Name tags
- Pens
- Laptop

**Check-in and Housekeeping (10 minutes)**

- Names and a number on how we are feeling today

**Final Script Read-Through (35 minutes)**

- Pass out scripts and get volunteers to read parts
- Leah to read stage directions with sound/musical cues

**Discussion and Casting (25 minutes)**

- Discussion on script
- Rough casting established as well as workshop facilitators, costumers, lights, sounds, and make-up

**Wrap-Up (10 minutes)**

- Next week, I will be working with actors while Alexandra works with workshop groups and Kim with backstage crew including costumes, lights, make-up and sound

## **Eighth Intergenerational Devising Rehearsal**

November 13<sup>th</sup>, 2018

Victoria High School

10:06am-11:26am (80 minutes)

Room 205

### Materials

- Laptop
- Snacks (donuts?)
- Extra copies of script
- Cast List

### Check-in and Warm-up (20 minutes)

- Group photo with Levi
  - Need copy of release forms please!
- Names and a number on how we are feeling today

### Poster Design

- Share sketch from Jess of poster painting and design
  - Emphasize that the poster should be done and being shared by the end of the week

### Program Info

- Full names or just first names?
- Any other suggestions for program info needed?
  - Glossary and List of resources

### Small Group Work (55 minutes)

- Split everyone into their three groups of actors, production, and workshop facilitators
  - Will be spending 20 minutes with group
- 1. Finalizing Cast
  - a. Prepping groups to start running lines
  - b. Re-iterate performance dates and which cast will perform on each day
- 2. Production Crew
  - a. Kim discussing lights and sound with interested youth
  - b. Madeleine and Pearl leading costume measurements with actors and costumer youth
  - c. Brainstorm costume pieces and choose a day in which to pick them up
- 3. Workshop Facilitators
  - a. Organize ideas from group about workshops and start to structure
  - b. Alexandra to offer guidance and idea of 7 groups working on the themes behind the 7 scenes in the show

### Reflection (5 minutes)

- Move desks and chairs back into position
- Any final thoughts and ideas about our process and aspects that should be considered?

## Ninth Intergenerational Devising Rehearsal

November 20<sup>th</sup>, 2018

Victoria High School

10:06am-11:26am (80 minutes)

Room 205

### Materials

- Laptop
- Snacks
- Extra copies of script
- Cast List
- Poster board/pens for Facilitation Brainstorm

### Check-in and Warm-up (10 minutes)

- Names and a number on how we are feeling today
  - Quick check in with favourite type of pizza/dietary restrictions
- REMINDER: Sexual Health Workshop/Rehearsal on Friday, Nov. 23<sup>rd</sup> from 1:30pm-3:30pm
  - Need copy of release forms please! Mike will drop by to take some footage of our process and our interactions with Jennifer
  - Dec. 4<sup>th</sup> cast, we will do a rough run through of the show to give Jennifer an idea of the topics we are covering
  - Workshop team will identify some themes they're hoping to address afterwards so I can prepare Jennifer
- Discussion on how all aspects of the production work together
  - All working on supporting our performers, supporting our production team, and facilitating together the follow-up workshop in pairs
  - Each part is equally important and we need to consider how they all work together

### Poster Design

- Will email Kim final poster and bring printed copies on Friday

### Small Group Work (60 minutes)

- Split everyone into their three groups of actors, production, and workshop facilitators
4. Actors
    - a. **Leah** will be working onstage with actors to start blocking the show
      - i. Working with Dec. 4<sup>th</sup> cast first then switching to Dec. 10<sup>th</sup>/11<sup>th</sup> cast
    - b. Re-iterate performance dates and which cast will perform on each day
      - i. Aim to be off book by the end of this week and we will stick to simple blocking
  5. Production Crew
    - a. **Kim** working with lights and sound with interested youth

- b. Madeleine and Pearl to go through costume pieces with Dec. 11<sup>th</sup> cast while working with Dec. 4<sup>th</sup> cast then switch
  - c. Choose a day in which to pick up additional costume pieces and props (Sunday?)
- 6. Workshop Facilitators
  - a. **Alexandra** working to organize/fill out ideas from group about workshops and start to structure
  - b. **Leah** to check in but ensure that at least by the halfway point in the rehearsal, we start getting people up and walking through how they will facilitate discussions, ask questions, and engage with audience members
    - i. Taking turns facilitating a certain discussion and activity to get practice asking questions and leading a group

#### Reflection (10 minutes)

- Move props and costumes backstage
- Final gather together to do a check in
  - Dress Rehearsal performances on Dec. 3<sup>rd</sup> at 11:30am and Dec. 10<sup>th</sup> at 11:30am OR 4pm
  - Food (lunch or dinner) will be provided at all rehearsals!

## Tenth Intergenerational Devising Rehearsal

November 27<sup>th</sup>, 2018

Victoria High School

10:06am-11:26am (80 minutes)

Room 205

### Materials

- Laptop
- Snacks (Cobs)
- Extra copies of script
- Costumes/Props
- Poster board/pens for Facilitation Brainstorm
- Posters & Mini Handbills for distribution

### Check-in and Warm-up (10 minutes)

- Names and a number on how we are feeling today
- Reflection on Sexual Health Workshop with Jennifer
- Forms for Media Release and advertising for Times Colonist
  - See also Monday Magazine, Saanich News & Victoria News
- Dress Rehearsal for performance and workshop
  - Discuss workshop structure and what to prepare for next week

### Small Group Work (60 minutes)

- Split everyone into their three groups of actors, production, and workshop facilitators

#### 7. Actors

- a. **Leah** will be working onstage with actors to start blocking the show
  - i. Will work with everyone for the *Some Enchanted Evening* scene with signs that have the lyrics on them
  - ii. Working both casts on entrances and exits and blocking
  - iii. Aim to do a full run-through with Dec. 4<sup>th</sup> cast
  - iv. William taking notes as Stage Manager

#### 8. Production Crew

- a. **Kim** working with lights and sound with interested youth
- b. Madeleine, Pearl, Tsion, Hayley, Ella, Natalia & Valentina to go through costume pieces and make a list of everything still needed
  - i. Makeup
  - ii. Teen party clothes
  - iii. Hair products
- c. Choose a day in which to pick up additional costume pieces and props (Saturday or Sunday?)

#### 9. Workshop Facilitators

- a. **Alexandra** working to expand on ideas from group about workshops and start to structure
- b. Start getting people up and walking through how they will facilitate discussions, ask questions, and engage with audience members
  - i. Taking turns facilitating a certain discussion and activity to get practice asking questions and leading a group
- c. Ideas from Sexual Health Workshop
  - i. STI discussion about Jonathan's confession: What happens next?
    - 1. Does he need to call all of his previous partners?
  - ii. Consent: What would this encounter look like if Jena was pressuring Sam to have sex? Building into the discussion about **enthusiastic agreement versus consent**
    - 1. What other words do we have for consent? What does consent mean?
  - iii. Same Sex Discussion: What happens next with Jena? Is she breaking up with Sam to explore a relationship with Sarah? While she may have told her grandmother about her sexual orientation, who else might she tell? How might she be feeling?

#### Reflection (10 minutes)

- Move props and costumes backstage
- Final gather together to do a check in
  - Dress Rehearsal performances on Dec. 3<sup>rd</sup> at 11:30am and Dec. 10<sup>th</sup> at 11:30am
    - Everyone must be there!
  - Dec. 4<sup>th</sup> Performance: **Kim** will other Vic High classes be invited?
  - Food (lunch or dinner) will be provided at all rehearsals!

## Reflection Workshop and Intergenerational Party

January 8<sup>th</sup>, 2019

Victoria High School

11:00am-12:07pm (67 minutes)

Room 205

### Materials

- Snacks (Cobs), Lunch (Subway), & Drinks (Save on)
- Surveys
- Levi filming

### Check-in (5 minutes)

- Put chairs into circle and move desks to the side
- Names, pronouns, and number
  - Briefly share with just a number and not a long explanation

### Reflection (5-10 minutes)

- **Leah** shares a short reflection and audience feedback
  - Started on September 25<sup>th</sup> and over the course of 12 weeks, we had 14 rehearsals to meet each other, come up with topics, share ideas, improvise scenes, create a polished script, rehearse it and construct a follow-up workshop. That's a total of 19 hours we worked together before the first performance. We crushed it.
- Share feedback from audience
  - Received 93 comment cards from audience members which means we performed for at least 100 people
  - Here is a sample of the audience feedback and reactions

### 1<sup>st</sup> Side Pre-Show

### 2<sup>nd</sup> Side Post-Show

Curious, tired parent of teenage actor	Age doesn't matter/discriminate when it comes to sexual feelings
Excited to see what you've been working!!!	Heartwarming to see the grandmother's reaction to her granddaughter liking girls -as a member of the LGBTQ community-her reaction is very sought after =)
Nervous, inquisitive	It was wonderful to see & hear about the process of your inter-generational group over the months—fabulous. Loved the character development in the play + Love Doctor device
Curious! I'm excited to see what topics are covered + learn more about intergenerational sexual health	So excited to see bisexuality + lesbianism discussed! + STIs in seniors. Ya'll called it!
About time we talk about this very important (+ exciting) topic Curious...	Act 1 of a longer conversation
How will the show look like?	Sensitive but necessary



	Bravo =)
Interested in seeing the portrayal of sexuality in 2 distinct age groups	Very thoughtful addressing of a number of topics spanning generations. Well done!!!
I'm curious, intrigued and really wondering what the SR's + youth will find in common. I look forward to learning something new!	New ideas: Love the concept of enthusiastic agreement as a way of talking about consent. Actors talked about how their own ability to talk openly has been impacted positively. The power of metaphors!
-Impressed by the project -curious about content -excited that it's at Vic High!	This was <u>amazing</u> . It was incredible to see some of my students be so brave & to fight stigma. I also <u>loved</u> seeing & hearing from the seniors. Overall, so impressive. I hope you take it on the road!

- **Alexandra** shares short reflection on her process and research

#### Embodied Reflection

- I invite you to stand up now and we are going to do just a few activities before we have a brief discussion. I am going to read a series of statements and based on how true that statement feels to you, you are going to place yourself along this continuum. If you agree, then place yourself on the left hand side of the room and if you disagree, stand on the right hand side of the room. You can also be anywhere along this continuum if you are somewhere between the two. Any questions?
- May ask people to share if they feel comfortable about why they are standing where they are

#### Questions/Statements

- I love Subway sandwiches
- I wish Leah had brought more snacks
- Based on this project, I am more interested in the topic than before
- I would want to do more work similar to this in the future
- I feel that I have learnt something from this process
- I feel that my perspective has changed in some way from being part of this project
- This type of work is important to do
- I have learnt something from someone who is a different age than myself

#### Survey (10 minutes)

- Hand out the post-devising survey and allow people time to fill them out
- Hand out small pieces of paper to be collected in the polka dot box
  - **Questions:**
  - What have the youth learned from the seniors?
  - What have the seniors learned from the youths?
- Remind everyone that these are completely anonymous so please be honest and take your time to answer the questions

**Party Time (20 minutes)**

- Discuss video being created and ask for any volunteers to share their thoughts
  - Submitted to Research Reels on UVic campus and as part of Target Theatre's archive of produced works
- Share ideas of working to develop this project further
  - Island Health Community Wellness Grant
  - Fringe Application: January 16<sup>th</sup> or BYO Venue
- Serve lunch, snacks and drinks
- Mingling with everyone and saying goodbye

## Appendix G: Pre- and Post-Devising Surveys and Results

### Pre-Devising Survey for Collaborators

Age:

1. What do you feel is your access to Sexual Health Resources and Programming?  
(Pamphlets, books, workshops, seminars, contraceptives such as condoms, etc.)
  - a. Great amount of access
  - b. Good amount of access
  - c. Average amount of access
  - d. Minimal amount of access
  - e. No access
  
2. Do you feel as if your age has an impact on your access to Sexual Health Resources?
  - a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
  
3. Which age group do you feel has **greatest** access to Sexual Health Resources?
  - a. 12-18
  - b. 18-25
  - c. 25-45
  - d. 45-65
  - e. 65 and older
  
4. If offered, would you want to learn more about Sexual Health Practices and your access to resources?
  - a. Very interested
  - b. Interested
  - c. Might be interested
  - d. Not interested
  - e. Not sure
  
5. How concerned are you about the contraction of Sexually Transmitted Infections or Diseases?
  - a. Very concerned
  - b. Concerned
  - c. A little concerned

- d. Not very concerned
  - e. Not at all concerned
6. Do you feel you have access to a close friend, partner, teacher, and/or relative who you can talk to about sexual health?
- a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
7. Is sexual health a topic you feel comfortable talking about?
- a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
8. Do you feel there is a certain age in which people generally become sexually active?
- a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
9. If yes, what age range?
- a. 12-18
  - b. 18-25
  - c. 25-45
  - d. 45-65
  - e. 65 and older
10. What does the term sexual health mean to you?
- 

QUESTIONS OR COMMENTS:

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## Post-Devising Survey for Collaborators

Age:

1. What do you feel is your access to Sexual Health Resources and Programming?  
(Pamphlets, books, workshops, seminars, contraceptives such as condoms, etc.)
  - a. Great amount of access
  - b. Good amount of access
  - c. Average amount of access
  - d. Minimal amount of access
  - e. No access
2. Do you feel as if your age has an impact on your access to Sexual Health Resources?
  - a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
3. Which age group do you feel has **greatest** access to Sexual Health Resources?
  - a. 12-18
  - b. 18-25
  - c. 25-45
  - d. 45-65
  - e. 65 and older
4. How concerned are you about the contraction of Sexually Transmitted Infections or Diseases?
  - a. Very concerned
  - b. Concerned
  - c. A little concerned
  - d. Not very concerned
  - e. Not at all concerned
5. Do you feel you have access to a close friend, partner, teacher, and/or relative who you can talk to about sexual health?
  - a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No

6. Is sexual health a topic you feel comfortable talking about?
  - a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
7. Do you feel there is a certain age in which people generally become sexually active?
  - a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
8. If yes, what age range?
  - a. 12-18
  - b. 18-25
  - c. 25-45
  - d. 45-65
  - e. 65 and older
9. By being involved in *You're Doing What?! At Your Age?!*, has your interest in the topic:
  - a. Increased
  - b. Decreased
  - c. Stayed the same
10. What does the term sexual health mean to you?

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11. What was your most memorable moment from the project?

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#### SUGGESTIONS FOR FUTURE PROJECTS

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#### QUESTIONS OR COMMENTS:

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## *You're Doing What?! At Your Age?! Survey Results*

### Pre-Devising Survey for Collaborators

Number of Collaborators: 25

#### Answer Results

1. 77% felt that they had Average to Great amount of access to sexual health resources and Programming, including pamphlets, books, workshops, seminars, contraceptives such as condoms, etc.
2. 60% feel that their age *does* have an impact on access to sexual health resources with 32% unsure
3. 80% feel that 12-25-year old's have the **greatest** access to sexual health resources
4. 88% felt that they might be interested to very interested in learning more about sexual health practices and access to resources
5. 72% had some level of concern about the contraction of Sexually Transmitted Infections or Diseases
6. 64% felt strongly that they had access to a close friend, partner, teacher, and/or relative who they can talk to about sexual health with the remaining 36% unsure
7. 84% agreed that they feel comfortable talking about sexual health
8. 80% felt that there is a certain age in which people generally become sexually active
9. 92% felt that the age range between 12-25 generally become sexually active during this age
10. What does the term sexual health mean to you?
  - Sex enjoyable, consenting BUT careful – condoms, etc.
  - A very broad topic! Infection, at ease with partner, dealing with abuse in seniors facilities, strong & savvy on topic 4 protection
  - Healthy sexual practices that allow both partners to enjoy sex without any kind of negative consequences – pain, disease, embarrassment, shame, etc.
  - Knowledgeable about diseases, lack of preconceived ideas about what is + is not normal, willingness to discuss
  - N/A
  - Being aware, knowledgeable and active about personal health + the integrity involved re. partner or partners
  - Open discussion; shared intimacy, awareness of STD's, laughter
  - Physical and emotional ease with decisions around personal sexuality issues
  - N/A
  - Safe and health comfortable

- Physical + psychological well being
- Presence or lack of STIs, upkeep of physical health, prevention of STIs
- Sexual health is the availability of resources & discussions ensuring safe sex and planned parenthood, meeting the need of people regardless of how they identify
- Taking precautions when participating in sexual activities
- You're health response to sexual activity
- You're health response to sexual activities
- In depth knowledge, how to prevent STD's/STI's, when to know you're ready (Etc...), contraceptives etc..., abortion,
- Learning methods to stay safe against STD's and a bit of different types of genders people rual (sp\*?) as
- Taking cautions, protecting ourselves from sexually transmitted diseases/learning about where to find resources or help when needed
- It's a determinet of if you could potentially have STI's or STDs. If not, you are sexually healthy
- Taking care of your body (getting tested) and protecting your body (using protection) etc.
- Knowing information related to sex that will help you stay safe and healthy
- How to make sure your body is well taken care of in sexual relations
- For me, it means being aware and responsible of your sexuality, physically and mentally
- Prevention from sexual diseases

QUESTIONS OR COMMENTS:

Survey 20: In 3, I think around 18 to 40 year olds have greatest access

Survey 23: Is asexuality going to be addressed



## Post-Devising Survey for Collaborators

Number of Collaborators: 25

### Answer Results

1. 80% versus Pre-Devising result of 77% felt that they had Average to Great amount of access to sexual health resources and programming including pamphlets, books, workshops, seminars, contraceptives such as condoms, etc.
2. 44% versus Pre-Devising result of 60% feel that their age *does* have an impact on access to Sexual Health Resources with 52% unsure
3. 72% versus Pre-Devising result of 80% feel that 12-25-year old's have the **greatest** access to Sexual Health Resources with an increase in age range to include 25-45-year old's, meaning that 92% felt that 12-45-year old's have the **greatest** access
4. 64% versus Pre-Devising result of 72% had some level of concern about the contraction of Sexually Transmitted Infections or Diseases
5. 72% versus Pre-Devising result of 64% felt strongly that they had access to a close friend, partner, teacher, and/or relative who they can talk to about sexual health
6. 88% versus Pre-Devising result of 84% agreed that they feel comfortable talking about sexual health
7. 64% versus Pre-Devising result of 80% felt that there is a certain age in which people generally become sexually active
8. 84% versus Pre-Devising result of 92% felt that the age range between 12-25 become sexually active during this age
9. 64% felt that by being involved in *You're Doing What?! At Your Age?!*, their interest in the topic stayed the same with 24% reporting increase and 8% reporting decrease

Survey 8 Answer to Q. 1: No idea, really. Haven't needed further info...yet!

