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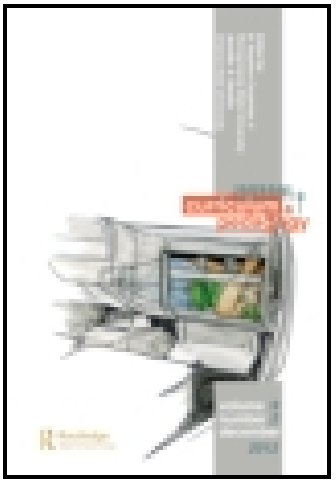

Journal of Curriculum and Pedagogy
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/ujcp20

Behind Closed Doors: The Pedagogy and Interventionist Practice of Digital Storytelling

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Published online: 19 Jun 2012.

To cite this article: Jennifer Eisenhauer (2012) Behind Closed Doors: The Pedagogy and Interventionist Practice of Digital Storytelling, Journal of Curriculum and Pedagogy, 9:1, 7-15, DOI: 10.1080/15505170.2012.681009

To link to this article: http://dx.doi.org/10.1080/15505170.2012.681009

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Journal of Curriculum and Pedagogy, 9:7–15, 2012
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ISSN: 1550-5170 print / 2156-8154 online
DOI: 10.1080/15505170.2012.681009

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ARTS-BASED EDUCATIONAL RESEARCH ARTICLE

Behind Closed Doors: The Pedagogy and Interventionist Practice of Digital Storytelling

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Through arts-based research and digital storytelling, the author investigates the representation of psychiatric disabilities in this article and proposes that digital storytelling can be an interventionist artistic and pedagogical process through which to challenge dominant stigmatizing representations of psychiatric disability.

Behind Closed Doors is a digital story created in 2009 to critically explore issues surrounding the representation, silencing, and stigmatization of people with psychiatric disabilities. This digital story is created through my own personal experiences of living with bipolar disorder, but I seek to address the experience of stigma by individuals with psychiatric disabilities more broadly. Digital stories are created through digital video editing software and typically involve the voice of the creator narrating a personal story. *Behind Closed Doors* was publically viewed in an exhibition with other digital stories, but the possibilities are endless in terms of how a digital story could be shared (websites, blogs, galleries, etc.). Bringing together video, image, and sound, digital stories build upon extant knowledge about the pedagogical possibilities of storytelling through new media. I position digital storytelling as a form of arts-based research (Finley, 2003) that can teach through a critical process of situating and juxtaposing new visual and textual narratives amidst more traditional or linear ways of understanding.

People living with psychiatric disabilities have many stories told about them through popular culture and medical discourses (Corrigan & Watson, 2002; Day & Page, 1986; Diefenbach, 1997; Eisenhauer, 2008; Hyler, Gabbard & Schneider, 1991; Lawson & Fouts, 2004; Signorelli, 1989; Wahl, 1982, 1992, 1995, 2003). However, most often these stories further the stigma and

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stereotypes surrounding mental illness. Soundararajan (2006), who works with grassroots organizers in developing countries in using media such as digital storytelling, describes the importance of telling stories: "[W]e need to produce our own media, we need to be the ones that define what our own images are like, because all throughout our history other people were defining who we were" (p. 126). In this way, I situate my digital story and the process of creating and experiencing digital videos as a form of using what have become oppressive tools (mainly popular media representations) as a vehicle for constructing new public counter-narratives about psychiatric disability. Through the disruption of existing storylines in dominant discourses that largely serve to further stereotype and stigmatize the individual with a psychiatric disability, digital stories involve a process of re-telling, re-presenting, and re-learning.

