FQS FORUM: QUALITATIVE SOCIAL RESEARCH SOZIALFORSCHUNG

Volume 15, No. 2, Art. 11
May 2014

Considering Performativity as Methodology and Phenomena

Susan C. Sommerfeldt, Vera Caine & Anita Molzahn

Key words: performativity; performative methodology; interprofessional; forum theater; healthcare; performance, health sciences; nursing; team

Abstract: Performativity is both a methodology and in its complexity, phenomena. Understanding the concept, the evolution of the term and how performativity can open spaces for inquiry adds to knowledge about interprofessional healthcare teams. Distinguishing between performance and performativity is essential. In this article, we examine methodological aspects of performativity through the use of forum theater. Dialogue from a performance-based inquiry workshop with healthcare team members provides a way to discuss performative methodology. The workshop was built upon recurrent characteristics of interprofessionalism in healthcare teams seen in conversational interviews with healthcare practitioner participants. Performativity provides a way to explore the relational work in interprofessional team practices. The methodological messiness of performative inquiry is discussed.

Table of Contents

1. Setting the Stage

The bright theater lights that flooded center stage produced long shadows in the peripheral wings. A group of healthcare practitioners had been together in a forum theater workshop for most of the day. The four participants on stage were in character, part way through a terrifying scene where something had gone terribly wrong in the treatment of the unseen patient.

> Practitioner Q: (horrified) This is on *you*.
>
> Practitioner C: (long pause … whispered) I know. [1]

The emotions in the theater studio were tangible. It was an enactment of a composite experience that all participants recognized, and at that moment, responded to emotionally. It was the embodiment of repeated iterative

performances of power differentials, hierarchy, accountability, ethics, broken processes and communication deficiencies played out in real time. Within the constructions of context, this enacted healthcare team was bound to its performativity. Performativity[1] in this work is understood as both phenomena[2] under study, as well as the methodology; by this we mean that performativity, as a theoretical concept, underpins both the methodological approach and the substantive focus of interest. In this article, we examine methodological aspects of performativity, whereby the being of healthcare teams becomes an example of performativity that is explored through the use of forum theater. [2]

This exchange reflects part of dialogue in a scene crafted by participants; a storyline of fragmented teams struggling with reinforced differences in power and socially constructed ways of being team members and the nature of team workings. Questions about healthcare team performance call for a methodology that challenges representations of being an interprofessional team and methods that bring together practitioners to co-create knowledge about their practices. Instead of looking for a way to imagine teams outside of an inquiry centered on semiotic approaches, the example project utilized methods that opened up discovery related to how healthcare practitioners interpret their situations and develop their perspectives (HODGINS & BOYDELL, 2014, §10). The methodology (performativity) and the methods (performance-based) invite new understandings through developing a place for the embodiment of imaginings and possibilities to address the complexities of interprofessionalism. [3]

Consistent with a performative stance, the workshop dialogue was further analyzed using a performative theory (PICKERING, 1995) and is discussed elsewhere (SOMMERFELDT, 2014). The current article wrestles with the questions raised in the forum theater processes (Section 2), introduces forum theater (Section 3), describes some theoretical underpinnings and history of the term *performativity* (Section 4), suggests components of performativity in the context of the research example (Section 5), details forum theater methods and methodological messiness (Section 6), and discusses performativity as a force in healthcare teams (Section 7). [4]

2. Raising Questions

In the scene that introduced this article, a particular individual was demanding and unapproachable (Practitioner Q) yet was the self-appointed spokesperson to hospital administrators. In the context of the scene, a prescribed drug dose was thought to be in error by some team members (Practitioner C, Practitioner M) yet seen as aggressive but safe treatment by another (Practitioner T). Questions to Q were rebuffed. The result was a devastating patient outcome. Two practitioners

1 *Performativity* appears in the writings of several disciplines such as economic sociology (i.e. how stocks and bonds respond to the market, see Brooke HARRINGTON, 2013), science and technology, anthropology (i.e. in examining rituals) and others. J. Hillis MILLER (2007) suggests that performative theory has become an interdisciplinary project, "an alternative name for what used to be called 'performative studies'" (p.225).

2 *Phenomena* refers to multiplicity of understandings/implications/experiences of performativity.