Survey 9 Answer to Q. 3: All -everyone has computer access

### What does the term sexual health mean to you?

1. General discussion about sexual transmitted disease and how to prevent them
2. The state of how sexually healthy you are. So whether or not you have an STD.
3. Being aware of the risks and care about having a healthy sexual life to protect myself and my partner
4. I think sexual health is as important as any other aspect of health. Emotional and physical.
5. Importance of knowing about sex like the do's and don'ts
6. Having access to/being knowledgeable of things within the sexual health category and understanding it (safety, STDs/STIs, etc.)
7. Honesty and openness; sound knowledge of what it involves; lifetime practices embracing sexual health
8. Mental + physical health, no SDIs etc. ie. Enthusiastic agreement
9. Being aware, informed and confident

10. Health in all manner of sexual behaviours – alone or with a partner (self-care, awareness, comfort)
11. Having a good understanding of sexual activity – transgender issues, LGBTQ issues, feeling comfortable with all above
12. Included in the many “health” issues smoking, nutrition, safety @ work, etc. Care for ourselves as sexual beings
13. Safety against STI and how to practice safe sex and all the different ways you can protect yourself
14. The same as physical health, protecting yourself, taking care of yourself, etc.
15. Ways in which people take precaution during sex
16. Having sex without contracting/transmitting STIs
17. N/A
18. Health involved with sexual activities
19. Being free to communicate about sex and sexuality, in order to be healthy
20. Being aware of and willing to seek health resources. Open discussion with partner. Safe sex.
21. Being informed and aware of positive and negative issues associated with sexual health, being able to openly access information and talk about it with informed persons
22. To practise safe sex, but also there is a lack of information on the topic at school
23. Keeping yourself safe while sexually active
24. Is all about sexual health on how can you manage it

**What was your most memorable moment from the project?**

1. The workshop after the 2<sup>nd</sup> performance, because the audience were actively engaging in the conversation.
2. Playing my character during the main performance.
3. The first time we performed! =)
4. I enjoyed the experience of interactions with the students and was impressed with their openness
5. When we get to talk with each other, with the senior actors and have bond with them.
6. Any of Peter’s witty remarks/comments, the performances
7. Meeting and getting to know the students
8. No actual moment per se – just the fact that two age groups could relate so well with one another
9. The actual performance
10. When some of the youth “woke up” to the possibility that they had something to offer to the project when it advanced. “I’m interested in....sound, costume, active, etc.”
11. Watching the students taking to the stage with aplomb
12. Getting it to the stage
13. Working together with the target actors and getting to know them, they were all very sweet and I learned lots from all of them

14. The first couple conversations that we had together about the difference in our age gap.
15. The group dance number at the beginning
16. The performance was definitely the most memorable. It was very exhilarating.
17. N/A
18. Our first performance
19. N/A
20. Working with the students. “Playing” with the students
21. A student enquiring how to access a “sugar daddy” and happily how other students responded so unapprovingly, how could this student have been so disconnected and unaware?
22. See all the team work
23. The discussion before the script
24. The most memorable moment of this project was the play because it was my first time doing that

## **SUGGESTIONS FOR FUTURE PROJECTS**

Survey 1: The show could have been longer to cover more topics. 2. More time to prepare/better props, stage sets, etc.

Survey 3: Another interesting topic may be LGBT tolerance among students

Survey 4: Keep up the good work

Survey 5: Be more active and more day to interact with each other, to talk to or bond with each other

Survey 6: Plays specific to one topic like consent, health relationships

Survey 9: Staying with the age separation idea and exploring breaking the stereotype of age identification eg. “old people” young “people” instead of thinking of people as just individuals

Survey 10: More informed choice of students – in theatre (some students bored most of the time), appreciate the reason was class time

Survey 12: similar

Survey 13: When the Love Doctor had the call with Grace’s lover and he said he had chlamydia, the Love Doctor dropped the phone making it look like a bad thing was not a fan of that so if you do this kind of play make sure any kind of STI is not shown as being a bad thing

Survey 14: I really enjoyed the conversations about the topic more than the theatre aspect of it  
but I think it's because I don't like acting?

Survey 15: Exploring Sam and Jonathan's stories deeper

Survey 16: None

Survey 20: Rewrite of the play for possibly taking on road

Survey 22: more guys and more rehearsal time

Survey 24: we need a lot of time doing things

### **QUESTIONS OR COMMENTS:**

Survey 3: <3 <3

Survey 5: I love this project so much and it means a lot to me. Unforgettable experience!! Love you!!!

Survey 6: =)

Survey 8: A very interesting experience

Survey 9: great project!!!

Survey 11: a much longer rehearsal period

Survey 12: Well done Leah! Alexandra! Levi!

Survey 14: The time and effort put into this project has been lovely to observe! Thank you!!

Survey 16: None

Survey 20: Well done, Leah + your crew. When do I call you Doctor Tidey

Survey 21: Minimal time was spent in rehearsing. I was struck by the importance of the level of performance this suggests.

### **What have the youth learned from the seniors?**

1. I learnt from seniors that no matter my age, I'll always have to learn something new by leaving my comfort zone
2. All of you were awesome, so kind and funny. Thanks for the great experience <3
3. That we are very lucky with what stuff we have learned in school
4. I learned that there's actually a lot of differences between youth and seniors! =)
5. I learned how to receive an audiences reactions, and how to act on stage.
6. I had never really thought about seniors sexual health but I have always been curious about sex ed "back in the day" and I get to learn about that from the elders.

7. There were lots of things I learned but something I really like was how happy and funny they all are
8. I've learned that seniors are willing to learn
9. I've learned a lot for the seniors are their kindness for teaching us for telling thing what is right to do and not to do.
10. Boys used to masturbate to Sears catalogues
11. Solar Clap (drawing) my killjoy name & symbol
12. I've learned about the divide in knowledge we have between seniors and youth. Older generations should receive more education about sexual health and LGBTQ+
13. I learned that seniors are not really "talking about things." Once it's done, it will go. So let it go. And also, being so active with all the "theatre-y" things in their age is fine.
14. I think it changed my opinions on senior sexual health, and I am surprised by how open everyone is when talking about this topic
15. The seniors had less knowledge about sexual health than we do now.

#### **What have the seniors learned from the youths?**

1. I've learned that the intergenerational differences are nowhere near as far apart as they appeared to be when I was younger
2. I learned from youth that it's a confusing time for them
3. Learned from youth: willingness to discuss + act with seniors a (sexuality) topic – openly and with sensitivity. This takes a good degree of interest and self-confidence
4. Learned from youth?
5. I have learned that most youths are more open and sharing than I expected if you give them a chance
6. I found it interesting that we seniors were able to discuss issues of sex with you. We talked/they talked. We laughed/they laughed. Who knew we could relate so well?
7. What I have learned from youth: 1. Polite, agreeable. 2. Willing to learn. 3. Willing to tackle a sensitive topic with courage
8. From the youth, I have learned that despite identifying with their biological gender, they are interested in exploring gender issues.
9. How they are handling many issues/topics – vastly different from our era =)

## Appendix H: Pre- and Post-Show Audience Responses

### Appendix H-1: Audience Responses

1 <sup>st</sup> Side Pre-Show	2 <sup>nd</sup> Side Post-Show
Curious, eager to learn, get over stigma/embarrassment, feel more comfortable	Excellent!! Play broke all the barriers, Good job
Excited to see what you've been working!!! And...support Leah! Team Leah =)	Heartwarming to see the grandmother's reaction to her granddaughter liking girls -as a member of the LGBTQ community-her reaction is very sought after =)
Excited to see how seniors + kids interact w/ this topic	We should be more open with both youth and seniors in discussion about sex -more honesty -less awkward
Excited because I'm not sure what to expect	Not sure if I've ever talked to anyone other than those around my age about sex. Very cool to have open conversations about it.
Dude I feel excited 4 unique profound subject matter	Sex is normal. Talk about it.
Curious, tired parent of teenage actor	Age doesn't matter/discriminate when it comes to sexual feelings
So excited + interested in this project	Thinking about how much I'd love to talk to my gramma about sex Generational differences in pleasure ie. My generation having language to ask for pleasure but IDK if my mom or gramma had that
Nervous, inquisitive	It was wonderful to see & hear about the process of your inter-generational group over the months—fabulous. Loved the character development in the play + Love Doctor device
Here to support Alexandra Haupt. I like Leah's shoes. Hoping this will be informative and even funny	A good reminder of how important education/continuing education is
Interested, intrigued, want to support my friend A little bit tired	Does Grandma still get pap smears?
Curious! I'm excited to see what topics are covered + learn more about intergenerational sexual health	So excited to see bisexuality + lesbianism discussed! + STIs in seniors. Ya'll called it!
About time we talk about this very important (+ exciting) topic Curious...	Act 1 of a longer conversation
Support the community =)	I liked how open the convo was
No idea, but we know someone involved in the show	Note for next time: I could hear the songs + some of the dialogue, but not all of it (At 70, one's hearing declines!) =)

I'm jazzed to watch this play/1 <sup>st</sup> time out w/ my boyfriend =)	After watching the play, it makes me want to have more plays that open up these important conversations
Curious Want to support UVic, and Vic High	Surprised that some high school <del>youngsters</del> students still a bit shy/embarrassed talking about sex
Stigma Relationships	Relationships
Feeling exhausted but intrigued	Is <u>THIS</u> a croissant?!
I wonder if others find the topic as confusing as I have?	How do you have conversations about your sexuality with peers? (Not just a very hip grandma or a radio-phone-in guy?) (I would have liked to <u>hear</u> )
Yay Leah! Excited.	Great to see the different generations come together. Very important message! Well done!
SO EXCITED! What a unique, well thought out, well researched project led by such a talented practitioner! Wahoo!	Would like to see the battle of having such hard conversations. What a great way to engage youth, leading more accepting society.
How will the show look like?	Sensitive but necessary Bravo =)
Go Leah Go! We love talking about sex <3	Really informative and creative way to work with youth and seniors
Interested in seeing the portrayal of sexuality in 2 distinct age groups	Very thoughtful addressing of a number of topics spanning generations. Well done!!!
Curious, interested in seeing how the generations shared and learned about sexual health	Communication is key that is not judgemental
Excitement Curiosity How was the project developed?	I like the idea that people might talk to their grandparents about sexuality. -Would like to see more conversations b/t Robert + Grace + Grandma + Granddaughter
Intrigued by the wine glasses. Wondering at the process of coming to final product. Is it about consent?	Would like to know about sex ed now. Would like to hear about process
I'm curious, intrigued and really wondering what the SR's + youth will find in common. I look forward to learning something new!	New ideas: Love the concept of enthusiastic agreement as a way of talking about consent. Actors talked about how their own ability to talk openly has been impacted positively. The power of metaphors!
I feel this is gonna be kinda funny	<u>Pretty Funny</u> Lots of stigmas—and even more than you think after talking about it
Excited, proud, intrigued	Informative – the open dialogue between the 2 generations— <u>fascinating</u>
How well did the seniors/teens blend? Were they “thirsty” to converse about the topic? Or...not?	

Nervous/intrigued I hope this doesn't get awkward, but I'm glad to be supporting Leah	Teen acting was a bit awkward, but it was a good pre-show for the conversation circles. Nice work.
Looking forward to performance	Well done =)
Excited, anxious, looking forward, curious	Inspired <3 Grateful for an awesome interactive experience
A learning experience	Yes! Lots of learning... Interesting to categorize into 4 groups -Didn't want to talk with group <u>BUT</u> was very interesting. It would have been nice to visit all groups
Curious, excited	I didn't realize how minimal sexual education older generations received. This makes me appreciate how little my mother ever wanted to talk about sex given how she was raised
Very excited to support a public forum for such a conversation that finds no space in popular media!	Vulnerability & humour
General curiosity about how this subject will be dealt with! Happy someone is doing this work.	Very interesting and very entertaining. It was nice to see the kinds of discussions topics that the show invokes
Interested search	
I sing each week @ VIHA with seniors – and sex + rock n roll goes hand in hand. And feeling very grateful to connect to Applied Theatre family =)	It was a great discussion led by the “youth” with seniors chiming in. I'm so impressed with the sharing
Found that even the students are surprised by how quickly gender differences are changing	What a great space and wonderful initiative. The more we talk intergenerationally the happier we will <u>all</u> be.
Curious Excited Happy	=)
Playful, curious, proud parent	Impressed Informed Entertained
Here to support my daughter...not sure what to expect.	I'm happy these conversations are happening. Great job!
Calm – excited to see my friends play	Not all old people are that old
Curious. I cofacilitated an adult sexuality course earlier this year	=)
I'm mostly curious what's going to happen	What's changed? I thought the play + the following workshop made me consider how much discussions re sex + gender have changed in recent times, and how this might offer/potentially a theatre senior, who have maybe not kept up w/ “the times”
Excited and curious	=) great work!



Eager to learn	STI for seniors
This is awesome! So stoked. Talk about ageism + sex Normalize sex across lifespan	Just clarify sexuality + gender identity – GI wasn't actually explored in the play Providing consent, LGBTQ workshops for cast could provide better foundation of info
Were the seniors shocked by topics high school students presented?	What have the youth learned from the seniors?
I hope it's not just for cishets [cis-gender heterosexuals]	Why did it end on "I have chlamydia?"
-Impressed by the project -curious about content -excited that it's at Vic High!	This was <u>amazing</u> . It was incredible to see some of my students be so brave & to fight stigma. I also <u>loved</u> seeing & hearing from the seniors. Overall, so impressive. I hope you take it on the road!
Not sure	Was a great performance
	I thought the scene involving the pressure from the boyfriend, wasn't <u>fully</u> addressed. (the lack of consent wasn't shown to be a problem)
	What if that you have a problem and you can't talk to the love doctor or your parents? =)
	I liked the show, well done =)
	I enjoyed this performance. Thank you!
	Food!

### Appendix H-2: Coded Audience Responses

1 <sup>st</sup> Side Pre-Show	Coded Themes	2 <sup>nd</sup> Side Post-Show	Coded Themes	Change
Curious, eager to learn, get over stigma/embarrassment, feel more comfortable	Curious Education/Learning (Addressing Stigma)	Excellent!! Play -broke all the barriers Good job	Addressing Stigma (Breaking Barriers)	
Excited to see what you've been working!!! And...support Leah! Team Leah =)	Support (Personal Support) Excited	Heartwarming to see the grandmother's reaction to her granddaughter liking girls -as a member of the LGBTQ community- her reaction is very sought after =)	Appreciation (Heartwarming)  Importance of LGBTQ2S+ inclusion	
Excited to see how seniors + kids interact w/ this topic	Excited Intergenerational Support (Support for Topic)	We should be more open with both youth and seniors in discussion about sex -more honesty -less awkward	Affirmation (Call to Action) Intergenerational	Change
Excited because I'm not sure what to expect	Excited Curious (Unsure)	Not sure if I've ever talked to anyone other than those around my age about sex. Very cool to have open conversations about it.	Opening Up Dialogue (Personal Reflection) Appreciation (Openness)	Change
Dude I feel excited 4 unique profound subject matter	Excited (Novelty)	Sex is normal. Talk about it.	Opening Up Dialogue	
Curious, tired parent of teenage actor	Curious (Tired-measuring change?)	Age doesn't matter/discriminate when it comes to sexual feelings	Intergenerational Education/Learning Affirmation	Change
So excited + interested in this project	Excited Interested	Thinking about how much I'd love to talk to my gramma about sex Generational differences in pleasure ie. My generation having	Opening Up Dialogue (Personal Reflection) Intergenerational	Change

		language to ask for pleasure but IDK if my mom or grandma had that		
Nervous, inquisitive	Nervous Curious Interested	It was wonderful to see & hear about the process of your inter-generational group over the months—fabulous. Loved the character development in the play + Love Doctor device	Appreciation Intergenerational (Process) Production (Power of theatre/devices)	Change
Here to support Alexandra Haupt. I like Leah's shoes. Hoping this will be informative and even funny	Support (Personal Support) Education (Humour)	A good reminder of how important education/continuing education is	Appreciation Education	
Interested, intrigued, want to support my friend A little bit tired	Interested (Tired) Support (Personal Support)	Does Grandma still get pap smears?	Education/Learning (Curious) Questions to reflect on/consider moving forward	
Curious! I'm excited to see what topics are covered + learn more about intergenerational sexual health	Curious Excited Learning/Education Intergenerational (Sexuality/Health)	So excited to see bisexuality + lesbianism discussed! + STIs in seniors. Ya'll called it!	Importance of LGBTQ2S+ inclusion  Education/Learning Appreciation	
About time we talk about this very important (+ exciting) topic Curious...	Curious Support (Support for topic)	Act 1 of a longer conversation	Affirmation Opening Up Dialogue  (Title of a chapter in my dissertation!)	
Tired, looking for a laugh	(Tired) (Humour)		Count how many people did not respond?!	
Interested, Not sure Sounded funny	(Unsure) Interested			
Curious	Curious			
My friend invited me to this event	Unsure			

	(Personal Support?)			
Curious	Curious			
Support the community =)	Support (Community support)	I liked how open the convo was	Opening Up Dialogue Appreciation	
No idea, but we know someone involved in the show	(Personal Support) Unsure	Note for next time: I could hear the songs + some of the dialogue, but not all of it (At 70, one's hearing declines!) =)	Production (Feedback)	
I'm jazzed to watch this play/1 <sup>st</sup> time out w/ my boyfriend =)	Excited	After watching the play, it makes me want to have more plays that open up these important conversations	Opening Up Dialogue	Change
Curious Want to support UVic, and Vic High	Curious Support (Community Support)	Surprised that some high school <del>youngsters</del> students still a bit shy/embarrassed talking about sex	Production Surprise (Level of commitment from various youth? How to improve next time for buy in and commitment More of an emphasis on workshop facilitation )	
Stigma Relationships	Learning/Education (Addressing Stigma) Relationships	Relationships	Relationships Addressing Stigma	Change
Feeling exhausted but intrigued	(Tired) Interested	Is <u>THIS</u> a croissant?!	Production (Humour) (Importance of comedy in lifting spirits and starting dialogues)	
I wonder if others find the topic as confusing as I have?	Curious	How do you have conversations about your sexuality with peers?	Opening Up Dialogue (Peer to peer dialogue and what	

		(Not just a very hip grandma or a radio-phone-in guy?) (I would have liked to <u>hear</u> )	that might look like?) Production (Feedback)	
Yay Leah! Excited.	Support (Personal Support) Excited	Great to see the different generations come together. Very important message! Well done!	Intergenerational (Relationship) Appreciation	
SO EXCITED! What a unique, well thought out, well researched project led by such a talented practitioner! Wahoo!	Excited Support (Personal Support)	Would like to see the battle of having such hard conversations. What a great way to engage youth, leading more accepting society.	Intergenerational Production (Feedback) Appreciation Affirmation	
How will the show look like?	Curious (Process)	Sensitive but necessary Bravo =)	Affirmation Appreciation	Change
Go Leah Go! We love talking about sex <3	Support (Personal Support) (Support for topic)	Really informative and creative way to work with youth and seniors	Intergenerational Education/Learning Production (Power of theatre/devices)	
Interested in seeing the portrayal of sexuality in 2 distinct age groups	Interested Curious (Process) Intergenerational	Very thoughtful addressing of a number of topics spanning generations. Well done!!!	Intergenerational Appreciation Production (Power of theatre/devices)	
Curious, interested in seeing how the generations shared and learned about sexual health	Curious (Process) Interested Intergenerational	Communication is key that is not judgemental	Affirmation Opening Up Dialogue	Change
Excitement Curiosity How was the project developed?	Excited Curious (Process)	I like the idea that people might talk to their grandparents about sexuality. -Would like to see more conversations b/t Robert + Grace +	Intergenerational Opening Up Dialogue Production (Feedback)	