Living with a mental illness means constantly engaging with processes of *screening*. We are screened in the sense of being depicted on television and film. Our bodies are also screened when being examined for visual and behavioral clues of our illnesses by medical staff. When hospitalized or institutionalized, we experience the physical/spatial screen resulting from a discourse of protection. Therefore, the use of video, the medium itself, is ripe with both metaphoric and literal relationships that inform the experience of living with a mental illness. Placing these tools in the hands of people with psychiatric disabilities is a form of not simply sharing information, but rather a kind of defiant speech, a form of talking back, when dominant discourses and the resulting stigmatization teach us to be silent. With video camera in hand and their spoken narratives, individuals with psychiatric disabilities reclaim the screen as their own medium, message, and experience. It is within these contexts that *Behind Closed Doors* and digital storytelling within mental health communities more generally become a form of what Richardson (2010) calls "interventionist practice."

As Richardson describes:

> Interventionist practice neither eliminates nor simply disrupts pre-existing conditions; rather, it produces a sort of social reorganization formed around incidental collaboration among the individuals and social forces brought into relation as a result of the insertion of an incongruous form or action. (p. 21)

Behind Closed Doors and other digital stories enact an interventionist practice in their reorganization of the screening of mental illness through the insertion of a speaking subject and visual topography that is "incongruous" with extant dominant representational regimes (Richardson, 2010). Such dominant representational regimes and discourses promote stigmatizing assumptions that people with mental illnesses are incapable of

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self-representation, are violent, are bad parents, are unable to contribute to society, and so forth. Therefore, speaking up in response to these dominant stigmatizing assumptions is an interventionist practice. While people with psychiatric disabilities are culturally and socially encouraged to remain silent, evidenced by the overwhelmingly documented impact of stigma that can prevent people from even seeking treatment, digital stories that critically explore issues related to mental health through the voice of the person with a mental illness present an active, speaking, subject.

In addition, *Behind Closed Doors* can be understood as an intervention between the boundaries of research methodologies. When arts-based inquiry is accepted as research and placed alongside more "traditional" scholarship that relies on linear narratives most often devoid of visual imagery, a juncture is created, a seam, that asks questions about what it means for something to be research, what the goals of research are, and how what form research takes impacts what it can "do" and mean. In the case of digital storytelling by people with psychiatric disabilities, the reference and repetition of the screen as part of the methodological approach is not simply a communicative vehicle, but a meaning-making process.

If a fundamental goal of research is to make change, *Behind Closed Doors*, as a digital story, engages an interventionist practice that intervenes in regards to both its form and its meaning/content. Through the joined media of storytelling and video, this digital story demonstrates a critical deconstruction of the "screening" of mental illness. As Richardson (2010) writes, "Artistic intervention is most effective when the form that it takes adopts some of the visual and discursive structures that define the environment within which it operates" (p. 22). While much "traditional" research surrounding mental health in the humanities maintains the goal of challenging stigma, *Behind Closed Doors* engages this same underlying goal through a process of artistic inquiry (Gilman 1982, 1985, 1988; Wahl, 1995). This artistic inquiry adopts and adapts the screen and through this repetition and utilization challenges its operations. The screen that is used as part of a digital story recalls the screens of movies and TVs that have more often promoted rather than challenged stigmatizing storylines. However, in the case of the digital story that critically addresses stigmatizing representations through its account of the lived experience of psychiatric disability, this screen is repeated differently and it is in this difference that the stigmatizing representation is challenged.

Given this relationship between the digital story's use of the screen and speaking subject as integral to its interventionist practice, the representation of my video work as a series of still images and written text in this article changes the work. However, I am cautious not to imply that it cancels the work through such differences. Rather, *Behind Closed Doors* becomes a different work when constructed through still images and written text.

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It still references the screen, but now also references the page. Likewise, the reader is not hearing my voice when the text is read. This leads to additional complexities regarding subject positions and agencies in which multiple readers try on texts and new seams and junctures form additional questions.