(T and M), having previously offered opinions, are now silent observers of the tense interaction between Q and C, busied in their individual work. [5]

Would it matter in the interpretation of the dialogue if the profession or discipline of each practitioner was identified? What meaning changes if Q was an advanced practice nurse, C a pharmacist and T a medical resident? Or what if Q was a pharmacist, C a physician, and the others nurses? What part does silence play in the exchange? What is silencing? Considering the team through performativity raises not only questions about being *on* a team, it questions and critiques *being* a team. [6]

Such questions address performativity. Multiple repeated performances become entrenched in performativity, itself a concept and a methodology. Room to explore the poignancy of the moment and considerations related to being a team was made possible by forum theater methods. The aim of forum theater, a specific applied theater method developed from the traditions of "Theatre of the Oppressed" (BOAL, 1993), is to move the spectator from an observer into an actor, to generate discussion, and to "rehearse action toward real social change" (PENDERGAST & SAXTON, 2009, p.69). Forum theater is a performance-based vehicle to create "imaginative blue-prints for possible healthy futures" fueled by the community's analysis of real-life experiences (GOULET, LINDS, EPISKENEW & SCHMIDT, 2011, p.96). It invites critical reflection of confronting power, domination, intimidation and social constructions that have a bearing on performance. Forum theater brings participants together to engage in theater games and actions to identify and analyze ideas and concepts. Through a process of iterative analysis, a series of collective stories create scenes that identify points of conflict leading to a crisis. [7]

3. Forum Theater

To create a forum theater piece, interested members of a community come together with a theater expert in workshop style to explore a focused issue. To assist the group in becoming a cast for the play about the issue, the expert, called a "joker" in the world of "Theatre of the Oppressed," initiates and guides the group through theater activities. Augusto BOAL (2002) uses the term "theatre games" for extended activities in creating a base play that contains a crisis, which is then acted out. The *forum* part is where audience members are invited to change the course of the play through intervening or interrupting the contributing circumstances that leads up to the crisis, thus avoiding or ameliorating the crisis. Forum theater is not propaganda theater, nor is it didactic theater. It is pedagogical (BOAL, 2002) as the actors and audience learn together other approaches to address the original issue. [8]

The scene at the beginning of the article materialized during a full-day forum theater workshop with members of healthcare teams interested in exploring the concept of interprofessionalism through performance methods. Prior to the workshop, each participant had engaged in conversations about the relational aspects of healthcare teams in an hour-long individual interview. Using Andrew

PICKERING's (1995) concept of the "mangle,"[3] shown to be a useful approach in social science inquiry (HEKMAN, 2010; JACKSON, 2013), SOMMERFELDT (2014) identifies points of struggle and points of insight in teams, as potential starting places for dialogue and scaffolding of processes. [9]

4. Theoretical Underpinnings: Performance and Performativity

Over time and at different stages of the analysis it became important to attend to the theoretical underpinnings of performativity. In particular it became necessary to explore the current theoretical conceptualizations of the term *performativity*, and determine the difficulties associated with mistakenly using *performance* and *performativity* interchangeably. Practically, misinterpreting the concepts may result in overlooking places to disrupt confining practices, both methodologically as well as the subsequent loss of potential ways of shaping healthcare team culture and theory. It may inadvertently overlay performativity in assessing individual performance on a team. Methodologically, it became important to distinguish these terms to create ontological possibilities for post-qualitative inquiries[4] (JACKSON, 2013). In this way, inquiring into, or doing analysis in/of/as performativity, cannot be separated from the phenomena of performativity. [10]

A paradox appears in this discussion through arguing that performative research of necessity steps away from representation yet returns to representation through writing about the knowledge created through performative inquiry. Such a dilemma is considered in Peter DIRKSMEIER and Ilse HELBRECHT's (2008) treatment of the "performative turn" in social research. Similarly, others have drawn on performative approaches to "open up the possibility to gain understanding beyond the rational and cognitive" to "allow new and alternative perspectives and interpretations of a social situation" (BATTISTI & EISELEN, 2008, §97). [11]

4.1 Roots of performativity

Norman DENZIN (2003) suggests that "we inhabit a performance-based, dramaturgical culture" (p.x) where any division between performativity (the *doing*), and performance (the *done*) has vanished (CONQUERGOOD, 1998). The inquiry space opened through performance and participation invites methods such as forum theater as a basis for expanding understanding of human interactions. Performativity has at times been confused or perhaps co-opted as a

3 PICKERING (1995) rejects the narrowness of semiotic approaches to scientific inquiry through theorizing a performative idiom over representation. He suggests that a "dialectic of resistance and accommodation" (p.22) exists as a human and non-human "dance of agency" (p.21) which he calls "the mangle of practice" (p.23). HEKMAN (2010) extends PICKERING's mangle as a "significant theoretical advance" to explaining the interactions of science, politics, technology and matter as "elements that impinge on almost everything we do" (p.25).

4 Elizabeth Adams ST. PIERRE (2011) and Patti LATHER (2013) argue that "post-qualitative research" is a postmodern approach to inquiry that moves beyond humanist and codified qualitative approaches. ST. PIERRE (2011) calls for the "reimagination of social science inquiry" freeing research from qualitative approaches that have become "conventional, reductionist, hegemonic and sometimes oppressive," of "science that cannot be defined in advance and is never the same" (p.613).

contemporary expression of the verb *to perform*. Performativity is not actually in the Merriam Webster dictionary, at least not yet. The word *performative* is. First coined in 1955 by linguistic philosopher J.L. AUSTIN in his speech act theory (AUSTIN, 1962), statements or utterances that describe (constative) and those that actually operationalize something through the utterance itself (performative) are identified. The neologism he created can be seen as performative itself in that it tied action (creation) with text (the word). While constatives are considered to be true or false, performatives are not bound by truth, but by intention. [12]