		Grandma + Granddaughter		
Intrigued by the wine glasses. Wondering at the process of coming to final product. Is it about consent?	Curious (Process)	Would like to know about sex ed now. Would like to hear about process	Education/Learning Curious (Process) Affirmation	
I'm curious, intrigued and really wondering what the SR's + youth will find in common. I look forward to learning something new!	Interested Curious (Process) Intergenerational Education/Learning	New ideas: Love the concept of enthusiastic agreement as a way of talking about consent. Actors talked about how their own ability to talk openly has been impacted positively. The power of metaphors!	Affirmation Education/Learning Production (Power of theatre/devices) Appreciation	Change
I feel this is gonna be kinda funny	Interested (Humour)	<u>Pretty Funny</u> Lots of stigmas—and even more than you think after talking about it	Opening Up Dialogue Humour Addressing Stigma Education/Learning	Change
Excited, proud, intrigued	Excited Support (Personal support) Interested	Informative – the open dialogue between the 2 generations— <u>fascinating</u>	Intergenerational (Relationships) Education/Learning Opening Up Dialogue Appreciation	Change
How well did the seniors/teens blend? Were they “thirsty” to converse about the topic? Or...not?	Interested Curious (Process) Intergenerational			
Nervous/intrigued I hope this doesn't get awkward, but I'm glad to be supporting Leah	Interested (Nervous) Support (Personal Support)	Teen acting was a bit awkward, but it was a good pre-show for the conversation circles. Nice work.	Opening Up Dialogue Production (Feedback) Appreciation	
Looking forward to performance	Excited	Well done =)	Affirmation Appreciation	
Excited, anxious, looking forward, curious	Excited Unsure (Anxious) Curious	Inspired <3 Grateful for an awesome interactive experience	Affirmation (Grateful) Opening Up Dialogue	Change Transformation

			Appreciation	
A learning experience	Education/Learning	Yes! Lots of learning... Interesting to categorize into 4 groups -Didn't want to talk with group <u>BUT</u> was very interesting. It would have been nice to visit all groups	Education Production (Workshop development/ feedback)	
Curious, excited	Curious Excited	I didn't realize how minimal sexual education older generations received. This makes me appreciate how little my mother ever wanted to talk about sex given how she was raised	Appreciation Intergenerational Opening Up Dialogue Education/Learning	Change
Very excited to support a public forum for such a conversation that finds no space in popular media!	Excited Support (Community Support) (Support for Topic)	Vulnerability & humour	Humour Addressing Stigma Affirmation	Change
General curiosity about how this subject will be dealt with! Happy someone is doing this work.	Curious Support (Support for Topic)	Very interesting and very entertaining. It was nice to see the kinds of discussions topics that the show invokes	Affirmation Production Opening up Dialogue Education/Learning	
Interested search	Interested			
I sing each week @ VIHA with seniors – and sex + rock n roll goes hand in hand. And feeling very grateful to connect to Applied Theatre family =)	Interested Support (Community Support) (Support for Topic)	It was a great discussion led by the “youth” with seniors chiming in. I'm so impressed with the sharing	Intergenerational (Relationships) Opening Up Dialogue Appreciation	
Found that even the students are surprised by how quickly gender	Education (Support for topic?)	What a great space and wonderful initiative. The more we talk	Support (code more) Intergenerational	(Look into order)

differences are changing		intergenerationally the happier we will <u>all</u> be.	Opening Up Dialogue Appreciation	
Curious Excited Happy	Curious Excited	=)	Affirmation	
Playful, curious, proud parent	Curious Support (Personal Support)	Impressed Informed Entertained	Affirmation Education/Learning Production Appreciation	Change
Here to support my daughter...not sure what to expect.	Support (Personal Support) Unsure	I'm happy these conversations are happening. Great job!	Opening Up Dialogue Appreciation Support (Topic)	Change
Calm – excited to see my friends play	Excited Support (Personal Support)	Not all old people are that old	Intergenerational Education/Learning	Change
Curious. I cofacilitated an adult sexuality course earlier this year	Curious Support (Support for Topic)	=)	Affirmation	
I'm mostly curious what's going to happen	Curious	What's changed? I thought the play + the following workshop made me consider how much discussions re sex + gender have changed in recent times, and how this might offer/potentially a theatre senior, who have maybe not kept up w/ "the times"	Intergenerational Education/Learning Opening Up Dialogue	Change
Excited and curious	Excited Curious	=) great work!	Affirmation Appreciation	
Eager to learn	Education	STI for seniors (potentially after show reflection?)	Education	
This is awesome! So stoked. Talk about ageism + sex	Excited Support (Support for Topic) Intergenerational	Just clarify sexuality + gender identity – GI wasn't actually explored in the play	Education Production) (Feedback)	



Normalize sex across lifespan	(Sexuality/Health) (Ageism)	Providing consent, LGBTQ workshops for cast could provide better foundation of info		
Were the seniors shocked by topics high school students presented?	Interested (Process) Intergenerational	What have the youth learned from the seniors?	Intergenerational (Relationships) Opening Up Dialogue Education/Learning	
Excited	Excited			
I hope it's not just for cishets [cis-gender heterosexuals]	Unsure (Importance of LGBTQ+ inclusion)	Why did it end on "I have chlamydia?"	Importance of LGBTQ2S+ inclusion Production (feedback)	
Intergenerational relationships + friendships Stereotypes related to age + sexuality	Intergenerational Education/Learning (Addressing Stigma) Support (Support for Topic)			
-Impressed by the project -curious about content -excited that it's at Vic High!	Support (Support for Topic) (Community Support) Curious Excited	This was <u>amazing</u> . It was incredible to see some of my students be so brave & to fight stigma. I also <u>loved</u> seeing & hearing from the seniors. Overall, so impressive. I hope you take it on the road!	Support Affirmation Addressing Stigma Intergenerational Opening Up Dialogue Appreciation	Change
Not sure	Unsure	Was a great performance	Affirmation Appreciation Production	Change
What if I want to be Traler (sp?)				
Hit or miss, I guess they never miss, huh!				
What are the disease going around?	Learning/Education		Education	

			Questions to consider/follow up on!	
		I thought the scene involving the pressure from the boyfriend, wasn't <u>fully</u> addressed. (the lack of consent wasn't shown to be a problem)	Education/Learning Production (Feedback)	
		What if that you have a problem and you can't talk to the love doctor or your parents? =)	Education/Learning	
		I liked the show, well done =)	Affirmation Appreciation Production	
		I enjoyed this performance. Thank you!	Affirmation Appreciation Production	
		Food!	Importance of food in community building and trust	
Hey		*drawing of the Love Doctor radio station with lips phone*	Production (Value of theatre/devices)	
		Cool	Affirmation	
		My doodle *drawing of a penis*		
		Have a nice day!!		
		Hi =) *drawing of flower and butterfly*		
		Hi!		
		Hey		
		Hello my name is Dauailghn (sp?)		
		No questions/comments		
		Ice cream is good *drawing of ice-cream cone and hearts*		

		*doodle*		
		Lit...chlamidia is nice -Sadie Black		
		=)		
		*drawing of a fox*		
		They did surgery on a grape.		
		*doodles of flower, sun and heart*		
		*doodle of a cat*		
		<3 God <u>church</u> *scrit! [possible good church script?!]		
		Tic tac toe *doodle of tic tac toe*		
		Wink wink <3		
		Wonk wonk <3		
		I just want snacks	Importance of food in community building and trust	
		Cowabunga dude!		

**Total Comments:** 93

**Relevant Comments:** 77

**Doodles/random questions:** 16

**Pre-Show Responses Only :** 11

**Post-Show Responses Only:** 28 (including 16 non-applicable responses)

#### Overall Key Themes

1. Community Engagement
2. Stigma
3. Social Change

#### 1<sup>st</sup> Reflection Themes:

- Curious (26)
- Support (22)
  - Personal (13)
  - Topic (10)
  - Community (5)
- Excited (21)
- Interested (15)
- Education/Learning (10)
  - Addressing Stigma (3)
- Intergenerational (9)

- Unsure (6)
- Tired (4)

2<sup>nd</sup> Reflection Themes:

- Appreciation (25)
- Opening up Dialogue (21)
- Affirmation (21)
  - Call to Action (1)
- Education (21)
- Change (21)
- Intergenerational (17)
- Addressing Stigma (5)
  - Breaking Barriers (1)

## Appendix I: Sexual Health Education Frequently Asked Questions

### Sexual Health Education in High School: Frequently Asked Questions and Comments

Q. “Does using only a condom prevent pregnancy or is there still a chance?”

A. If used perfectly (which often is not the case), then condoms are 98% effective. However, most of time it is not used perfectly so they are generally 82% effective for a condom that goes on a penis or 79% effective for a condom that goes on a vagina.

For more information:

<https://www.plannedparenthood.org/learn/teens/ask-experts/what-are-the-chances-of-getting-pregnant-with-a-condom>

Q. “Where was the concept of consent?”

A. Often, consent isn’t covered as much as it should be in sexual health education. At UVic, there is a group called the Anti-Violence Project which runs Consent workshops that are free and open to anyone from the community. They are an excellent resource that offers accessible, supportive information.

For more information:

<https://www.antiviolenceproject.org/about/>

<https://www.antiviolenceproject.org/consent-training/>

Q. The sexual health educator “used partner, non-gendered address for possible sexual partners/experiences YET only taught/said/gave info on heterosexual intercourse—penetration focused”

A. Sex is not just for heterosexual people but there is incredible bias in education and media that privileges heterosexuality over all other forms of sexuality. Sex is not just about penetration and can include much more.

For more information and Island Sexual Health’s FAQ which includes non-penetrative sex and non-heterosexual sex:

<https://www.islandsexualhealth.org/resources/faq/#intimate>

Q. “Lack of same-sex sexual health education”

A. While this is beginning to change, there is clearly not enough of a discussion about LGBTQ+ sexual education.

For more information, here is a great article from the States about the need for LGBTQ+ inclusive sex ed: <https://www.americanprogress.org/issues/lgbt/news/2013/06/21/67411/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/>

Q. “Didn’t talk about the enjoyable side of sex”

A. Talking about sexual pleasure, especially with youth, is still highly stigmatized since most sexual health education is about preventing Sexually Transmitted Infections, pregnancy, and the anatomical side of sex.

For more information, here is an article from Vice that specifically discusses pleasure and how it needs to be part of the sexual health curriculum:

[https://www.vice.com/en\\_ca/article/9b9d9e/why-dont-we-teach-pleasure-in-sex-ed](https://www.vice.com/en_ca/article/9b9d9e/why-dont-we-teach-pleasure-in-sex-ed)

Q. “How to avoid promiscuity”

A. As I’ve experienced in chatting with people of all ages, there is this divide between the slut and the prude and we are told that we can’t be one or the other. Despite being very damaging, this kind of shame about sex is very prevalent. While I am not qualified to answer this properly, there are some great resources out there.

For more information: <https://www.sexandu.ca/> AND <https://sexetc.org/>

### **How was the sexual health education you received at high school?**

Comments:

- “The class wasn’t engaging and the facilitator didn’t do a good job of making it comfortable”
- “The class was unengaging and not as informative as it needed to be”
- “They were informative but I don’t remember much”
- “Boring and not very engaging. Didn’t apply to me”
- “The sex ed talk we got was not that informative and pretty useless”
- “Sex ed is legit nonexistent in the school system in general”
- “Very boring”
- “I thought that the sexual education in terms of explain how to be safe was good, I just wanted more info.”
- “Overall, education was very limited, not in depth. Lots to talk about, not enough time allotted in school”

### **Rare Good comments about Sexual Health Education**

“We spoke about masturbation and pleasure!!! It was awesome!!!”

### **Additional Resources**

1. Island Sexual Health education has excellent sexual health educators who strive to create a comfortable environment for all people: <https://www.islandsexualhealth.org/>
2. Youth Committee at ISH is a group of teenagers/young adults whose job is to make sexual health more accessible, engaging, and supportive of youth and sexuality: <https://www.islandsexualhealth.org/youth/youth-committee/>
3. Victoria Youth Clinic is a youth-focused organization that is located downtown: <http://www.victoriayouthclinic.ca/>

## **Appendix J: Rehearsal Schedule and Sexual Health Anonymous Questions**

### **Rehearsal Schedule**

**Oct. 16<sup>th</sup>:** Scene work/devising various scenes

**Oct. 23<sup>rd</sup>:** Scene work/devising various scenes

- Writing own dialogue/scenes to make the most of our time together
- Looking at a story and something to share

**Oct. 30<sup>th</sup>:** Scene work/devising various scenes

**Nov. 2<sup>nd</sup> (Friday):** Possible Sexual Health Workshop with Jennifer Gibson at 1:30-3:30pm

- Food will be provided!

**Nov. 5<sup>th</sup> (Monday):** Possible Sexual Health Workshop with Jennifer Gibson at 3:30-5:30pm

- Food will be provided!

**Nov. 6<sup>th</sup>:** Structuring performance

- Check in for where we are at and if we need to schedule more rehearsals?

**Nov. 9<sup>th</sup> (Friday):** Possible Sexual Health Workshop with Jennifer Gibson at 1:30-3:30pm

- Food will be provided!

**Nov. 13<sup>th</sup>:** Structuring performance

**Nov. 20<sup>th</sup>:** Polishing Performance

**Nov. 27<sup>th</sup>:** Dress Rehearsal

**Dec. 4<sup>th</sup>:** Performance for community groups (possibly at other times during the week?)

**Dec. 11<sup>th</sup>-14<sup>th</sup>:** Performance at Vic High (larger public performance in the evening?)

## Anonymous Questions and Responses

- **Can people who are asexual still enjoy sex?**
  - From my research so far, I would say enjoyment of sex is a very personal journey whether you are asexual or allosexual. From newspaper articles, blogs, and asexual forums, it seems like there are times in which someone who identifies as asexual does feel sexual pleasure when engaging with sex but the largest sex organ is our brains. If we care for someone and want to pleasure them or make them feel good, then often we feel good by making them feel good. So more so yes, I think, but it's particular to the situation and the consensual decision to have sex
- **Where in Victoria can we find sexual health clinics?**
  - Island Sexual Health is a wonderful resource and Jennifer Gibson is the sexual health educator there. She will be joining us at some point to offer us a workshop and let you know all about the resources available.
  - <https://www.islandsexualhealth.org/>
- **Is masturbation a topic that gets equal time?**
  - Yes, masturbation is such an important topic that is so mired in taboo. It is greatly beneficial for overall health and is a wonderful way to discover what you find pleasurable so if you decide to have partnered sex, you can communicate your desires and preferences. Let's find a safe way to start this discussion and figure out perhaps how to work it into the performance?
- **Why are so many sex/consent discussions biased against men? Why do male sex stereotypes still remain?**
  - Predominantly because in North American western society, we live in a patriarchal system that systematically advantages men over women. This has become a major issue in how people relate to each other in sexual and intimate relationships because it comes down to power and the social scripts we are taught about who is in control and can ask for or take what they want and who is disempowered to do so
  - Additionally, the vast majority of cases of sexual harassment, abuse and non-consensual sex are of male perpetrators and female survivors
  - It is unfair because in many discourses we blame men and male bodies for these issues instead of the society and social norms that has taught them and created an unstable and unbalanced power dynamic
- **Lesbian sex...What is it? How does it work? Who? What? When? Where? Why?**
  - Same as any partnered sex works with people who choose to have sex with each other, you have to communicate and see what works best for your body and your partner(s) body
  - Digital (fingers), oral, penetrative sex (dildos, strap-ons, etc.), anal sex, there really is lots of options that are available to people of any sexual orientation outside of Penis-Vaginal-Intercourse (PVI)



- There is an endless variety of sex and sexual acts so it really comes down to what feels pleasurable and being open to yourself and partner(s) about what you would like to try
- **What is the most frequent STI in seniors?**
  - Chlamydia is the most commonly reported STI in Canada and has risen across all ages and genders
  - Since 2000, the rates of STIs in seniors, particularly chlamydia, has risen dramatically and has increased by 142% in people over 60
  - The main issue is the social perception that older adults are not sexual or sexual beings and that social stigma has created an environment in which older adults don't have access to sexual health resources and their healthcare providers are not trained to talk to seniors about their sexual health
- **At any age, can being intimate with a partner be just as satisfying as having sex?**
  - "One intriguing implication of this study is that, if affection is so important to personal and relationship satisfaction, can it replace sexual activity when couples lessen the frequency of having sex due to external factors? People may decrease their sexual activity as they get older due to physical changes, and couples that have recently had children may similarly have sex less often. But as long as such couples maintain their affection toward each other, they can offset the potentially negative effects of lowered sexual activity. Conversely, when couples that feel they're drifting apart, and therefore having sex less often, if they work on their physical affection toward each other, their sexual relationship may become re-established as well." (para. 9)
  - <https://www.psychologytoday.com/us/blog/fulfillment-any-age/201707/the-secret-reason-why-sex-is-so-crucial-in-relationships>
  - However, research and those with lived experience state that sex alters as you age in that holding hands, kissing, cuddling, and all sorts of other intimate acts are considered as important if not more so than sex
- **Is there a specific age in Canada where sex is legal?**
  - The legal age of consent to sexual activity in Canada is 16. It used to be 14 but was raised by two years in 2008.
  - There is a close in age exception which is described as: "A 14 or 15 year old can consent to sexual activity as long as the partner is **less than five years older** and there is no relationship of trust, authority or dependency or any other exploitation of the young person. This means that if the partner is 5 years or older than the 14 or 15 year old, any sexual activity is a criminal offence"
  - <http://www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html>
- **Pretty cool stuff. I think there's too many not needed labels.**
  - Absolutely agree. In terms of sexual orientation, we are discovering more and more that sexuality and sexual orientation belongs along a continuum and that hopefully, one day we won't need rigid stereotypes or labels. It is perfectly alright to feel curious and not prescribe to a specific orientation or another. It is still a

contentious issue but I think re-imagining sexuality across a spectrum really helps to understand this concept. Much like gender that is far beyond a binary model of this OR that.

### **Comments from Cue cards**

- Mentally, I'm not feel comfortable for sharing my thoughts that's I'm just listening to my group
- Hoping to focus on mental health
- Love the connection below "old and new"
- I will trust the process. But I am concerned about time re. getting the play running
- Thanks for coming and giving us a lot of information =)
- Very interesting. Conversation very open.
- So happy and grateful to have you all in this class. I have nothing to say but thank you and God bless.
- Really enjoyed group discussion. Youths and Target discussed as equals—jokes and serious. I was nervous going into this but no longer.
- You're amazing
- Have a good day
- Have a good day
- Hope you had a wonderful day
- Have a beautiful day, you are cool
- Leah, have a wonderful day

## Appendix K: Human Research Ethics Board Protocol Documentation

### K-1: Human Research Ethics Board Original Application 2016



**University  
of Victoria**

**Human Research Ethics Board  
Application for Research Ethics Approval  
For Human Participant Research**

**The following application form is an institutional protocol based on the  
[Tri-Council Policy Statement on the Ethical Conduct for Research Involving Humans](#)**

#### **Instructions:**

1. Download this application and complete it on your computer. Hand written applications will not be accepted. You will receive a response from the HREB within 4-6 weeks.
2. Use the *Human Research Ethics Board Annotated Guidelines* to complete this application:  
<http://www.uvic.ca/research/conduct/home/regapproval/humanethics/index.php>.  
Note: This form is linked to the guidelines. Access links in blue text by hitting CTRL and clicking on the blue text.
3. Submit one (1) original and two (2) copies of this completed, signed application with all attachments to: Human Research Ethics, Administrative Services Building (ASB), Room B202, University of Victoria, PO Box 1700 STN CSC, Victoria BC V8W 2Y2 Canada
4. Do not staple the original copy (clips O.K.).
5. If you need assistance, contact the Human Research Ethics Office at (250) 472-4545 or [ethics@uvic.ca](mailto:ethics@uvic.ca)
6. Please note that applications are screened and will not be entered into the review system if incomplete (e.g., missing required attachments, signatures, documents). You will be notified in this case.
7. Once approved, a Request for Annual Renewal must be completed annually for on-going projects for continuing Research Ethics approval.