This digital story's forms of critical intervention include an understanding of intervention as pedagogical. If education can be understood not simply as the coalescing of knowledge, but rather as a more dynamic process of interruption, disruption, and discord, then the ways in which a digital story about psychiatric disability teaches become evident. Kumashiro (2002) in his discussion of anti-oppressive education describes a *pedagogy of crisis* this way:

> [W]e do not often desire learning about our own complicity with oppression, and when we do learn such things, the process is rarely easy and cannot always be done rationally . . . . Learning that *the very ways in which we think and do things is not only partial but oppressive* involves troubling or "unlearning" (Britzman, 1998a) what we have already learned, and this can be quite an emotionally discomforting process, a form of "crisis" (Felman, 1995). (emphasis in original, pp. 62–63)

Behind Closed Doors confronts the viewer–participant with a partial glimpse at the experiences surrounding being confined both in a psychiatric hospital and a discourse fostering stereotypical and stigmatizing understandings. Like Kumashiro (2002) identifies, there is little that is comfortable about such a confrontation. Ultimately, within an ableist culture, the silence surrounding mental illness may be more comfortable than the unlearning involved through the intervention of such an artistic practice. When we understand learning not as "affirming what we already know," but rather as "something that disrupts our commonsense view of the world," the pedagogical implications of digital storytelling become apparent (Kumashiro, 2002, p. 63). The blending of the personal and the public inherent to the interventionist practice of digital storytelling does not simply repeat stigmatizing representations unchallenged, but references and critically disrupts what was previously assumed to be common sense by revealing such common understandings as themselves cultural myths. Digital storytelling involves a process of unearthing alternative ways of understanding what was previously deeply imbedded in layers of stigma and stereotype and often regarded as some form of truth or common knowledge.

As an example of arts-based narrative and inquiry, *Behind Closed Doors*, raises a number of questions for educators in terms of how an intervention can be understood as a process of unlearning both in terms of diverse methodologies and dominant stigmatizing discourses surrounding mental

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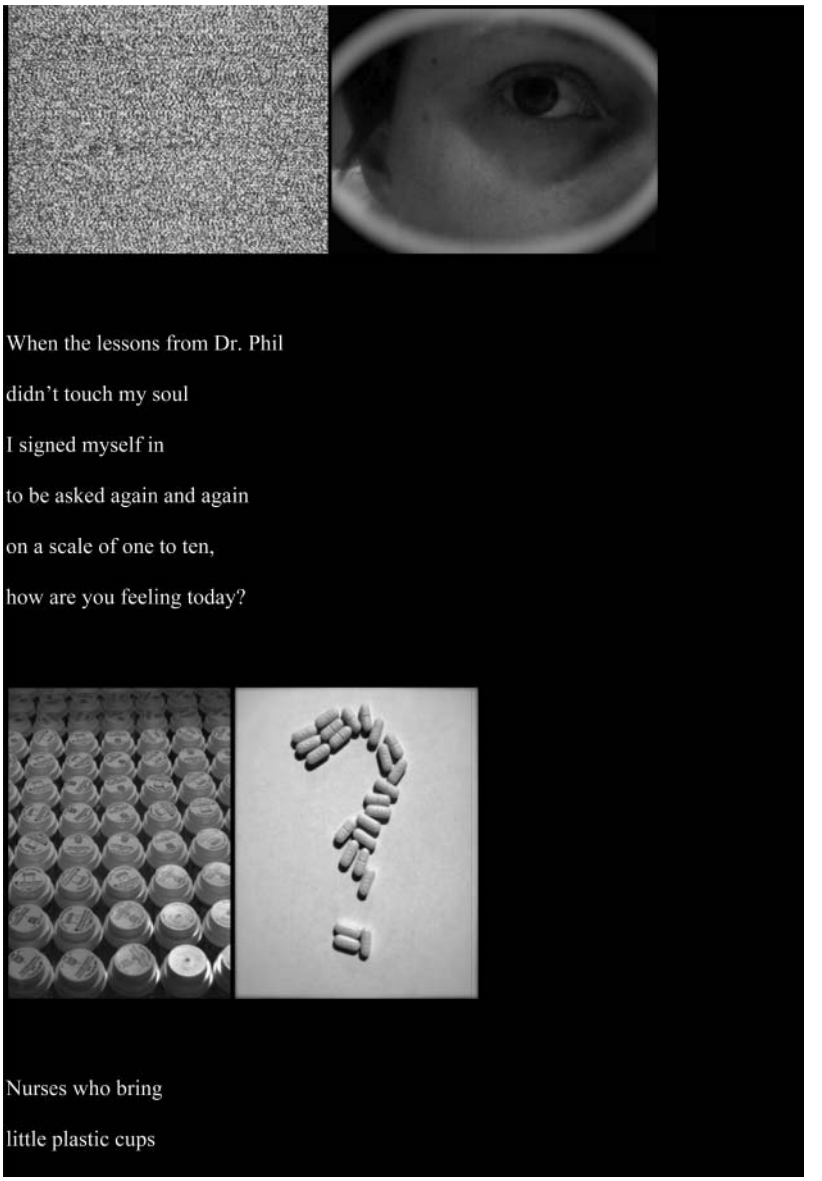
health. As Kumashiro (2002) and Richardson (2010) ascertain, an interventionist practice—something that informs a pedagogy of crisis and disrupts commonsense views—is uncomfortable. This crisis can be personal in that sharing one's story of mental health or illness in a public sphere dominated by stigmatizing representations may result in further experiences of stigma. However, when we recognize that both methodological diversity and pedagogy involve a form of crisis, we can better realize shared goals of making change.