For J.L. AUSTIN, when the utterance was consistent with the behavior, as promising to do something and then actually doing it, the performative nature of the utterance is primary or explicit (as in "I doubt that"). Implicit performatives are utterances that suggest the performative will hold or will at some time come to pass (such as "Really?" as an expression of anticipated or future doubt). J.L. AUSTIN did not tie the performative to a right or wrong (such as in "I apologize" with no way of knowing if it was warranted or sincere) but considered it to fail or be *unhappy* if it did not meet specific criteria. By separating performatives from truth or falsehood, J.L. AUSTIN attempted to situate statements with a connection to language and the social inter-activeness of words. [13]

The adjective *performative*, from J.L. AUSTIN's phrase *performative utterance* found its way into philosophical discussions. John SEARLE (1969) furthered J.L. AUSTIN's notions in the 1980s and the term fit the feminist conversations developing in the second half of the 20th century. Eve SEDGWICK (2003) argued that performative utterances could be transformative within the dimension of time; immediacy or future change, through the utterance, were not exclusive. Jacques DERRIDA (1988) disagreed with J.L. AUSTIN at many points in his early writings[5] only to actually shape his own perspective and eventually even use the word *performative* in a later writing (MILLER, 2009). Much of current attention to the word, as well as the further transformation to an abstract noun, originates from feminist theorist Judith BUTLER (1999). The suffix *ity* indicates a condition or state of the noun. Hence, performativity is the condition or state that accomplishes or indicates the future accomplishment of the statement. [14]

It is acknowledged that John SEARLE (1969), Jean-François LYOTARD (1984)[6] and Eve Sedgwick (SEDGWICK & FRANK, 2003) had significant influences in the evolving construct of performativity. In this discussion, the perspectives of J.L. AUSTIN, Jacques DERRIDA, and Judith BUTLER are used to develop an understanding of the progressive and somewhat divergent uses of performativity as it relates to furthering an appreciation of components of being a team. [15]

5 J. Hillis MILLER (2007) contends that the "concept of the performative that Derrida developed in his late work" came about through "exappropriation, that is, through a taking over by way of creative distortion, of Austin's ideas" (p.231) in analyzing DERRIDA's (1988) writings in his "Signature Event Context" chapter of "Limited Inc abc ... ."

6 LYOTARD's views are used in organizational theory to describe performativity as modes and techniques of regulation that mobilize comparisons in performance as a means of influence or control in the effective production of goods.

Insight into a crucial component in a healthcare team context, that of language and dialogue, can be found by returning to J.L. AUSTIN's first notions. His early writings placed the requirement of a performative utterance in the first person singular along with a verb that does something or implies action (AUSTIN, 1962). For example, saying "I promise …" encapsulates not only an action but the intention associated with the utterance. The word *promise* is not a simple description, but a commitment, making the statement performative. Healthcare teams use language and at times jargon that likewise binds words to performed meaning, but in a first person plural utterance. "We agree …," "Our diagnosis …," "We commit …" are all ways in which the team, as a unit, operationalizes statements. A performative speech act does not necessarily bring agreement. "I deny …," "I condemn …," or perhaps using words to silence another, make evident potential hazards in speech acts. [16]

This is a simplification of J.L. AUSTIN's work. Nevertheless, inherent in the language of being a team is the performative force of language. While J.L. AUSTIN pointed out early flaws in dichotomizing utterances as only constative or performative, recognizing that usual language contained a little of both features in an utterance, healthcare team language that is limited to descriptions fails to operationalize the cohesive strength of some utterances. J.L. AUSTIN also recognized that a word spoken in jest or perhaps scripted for an actor would not actually have any force. [17]

Acknowledging the influences of language on the implication of cohesiveness obliges the team to use intentional language and be aware of the possible connotative meanings offered to patients. This is of particular importance when one considers patients as team members in a collaborative care model such as one proposed by Carole ORCHARD (2010). Just as the "I" in J.L. AUSTIN's view assumes self-hood, using "we" as a collective implies a somewhat established self, the team. Performative utterances contribute to being a team through subjectivity, a subjectivity that is highlighted in using forum theater. Through the imaginative work in forum theater, performativity also enables actors to try out observed and new language, as well as embrace silences and silencing as exposed traits in characters. [18]

Jacques DERRIDA's views offer further guidance in exploring performativity of teams. In terms of the emerging understanding of the concept of performativity, Jacques DERRIDA (1977) bridges the seemingly disparate views of J.L. AUSTIN's speech act theory (1962) and present-day usage of performativity theory offered by Judith BUTLER (1999). Performative utterances continue to be in force, regardless of how many times they are used, a fundamental quality that Jacques DERRIDA calls *iterability*. Refuting J.L. AUSTIN's assertion that conditions or circumstances must have certain parameters, iterability allows for open-ended possibilities. Jacques DERRIDA also includes what J.L. AUSTIN would label etiolated performatives—those without force—such as spoken through scripts of the stage or screen, poetry or humor. For example, in the script developed in the workshop, a pure Austinian interpretation of a performative utterance, "I know," could not be performative because it was voiced in a play.