#### **A. Principal Investigator**

*If there is more than one Principal Investigator, provide their name(s) and contact information below in Section B, Other Investigator(s) & Research Team.*

Last Name: **Tidey**

First Name: **Leah**

Department/Faculty: **Theatre**

UVic Email: **ltidey@uvic.ca**

Phone: **250-739-2980**

Primary Email: **leahtidey@gmail.com**

Mailing Address (if different from Department/Faculty) including postal code:  
**312-563 Johnson Street, Victoria, B.C. V8W 1M2**

Title/Position: (Must have a UVic appointment or be a registered UVic student)

☐ Faculty

☒ Undergraduate

☐ Ph.D. Student

☐ Staff

☐ Master's Student

☐ Post-Doctoral

☐ Adjunct or Sessional Faculty (Appointment start and end dates): \_\_\_\_\_

Students: Provide your Supervisor's information:

Name: **Warwick Dobson**

Email: **wdobson@uvic.ca**

Department/Faculty: **Theatre**

Phone: **250-721- 7991**

Graduate Students: Provide your Graduate Secretary's email address:

All PIs: Provide any additional contacts for email correspondence:

Name:

Email:

Name:

Email:

## **B. Project Information**

Project Title: **Intergenerational Theatre in Education Sexual Health Project**

Anticipated Start Date for Recruitment / Data Collection: **November 2016** Anticipated End Date: **March 2016** **This project will continue into a Masters of Applied Theatre at the University of Victoria commencing September 2017 if applicant is successful.**

Geographic location(s) of study: **Victoria**

Participant recruitment/data collection location(s)/site(s): **Victoria, BC**

Keywords: 1. **Artemis Place Secondary (Independent Alternative School)** 2. **Berwick Royal Oak Retirement Home** 3. **Victoria High School (SD 61)** 4. **Luther Court Society** 5. **University of Victoria** 6. **Reynolds Secondary (SD 61)**

Is this application connected/associated/linked to one that has been recently submitted? ☐ Yes  
☒ No

If yes, provide further information:

All Current Investigator(s) and Research Team:

*(Include all current co-investigators, students, employees, volunteers, community organizations.)*

Contact Name	Role in Research Project	Institutional Affiliation	Email or Phone
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**For Faculty Only:** Any Graduate Student Research Assistants who will use the data to fulfill UVic thesis/ dissertation/ academic requirements: Include all current Graduate Student Research Assistants

Student/Research Assistant	Email or Phone
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### C. Multi-Jurisdictional Research

Does the proposed project require Research Ethics Board (REB) approval from another research ethics board(s)? ☐ Yes ☒ No

If yes, list the other research ethics board from which you or research team members have sought approval or will seek approval:

*(Attach proof of having applied to other research ethics board(s). Please forward approvals upon receiving them. Be assured that UVic ethics approval may be granted prior to receipt of other research ethics board approvals.)*

If you have answered “yes” above, please indicate your role in the multi-jurisdictional research project (Check all that apply):

- ☐ Recruiting participants
- ☐ Collecting data
- ☐ Analyzing data (with or without identifiers) collected by you and/or UVic research team members
- ☐ Analyzing data that *contains* identifiers: Data to be collected by non-UVic research team members as outlined in this application.
- ☐ Analyzing data that *does not* contain identifiers: Data to be collected by non-UVic research team members as outlined in this application.
- ☐ Dissemination of results via publications, reports, conferences, internet, etc.
- ☐ Other (*explain*):

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### D. Agreement and Signatures

For further information, on signature requirements, please see the [Guidelines for Signatures](#).

**Principal Investigator and Student Supervisor affirm that:**

- *I have read this application and it is complete and accurate.*
- *The research will be conducted in accordance with the University of Victoria regulations, policies and procedures governing the ethical conduct of research involving human participants and all relevant sections of the TCPS 2.*
- *The conduct of the research will not commence until ethics approval has been granted.*
- *The researcher(s) will seek further HREB review if the research protocol is modified.*
- *Adequate supervision will be provided for students and/or staff.*

**Principal Investigator****Student's Supervisor or co-Supervisor (for student applicants only)**


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*Signature*


---

 Leah Tidey

Print Name

---

 October 6<sup>th</sup>, 2016

Date

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*Signature*


---

 Warwick Dobson

Print Name

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 October 6<sup>th</sup>, 2016

Date

**Chair, Director or Dean**

*(To be signed by the person to whom the PI, or student's supervisor reports, and must not be the same person as the PI or student's supervisor. The Research Ethics Office cannot accept applications with duplicate signatures)*

I affirm that adequate research infrastructure is available for the conduct and completion of this research.

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 Signature

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 Allana Lindgren

Print Name

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 October 6<sup>th</sup>, 2016

Date

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**E. Project Funding**

Have you applied for funding for this project? ☒ Yes ☐ No If yes, please complete the following:

Source of Project Funding	Funding Applied	Funding Approved	Project Title Used in Funding Application (or additional information)
<b><u>Jamie Cassels Undergraduate Research Award</u></b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Intergenerational Theatre in Education Sexual Health Project</u></b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Will this project receive funding from the US *National Institutes of Health (NIH)*?

☐ Yes ☒ No

If yes, provide further information:

If you have applied for funding, have you submitted a funding application or contract notification to the UVic Office of Research Services?

☐ Yes ☒ No

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**F. Scholarly Review**

What type of scholarly review has this research project undergone?

☒ External Peer Review (*e.g., granting agency*)

☒ Supervisory Committee or Supervisor—required for all student research projects

☐ None

☐ Other, please explain:

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**G. Other Approvals and Consultations**

Do you require additional approvals or consultations from other agencies, community groups, local governments, etc.?

☐ Yes, attached ☒ Yes, will forward as received ☐ No

*(Attach proof of having made request(s) for permission, or attach approval letter(s). Please forward approvals upon receiving them. Be assured that ethics approval may be granted prior to receipt of external approvals.)*

If **Yes**, please check all that apply:

☒ **School District, Superintendent, Principal, Teacher.** Please list the school districts or schools:

**School District 61: Victoria High School and Reynolds Secondary (See Appendix 8)**

☐ **BC Health Authorities and/or BC Universities.** Check all that apply:

- ☐ Island Health (VIHA)
- ☐ Interior Health (IH)
- ☐ Vancouver Coastal Health (VCH)
- ☐ Northern Health (NH)
- ☐ Simon Fraser University
- ☐ University of BC
- ☐ University of Northern BC

*If you are UVic faculty, student or staff and will be conducting research under the auspices of any of the institutions listed above, (involving staff, patients, health records, sites and/or recruitment through their sites, including recruitment via poster placement), your application may be reviewed under the [BC Ethics Harmonization Initiative](#). (a single coordinated review with the other institution(s) listed). Harmonization also applies when members of your research team consist of faculty, staff and students from the BC institution(s) listed above. Please contact [ethics@uvic.ca](mailto:ethics@uvic.ca), 250-472-4545 if you have questions about a harmonized review.*

Please explain:

☐ **Other regional government authority**, please explain:

☒ **Community Group (e.g., formal organization, informal collective)**, please explain:

**I have received emails from Artemis Place Secondary and Luther Court Society that express interest in the project and am in the process of contacting the remaining listed community groups. Approval from School District 61 will be forwarded as received.**

**-Artemis Place Secondary (See Appendix 5)**

**-Victoria High School (See Appendix 7)**

**-Berwick Royal Oak Retirement Home**

**-Luther Court Society (See Appendix 6)**

**-Reynolds Secondary (See Appendix 7)**

☐ **Other Research Ethics Board (REB) Approval**, please explain:



- ☐ **UVic Biosafety Committee Approval.** *Attach your Biosafety Approval, or your correspondence with the [Biosafety Committee](#), to this application. Note that Research Ethics Approval is contingent on Biosafety Approval.*
- ☐ **Other Approval,** please explain:

#### **H. [Researcher\(s\) Qualifications](#)**

In light of your research methods, the nature of the research, and the characteristics of the participants, what training, qualifications, or personal experiences do you and/or your research team have (*e.g., research methods course, language proficiency, committee expertise, training on the equipment to be used*)?

**Throughout my education at University of Victoria as an Applied Theatre student, I have had various opportunities and experiences that qualify me for this research. In my third year, I travelled to Tamil Nadu, India to partake in an Intergenerational Theatre for Development field school where over the course of two and a half months, my fellow students and I taught at the Isha Vidya Matriculation School, worked and lived in the Tamaraikulam Elders Village and aided in creating a final performance with members of both communities. Additionally, over my four years in the theatre department I have devised, facilitated, directed, and performed in over 15 projects many of which included work with seniors and youth. As Dr. Warwick Dobson's Research Assistant over the past 3 years, I have also gained considerable experience in conducting research, editing proposals, and organizing research findings and materials for various courses. This past summer, through the recommendation of the Head of the Theatre Department, Dr. Allana Lindgren, I was hired as the Research Assistant to Ron Vincent who is writing a History of Figure Skating Coaches in Canada.**

**In addition to my own experience, Dr. Warwick Dobson is the supervisor for my research and will guide me through the process from his own extensive experience.**

#### **I. [Research Involving Aboriginal Peoples of Canada \(Including First Nations, Inuit and Métis\)](#)**

*The TCPS 2 (Chapter 9) highlights the importance of community engagement and respect for community customs, protocols, codes of research practice and knowledge when conducting research with Aboriginal peoples or communities. "Aboriginal peoples" includes First Nations, Inuit and Métis regardless of where they reside or whether or not their names appear on an official register. The nature and extent of community engagement should be determined jointly by the researcher and the relevant community or collective,*

*taking into account the characteristics and protocols of the community and the nature of the research.*

## 1. Conditions of the Research

- 1a. Will the research be conducted on (an) Aboriginal – First Nations, Inuit and Métis – lands, including reserves, Métis settlement, and lands governed under a self-government agreement or an Inuit or First Nations land claims agreement?
- ☒ No
- ☐ Yes, provide details:
- 1b. Do any of the criteria for participation include membership in an Aboriginal community, group of communities, or organization, including urban Aboriginal populations?
- ☒ No
- ☐ Yes, provide details:
- 1c. Does the research seek input from participants regarding a community's cultural heritage, artifacts, traditional knowledge or unique characteristics?
- ☐ Yes ☒ No
- 1d. Will Aboriginal identity or membership in an Aboriginal community be used as a variable for the purposes of analysis?
- ☐ Yes ☒ No
- 1e. Will the results of the research refer to Aboriginal communities, peoples, language, history or culture?
- ☐ Yes ☒ No

## 2. Community Engagement

- 2a. If you answered “yes” to questions a), b), c), d) or e), have you initiated or do you intend to initiate an engagement process with the Aboriginal collective, community or communities for this study?
- ☐ Yes ☐ No
- 2b. If you answered “yes” to question 2a, describe the process that you have followed or will follow with respect to community engagement. Include any documentation of consultations (*i.e. formal research agreement, letter of approval, email communications, etc.*) and the role or position of those consulted, including their names if appropriate:

### 3. No community consultation or engagement

If you answered “no” to question 2a, briefly describe why community engagement will not be sought and how you can conduct a study that respects Aboriginal communities and participants in the absence of community engagement.

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## J. International Research

### 4. Will this study be conducted in a country other than Canada?

☐ Yes ☒ No

If yes, describe how the laws, customs and regulations of the host country will be addressed (*consider research Visas, local Institutional Research Ethics Board requirements, etc.*):

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## K. Description of Research Project

### 5. Purpose and Rationale of Research

Briefly describe in non-technical language:

*Please use 150 words or fewer.*

5a. The research objective(s) and question(s)

**Research Questions: To what extent is there a social stigma about sexuality and aging? How can applied theatre be utilized to address social stigma about sexuality and aging through the use of fictionalization and myth?**

**The project will assess seniors and youth access to sexual health information and programming and offer applied theatre as a tool to addressing concerns and social stigma surrounding sexual health practices and aging. I intend to interview participants about their perceptions of sexuality and aging and from these interviews, fictionalize stories to devise a performance utilizing fictionalization ~~myth~~ to discuss similar themes. All research will be conducted in a safe, non-judgmental, and non-threatening space where collaboration and open discussion will be welcome. To ensure anonymity of participants, any stories provided during interviews will be fictionalized in performance and workshops.**

**Research Objectives:**

- **To assess the knowledge and availability of healthy sexuality resources in each community**

- To create a new understanding of aging and sexuality that combats social stigma
- To open a dialogue between participants and the communities they live/study in about sexual health practices
- To foster an intergenerational community through playfulness, respect, and participation in performances and workshops

5b. The importance and contributions of the research

**There has been a dramatic increase in people over 65 who are contracting Sexually Transmitted Infections and Diseases and my research intends to discover the depth of this issue within Victoria and share my findings with the community. By highlighting this health issue, it is my hope that through performance and workshops that the demographics most affected by STI's, youth and elders, will gain a new understanding of healthy sexual practices. The use of fiction and myth to explore themes of sexual health and aging will provide a safe distance for the participants between concepts and their own experiences.**

5c. If applicable, provide background information or details that will enable the HREB to understand the context of the study when reviewing the application.

**This project idea began when I was on my field school in Tamil Nadu, India where I lived and worked in the Tamaraikulam Elders Village in 2014. The field school was focused on creating an intergenerational theatre company with elders from Tamaraikulam and students from the Isha Vidya Matriculation School. The connection created between youth and elders was wonderful to observe and I wanted to utilize similar methods of playfulness and fiction to address social issues in Victoria.**

**Since then, I have performed, facilitated, taught and participated in various intergenerational workshops and performances and these experiences have demonstrated the potential of Applied Theatre to delve deeply into any topic and evoke positive social change. When I became aware of the staggering rates of Sexually Transmitted Infections and Diseases among Canada's senior population (65 and older), I realized that Applied Theatre practices should be explored as a creative alternative in evoking effective and meaningful programming for healthy sexuality practices.**

**Since my initial ideas of this project, I have received an overwhelming amount of support from fellow students, my supervisor, education academics from various universities across BC and my own family to pursue this project. The social stigma surround sexuality and aging must be addressed particularly as the Baby Boomers age and even more pressure is placed upon our health care system. By engaging with this research, it is my**

hope that our community in Victoria learns about this issue and becomes passionate about creating a healthier community.

---

## L. Recruitment

### 6. Recruitment and Selection of Participants

- 6a. Briefly describe the target population(s) for recruitment. Ensure that all participant groups are identified (*e.g., group 1 - teachers, group 2 - administrators, group 3 - parents*).

**Group 1: Youth (15-20)**

**Group 2: Seniors (65 or older)**

**Group 3: University of Victoria students**

- 6b. Why is each population or group of interest?

**Youth: Of interest since they are often the target audience of sexual health programming**

**Seniors: Of interest since they are most in need of sexual health programming**

**UVic Students: Of interest as participants in devising process and performance**

- 6c. What are the *salient* characteristics of the participants for your study? (*e.g., age, gender, race, ethnicity, class, position, etc.*)? List all inclusion and exclusion criteria you are using.

**There is a specific criteria of inclusion in this project in terms of age (youth and seniors) although input from various community members regardless of age will be taken into account.**

- 6d. What is the desired number of participants for each group?

**Group 1: Youth: 50**

**Group 2: Seniors: 50**

**Group 3: UVic Students: 6**

- 6e. Provide a detailed description of your recruitment process. Explain:

- i) List all source(s) for information used to contact potential participants (*e.g., personal contacts, listserves, publicly available contact information, etc.*). Clarify which sources will be used for which participant groups:

**Group 1: Youth will be recruited through specific drama classes at Artemis Place Secondary, and Victoria High School, and Reynolds Secondary selected**

due to interest from teachers. Personal contacts will be utilized for Artemis Place and Victoria High School. Surveys, interviews and potential workshops will be done during class time in addition to voluntary out of school hours if deemed necessary. Each of the participants and/or parents will:

-\_sign the general consent form prior to participation which includes photo, audio, and video consent (See Appendix 4)

Artemis Place Contact: Kim Sholinder at kim.r.shol@gmail.com

Victoria High School Contact: Alan Penty at arpent@sd61.bc.ca

Reynolds Secondary Contact: John Gray at jgray@sd61.bc.ca

Group 2: Seniors will be recruited through the Director of Recreational Services at Luther Court and Berwick Royal Oak. Personal contacts and publicly available contact information will be utilized to contact both institutions. Participation will be voluntary and each participant will:

-\_sign the general consent form prior to participation which includes photo, audio, and video consent (See Appendix 4)

Luther Court Contact: Lori McKenzie at LMckenzie@luthercourt.org

Berwick Royal Oak Contact: Debbie at mail@berwickrc.com

Group 3: University of Victoria students will be recruited by myself as researcher and chosen based on devising abilities and interest in the project. Participation will be voluntary and each participant will:

-\_sign the general consent form prior to participation which includes photo, audio, and video consent (See Appendix 4)

- ii) List all methods of recruitment (e.g., *in-person, by telephone, letter, snowball sampling, word-of-mouth, advertisement, etc.*) If you will be using “snowball” sampling, clarify how this will proceed (i.e., will participants be asked to pass on your study information to other potential participants?). Clarify which methods will be used for which participant groups.

#### **Group 1: Recruitment Methods**

- In-person and email contact with Artemis Place Secondary, Reynolds Secondary and Victoria High School principals and teachers. The following aspects will be explained to teachers, principals and participants (See Appendix 1):
1. Research participation is voluntary – if a participant does not wish to have their data collected during surveys, interviews or workshops they can request this does not occur.
  2. Participants are under no obligation to participate in the project
  3. That grades, standing, and relationships with teachers/principals/schools, will not be impacted whether participant agrees to be involved or not.

4. Participants will receive a letter explaining the research project, manner of data collection and consent form (See Appendix 4)

Further information will be made available to participants and/or parents at their request, including the opportunity to discuss the project further with project facilitator Leah Tidey or supervisor Warwick Dobson

#### **Group 2: Recruitment Methods**

- In-person and email contact with Directors of Recreational Services at Luther Court and Berwick Royal Oak. The following aspects will be explained to Director's and residents (See Appendix 1):
1. Research participation is voluntary and if participants do not wish to have their data collected during surveys, interviews, or workshops they can request this does not occur.
  2. Residents are under no obligation to participate in the project
  3. Participants will receive a letter explaining the research project, manner of data collection and consent form (See Appendix 4)

Further information will be made available to participants at their request, including the opportunity to discuss the project further with project facilitator Leah Tidey or supervisor Warwick Dobson

#### **Group 3: Recruitment Methods**

- In-person contact with University of Victoria students. The following aspects will be explained to potential participants (See Appendix 1):
5. Research participation is voluntary and if participants do not wish to have their data collected during surveys, interviews, or workshops they can request this does not occur.
  6. Students are under no obligation to participate in the project
  7. Participants will receive a letter explaining the research project, manner of data collection and consent form (See Appendix 4)
  8. An understanding of the devising process is a requirement for participation

Further information will be made available to participants at their request, including the opportunity to discuss the project further with project facilitator Leah Tidey or supervisor Warwick Dobson

- iii) If you will be using personal and/or private contact information to contact potential participants (as stated above), have the potential participants given

permission for this, or will you use a neutral third party to assist you with recruitment? *Note that this is not a concern when public and/or business contact information is used.*

**This project will be promoted to potential participants in-person through neutral third party contacts from each community group to their students or residents.**

- iv) Who will recruit/contact participants (*e.g., researcher, assistant, third party, etc.*) *Clarify this for each participant group.*

**As the researcher, I will be the primary person to recruit and contact participants at the University of Victoria however in Group 1 and 2, I will do so with the assistance of a neutral third party from each community:**

- **Drama Teacher at Victoria High School**
- **Drama Teacher at Artemis Place Secondary**
- **Drama Teacher at Reynolds Secondary**
- **Director of Recreational Services at Luther Court**
- **Director of Recreational Services at Berwick Royal Oak Retirement Home**

- v) List and explain any relationship between the members of the research team (including third party recruiters or sponsors/clients of the research) and the participant(s) (*e.g., acquaintances, colleagues*). Complete item 7 if there is potential for a [power relationship](#) or a *perceived* power relationship (*e.g., instructor-student, manager-employee, etc.*). If you have a close relationship with potential participants (*e.g., family member, friend, close colleague, etc.*) clarify here the safeguards that you will put in place to mitigate any potential pressure to participate.