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filled with calm or happiness or sleep,

take their coffee on the cool side

but again and again I remember

there is a lock on that door

that I am not allowed

close enough to see.

Friends and family come and go

assuring themselves

as their purses are checked at the door

it's not that bad a place to be

"She's in the best of hands"

But I sleep with a sharpened

piece of plexiglass in my sock

just to be on the safe side.

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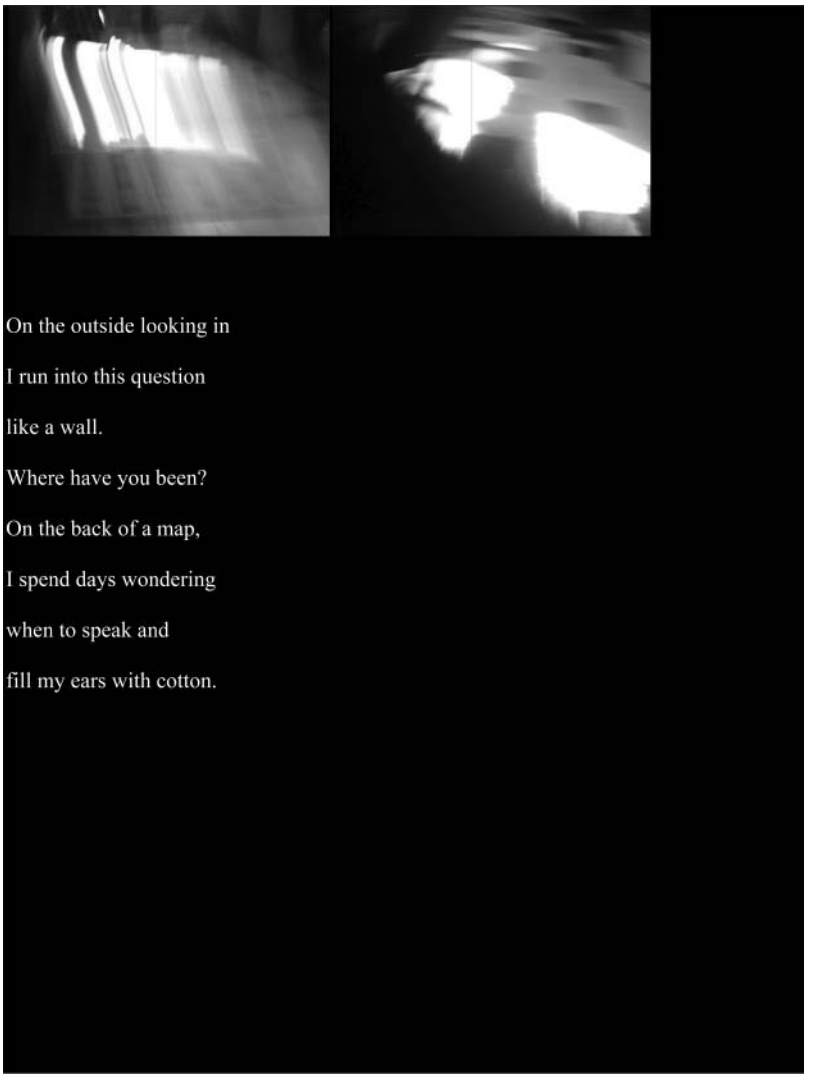