Jacques DERRIDA would consider it in force because the *character* uttered the performative, making it a true statement for the character. J. Hillis MILLER, in exploring Jacques DERRIDA's views, suggests that the "possibility of the abnormal is an intrinsic part of the normal" (MILLER, 2007, p.230). [19]

One of the extraordinary components of performativity in teamwork extends from Jacques DERRIDA's distinct handling of time crafted into the term *différance*. *Différance*, a Derridian performative in itself, clarifies past and present where the future hinges on performatives in the present. (This is only one aspect of *différance* used here to illustrate a point.) The example Jacques DERRIDA uses is "Je t'aime" (translated as "I love you"), which may not be a statement of fact, a constative utterance, but rather a performative with a difference/*différance* that establishes a condition of a new person, one in love with another person. Time is somewhat suspended in developing a future as the truth or falsehood of the statement cannot be known without endorsement of a return performative; in a state of being loved through a statement of love, *in* love, versus a constative declaration of one-sided feeling, *my* love (MILLER, 2007). In healthcare teams, "we" statements create conditional utterances of a new entity, a team, and suspend time for a reciprocal response to shape the future. Jacques DERRIDA calls it a "future anterior," an unpredictable "à-venir" meaning "to come." [20]

The continual shaping of the future through team texts found in spoken utterances, gestures, posturing, etc. of a team is the enactment of implications from both meanings in the double meaning of Jacques DERRIDA's *différance.* Jacques DERRIDA not only was playful in creating the homonym of *difference* by replacing the *é* with an *a*, he was deliberately calling on the reader (because the spoken pronunciation is not distinguishable between the two spellings) to make space for subtle yet remarkable changes to meanings—he created time for the consideration. The appearance of a "misspelled" word compels the knowing reader to pause, take notice, wonder if it is a mistake, and consider intentionality. Such may also be seen in the word *interprofessional*. It is a neologistic response to a new healthcare world, a word that implies a bonding, unification (no hyphen), newness, a *We*. The attributes of utterances point to further possibilities in understanding performativity. [21]

Judith BUTLER's (1993) standpoint, which seems to be embraced as the contemporary description of performativity, differs. While J.L. AUSTIN coined the term *performative*, Judith BUTLER developed *performativity.* Merging Jacques DERRIDA's adaptation of J.L. AUSTIN's concept and FOUCAULT's (1980) ideas of power and political coerciveness of society, Judith BUTLER advances feminism and queer theory by generating *performativity theory*. She developed performativity theory on the proposition that gender is performative. Gender, not an inherent trait, becomes known as behaviors, shaped by society's pressures, are performed repeatedly. Her interpretation of performativity as it relates to gender suggests that behaviors and actions that are conveyed and repeated, over time become the expression (BUTLER, 1999). Repetition is a key feature of how gender becomes socially constructed, the iterability. [22]

The central concept of repeated behaviors (performances) is influenced by politics (societal demands) and prior texts (citationality). Extending this iteration of performativity to a group of healthcare providers who are declared to be a *team* ("declared" could be considered an Austinian performative utterance), the repetition of the obligatory roles actually constructs a team through the forces that designate them as a team. These forces may be organic such as where professionals come together to provide care through a natural acknowledgment of symbiotically driven aims or may perhaps be formally structured within a healthcare system. Judith BUTLER clarifies that a hallmark of performativity is the "reiterative and citational practice by which discourse produces the effects that it names" (1993, p.2). It is not "theatrical self-presentation" or free-play, nor can it simply be equated with performance.

> "Performativity cannot be understood outside a process of iterability, a regularized and constrained repetition of norms. And this repetition is not performed *by* a subject; this repetition is what enables a subject and constitutes the temporal condition for a subject" (p.95). [23]

5. Returning to the Stage

Memory carries a force in performativity. When a performance is captured in memory, it is an instant set in the moment. Over time, performativity emerges from citationality and iterability, shaped through social conventions, the "instance of an endless process of repetition" (BAL, 2002, p.179). Mieke BAL suggests that memory is a mediator of performance and performativity (p.199) as the repetition of collective memory becomes enacted in the "doing." In healthcare, it is the being of teams, embracing "*we* are on the line" in contrast to the scripted "*you*." The act of *being* a team is performative allowing a further ontological level where the "concept of performance alone cannot satisfy" (ibid.).