**Relationships between the research team and participants may include:**

- acquaintances**
- colleagues**
- members from previous community and applied theatre projects**

- vi) In chronological order (if possible) describe the steps in the recruitment process. (*Include how you will screen potential participants where applicable*). Consider where in the process permission of other bodies may be required.

**Recruitment for Group 1: Artemis Place, Reynolds Secondary and Victoria High School (See Appendix 1)**

**1. Connect with interested principals/teachers and School District 61 research methods**

**2. Select classes based on interests of teachers/principals**



3. Research participation is voluntary and if any participants do not want their data collected then they can request this does not occur
4. Consent forms and photo release will be handed out, signed, and collected before commencement of surveys, interviews, and workshops
5. Further information will be made available to participants at their request, including the opportunity to discuss the project further with project facilitator Leah Tidey, supervisor Warwick Dobson or the ethics committee.

**Recruitment for Group 2: Berwick Royal Oak and Luther Court (See Appendix 1)**

1. Connect with interested parties and gain permission from groups to involve their residents as participants
2. Based on recommendations from Director of Recreational Services, voluntary participants will congregate
3. Research participation is voluntary and if any participants do not want their data collected then they can request this does not occur
4. Consent forms and photo release will be handed out, signed, and collected before commencement of surveys, interviews, and workshops
5. Further information will be made available to participants at their request, including the opportunity to discuss the project further with project facilitator Leah Tidey, supervisor Warwick Dobson or the ethics committee.

**Recruitment Group 3: University of Victoria**

1. Through word-of-mouth connect with potential participants and gauge interest
2. Based on devising experience and interest in the project, participants will be selected
3. Research participation is voluntary and if any participants do not want their data collected then they can request this does not occur
4. Consent forms and photo release will be handed out, signed, and collected before commencement of surveys, interviews, and workshops
5. Further information will be made available to participants at their request, including the opportunity to discuss the project further with project facilitator Leah Tidey, supervisor Warwick Dobson or the ethics committee.

**7. Power Relationships (Dual-Role and Power-Over)**

If you are completing this section, please refer to the:

**Guidelines For Ethics in Dual-Role Research for Teachers and Other Practitioners and the TCPS 2, Article 3.1 and Article 7.4.**

Are you or any of your co-researchers in any way in a power relationship, including dual-roles, that could influence the voluntariness of a participant's consent? Could you or any of your co-researchers potentially be *perceived* to be in a power relationship by potential participants? *Examples of "power relationships" include teachers-students, therapists-clients, supervisors-employees and possibly researcher-relative or researcher-close friend where elements of trust or dependency could result in undue influence.*

☐ Yes      ☒ No      ☐ Varies

If *yes* or *varies*, describe below:

- i) The nature of the relationship:
- ii) Why it is necessary to conduct research with participants over whom you have a power relationship:
- iii) What safeguards (steps) will be taken to ensure voluntariness and minimize undue influence, coercion or potential harm:
- iv) How will the power or dual-role relationship and associated safeguards be explained to potential participants:

**Recruitment Materials Checklist:**

Attach all documents referenced in this section (*check those that are appended*):

- ☒ Script(s) – in-person, telephone, 3<sup>rd</sup> party, e-mail, etc. (**See Appendix 1**)
- ☐ Invitation to participate (*e.g., Psychology Research Participation System Posting*)
- ☐ Advertisement, poster, flyer
- ☐ None; please explain why (*e.g., consent form used as invitation/recruitment guide*)

**M. Data Collection Methods**

**8. Data Collection**

*Use the following sections in ways best suited to explain your project. If you have more than one participant group, be sure to explain which participant group(s) will be involved in which activity/activities or method(s).*

8a. Which of the following methods will be used to collect data? *Check all that apply.*

<input checked="" type="checkbox"/> <b>Interviewing participants:</b> <input checked="" type="checkbox"/> in-person <input type="checkbox"/> by telephone	<input checked="" type="checkbox"/> <b>Attach draft interview questions</b>
---	---

<input type="checkbox"/> using web-based technology (explain): <input checked="" type="checkbox"/> Conducting group interviews or discussions (including focus groups)	
<input checked="" type="checkbox"/> <b>Administering a questionnaire or survey:</b> <input checked="" type="checkbox"/> In person <input type="checkbox"/> by telephone <input type="checkbox"/> mail back <input type="checkbox"/> email <input type="checkbox"/> web-based* (see below) <input type="checkbox"/> Other, describe: <p>*If using a web program with a server located in the United States (e.g., SurveyMonkey), or if there are other reasons that the data will be stored in the US (e.g., use of US-based cloud technology, sharing data with US colleagues, etc.), you must inform participants that their responses may be accessed via the U.S. Patriot Act. Please add the following to the consent form(s):</p> <p><i>“Please be advised that this research study includes data storage in the U.S.A. As such, there is a possibility that information about you that is gathered for this research study may be accessed without your knowledge or consent by the U.S. government in compliance with the U.S. Patriot Act.”</i></p>	<input checked="" type="checkbox"/> <b>Attach questionnaire or survey:</b> <input type="checkbox"/> standardized (one with established reliability and validity) <input checked="" type="checkbox"/> non-standardized (one that is un-tested, adapted or open-ended)
<input type="checkbox"/> <b>Administering a computerized task</b> (describe in 8b or attach details)	
<input checked="" type="checkbox"/> <b>Observing participants</b> <i>In 8b, describe who and what will be observed. Include where observations will take place. If applicable, forward an observational data collection sheet for review.</i>	
<input checked="" type="checkbox"/> <b>Recording of participants and data using:</b> <input checked="" type="checkbox"/> audio <input checked="" type="checkbox"/> video <input checked="" type="checkbox"/> photos or slides <input checked="" type="checkbox"/> note taking <input type="checkbox"/> flipcharts <input type="checkbox"/> data collection sheet (attach) <input type="checkbox"/> other:	<input checked="" type="checkbox"/> Images used for analysis <input checked="" type="checkbox"/> Images used in disseminating results (include release to use participant images in consent materials) <p><b>Consent for use of images in disseminating results is optional and is separate from consent to participate in research and data collection process. Groups 1, 2 and 3 will sign a consent form that includes image/audio/video</b></p>

	<p>release. In the case of any participant consenting to images/video/audio being taken during the research process and at the time of capturing an image/audio/video they decline consent, this verbal non-consent overrides consent in this specific situation. The verbal non-consent refers to the specific situation and not to the capture of all image/audio/video during the research process, however the participant may withdraw their overall consent for image/audio/video and/or data collection at any time.</p>
<p><input type="checkbox"/> <b>Using human samples</b> (e.g., saliva, urine, blood, hair)</p> <p><i>Attach your Biosafety Approval, or your correspondence with the <a href="#">Biosafety Committee</a>, to this application. Note that Research Ethics Approval is contingent on Biosafety Approval.</i></p>	
<p><input type="checkbox"/> <b>Using specialized equipment/machines</b> (e.g., ultrasound, EEG, prototypes etc.) or other. (e.g., testing instruments that are not surveys or questionnaires). Please specify:</p>	
<p><input type="checkbox"/> <b>Using other testing equipment not captured under other categories.</b></p> <p>Please specify:</p>	
<p><input checked="" type="checkbox"/> <b>Collecting materials supplied by, or produced by, the participants</b> (e.g., artifacts, paintings, drawings, photos, slides, art, journals, writings, etc.)</p> <p>Please specify: <b>During surveys, interviews and workshops, there is an optional written reflection section in which the materials will only be collected if verbal consent is given from participant(s)</b></p>	
<p><input type="checkbox"/> <b>Analyzing secondary data</b> or secondary use of data (Refers to information/data that was originally gathered for a purpose other than the proposed research and is now being considered for use in research (e.g., patient or school records, personal writings, lesson plans, etc.).</p> <p><input type="checkbox"/> Secondary data involving anonymized information (Information/data is stripped of identifiers by another researcher or institution <b>before</b> being shared with the applicant).</p> <p><input type="checkbox"/> Secondary data with identifying information (Data contains names and other information that can be linked to individuals, (e.g., student report cards, employment records, meeting minutes, personal writings).</p> <p><i>In item 8b describe the source of the data, who the appropriate data steward is, and explain whether (and how) consent was or will be obtained from the individuals for use of their data.</i></p>	
<p><input type="checkbox"/> <b>Other:</b></p>	

Please specify:
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- 8b. Provide a sequential description of the procedures/methods to be used in your research study.  
Be sure to provide details for all methods checked in section 8a. Clarify which procedures/methods will be used for each participant group. Indicate which methods, if any, will be conducted in a group setting. *List all of the research instruments and interview/focus group questions, and append copies (if possible) or detailed descriptions of all instruments. If not yet finalized, provide drafts or sample items/questions.*

**Observation of participants will only occur with those who have given consent for the data collection process. Observations that will be of interest may be actions of the participants that reveal a connection with the material, interactions between participants who may have various viewpoints on the topic or behaviours that reinforce or defy stereotypes of sexuality of aging. This same process will be utilized for Group 1 and 2 in which the activities will take place in communal spaces/classrooms in each community.**

1. **Script for Invitation to Participate**
2. **Invitation to Participate: first through email to gauge interest then in-person meetings with contact person in each community, finally through word-of-mouth to potential participants from myself as researcher and contact person in each community**
3. **Consent Forms: in-person distribution of consent forms including photo/audio/video release (See Appendix 11)**
4. **If students do not wish to participate in the research, their teacher will have another option provided during the class time.**
5. **Survey: in-person distribution and collection with guarantee of anonymity and confidentiality**
6. **Interviews: one-on-one interviews or with a third party present to ensure comfort of participant discussing themes of family, social stigma of sexuality and aging, and participant's access to sexual health resources**
7. **Group Interviews: discussing themes of family, societal pressures and-access to sexual health resources**
8. **Performance: taken to each community interviewed**
9. **Workshop: follow-up workshop to performance based upon fiction and myth utilized in final performance**

**Observation of participants will only occur with those who have given consent for the data collection process. For Group 3, all participants must consent to observation in order to be involved since that is the nature of the devising process and creation of final performance. During the devising process, I will be observing the participants in Group 3 as to their own reactions and interactions with the material and will offer**

suggestions as to strengthen the performance. As Group 3 will be performing the final fictionalized piece, they will be observed by the participants in Group 1 and 2 as well as the general public in a final performance at the University of Victoria.

1. Discussion of findings from surveys and interviews (participant's information from Group 1 and 2 kept confidential and anonymous) and utilizing fiction and myth to create final performance
2. Regular rehearsals to create final performance
3. Final performance shown to public audience at the University of Victoria and to Group 1 and 2 communities

- 8c. Where will participation take place for each data collection method/procedure? *Provide specific location, (e.g., UVic classroom, private residence, participant's workplace). Clarify the locations for each participant group and/or each data collection method.*

**Group 1: Artemis Place classroom, Reynolds Secondary classroom, and Victoria High School classroom**

**Group 2: Luther Court communal space and Berwick Royal Oak communal space**

**Group 3: University of Victoria performance space (Phoenix Theatre)**

- 8d. For each method, and in total, how much time will be required of participants? *Clarify this for each participant group, each data collection method, and any other research related activities.*

**Group 1: Youth- 2 3 high school drama classes participating in 1 x 1 hour surveys and interviews and 2 x 1 hour workshop over 8 weeks = total 9 hours of surveys, interviews and workshops**

**Group 2: Seniors- 2 senior home residences participating in 1 x 1 hour surveys and interviews and 2 x 1 hour workshop over 8 weeks = total 6 hours of surveys, interviews and workshops**

**Group 3: University of Victoria students- 1 group of devising students participating in 12 x 2 hour rehearsals over 8 weeks = total 24 hours of rehearsal**

- 8e. Will participation take place during participants' office/work hours or instructional time?

☐ No    ☒ Yes. Indicate whether permission is required (*e.g., from workplace supervisor, school principal, etc.*) and how this will be obtained:

**Group 1:**

**Will participate during class hours with the consent of teachers and principals. Consent and photo/audio/video release form will be given to participants with the opportunity to**

contact the researcher or supervisor if needed. Participants in group 1 consists of students and teachers from Artemis Place Secondary, Reynolds Secondary, and Victoria High School between the ages of 15-20. While Artemis Place Secondary is an independent school, Reynolds Secondary and Victoria High School will require permission from School District 61 as well as principals of each school. After initial surveys and interviews, a follow-up workshop will be created to address ideas and themes presented from data collection. The workshops will utilize fiction and myth to delve deeper into ideas and themes and may include: tableau, music, games, group discussions, reflection and role-playing. (See Appendix 8 and 11)

#### **Group 2:**

Will participate during recreational hours with the consent of participants and Directors of Recreational Services at Luther Court and Berwick Royal Oak. Consent and photo/audio/video release form will be given to participants and Directors of Recreational Services with the opportunity to contact the researcher or supervisor if needed.

Participants in group 2 consists of residents from Luther Court Society and Berwick Royal Oak. After initial surveys and interviews, a follow-up workshop will be created to address ideas and themes presented from data collection. The workshops will utilize fiction and myth to delve deeper into ideas and themes and may include: tableau, music, games, group discussions, reflection and role-playing.

#### **Group 3:**

Will participate outside of class hours with the consent of participants. Consent and photo/audio/video release form will be given to participants with the opportunity to contact the researcher or supervisor if needed. Participants in group 3 consist of University of Victoria students with a background in devising. Workshops and rehearsals will utilize data collected in order to guide the thematic approach to devising but the final performance will be fictionalized. The devising process may include: tableau, music, games, group discussions, reflection, role-playing, brainstorming activities, and movement.

#### **Data Collection Methods Checklist:**

Attach all documents referenced in this section (*check those that are appended. Where draft versions are appended please ensure that final versions are submitted when available. If final versions differ significantly after you have obtained Research Ethics approval, you will need to submit a [Request for Modification](#).*)

☐ Standardized Instrument(s)

- ☒ Survey(s), Questionnaire(s) (See Appendix 2)
- ☒ Interview and/or Focus Group Questions (See Appendix 3)
- ☐ Observation Protocols
- ☒ Other: **Applied theatre workshops created after the initial surveys and interviews. While they are not available yet, an example of a suitable workshop for the three groups is available (See Appendix 3)**

## N. Possible Benefits, Inconveniences, and Risks of Harm to Participants

### 9. Benefits

Identify any potential or known benefits associated with participation and explain below.  
*Keep in mind that the anticipated benefits should outweigh any potential risks.*

- ☒ To the participant      ☒ To society      ☒ To the state of knowledge

**Participants may benefit from sharing stories and building a stronger sense of community in their schools and residences. The participants may also benefit from a greater understanding of sexual health practices and deconstruction of social stigma around sexuality and aging. Hopefully this will help the broader community of Victoria to open a dialogue about healthy sexuality and aging.**

### 10. Inconveniences

Identify and describe any known or potential inconveniences to participants:  
*Consider all potential inconveniences, including total time devoted to the research.*

**Potential inconveniences for participants is time commitment, particularly Group 3 during the devising and rehearsal process. Deciding on the times of meetings will vary from group to group but will try to be as unobtrusive to daily schedules as possible. The estimated number of total hours dedicated to this research will be approximately 100 hours.**

### 11. Level of Risk

The [TCPS 2](#) definition of “minimal risk research” is as follows:

*“Research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by the participant in those aspects of their everyday life that relate to the research.”*

Based on this definition, do you believe your research qualifies as “minimal risk research”?

- ☒ Yes, it is minimal risk.      ☐ No, it is not minimal risk.

Explain your answer with reference to the risks of the study and the vulnerability of the participants:



**This research is of minimal risk to participants. While the subject matter of sexuality is sensitive, I intend to use very gentle methods of data collection and to focus on fictionalization and myth to create a safe distance between the participants and the subject matter. Participation is entirely voluntary and since there is no close relationship between the researcher and the participants, the risk of being or feeling coerced into participating is minimal.**

## 12. Estimate of Risks of Harm

Consider the inherent foreseeable risks associated with your research protocol and complete the table below by putting an X in the appropriate boxes. Be sure to take into account the vulnerability of your target population(s) if applicable:

Potential Risks of Harm	Very unlikely	Possibly	Likely
i) Emotional or psychological discomfort, such as feeling demeaned or embarrassed due to the research	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii) Fatigue or stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Social risks, such as stigmatization, loss of status, privacy and/or reputation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv) Physical risks such as falls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Economic risk (e.g., job security, salary loss, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi) Risk of incidental findings ( <i>See Article 3.4 of the TCPS 2 for more information</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii) Other risks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 13. Possible Risks of Harm

If you indicated in Item 12 (i) to (vii) that any risks of harm are *possible* or *likely*, please explain below:

13a. What are the risks? (*i.e., elaborate on risks you have identified above*)

**The risks of emotional or psychological discomfort, particularly being embarrassed due to the research and social risks including stigmatization, privacy and/or reputation is a possible risk.**

- **Since the research is centered upon healthy sexuality and aging, there may be cases of participants feeling uncomfortable with the subject matter due to personal experience.**

- **Participants will not be explicitly asked to share personal stories however personal stories may still be shared in each group if the participant feels comfortable doing so. The sharing of personal stories will not be required for participation in the research process.**
- **I intend to use distancing methods between the participants and the content by focusing instead on the sexual health resources available to participants.**
- **Additionally, workshops and the final performance will be based upon myth and the fictionalization of stories that may be shared during the research process.**

13b. What will you do to try to minimize, mitigate, or prevent the risks?