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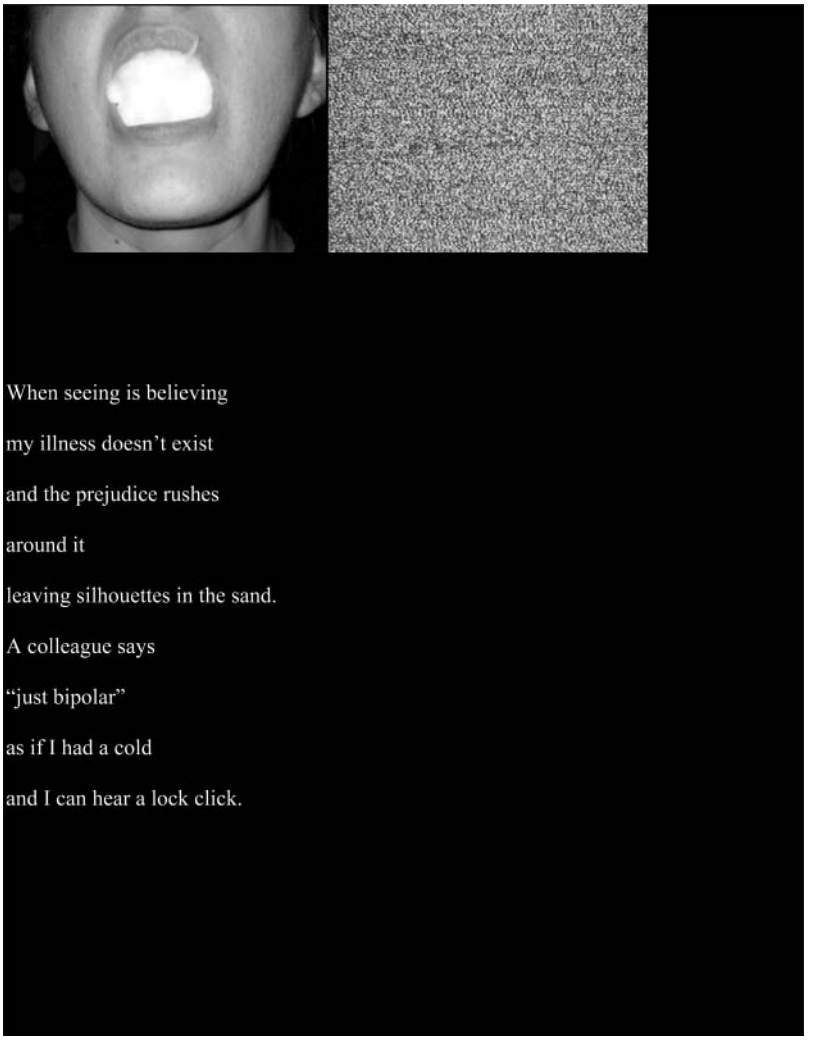

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