> Practitioner Q: (horrified) This is on *you*.
>
> Practitioner C: (long pause … whispered) I know. [24]

In the segment of dialogue, the performative nature can be seen in several ways through multiple performance pieces in the exchange. Although the context involves the practitioners functioning within a team structure, the accusation of Practitioner Q suggests that power and accountability is directed at an individual level toward Practitioner C. The emphasized *you* is a separation from the notion of *we*, as is the whispered *I*. The long pause creating a period of silence implies re-played moments of distrust, blame, rebuttal, longing for sharing, or some other aspect consistent with historically similar scenes. The whisper, a muted response, was tentative, offered submissively, filtered by the known unspoken history of being held to account, alone and unprotected by camaraderie, timid and exposed. What about the other team member characters on stage? What welded them to their tasks as the dialogue unfolded, unmoved yet aware of the crackling sounds of a crumbling team? Could this crisis have been averted, interrupted or the circumstances, ameliorated? What iterations of similar performances were

influencing this particular moment and what procedural or conventional dictum was being cited in gesture through performativity? [25]

5.1 Team context

The performativity of the healthcare team is bound to its social context through repetitious normative conditions produced by the context. Judith BUTLER's view suggests that the citational practices, the texts of the team (comprising language, gestures, acts, etc.) that are constrained by the context (the socially constructed tasks, identity, organization), are iterative—repeated (BUTLER, 1993). The result produces a way of being a team by enabling those same team texts over time (temporality) to create a collection of subjects: the team (FREEMAN & PECK, 2010). Team performativity is not the performed role of individuals on the team, rather, it is a resolution of Self and Other in reciprocal influence and resolution of contextual healthcare cultural representations. A team's presence is a "cultural force that affects the lives of subjects" (BAL, 2002, p.197). The team work is relative, relational, and temporal, a rather unstable and changeable component of being a team. [26]

Performativity theory, therefore, is useful to describe healthcare teams; individuals producing a collective of repeated behaviors as constructed by a social view within healthcare. Being clear about the linkages and distinctiveness of the words performance and performativity, and avoiding use of them interchangeably, frees up ways of discovering characteristics of healthcare teams in a new way. [27]

In the forum theater workshop, team members were mandated to be a team (social structures); they revealed team behaviors (in this case mal-adaptive and dysfunctional), and communicated using a variety of texts (language, silence, gestures) that were known to them through repeated performances over time. Influences of power produced disjointed avenues of dialogue or rendered it, in effect, absent. Tasks were accomplished within a frame of operating that was well known to the team members yet became functionally frozen in team structures and processes, a product of collective memory. The performativity is not measured; it is a way of being. It is this way of being that is accessed through the ontological focus on performativity through forum theater processes. Practitioner C's whispered response, "I know," is performative, as the utterance drew in blame, ac*know*ledgment, betrayal, moral distress, and the unraveling of team performance. Repeated, filtered, accumulated acts of team were again performed. Team performativity was manifested in the speech act, memory traces and power contexts of the team. Here we see the interplay of methodology and phenomena close up. [28]

Tensions around leadership, ways of approaching feedback and decision-making, personalities, assumptions, and stereotypes are inherent in healthcare teams. The spaces between points of struggle and points of insight reveal performativity. In well-functioning teams, the performativity is a negotiated trust, a shared

knowing, an authentic together, much like it is explored through the forum theater experience. [29]

Being a healthcare team is contextual. Each team exists in a unique circumstance, composition and purpose. The convoluted nature of healthcare and the multiplicity of components and characters require intentional processes and dialogue to develop and maintain an understanding of team performativity. While individual and team performances have expressions that can be observed, identified and perhaps even measured, performativity is negotiated in spaces of trust, experience, struggles and tensions. It invites thoughtful consideration of team identity, structures, behaviors, context and historical influences. The enactment of healthcare teams emerges from considering the theoretical conception of performativity, *being* a team. [30]

6. Methods of Inquiry

The research project highlighted earlier explored the relational work that is involved in being in a healthcare team. The forum theater workshop was built on concepts of being on a team that surfaced in interviews and is part of a larger inquiry involving further analysis[7] that builds on Andrew PICKERING's (1995) work of the mangle (SOMMERFELDT, 2014) and methods of forum theater. Throughout the day, participants engaged in theater activities that resulted in expressions of emotion and descriptions of team identities, behaviors and functions. Facilitated by a theater expert trained in forum theater methods, the participants and researcher together described and challenged ideas. [31]

Through forum theater methods, participants developed composite stories of their own experiences that culminated in the creation of scenes along a story line that becomes suspended at the moment of crisis. "This is on *you*." "I know." Here, the characters encounter difficulties. They identify points of struggle that are antecedents to the catastrophe and while doing so, detail some of the relational work done or left unfinished in their own healthcare team. Using performance as expressions of team performativity, the theater offered a place for co-created knowledges about processes and functions of team experiences. Through artful inquiry, a significant space becomes available where, "something new is possible —where disruption occurs and the new begins" (BERGUM & GODKIN, 2008, p.604). The transformation of points of struggle into points of insight is a co-experienced moment of shared epistemology. [32]

7 Although this workshop was limited to healthcare professionals in practice, it is acknowledged that the need to have patients be contributing members of healthcare teams brings further complexity. A healthcare team is situated within organizational structures that shape the spaces in which the team exists. Tim FREEMAN and Edward PECK suggest that "[i]t is difficult to overstate the complexity of health care organizations" (2010, p.32).