**As the researcher, I will strive to create a non-judgmental and open environment for participants at all times.**

- **Surveys will be anonymous and focused on sexual health resources and social perceptions of sexuality and aging instead of personal information**
- **Interviews will focus upon larger social ideas about sexuality and aging and less upon personal experience. I will conduct interviews and workshops utilizing overarching themes and fiction in order for participants to feel a safe distance between themselves and the subject matter.**
- **Participation is voluntary and the research will be clearly laid out for participants. By being clear and open from the beginning, it is my intention that participants are fully aware of the research data that will be collected.**
- **It will always be my primary objective to create a safe and comfortable environment for all participants and will be reiterated several times throughout surveys, interviews, workshops and final performance.**

13c. How will you respond if the harm occurs? (*i.e., what is your plan?*)

**If the harm occurs in which a participant feels emotional or psychological discomfort, particularly embarrassment, or social risks such as stigmatization, loss of status, privacy and/or reputation then I will speak directly with the participant to ask them how they would like to proceed. The importance of creating a safe, comfortable and confidential environment will be reinforced each time participants meet.**

**In the case a participant becomes traumatized, is triggered or becomes overly distraught during surveys, interviews, workshop, or performance the following processes may occur:**

- **Activity will come to a pause**
- **Participants will be asked as to how they are feeling as an overall group**
- **Participant who is appearing to be distraught will be isolated and a conversation will occur as to how this participant would like to continue**

**Process moving forward will depend on the nature and the extent of the emotional risk associated and:**

- **Activity may conclude at this point**
- **Activity may continue, but with the removal of the triggering aspect**
- **Participant/s triggered may leave the activity (survey, interview, workshop or performance) early**
- **In all cases it is important to speak to all participants and remind them of the sensitive nature of the material being discussed and how it may trigger others, this will allow for an open, but generalized (if necessary in order to not isolate an individual/s) manner.**

**Information on access to local support services will be attached to the consent form for all participants in the event participants experience emotional or psychological discomfort, or social risk such as stigmatization, loss of status, privacy or reputation.**

- 13d. If you have indicated that there is a risk of Incidental Findings (vi) please outline your proposed protocol for information and/or action.
- 13e. If one or more of your participant groups could be considered vulnerable please describe any specific considerations you have built into the protocol to address this.

**Youth participating without their parents or guardians present are more vulnerable than those participating as adults or with their adult guardians present. Therefore, group 1 will not be asked to share stories of a personal nature within the workshops. If this occurs, discussions will be redirected to a more general nature. Similarly, elders participating could be considered vulnerable and while the research depends on some personal information gathered in the survey, all in-person interactions one-on-one or in a group setting will revolve around the fictionalization of stories and myth to ensure a safe distance from material.**

#### **14. Risk to Researcher(s)**

- 14a. Does this research study pose any risks to the researchers, assistants and data collectors?

**Not that I am aware of.**

- 14b. If there are any risks, explain the nature of the risks, how they will be minimized, and how you will respond if they occur.

### 15. Deception

Will participants be fully informed of everything that will be required of them prior to the start of the research session?

☒ Yes

☐ No (If no, complete the [Request to Use Deception](#) form on the ORS website)

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### O. Incentives, Reimbursement and Compensation

- 16a. Is there any incentive, monetary or otherwise, being offered for participation in the research (e.g., gifts, honorarium, course credits, etc.)

☐ Yes

☒ No

If yes, explain the nature of the incentive(s) and why you consider it necessary. *Also consider whether the amount or nature of the incentive could be considered a form of undue inducement or affect the voluntariness of consent. Clarify which participant groups will be provided with which incentives.*

- 16b. Is there any reimbursement or compensation for participating in the research (e.g., for transportation, parking, childcare, etc.)

☐ Yes

☒ No

If yes, explain the nature of reimbursement or compensation and why you consider it necessary. *Also consider whether the amount of reimbursement or compensation could be considered a form of undue inducement or affect the voluntariness of consent. Clarify which participant groups will be provided with which kind of reimbursement or compensation.*

- 16c. Explain what will happen to the incentives, reimbursement or compensation if participants withdraw during data collection or any time thereafter (e.g., compensation will be pro-rated, full compensation will be given, etc.)

## P. [Free and Informed Consent](#)

*Consent encompasses a process that begins with initial contact and continues through to the end of the research process. Consult Article 3.2 of the TCPS 2 and Appendix V of the Guidelines for further information.*

### 17. Participant's Capacity (Competence) to Provide Free and Informed Consent

*Capacity refers to the ability of prospective or actual participants to understand relevant information presented about a research project, and to appreciate the potential consequences of their decision to participate or not participate. See the [TCPS 2](#), Chapter 3, section C, for further information.*

Identify your potential participants: (Check all that apply.)

Competent	Non-Competent
<input checked="" type="checkbox"/> Competent adults ( <b>See Appendix 4</b> ) <input type="checkbox"/> A protected or vulnerable population (e.g., inmates, patients)	<input type="checkbox"/> Non-competent adults: <input type="checkbox"/> Consent of family/authorized representative will be obtained <input type="checkbox"/> Assent of the participant will be obtained (note that assent of the participant is always required)
<input checked="" type="checkbox"/> Competent youth aged 13 to 18: <input type="checkbox"/> Consent of youth will be obtained and parental/guardian consent is required, due to institutional requirements (such as school districts) or due to the nature of the research (e.g., risks, etc.) <input checked="" type="checkbox"/> Consent of youth will be obtained, parents/guardians will be informed ( <b>See Appendix 11</b> ) <input type="checkbox"/> Consent of youth will be obtained, parents/guardians will NOT be informed <input type="checkbox"/> Other, explain:	<input type="checkbox"/> Non-competent youth: <input type="checkbox"/> Consent of parent/guardian <input type="checkbox"/> Assent of the youth will be obtained (note that assent of the participant is always required)

<input type="checkbox"/> Competent children under 13 ( <i>who are able to provide fully informed consent</i> ): <input type="checkbox"/> Consent of child will be obtained and consent of parent/guardian will be obtained <input type="checkbox"/> Other, explain:	<input type="checkbox"/> Non-competent children ( <i>young children and/or children with limited abilities to provide fully informed consent</i> ): <input type="checkbox"/> Consent of parent/guardian <input type="checkbox"/> Assent of the child will be obtained (note that assent of the participant is always required)
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### 18. Means of Obtaining and Documenting Consent and/or Assent:

*Check all that apply, consider all of your participant groups, attach copies of relevant materials, complete item 19:*

☒ **Signed** consent (*Attach consent form(s) - see [template](#) available* )

☐ **Verbal** consent (*Attach verbal consent script(s) - see [template](#) available.*)

**Explain** in 19 why written consent is not appropriate and how verbal consent will be documented.

☐ Letter of Information for **Implied** consent (*e.g., anonymous, mail back or web-based survey. Attach information letter, see [template](#)*)

☐ **Signed** or **Verbal assent** for non-competent participants (*Attach assent form(s), or verbal assent script(s).*)

**Explain** how verbal assent will be documented in 19.

☐ **Other** means. **Explain** in 19 and provide justification.

☐ Consent **will not be obtained**. See [TCPS 2](#) Articles 3.5 and 3.7. **Explain** in 19.

☐ **Signed** consent from the parents/guardians for youth/child participants (*Attach consent form(s).*)

**Explain** how parents/guardians will provide informed consent for child/youth participants in 19.

☐ **Information letters** for the parents/guardians of youth/child participants (*Attach information letter(s)). If consent will not be obtained from parents/guardians and the parents/guardians will not be informed, explain why not in 19.*

### 19. Informed Consent

Describe the exact steps (chronological order) that you will follow in the process of explaining, obtaining, and documenting informed consent. Ensure that consent procedures for all participant groups are identified (e.g., group 1 - teachers, group 2 – parents, group 3 – students). Be sure to indicate when participants will first be provided

with the consent materials (*e.g., prior to first meeting with the researcher?*). If consent will not be obtained, explain why not with reference to the [TCPS 2](#) Articles 3.5 and 3.7.

**For groups 1, 2 and 3 the following process will occur:**

**Potential participants will be invited to a preliminary meeting before workshops commence and explained the process of the research. The following aspects will be discussed at this meeting:**

- **Explanation of research process to all participants**
- **Discussion of possible risks**
- **Discussion of the collection of data and how the data may be used**
- **Discussion of voluntary withdrawal process**
- **Discussion of use of data if withdrawal is made**
- **Signing of forms**
- **Information relating to access to local support in the case of distress**

**At this point, if potential participants are still interested in participating, they may sign the consent form (See Appendix 4) or take the consent form away for further perusal and sign at/before the first official meeting.**

## **20. Ongoing Consent**

*Article 3.3 of the TCPS 2 states that consent shall be maintained throughout the research project. Complete this section if the research involves interacting with participants over multiple occasions (including review of transcripts, etc.), has multiple data collection activities, and/ or occurs over an extended period of time.*

20a. Will your research occur over multiple occasions or an extended period of time (*including review of transcripts*)?

☒ Yes

☐ No

20b. If yes, describe how you will obtain and document ongoing consent. If consent procedures differ for each group or activity, please clarify each group or activity that you are referring to.

**Participants will be informed that all participation in the project is research within the larger project. At each point in the project and at each point that new participants enter the research they will be explained the process and will be asked to sign a consent form.**

## 21. Participant's Right to Withdraw

*Article 3.1 of the TCPS2 states that participants have the right to withdraw at any time and can withdraw their data and human biological materials.*

Describe what participants will be told about their right to withdraw from the research at any time (*i.e., who to contact and how*). If compensation is involved, explain what participants will be told about compensation if they withdraw. *If you have different participant groups and/or different data collection methods, clarify the different procedures for withdrawing as necessary.*

**Participants will be explained that all participation is optional and that inclusion in surveys, interviews and workshops can occur at any time within the process. No participant will be coerced to continue to participate in surveys, interviews, workshops, or final performance if they wish to withdraw.**

## 22. What will happen to a person's data if s/he withdraws part way through the study or after the data have been collected/submitted? If applicable, include information about visual data such as photos or videos. *If you have different participant groups and/or different data collection methods, clarify the different procedures for withdrawing as necessary. Ensure this information is included in the consent documents.*

- ☒ Participant will be asked if he/she agrees to the use of his/her data. Describe how this agreement will be documented:

**Participants are able to withdraw at any point from the research and are ensured that any data collected will be anonymous and confidential unless occurring in a group setting. In that case, the data generated becomes generated by the overall group and not by individuals, therefore once data is created and shared it becomes owned by the whole group rather than by individuals.**

- ☐ It will not be used in the analysis and will be destroyed.
- ☐ It is logistically impossible to remove individual participant data (*e.g., anonymously submitted data*).
- ☒ When linked to group data (*e.g., focus group discussions*), it will be used in summarized form with no identifying information.

## Free and Informed Consent Checklist:

Attach all documents referenced in this section (*check those that are appended*):

- ☒ Consent and Assent Form(s) – Include forms for all participant groups and data gathering methods (**See Appendix 4**)
- ☐ Letter(s) of Information for Implied Consent
- ☐ Verbal Consent and Assent Scripts



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**Q. Anonymity and Confidentiality**

**23. Anonymity**

*Anonymity means that no one, including the principal investigator, is able to associate responses or other data with individual participants.*

23a. Will the participants be anonymous in the data gathering phase of research?

☐ Yes ☒ No

23b. Will the participants be anonymous in the dissemination of results (*be sure to consider use of video, photos*)?

☐ Yes

☒ Maybe. Explain below.

☐ No. If anonymity will not be protected and you plan to identify all participants with their data, provide the rationale below.

**A part of the dissemination of results in this research process will be a performance and poster presentation for the Jamie Cassels Undergraduate Research Award recipients and public. The performance will not be attributed to any participant specifically (as sharer of personal stories), but rather as participants in theatre making process. In the poster presentation, photos will be used but only from consenting participants of the research process.**

**24. Confidentiality**

*Confidentiality means the protection of the person's identity (anonymity) and the protection, access, control and security of his or her data and personal information during the recruitment, data collection, reporting of findings, dissemination of data (if relevant) and after the study is completed (e.g., storage). The ethical duty of confidentiality refers to the obligation of an individual or organization to safeguard entrusted information. The ethical duty of confidentiality includes obligations to protect information from unauthorized access, use, disclosure, modification, loss or theft.*

24a. Are there any limits to protecting the confidentiality of participants?

☐ No, confidentiality of participants and their data will be completely protected

☒ Yes, there are some limits to the researcher's ability to protect the confidentiality of participants (*Check relevant boxes below.*)

☒ Limits due to the nature of group activities (*e.g., focus groups*): The researcher cannot guarantee confidentiality

☐ Limits due to context: The nature or size of the sample from which participants are drawn makes it possible to identify individual participants (*e.g., school principals in a small town, position within an organization*)

☐ Limits due to selection: The procedures for recruiting or selecting participants may compromise the confidentiality of participants (*e.g.,*

*participants are identified or referred to the study by a person outside the research team)*

- ☐ Limits due to legal requirements for reporting (*e.g., legal or professional*)
- ☐ Limits due to local legislation such as the U.S.A. Patriot Act (*e.g., when there will be data storage in the United States*). When using USA based data instruments and data storage systems researchers are responsible for determining if this applies.
- ☐ Other:

- 24b. If confidentiality will be protected, describe the procedures to be used to ensure the anonymity of participants and for preserving the confidentiality of their data (*e.g., pseudonyms, changing identifying information and features, coding sheet, etc.*) *If you will use different procedures for different participant groups and/or different data methods be sure to clarify each procedure.*

**When referring to stories or anecdotes that were shared in surveys, interviews, workshops and/or in a final presentation, participants will not be referred to with their real names and rather with pseudonyms. Any stories that are shared within surveys, interviews or workshops that either in part or whole become part of the shared performance or poster presentation will be fictionalized so the audience cannot make connections between the content and the participants. Photos will be used in the poster presentation but only from consenting participants of the research process and not in connection with personal stories.**

- 24c. If there are limits to confidentiality indicated in section 24a. above, explain what the limits are and how you will address them with the participants. *If there are different procedures for different participant groups and/or different data collection methods, be sure to clarify each procedure.*

**During group workshops if a participant shares a personal story within the group, then the group by default are aware of the owner of the story. It will always be reminded that participants are under no obligation to share their stories or personal histories. However, if stories are shared and these stories become part of the devised performance the following will occur:**

- **Aspects of the story that connect with a group participant will have names changed to protect the story-teller**

**In the case of confidentiality, Group 3 participants who are part of the devising process will be visually seen in final performance and therefore will not remain anonymous. The stories, interviews, and survey results used to create the final performance will remain anonymous for Groups 1 and 2. In the introduction of the performance to the audience, it will be explained that stories shared within the performance have been fictionalized to protect the story-sharers. No names will be shared in this portion of the process. All participant's names will remain anonymous throughout the research process, including in the performance process.**

During the research process, photographs, audio and/or video may be taken of participants. Only those consenting to being involved in the research process, and those who also consent to the use of photography, audio, and/or video data collection will be captured in this research tool. Photographs, audio and/or videos will be used in the analysis of data and also in the dissemination of data with permission granted in the consent form. Those who do not wish to be photographed, audio recorded, and/or videoed (and state so in the consent form) may still participate in other aspects of the research and data collection.

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## R. Use and Disposal of Data

### 25. Use(s) of Data

- 25a. What use(s) will be made of all types of data collected (*field notes, photos, videos, audiotapes, transcripts, etc.*)?

**The data collected will be used to create a Jamie Cassels Undergraduate Research poster that will be made available to the public in a poster presentation fair on March 8<sup>th</sup>, 2017 at the University of Victoria. Participant's responses to surveys and interviews will be kept anonymous and photos will only be used on the poster if the consent and photo release form has been signed by the participant. The data will also be used to create a devised theatre performance with University of Victoria students which will be made accessible to the public. The performance will fictionalize any stories or data collected to ensure anonymity of participants.**

- 25b. Will your research data be analyzed, now or in future, by yourself for purposes other than this research project?

☒ Yes      ☐ No      ☐ Possibly

- 25c. If yes or possibly, indicate what purposes you plan for this data and how will you obtain consent for future data analysis from the participants (*e.g., request future use in current consent form*)?

**The data collected will contribute to the basis of my Masters in Fine Arts Degree specializing in Applied Theatre where I intend to continue my relationship with the communities indicated and further my research.**

- 25d. Will your research data be analyzed, now or in future, by other persons for purposes other than explained in this application?

☐ Yes      ☒ No      ☐ Possibly

- 25e. If yes or possibly:

- i) Indicate whether the data will contain identifiers when it is provided to the other researchers or whether it will be fully anonymous (*note that "fully anonymous"*

*means that there is no identifying information, links, keys, or codes that allow the data to be re-identified).*

- ii) How will you obtain consent from the participants for future data analysis by other researchers? *(If the data will be transferred in fully anonymous form, this request for future use can be made in the current consent form. If the data will contain identifiers or links/keys/codes for re-identification, consider requesting permission to contact the participants in the future, to obtain consent for the use of the data at that time).*

## 26. Commercial Purposes

26a. Do you anticipate that this research will be used for a commercial purpose?

☐ Yes ☒ No

26b. If yes, explain how the data will be used for a commercial purpose:

26c. If yes, indicate if and how participants will benefit from commercialization.

## 27. Maintenance and Disposal of Data

Describe your plans for protecting data during the project, and for preserving, archiving, or destroying all the types of data associated with the research (*e.g., paper records, audio or visual recordings, electronic recordings, coded data*) after the research is completed:

27a. means of storing and securing data (*e.g., encryption, password protected computer files, locked cabinet, separation of key codes from raw data etc.*):

**Password protected computer files and locked cabinet**

27b. location of storing data (*include location of data-storage servers if using web-based technology*):

**Password protected research folder on the researcher's computer and private location of locked cabinet which only the researcher has access to.**

27c. duration of data storage (*if data will be kept indefinitely, explain why this is necessary and state whether the data will contain identifiers or links to identifiers*):

**Data will be stored for up to 12 months after the completion of project. Personal reflections about research and final script of devised performance will be kept**

**indefinitely by the researcher. The final script will be based upon myth and fictionalized so no participants will be identifiable.**

- 27d. methods of destroying or archiving data. If archiving data, please describe measures to secure or protect the data. If the archiving will involve a third party (*e.g., library, community agency, Aboriginal band, etc.*) please provide details:

**Data will be deleted after the project but the final poster will be kept indefinitely by the researcher. No references to participants will be made unless through photos in which consent and photo release has been given.**

## 28. Dissemination

How do you anticipate disseminating the research results? (*Check all that apply*)

- ☒ Thesis/Dissertation/Class presentation
- ☒ Presentations at scholarly meetings    ☐ Published article, chapter or book
- ☒ Internet (*Students: Most UVic Theses are posted on "UVicSpace" and can be accessed by the public*)
- ☐ Media (*e.g., newspaper, radio, TV*)
- ☒ Directly to participants and/or groups involved. Indicate how: (*e.g., report, executive summary, newsletter, information session*):
- ☐ Other, explain:

**Final performance taken to participant communities and follow-up workshop after performance.**

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## S. Conflict of Interest

- 29a. Apart from a declared dual-role relationship (Section K, item 7), are you or any of the research team members in a perceived, actual or potential conflict of interest regarding this research project (*e.g., partners in research, private interests in companies or other entities*)?

☐ Yes                      ☒ No

- 29b. If yes, please provide details of the conflict and how you propose to manage it:
-

### Attachments\*



\*Ensure that all applicable attachments are included with all copies of your application. Incomplete applications will not be entered into the review system. You will be notified in this case.

### Information for Submission

- Applications may be printed and submitted double-sided
- Do **not** staple the original application with original signatures (clips O.K.)
- The two photocopies may be individually stapled or clipped
- Do **not** staple or clip the individual appendices

**Title and label attachments as Appendix 1, 2, 3 etc. and attach the following documents (check those that are appended):**

**Section I - Recruitment Materials:**

- ☒ Script(s) – in-person, telephone, 3<sup>rd</sup> party, e-mail, etc.
- ☐ Invitation to participate
- ☐ Advertisement, Poster, Flyer

**Section J - Data Collection Methods:**

- ☐ Standardized Instrument(s)
- ☒ Survey(s), Questionnaire(s)
- ☒ Interview and/or Focus Group Questions
- ☐ Observation Protocols
- ☐ Other:

**Section M - Free and Informed Consent:**

- ☒ Consent Form(s) – Include forms for all participant groups and data gathering methods
- ☐ Assent Form(s)
- ☐ Letter(s) of Information for Implied Consent
- ☐ Verbal Consent Script
- ☒ Approval from external organizations (or proof of having made a request for permission)
  - ☐ Permission to gain access to confidential documents or materials
  - ☐ [Request to Use Deception](#) form
  - ☐ Biosafety Committee Approval
  - ☐ Other, please describe:

## Appendix 1

To Whom It May Concern,

My name is Leah Tidey and I am a fourth year Applied Theatre student at the University of Victoria. I am contacting you today since I would like to work with your school/community as part of my research.