6.1 Methodological messiness

As Mieke BAL (2002) suggests, illuminating performativity as a concept contributes to an expanded view of the performance gap between what is thought from the perspective of theory and what is actually observed in practices, a theory-practice gap, by examining the "practice of theorizing" (p.177). This is a place where the concepts travel back and forth in the space between practice and theory in a messy way; perhaps it too allows for the messiness of methodology, methods, and mangling in post-qualitative work (LATHER & ST. PIERRE, 2013; JACKSON, 2013). The meanings of performance and performativity are severed and then re-linked through a third concept of memory resulting in greater clarity of the terms from their usual and casual use. For Patti LATHER (2013), producing knowledge differently in a post-qualitative era imagines and accomplishes an inquiry that is "embedded in the immanence of doing" (p.635). Karen BARAD (2003) suggests that moving toward performative "alternatives to representationalism" (p.802) shifts the focus of inquiry to matters of practices[8]. This shift in methodology brings with it questions of ontology, materiality and agency (BARAD, 2003). Sorting out some of this messiness calls for clarification and careful consideration of the differences between the two terms of performance and performativity. [33]

Inquiring into teams through performativity theory is rarely seen in healthcare literature. Discussing healthcare performativity, Tim FREEMAN and Edward PECK (2010) effectively use Judith BUTLER and Jacques DERRIDA's views to describe "performative misfire" (p.34) in transformational cultural change in the National Health Service in England. Catherine MILLS (2013) describes the performativity of personhood in discussing ethical considerations in abortion. Jane GILMER, Paul MacNEILL and Tan Chay HOON (2013) are scheduled to present a workshop about techniques useful in "training the 'performativity' of doctors and healthcare professionals" at a conference in early 2014. Using applied theater inquiry methods of performance (forum theater) to explore ways of *being* a team (performativity) advances the idea that healthcare cultural conventions can neither be stripped nor endorsed in the pursuit of gaining understanding of what it means to be, or fail to be, a team. Knowledge generation in an inter-disciplinary healthcare environment calls for methodology that opens spaces for insight into roles, distribution of power, system-established stakes, ethics, exchanges and many other aspects of humans practicing together with the intention of providing care and in pursuing health and well-being. Caring alongside and collaboratively working with other professionals and disciplines exposes new territory for theory development and knowledge creation. Theoretical framing of interprofessional caregiving calls for research approaches that are compatible with the reality in which teams perform and the actualities of performativity. [34]

8 This aligns with CONQUERGOOD's (2002) call in performance studies to "refuse and supersede this deeply entrenched division of labor, apartheid of knowledges, that plays out inside the academy as the difference between thinking and doing, interpreting and making, conceptualizing and creating" (p.53).

An investigation of this sort lives in the borderlands of health sciences research where inquiry and healthcare practices intersect in inter-disciplinary spaces. The language of theater can be used to describe the involvement of practitioners in the lives of patients as well as their presence in a healthcare team[9]. Where Colin HOLMES suggests that nursing is a "praxis expressed through dramatic performance" (1992, p.947), healthcare team members likewise develop a team praxis and performance. Professional competence can be partially assessed by how tasks are performed. The language of performance and theatrical metaphors are consistent with the relational human experiences of helping others in their endeavors of advancing health. This interactive aspect of healthcare practitioners forging relationships in working together substantiates using arts-based inquiry into the performance of teams utilizing applied theater methods. Such methodology invites embodied understandings to be discovered and knowledge generated.[10] [35]

7. Repeated Performances and Performativity

A non-positivist orientation places collaborative ways of doing research within a world view that is "based on participation and participative realities" (HERON & REASON, 1997, p.275). Having healthcare practitioners co-create knowledge about healthcare teams that is rooted in their own performances on healthcare teams, including performativity, has the potential to inform much needed interprofessional team theory and measurement. Repetitive individual and team performances have reciprocal interplay with team performativity. [36]

It is necessary to recognize the interplay between intra-team relationship performances and performativity in interprofessional healthcare team success; this calls for clarity about team behaviors, language and processes. Nurses, for example, are increasingly practicing in interprofessional environments, necessitating ways to articulate nursing knowledge and presence in interprofessionalism (SOMMERFELDT, 2013). Other practitioners have similar challenges. Interprofessional healthcare team care frameworks involve inter-disciplinary practices, interprofessional interactions, team competencies and designations that differ from uni-professional care teams. Discovering team performativity is hampered where the concepts of individual or collective performance and performativity are ill-defined or misunderstood. [37]

In the context of healthcare teamwork, performance may be seen as a measurement of how closely the team as a whole carries out its mandate in accomplishing the tasks associated with the team. This measurement may or may not involve objective quantified data, outcomes, observations or other subjective indicators that are evaluative means to judge the effectiveness of the

9 The importance of including patients is recognized. In this article, the discussion is limited to concepts and examples of healthcare team members interacting together. The further complexities that accompany concepts of patient involvement are not discussed here.

10 Arts-based research aims to experience embodied understandings to inform exchanged understandings and analysis among participants and the researcher(s). Conversations, dialogue, texts, images, and so on are all considered data.

team, including patient safety. Performance of the team may also refer to the observable behaviors of the team such as unity, cohesiveness and other such communicated aspects that demonstrate an enacted team. This is the presentation, or perhaps as Erving GOFFMAN (1967) may describe as "face," the seen part of teamwork, the public exhibition of the supporting pieces and players contributing to what the team has produced. [38]

Viewing performativity as both methodology and phenomena allows for a reconsideration of the "face" and ultimately space of being a team that questions and enacts performativity. Using performance based methods of inquiry offers those in healthcare the prospect of exploring not only their roles, but also the strands of their practices that through repeated performances, emerge as performativity. [39]

References

Austin, John L. (1962). How to do things with words: Lecture I. In James Urmson & Marina Sbisa (Eds.), *How to do things with words: J.L. Austin* (2nd ed., pp.1-11). Cambridge, MA: Harvard University Press.

Bal, Mieke (2002). *Travelling concepts in the humanities: A rough guide*. Toronto: University of Toronto Press.

Barad, Karen (2003). Posthumanist performativity: Toward an understanding of how matter comes to matter. *Signs*, *28*(3), 801-831.

Battisti, Martina & Eiselen, Tanja (2008). Insights through performative approaches. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *9*(2), Art. 44, http://nbn-resolving.de/urn:nbn:de:0114-fqs0802444 [Date of access: July 5, 2013].

Bergum, Vangie & Godkin, Diane (2008). Nursing research and the transformative value of art. In Gary Knowles & Ardra Cole (Eds.), *Handbook of the arts in qualitative research: Perspectives, methodologies, examples and issues* (pp.603-652). Thousand Oaks, CA: Sage.

Boal, Augusto (1993). *Theatre of the oppressed*. New York: Theatre Communications Group.

Boal, Augusto (2002). *Games for actors and non-actors* (2nd ed.). New York: Routledge.

Butler, Judith (1993). *Bodies that matter: On the discursive limits of "sex".* New York: Routledge.

Butler, Judith (1999). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.

Conquergood, Dwight (1998). Beyond the text: Toward a performative cultural politics. In Sheron Dailey (Ed.), *Performance studies: Visions and revisions* (pp.25-36). Annandale, VA: National Communication Association.

Conquergood, Dwight (2002). Performance studies: Interventions and radical research. *The Drama Review*, *46*(2), 45-56.

Denzin, Norman (2003). *Performance ethnography*. Thousand Oaks, CA: Sage.

Derrida, Jacques (1977). *Limited inc.: Abc ...* Baltimore, MD: Johns Hopkins University Press.

Derrida, Jacques (1988). *Limited inc*. Evanston, IL: Northwestern University Press, http://www.clas.ufl.edu/users/burt/inc.pdf [Date of access: December 10, 2013].

Dirksmeier, Peter & Helbrecht, Ilse (2008). Time, non-representational theory and the "performative turn"—Towards a new methodology in qualitative social research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *9*(2), Art. 55, http://nbn-resolving.de/urn:nbn:de:0114-fqs0802558 [Date of access: July 5, 2013].

Foucault, Michel (1980). *Power/knowledge: Selected interviews and other writings 1972-1977* (ed. by C. Gordon). New York: Pantheon.

Freeman, Tim & Peck, Edward (2010). Culture made flesh: Discourse, performativity and materiality. In Jeffrey Braithwaite, Paula Hyde & Catherine Pope (Eds.), *Culture and climate in health care organizations* (pp.31-41). London: Palgrave McMillan.

Gilmer, Jane; MacNeil, Paul & Hoon, Tan Chay (2013). Applying techniques from actor training to "performativity of doctors" and healthcare practitioners. Abstract for pre-conference workshop, *11th Asia Pacific Medial Education Conference*, January 15-19th, 2014, Singapore, http://www.med.nus.edu.sg/meu/apmec11/programs.shtml#post [Date of access: December 10, 2013].

Goffman, Erving (1967). *Interaction ritual; essays on face-to-face behaviour*. New York: Doubleday Anchor.

Goulet, Linda; Linds, Warren; Episkenew, Jo-Ann & Schmidt, Karen (2011). Creating a space for decolonization: Health through theatre with indigenous youth. *Native Studies Review*, *20*(1), 89-116.

Harrington, Brooke (2013). Parsing performativity. *Blog*, http://thesocietypages.org/economicsociology/2010/03/30/parsing-performativity/ [Date of access: September 9, 2013].

Hekman, Susan (2010). *The material of knowledge: Feminist disclosures*. Bloomington, IN: Indiana University Press.