As a brief introduction, I will tell you that I have received a Jamie Cassels Undergraduate Research Award from the University of Victoria and am hoping to conduct interviews and surveys with youth and seniors about their access to sexual health resources and social perceptions of healthy sexuality and aging. After my initial research, I would then like to create a devised performance using creation myths and follow it up with a workshop for your students/residents. If you are available, I would love the opportunity to set up a meeting and I can tell you more about the project I have in mind.

Thank you and I hope to hear from you soon.

With Warm Regards,

Leah Tidey



## Appendix 2

### Survey

Age:

Sex:

Gender:

11. What do you feel is your access to Sexual Health Resources and Programming?  
(Pamphlets, books, workshops, seminars, contraceptives such as condoms, etc.)
  - a. Great amount of access
  - b. Good amount of access
  - c. Average amount of access
  - d. Minimal amount of access
  - e. No access
12. Do you feel as if your age has an impact on your access to Sexual Health Resources?
  - a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
13. Which age group do you feel has **greatest** access to Sexual Health Resources?
  - a. 12-18
  - b. 18-25
  - c. 25-45
  - d. 45-65
  - e. 65 and older
14. If offered, would you want to learn more about Sexual Health Practices and your access to resources?
  - a. Very interested
  - b. Interested
  - c. Might be interested
  - d. Not interested
  - e. Not sure
15. How concerned are you about the contraction of Sexually Transmitted Infections or Diseases?
  - a. Very concerned
  - b. Concerned
  - c. A little concerned

- d. Not very concerned
  - e. Not at all concerned
16. Do you feel you have access to a close friend, partner, teacher, and/or relative who you can talk to about sexual health?
- a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
17. Is sexual health a topic you feel comfortable talking about?
- a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
18. Do you feel there is a certain age in which people are expected to be sexually active?
- a. Yes, definitely
  - b. Probably
  - c. Maybe
  - d. Not Sure
  - e. No
19. If yes, what age range?
- a. 12-18
  - b. 18-25
  - c. 25-45
  - d. 45-65
  - e. 65 and older
20. If offered, would you participate in a drama workshop that explores themes related to healthy sexuality?
- a. Very interested
  - b. Interested
  - c. Might be interested
  - d. Not interested
  - e. Not sure

QUESTIONS:

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COMMENTS:

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For further information regarding the research or ethics of this project, please feel free to contact Leah Tidey as the lead researcher or Dr. Warwick Dobson as research supervisor.

Leah Tidey  
ltidey@uvic.ca or 250-739-2980

Dr. Warwick Dobson  
wdobson@uvic.ca

## Appendix 3

### Interviews/Workshops

#### Themes

- Aging
- Social Expectations

Interviews and workshops will utilize distancing techniques and instead of asking personal questions about participant's sexual health and practices, myth and storytelling will be utilized instead. One-on-one interviews will be offered if participants wish not to participate in group interviews conducted in a workshop style. Sample workshop is attached for reference of the type of workshop created but not the specific workshop that will be utilized (workshop creation dependent on findings from surveys and interviews).

### Railroad Workers Workshop

**Lure:** Teacher-in-Role enters as Railroad Worker and places imaginary object in trunk (trunk placed in the room) **(2 minutes)**

- “I’m taking \_\_\_\_\_ with me because it reminds me of home.” (Emphasize that it will remind us of home when we leave)

#### **Thoughts of home: (10 minutes)**

Ask the class to close their eyes and think about what home means to them.

- “What is Home? What does home look like? What does it feel like? What sense do you get from home?”
- Write down three words that come to mind about what home means to you?
- Put paper in floor, begin walking around space, picking up and dropping paper and reading the words aloud.
- Soundscape builds.
- Choose one word that resonated with you and embody that word in a frozen image.

**Building Belief:** “If you were forced to leave your home, what would you bring with you?” **(2 minutes)**

- “Visualize the object in your hands”—Invite class to close their eyes and allow them to have a moment to silently think about it
- “Hold the object in your hand. What does it feel like? What does it smell like? How heavy is it? Silently think about these while you hold your object from home.”

#### **Into Action: Packing the trunk (5 minutes)**

- “Now that we have our objects from home, one at a time we are going to place them in the trunk. “You can do so silently or say I’m taking \_\_\_\_\_ with me because it reminds me of home”
- Demonstrate placing imaginary object from home into the trunk (Teacher-in-Role as Railroad Worker)

**Social Poetry: (10 minutes)**

1. No-one leaves home unless home is the mouth of a shark
  2. No-one leaves home unless home chases you
  3. No-one leaves home unless home is a sweaty voice in your ear
- Facilitator reads out the lines to group
  - Places paper on the floor
  - Hands out paper to the group, they write their own lines starting with “no-one leaves home unless...”
  - Place paper on the floor, order the papers – ask group what the best order is and how to present the poem

**Lure: Image from Book (2 minutes)**

- Show image to introduce the idea of the railroad workers – project image on screen?
- Connecting with one person who came from China to work on the railway

**Building Belief: Voices in the Head (3-5 minutes)**

- “This railroad worker has just packed their possessions from home. I wonder what this worker’s hopes are for her new home?”
- Ask the class to make two lines facing each other creating an alley
- Teacher-in-Role as Railroad Worker stands at one end of the alley
- “We are going to be the voices in the head of the Railroad Worker leaving home. When the Worker walks past you, speak their hopes for their new home. Each thought will begin with I hope...”

**Recruiter and Railroad Worker Meet: (2-3 minutes)**

- Teacher-in-Role as Recruiter meets Railroad Worker at the end of the alley and establishes environment
- “Are you here to work? Have you ever worked on a railroad before? Well it’s hard work! We need people to dig. We need people to set the dynamite and blast our way through the mountains. We need people to lay down the tracks and hammer the stakes into the earth. It’ll be long days and cold nights but the work needs to get done. Let’s get to work!”

**Occupational Mime: (2 minutes)**

- Give the group job areas: blasting site, digging, laying tracks, kitchen etc.

**Into Action: Day In The Life (5 minutes)**

- Once the group has established what jobs they are doing and their work environment
- “Now that we know what life was like and the kind of work they did, we are going to create a Day in the Life of the Railroad workers. Find your own space.”

“First create your still images for the following times of the day (6am, 11am, 4pm, 9pm). No speaking/sound.”

When the still images are created ask them to work on their transitions between each time of day.

“Work on your transitions between the following times of day.”

1. 6am
2. 11am

3. 4pm
4. 9pm

**Development: Angry Feelings (5 minutes)**

*The angry memories rose and swirled like smoke among the workers.*

*“The white boss treats us like mules and dogs!”*

*“They need a railway to tie this nation together, but they can’t afford to pay decent wages.”*

*“What kind of country is this?”*

- Ask class to move to their 9pm Positions and remain frozen. **(2-3 minutes)**
- Thought Tracking

**Reflection: Return to Voices in the Head (5-8 minutes)**

- Invite class to create a circle
- Teacher-in-Role as Railroad Worker brings trunk back to the middle of the room
- “Let’s think about our “I hope” statements from before. We are going to repeat those phrases but add a little on to them. Let’s create another statement of the reality of the Railroad Worker’s new home.””
- One at a time, pick up your object from home using the statement “My hope was...My new home is...”
- Emily demonstrates as the Railroad worker slowly opens the trunk and picks up their object from home “My hope was...My new home is...”

## Appendix 4



**University  
of Victoria**

## *Participant Consent Form*

**Project Title:** Intergenerational Theatre in Education Sexual Health Project

**Researcher(s):** LEAH TIDEY, LEAD RESEARCHER, (Undergraduate Student), THEATRE, UNIVERSITY OF VICTORIA, 250-739-2980, LEATIDEY@GMAIL.COM

**Supervisor:** DR. WARWICK DOBSON, THEATRE, 250-721- 7991, WDOBSON@UVIC.CA

### **Purpose(s) and Objective(s) of the Research:**

#### Research Questions

- To what extent is there a social stigma about sexuality and aging? How can applied theatre be utilized to address social stigma about sexuality and aging through the use of fictionalization and myth?

#### Research Objectives:

- To assess the knowledge and availability of healthy sexuality resources in each community
- To create a new understanding of aging and sexuality that combats social stigma
- To open a dialogue between participants and the communities they live/study in about sexual health practices
- To foster an intergenerational community through playfulness, respect, and participation in performances and workshops

### **This Research is Important because:**

- It aims to assess seniors and youth access to sexual health information and programming and offer applied theatre as a tool to addressing concerns and social stigma surrounding sexual health practices and aging.

### **Participation:**

- Participant has been selected for research because of their age.
- Participation in this project is entirely voluntary.
- Whether you choose to participate or not will have no effect on your position [e.g. employment, class standing] or how you will be treated.

### **Procedures:**

- I intend to interview participants about their perceptions of sexuality and aging and from these interviews, utilize research findings to devise a performance utilizing fictionalization to discuss similar themes.
  - Interviews will include group discussion about social perceptions of sexuality and aging, theatre exercises such as tableau, improvisation and role-playing, as well as reflection that may ask participants to write their responses to the interviews

- To ensure confidentiality of participants, any stories provided during interviews will be fictionalized in performance and workshops.
  - Written reflections during interviews will ONLY be collected if the participant gives verbal consent for the researcher to do so
  - Written reflection will be entirely optional and will not impact participation of participants in the research
  - Written reflection will be used for researcher's own understanding and may be utilized in final performance but will be fictionalized so as to ensure participants confidentiality and anonymity in final performance
- **Duration:** December 2016 to March 2017
- **Location:** Various secondary schools and senior homes across Victoria as well as the University of Victoria
- **Inconvenience:** Time commitment

#### **Benefits:**

- Participants may benefit from sharing stories and building a stronger sense of community in their schools and residences.
- Participants may also benefit from a greater understanding of sexual health practices and deconstruction of social stigma around sexuality and aging. Hopefully this will help the broader community of Victoria to open a dialogue about healthy sexuality and aging.

#### **Risks:**

- EMOTIONAL, SOCIAL, OR PSYCHOLOGICAL
- **Risk(s) will be addressed by:**
  - Since the research is centered upon healthy sexuality and aging, there may be cases of participants feeling uncomfortable with the subject matter due to personal experience.
  - Participants will not be explicitly asked to share personal stories however personal stories may still be shared in each group if the participant feels comfortable doing so. The sharing of personal stories will not be required for participation in the research process.
  - I intend to use distancing methods between the participants and the content by focusing instead on the sexual health resources available to participants.
  - Additionally, workshops and the final performance will be based upon myth and the fictionalization of stories that may be shared during the research process.

#### **Withdrawal of Participation:**

- You may withdraw at any time without explanation or consequence.
- Should you withdraw at any point from the research, you are ensured that any data collected will be anonymous and confidential unless occurring in a group setting. In that case, the data generated becomes generated by the overall group and not by individuals, therefore once data is created and shared it becomes owned by the whole group rather than by individuals.

#### **Continued or On-going Consent:**

- Participants will be informed that all participation in the project is research within the larger project. At each point in the project and at each point that new participants enter the research they will be explained the process and will be asked to sign a consent form.

#### **Anonymity and Confidentiality:**

- The performance will not be attributed to any participant specifically (as sharer of personal stories), but rather as participants in theatre making process.
- In poster presentation, photos will be used but only from consenting participants of the research process.



- Any stories that are shared within surveys, interviews or workshops that either in part or whole become part of the shared performance or poster presentation will be fictionalized so the audience cannot make connections between the content and the participants.
- Photos will be used in the poster presentation but only from consenting participants of the research process and not in connection with personal stories.
- During the research process, photographs, audio and/or video may be taken of participants. Only those consenting to being involved in the research process, and those who also consent to the use of photography, audio, and/or video data collection will be captured in this research tool.
- Those who do not wish to be photographed, audio recorded, and/or videoed (and state so in the consent form) may still participate in other aspects of the research and data collection
- Data collected will be password protected research folder on the researcher's computer and private location of locked cabinet which only the researcher has access to

**Research Results will [may] be Used/Disseminated in the Following Ways:**

- Directly to participants; Published Article; Thesis / Dissertation/ Class Presentation; Presentations at scholarly meetings (JCURA Poster Fair); Report to organization; or Public Performance of Final Devised Piece

**Disposal of Data**

- Data will be stored for up to 12 months after the completion of project. After this time, electronic data will be erased and paper copies will be shredded. Personal reflections about research and final script of devised performance will be kept indefinitely by the researcher. The final script will be fictionalized so no participants will be identifiable.
- Final poster and thesis/dissertation will be published and kept indefinitely

**Questions or Concerns:**

- Contact the researcher(s) using the information at the top of page 1;
- Contact the Human Research Ethics Office, University of Victoria, (250) 472-4545  
[ethics@uvic.ca](mailto:ethics@uvic.ca)

**Consent:**

**Visually Recorded Images/Data:** Participant or parent/guardian to provide initials, *only if you consent:*

- Photos may be taken of me [my child] for:      Analysis \_\_\_\_\_ Dissemination\* \_\_\_\_\_
- Videos may be taken of me [my child] for:      Analysis \_\_\_\_\_ Dissemination\* \_\_\_\_\_

\*Even if no names are used, you [or your child] may be recognizable if visual images are shown as part of the results.

**Future Use of Data**

I consent to the use of my data in future research: \_\_\_\_\_ (Participant to provide initials)

I **do not** consent to the use of my data in future research: \_\_\_\_\_ (Participant to provide initials)

I consent to be contacted in the event my data is requested for future research: \_\_\_\_\_  
(Participant to provide initials)

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

_____ <i>Name of Participant</i>	_____ <i>Signature</i>	_____ <i>Date</i>
-------------------------------------	---------------------------	----------------------

*A copy of this consent will be left with you, and a copy will be taken by the researcher.*

**Island Sexual Health Society**

250-592-3479

<http://islandsexualhealth.org/>

**Outspeak!**

250-384-2366

[www.outspeak.ca](http://www.outspeak.ca)

**Project Respect**

383-5545

<http://yesmeansyes.com/>

**Victoria Women's Sexual Assault Centre**

383-3232 – 24 hour crisis line

383-5545 – business line

[www.vwsac.com](http://www.vwsac.com)

**Appendix 5**Community Approval

**Artemis Place Secondary**  
**School Contact:** Kim Sholinder  
**Email Correspondence**

**Response**

Hi Leah,

It would be great to meet up to discuss these possibilities! The next two weeks are really hectic for us, but how about closer to the middle of October? Also, if you need access to youth for your research, I may be able to help out;-). Last years project was a great intro to devising and the many uses of theatre, and I'd love to continue the relationship with 435! Thanks so much for getting in touch!

Let me know when you're free to meet!

## Appendix 6

### Community Approval

**Luther Court Society**  
**Society Contact:** Lori McKenzie  
**Email Correspondence**

#### **Response**

Hi Leah,

Very excited to hear from you and to take the opportunity to meet further about the project you have in mind. I would also like to include our activity coordinator, Amber Hayes in on our meeting, as often she will be the one that is connecting with the seniors and assisting on the various days of meeting, etc. I am wondering about the possibility of meeting Tuesday afternoon, the 11<sup>th</sup>, alternatively I could be available Wednesday afternoon the 12<sup>th</sup>, after 2:00PM and again Friday afternoon if you have any available times on those days. Looking forward to connecting with you.

*Lori McKenzie*  
*Director of Community & Support Services*  
*Luther Court Society*  
*1525 Cedarhill X Road,*  
*Victoria, BC*  
*V8P 5M1*  
*Ph.250, 477-7241, ext.39*  
[lmckenzie@luthercourt.org](mailto:lmckenzie@luthercourt.org)

**\*Approval from other communities will be forwarded when received**

## Appendix 7



### School District 61 Request for Research Approval

#### OFFICE OF THE ASSOCIATE SUPERINTENDENT

556 BOLESKINE ROAD, VICTORIA, BC V8Z 1E8 FAX (250) 475-4115  
Associate Superintendent's Office (250) 475-4220

Via Email: [leahtidey@gmail.com](mailto:leahtidey@gmail.com)

November 7, 2016

Leah Tidey  
Research Student  
Department of Theatre  
University of Victoria  
PO Box 1700 stn CSC  
Victoria, BC V8W 2Y2

Dear Ms. Tidey:

This letter is in response to your request dated November 7, 2016, to conduct research in our school district re: *Sexual Health Resources & Social Perceptions of Healthy Sexuality and Aging*.

Please be advised that you are required to complete the attached application form "Request to Use Public School Students or Staff in Research". A copy of "Protection of Privacy Section 35-Disclosure for Research or Statistical Purposes" and Policy and Regulation 6162.5 "Research" are also attached for your information.

This letter authorizes you to contact the principal(s) of the school(s) you wish to conduct research and provide each with your project information. The principal(s) will complete the Principal Form for Research which becomes part of your application.

Please send your completed application to my attention where it will then be forwarded for a decision. You will be advised of the outcome as soon as possible.

If you have any questions or concerns, please do not hesitate to contact me at 250-475-4158.

Sincerely,

*Tina Carleton*

Tina Carleton  
Senior Management Assistant

## Appendix 8

### School District 61 Request to Use Public School Students or Staff in Research and Principal Form for Research

#### REQUEST TO USE PUBLIC SCHOOL STUDENTS OR STAFF IN RESEARCH

Date of Request November 8, 2016

##### PERSONAL INFORMATION

Name of Researcher: Leah Tidey

Address: 312-563 Johnson Street, Victoria, B.C. Postal Code: V8W  
1M2

Phone: 250-739-2980 Fax: \_\_\_\_\_ Email: leahtidey@gmail.com

##### EDUCATIONAL INFORMATION

Faculty or Department: Theatre Department

Name of Supervisor (or sponsoring body): Dr. Warwick Dobson at the University of Victoria

Status of Applicant (undergraduate, faculty member, etc.): Undergraduate

\*If student, what year? Fourth

Reason for Project (e.g. thesis requirement): Jamie Cassels Undergraduate Research Award Recipient

## PROJECT INFORMATION -Summary

Title of Project: Intergenerational Theatre in Education Sexual Health Project

Brief summary of the project's nature, objectives, educational application, etc. in non-technical terms:

Statistically, elders and youth represent the highest percentages of our population having unprotected sex and are in the most need of effective sexual health education. The rise of Sexually Transmitted Infections and Diseases over the past two decades clearly indicates that action must be taken to educate and promote healthy sexuality. Therefore, I propose a joint health initiative between elders and youth in Victoria to discuss, learn, create, devise, and share the importance of sexual health. I believe that sexual health through Theatre in Education is an innovative initiative that has the ability to deconstruct social stigma and provide an embodied learning experience that will create lasting change.