Heron, John & Reason, Peter (1997). A participatory inquiry paradigm. *Qualitative Inquiry*, *3*(3), 274-294.

Hodgins, Michael & Boydell, Katherine (2014) Interrogating ourselves: Reflections on arts-based health research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *15*(1), Art. 10, http://nbn-resolving.de/urn:nbn:de:0114-fqs1401106 [Date of access: April 18, 2014].

Holmes, Colin (1992). The drama of nursing. *Journal of Advanced Nursing*, *17*, 941-950.

Jackson, Alicia Youngblood (2013). Posthumanist data analysis of mangling practices. *International Journal of Qualitative Studies in Education*, *26*(6), 741-748.

Lather, Patti (2013). Methodology-21: What do we do in the afterward? *International Journal of Qualitative Studies in Education*, *26*(6), 634-645.

Lather, Patti & St. Pierre, Elizabeth (2013). Post-qualitative research. *International Journal of Qualitative Studies in Education*, *26*(6), 629-633.

Lyotard, Jean- François (1984). *The postmodern condition: A report on knowledge* (transl. from French by G. Barrington and B. Massumi). Manchester: Manchester University Press, http://www.futuroscopio.org/wp-content/uploads/2010/07/Lyotard-the_postmodern_condition_a.pdf [Date of access: December 10, 2013].

Miller, J. Hillis (2007). Performativity as performance/performativity as speech act: Derrida's special theory of performativity. *South Atlantic Quarterly*, *106*(2), 219-235.

Miller, J. Hillis (2009). *For Derrida*. Bronx, NY: Fordham University Press.

Mills, Catherine (2013). The performativity of personhood. *Journal of Medical Ethics*, *39*, 325.

Orchard, Carole (2010). Persistent isolationist or collaborator? The nurse's role in interprofessional collaborative practice. *Journal of Nursing Management*, *18*(3), 248-257.

Pendergast, Monica & Saxton, Juliana (2009). Theatre of the oppressed. In Monica Pendergast & Juliana Saxton (Eds.), *Applied theatre: International case studies and challenges for practice* (pp.69-83). Chicago, IL: Intellect.

Pickering, Andrew (1995). *The mangle of practice: Time, agency, and science*. Chicago, IL: Chicago University Press.

Searle, John (1969). *Speech acts: An essay in the philosophy of language*. London: Cambridge University Press.

Sedgwick, Eve (2003). *Touching feeling: Affect, pedagogy, performativity*. Durham, NC: Duke University Press.

Sedgwick, Eve & Frank, Adam (2003). *Touching feeling [electronic resource]: Affect, pedagogy, performativity*. Durham: Duke University Press.

Sommerfeldt, Susan (2013). Articulating nursing in an interprofessional world. *Nurse Education in Practice*, *13*, 519-523.

Sommerfeldt, Susan (2014). Interprofessional healthcare teams: Inquiry into performativity using applied theatre. *Doctoral dissertation, University of Alberta, Canada*.

St. Pierre, Elizabeth Adams (2011). Post qualitative research. In Norman Denzin & Yvonna Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed, pp.611-626). Thousand Oaks, CA: Sage.

Authors

Susan C. SOMMERFELDT is a faculty lecturer in nursing at the University of Alberta, teaching community nursing and healthcare team development. Susan has research interests in interprofessional education, healthcare teams and clinical learning.

Contact:

Dr. Susan C. Sommerfeldt

Faculty of Nursing, University of Alberta
Edmonton Clinic Health Academy (ECHA)
11405-87 Avenue NW
Edmonton, AB Canada T6G 1C9

Tel.: +1 780 492-9509

E-mail: susan.sommerfeldt@ualberta.ca

Vera CAINE is an associate professor in nursing at the University of Alberta. Vera engages in narrative inquiries alongside women living with HIV, aboriginal youth, and families in precarious housing situations.

Contact:

Dr. Vera Caine

Faculty of Nursing, University of Alberta
Edmonton Clinic Health Academy (ECHA)
11405-87 Avenue NW
Edmonton, AB Canada T6G 1C9

Tel.: +1 780 248-1974

E-mail: vera.caine@ualberta.ca

Anita MOLZAHN is professor and Dean of the Faculty of Nursing at the University of Alberta. Anita has extensive research experience with a variety of quantitative, qualitative and mixed methods. Her clinical and research areas of interest relate to quality of life of people with chronic kidney disease.

Contact:

Dr. Anita Molzahn

Faculty of Nursing, University of Alberta
Edmonton Clinic Health Academy (ECHA)
11405-87 Avenue NW
Edmonton, AB Canada T6G 1C9

Tel.: +1 780 492-3029

E-mail: anita.molzahn@ualberta.ca

Citation

Sommerfeldt, Susan C.; Caine, Vera & Molzahn, Anita (2014). Considering Performativity as Methodology and Phenomena [39 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *15*(2), Art. 11, http://nbn-resolving.de/urn:nbn:de:0114-fqs1402112.