PROJECT INFORMATION – Student(s), teacher(s), administrator(s), parent(s)

### Student(s)

Grade level of students preferred: 10-12

Number of students requested: Male \_\_\_\_\_ Female \_\_\_\_\_ Not relevant Not Relevant

Other characteristics (social class, race, geography, etc.): Not relevant to this research

Length of time needed: 8 hours non consecutively

Do you need access to students individually? \_\_\_\_\_ in groups? \_\_\_\_\_ both? Yes

In school settings? Yes If outside the classroom, state needs (size of room, furnishings, etc.):

Restrictions of day: a.m. only \_\_\_\_\_ p.m. only \_\_\_\_\_ either Yes other \_\_\_\_\_

How do you plan to get the student(s) to and from the classroom? I intend to work with Drama Teachers and with their assistance get students to and from the classroom in their own school.

**Teacher(s)**Number of staff requested: Two

---

Length of time needed: 8 hours non consecutively

---

Restrictions of day: a.m. only \_\_\_\_\_ p.m. only \_\_\_\_\_ either Yes other \_\_\_\_\_**Administrator(s)**Number of staff requested: N/A

---

Length of time needed: N/A

---

Restrictions of day: a.m. only \_\_\_\_\_ p.m. only \_\_\_\_\_ either \_\_\_\_\_ other N/A

---

**Parent(s)**Number of parent(s) requested: N/A

---

Length of time needed: N/A

---

Restrictions of day: a.m. only \_\_\_\_\_ p.m. only \_\_\_\_\_ either \_\_\_\_\_ other N/A

---

**PROJECT INFORMATION – School(s) specific**Preferred School(s): Victoria High School and Reynolds Secondary

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If preliminary contact already has been made with a school or schools, please state which one(s):  
Victoria High School and Reynolds Secondary

---

Note: Please provide a completed “**Principal Form for Research**” (see attached) from the Principal of each school you wish to conduct research. The completed “Principal Form for Research” must accompany your application. (This will not automatically guarantee approval of your project.)



## STIMULUS MATERIALS AND EVALUATION INSTRUMENTS

Please specify the general nature and intent of the materials and instruments to be used and attach a copy of the items to be presented.

As an Applied Theatre Practitioner, I intend to survey students about their access to sexual health resources and their ideas about sexuality and aging. During group interviews and workshops, observation of participants will only occur with those who have given consent for the data collection process. Observations that will be of interest may be actions of the participants that reveal a connection with the material, interactions between participants who may have various viewpoints on the topic or behaviours that reinforce or defy stereotypes of sexuality of aging. The workshops will be derived thematically from the results of the surveys and initial interviews and will utilize fictionalization to ensure safety and anonymity of students. Attached is a copy of survey questions.

Please comment on the CONFIDENTIALITY of the information you will gather.

The survey information gathered will be anonymous and focused on sexual health resources and social perceptions of sexuality and aging instead of personal information. The interviews, group discussions and workshops will focus on larger social ideas about sexuality and aging and less upon personal experience. I will conduct interviews and workshops utilizing overarching themes and fiction in order for participants to feel a safe distance between themselves and the subject matter. These will be held within in the classroom of participants but information gathered will be made anonymous outside of the classroom during dissemination of research. During the final performance aspect of the research, all stories or information shared will be fictionalized and will not be able to be traced back to any individual participant.

If you plan to present a learning, problem-solving or related task situation, specify the general nature and intent of the procedure and attach an exact copy of your instructions including the type of feedback the student will receive.

During the final performance, it is my intention that the participants will have a new understanding of sexuality and aging since the information utilized to create the final performance will come from youth and seniors. After the performance, a follow-up reflection period and question and answer will be offered to the participants if they chose to participate.

If any form of deception is to be used, please justify its extent and rationale, as well as the details of the debriefing procedure. BE VERY SPECIFIC.

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Other comments: \_\_\_\_\_

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***ALL QUESTIONNAIRES, SURVEYS, CONSENT FORMS ETC. TO BE USED IN THIS STUDY MUST ACCOMPANY THIS APPLICATION.***

**GENERAL**Expected starting date: December 2016Expected date of completion in school(s): March 2017Expected date of final report: March 2017

(A formal written report of the outcome is to be forwarded to the Greater Victoria School District. This is mandatory.)

**AGREEMENT**

I/We certify the above information to be correct and agree to the conditions set by the Greater Victoria School District #61.

**Signature of Researcher(s):** \_\_\_\_\_**Signature of Supervisor:** \_\_\_\_\_

(if different from above)

**Quick Checklist**

- ❖ Completed “Principal Form for Research” for each school to be attached
- ❖ Ethics approval from educational establishment to be attached
- ❖ Researcher and Supervisor signatures
- ❖ Questionnaires, surveys, consent forms, etc. to be attached

**FOR OFFICE USE ONLY**

DECISION: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

Please send completed application to:

***Greater Victoria School District #61***

556 Boleskine Road  
Victoria, BC V8Z 1E8

Attention: Tina Carleton, Associate Superintendent's Department

(Phone: 250-475-4220 Fax: 250-475-4115 Email: [tcarleton@sd61.bc.ca](mailto:tcarleton@sd61.bc.ca))

## PRINCIPAL FORM FOR RESEARCH

*This form is to be filled out by the Principal and is to be submitted as part of the research application.*

Principal's Name : Mr. Tom Aerts

School: Reynolds Secondary

Researcher's Name : Leah Tidey

Project Topic : Intergenerational Theatre in Education Sexual Health Project

*Principal - please circle your answer*

1. Yes/No                      The researcher has provided me with a copy of all materials to be used in this project. (surveys, consent forms, questions and/or methods)
2. Yes/No                      The researcher has provided me with a copy of the ethics approval document from the post secondary university/college.
3. Yes/No                      I am comfortable with the content of the materials. *(If No, please comment below)*
4. Yes/No                      I support the timeline that the researcher would like to conduct research. *(If No, please comment below)*
5. Yes/No/NA                  I have spoken to all staff who will be involved in this research and have the staff member(s) support.
6. Yes/No                      I have personally spoken with the researcher.
7. Yes/No                      I support this project in my school.

Comments:

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Principal Signature : \_\_\_\_\_ Date : \_\_\_\_\_

*Any questions? Please contact Tina Carleton, Associate Superintendent's Department, phone 250-475-4220, or e-mail [tcarleton@sd61.bc.ca](mailto:tcarleton@sd61.bc.ca)*

## PRINCIPAL FORM FOR RESEARCH

*This form is to be filled out by the Principal and is to be submitted as part of the research application.*

Principal's Name : Mrs. Randi Falls

School: Victoria High School

Researcher's Name : Leah Tidey

Project Topic : Intergenerational Theatre in Education Sexual Health Project

*Principal - please circle your answer*

1. Yes/No                      The researcher has provided me with a copy of all materials to be used in this project. (surveys, consent forms, questions and/or methods)
2. Yes/No                      The researcher has provided me with a copy of the ethics approval document from the post secondary university/college.
3. Yes/No                      I am comfortable with the content of the materials. *(If No, please comment below)*
4. Yes/No                      I support the timeline that the researcher would like to conduct research. *(If No, please comment below)*
5. Yes/No/NA                      I have spoken to all staff who will be involved in this research and have the staff member(s) support.
6. Yes/No                      I have personally spoken with the researcher.
7. Yes/No                      I support this project in my school.

Comments:

---



---

Principal Signature : \_\_\_\_\_ Date : \_\_\_\_\_

*Any questions? Please contact Tina Carleton, Associate Superintendent's Department, phone 250-475-4220, or e-mail [tcarleton@sd61.bc.ca](mailto:tcarleton@sd61.bc.ca)*

*Revised October 2016*

## Appendix 9

## School District 61 Research Regulation 6162.5



*The Greater Victoria School District is committed to  
each student's success in learning within  
a responsive and safe environment.*

## **REGULATION 6162.5**

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### **RESEARCH**

1. Priority in the approval of research applications shall be given to:
  - a) provincial educational institutions
  - b) graduate-level students from universities
  - c) undergraduate students from universities
2. All research requests from universities or colleges must have faculty approval and sponsorship.
3. All research requests must insure: subject anonymity, school anonymity, pupil anonymity.
4. All research requests must conform to the requirements of the Human Rights Branch of the Ministry of Labour.
5. All research requests must ultimately be approved by the principal of the school in which the research is to be undertaken.
6. All research requests must be presented on a School District authorized application form and must have attached copies of the instrument to be used.
7. No research results may be released to the media without the specific approval of the Superintendent of Schools, or his delegate, and such must be on a prior agreement of the researcher or research team.
8. One copy of results must be retained at the School Board office for records.

*Greater Victoria School District*  
Approved: March 1979

**Appendix 10****School District 61 Research Policy 6162.5**

*The Greater Victoria School District is committed to  
each student's success in learning within  
a responsive and safe environment.*

**POLICY 6162.5**

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**RESEARCH**

The Board of School Trustees recognizes the importance of research and permits, subject to the approval of the Superintendent of Schools, carefully prepared and properly designed research projects and surveys to be undertaken in the schools of this District.

*Greater Victoria School District*

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Adopted: February 19, 1973

Revised: July 1975

Revised: March 1, 1979

## Appendix 11

## School District 61 Interview/Photograph/Video Consent Form



## GREATER VICTORIA SCHOOL DISTRICT

## INTERVIEW/PHOTOGRAPHS/VIDEO CONSENT FORM

This consent form must be used

- when interviews are undertaken or when photos or video are taken by the media or an outside organization and where individual students are identified by name
- when photos or video are taken by the District where individual students are identified and the material is to be used for materials outside the School.

I hereby consent for \_\_\_\_\_  
Name of Student

to be

- ☐ interviewed by  
☐ photographed by  
☐ videotaped by

\_\_\_\_\_  
Name of Organization (or District Department)

*Purpose of the interview, photograph or videotape and what use will be made of it:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## K-2: Approval Document

November 10, 2016



Office of Research Services | Human Research Ethics Board  
Administrative Services Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada  
T 250-472-4545 | F 250-721-8960 | [uvic.ca/research](http://uvic.ca/research) | [ethics@uvic.ca](mailto:ethics@uvic.ca)

### Certificate of Approval

<b>PRINCIPAL INVESTIGATOR:</b> Leah Tidey	<b>ETHICS PROTOCOL NUMBER</b> 16-365
<b>UVic STATUS:</b> Undergraduate	Minimal Risk Review - Delegated
<b>UVic DEPARTMENT:</b> THEA	<b>ORIGINAL APPROVAL DATE:</b> 10-Nov-16
<b>SUPERVISOR:</b> Warwick Dobson	<b>APPROVED ON:</b> 10-Nov-16
	<b>APPROVAL EXPIRY DATE:</b> 09-Nov-17

**PROJECT TITLE:** Intergenerational Theatre in Education Sexual Health Project

**RESEARCH TEAM MEMBER:** None

**DECLARED PROJECT FUNDING:** JCURA

**CONDITIONS OF APPROVAL**

This Certificate of Approval is valid for the above term provided there is no change in the protocol.


**Modifications**  
To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

**Renewals**  
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

**Project Closures**  
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

**Certification**

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.



Dr. Rachael Scarth  
Associate Vice-President Research Operations

Certificate Issued On: 10-Nov-16

16-365 Tidey, Leah



## K-3: Modification Documents

November 3, 2017



Office of Research Services | Human Research Ethics Board  
Administrative Services Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada  
T 250-472-4545 | F 250-721-8960 | [uvic.ca/research](http://uvic.ca/research) | [ethics@uvic.ca](mailto:ethics@uvic.ca)

### Modification of an Approved Protocol

PRINCIPAL INVESTIGATOR: Leah Tidey	ETHICS PROTOCOL NUMBER: 16-365 <small>Minimal Risk Review - Delegated</small>
UVic STATUS: Master's Student	ORIGINAL APPROVAL DATE: 10-Nov-16
UVic DEPARTMENT: THEA	MODIFIED ON: 03-Nov-17
SUPERVISOR: Dr. Warwick Dobson	APPROVAL EXPIRY DATE: 09-Nov-18

**PROJECT TITLE:** Intergenerational Theatre in Education Sexual Health Project

**RESEARCH TEAM MEMBER** Community Liaisons: Lauren Jerke (Target Theatre), John Grey (Reynolds SEC), Amber Hayes (Luther Court), Kim Sholinder (Artemis Place); Sexual Health Educator: Jennifer Gibson (Island Sexual Health)

**DECLARED PROJECT FUNDING:** New Horizons for Seniors Program Grant (2017)

**CONDITIONS OF APPROVAL**

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

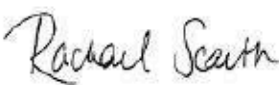
**Modifications**  
To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

**Renewals**  
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**Project Closures**  
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

**Certification**

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.

  
\_\_\_\_\_  
Dr. Rachael Scarth  
Associate Vice-President Research Operations

Certificate Issued On: 03-Nov-17

16-365 Tidey, Leah

September 20, 2018



Office of Research Services | Human Research Ethics Board  
 Administrative Services Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada  
 T 250-472-4545 | F 250-721-8960 | [uvic.ca/research](mailto:uvic.ca/research) | [ethics@uvic.ca](mailto:ethics@uvic.ca)

## Modification of an Approved Protocol

PRINCIPAL INVESTIGATOR: Leah Tidey	ETHICS PROTOCOL NUMBER: 16-365 <i>Minimal Risk Review - Delegated</i>
UVic STATUS: Master's Student	ORIGINAL APPROVAL DATE: 10-Nov-16
UVic DEPARTMENT: THEA	MODIFIED ON: 20-Sep-18
SUPERVISOR: Dr Kirsten Sadeghi-Yekta	APPROVAL EXPIRY DATE: 09-Nov-18

PROJECT TITLE: Intergenerational Theatre in Education Sexual Health Project

RESEARCH TEAM MEMBER Project Assistant: Alexandra Haupt, UVic;  
 Research Supervisor: Bruce Ravelli, UVic;  
 Community Liaisons: Madeleine Mills (Target Theatre), Kim Sholinder (Victoria High School);  
 Sexual Health Educator: Jennifer Gibson (Island Sexual Health)

DECLARED PROJECT FUNDING: ~~Now~~ Horizons for Seniors Program Grant (2017)

**CONDITIONS OF APPROVAL**

This Certificate of Approval is valid for the above term provided there is no change in the protocol.


**Modifications**  
 To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

**Renewals**  
 Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

**Project Closures**  
 When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

**Certification**

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.

  
 Dr. Rachael Scarth  
 Associate Vice-President Research Operations


Certificate Issued On: 20-Sep-18

16-365 Tidey, Leah

## K-4: Renewal Documents

November 3, 2017

### Certificate of Renewed Approval


<b>PRINCIPAL INVESTIGATOR:</b> Leah Tidey <b>UVic STATUS:</b> Master's Student <b>UVic DEPARTMENT:</b> THEA <b>SUPERVISOR:</b> Dr. Warwick Dobson	<b>ETHICS PROTOCOL NUMBER:</b> 16-365 Minimal Risk Review - Delegated <b>ORIGINAL APPROVAL DATE:</b> 10-Nov-16 <b>RENEWED ON:</b> 03-Nov-17 <b>APPROVAL EXPIRY DATE:</b> 09-Nov-18
<b>PROJECT TITLE</b> Intergenerational Theatre in Education Sexual Health Project	
<b>RESEARCH TEAM MEMBERS</b> Community Liaisons: Lauren Jerke (Target Theatre), John Grey (Reynolds SEC), Amber Hayes (Luther Court), Kim Sholinder (Artemis Place); Sexual Health Educator: Jennifer Gibson (Island Sexual Health)	
<b>DECLARED PROJECT FUNDING:</b> New Horizons for Seniors Program Grant (2017)	
<b>CONDITIONS OF APPROVAL</b>	
<p>This Certificate of Approval is valid for the above term provided there is no change in the protocol.</p> <p><b>Modifications</b>          To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.</p> <p><b>Renewals</b>          Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.</p> <p><b>Project Closures</b>          When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.</p>	
<b>Certification</b>	
<p style="text-align: center;">This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.</p> <div style="text-align: center; margin-top: 20px;">   <hr style="width: 200px; margin: 0 auto;"/> <p>Dr. Rachael Scarth Associate Vice-President Research Operations</p> </div>	

Certificate Issued On: 03-Nov-17

16-365 Tidey, Leah

October 1, 2018

## Certificate of Renewed Approval

<b>PRINCIPAL INVESTIGATOR:</b> Leah Tidey <b>UVic STATUS:</b> Master's Student <b>UVic DEPARTMENT:</b> THEA <b>SUPERVISOR:</b> Dr Kirsten Sadeghi-Yekta	<b>ETHICS PROTOCOL NUMBER:</b> 16-365 <small>Minimal Risk Review - Delegated</small> <b>ORIGINAL APPROVAL DATE:</b> 10-Nov-16 <b>RENEWED ON:</b> 01-Oct-18 <b>APPROVAL EXPIRY DATE:</b> 09-Nov-19
<b>PROJECT TITLE:</b> Intergenerational Theatre in Education Sexual Health Project  <b>RESEARCH TEAM MEMBER</b> Project Assistant: Alexandra Haupt, UVic; Research Supervisor: Bruce Ravelli, UVic; Community Liaisons: Madeleine Mills (Target Theatre), Kim Sholinder (Victoria High School); Sexual Health Educator: Jennifer Gibson (Island Sexual Health)	
<b>DECLARED PROJECT FUNDING:</b> New Horizons for Seniors Program Grant (2017)	
<b>CONDITIONS OF APPROVAL</b>	
<p>This Certificate of Approval is valid for the above term provided there is no change in the protocol.</p> <p><b>Modifications</b>          To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.</p> <p><b>Renewals</b>          Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.</p> <p><b>Project Closures</b>          When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.</p>	
<b>Certification</b>	
<p style="text-align: center;">This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.</p> <div style="text-align: center; margin-top: 20px;">   <hr style="width: 200px; margin: 0 auto;"/> <p>Dr. Rachael Scarth Associate Vice-President Research Operations</p> </div>	

Certificate Issued On: 01-Oct-18


16-365 Tidey, Leah

November 4, 2019



Office of Research Services | Human Research Ethics Board  
 Administrative Services Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada  
 T 250-472-4545 | F 250-721-8960 | [uvic.ca/research](http://uvic.ca/research) | [ethics@uvic.ca](mailto:ethics@uvic.ca)

## Certificate of Renewed Approval

PRINCIPAL INVESTIGATOR: Leah Tidey	ETHICS PROTOCOL NUMBER: 16-365 <i>Minimal Risk Review - Delegated</i>
UVic STATUS: Master's Student	ORIGINAL APPROVAL DATE: 10-Nov-16
UVic DEPARTMENT: THEA	RENEWED ON: 04-Nov-19
SUPERVISOR: Dr Kirsten Sadeghi-Yekta	APPROVAL EXPIRY DATE: 09-Nov-20
PROJECT TITLE: Intergenerational Theatre in Education Sexual Health Project	
RESEARCH TEAM MEMBER Project Assistant: Alexandra Haupt, UVic; Research Supervisor: Bruce Ravelli, UVic; Community Liaisons: Madeleine Mills (Target Theatre), Kim Sholinder (Victoria High School); Sexual Health Educator: Jennifer Gibson (Island Sexual Health)	
DECLARED PROJECT FUNDING: None	
CONDITIONS OF APPROVAL	
<p>This Certificate of Approval is valid for the above term provided there is no change in the protocol.</p> <p><b>Modifications</b> To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.</p> <p><b>Renewals</b> Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.</p> <p><b>Project Closures</b> When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.</p>	
Certification	
<p>This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.</p> <p></p> <p>Dr. Rachael Scarth Associate Vice-President Research Operations</p>	

Certificate Issued On: 04-Nov-19

16-365 Tidey, Leah