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Performance as Therapy and its Role in Community Healing: A Literature Review

Capstone Thesis

Lesley University

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Drama Therapy

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Abstract

Performance has developed and shifted into therapeutic intent by defining drama therapy, therapeutic theater, and applied theater for the purposes of community growth and healing (Boehm & Boehm, 2003). The cathartic principles of therapy, audience role, and performative story telling support this lens of community alliance (Sajani, 2013). Further exploration of the specific impact behind each of these modalities of performance work is needed to support its role in community healing. Research collected within this thesis included peer reviewed articles, dissertations, chapters, and other applied quantitative and qualitative studies, including arts-based research. The use of various methods within drama therapy during the performance processes were analyzed for frequency of supportive elements and therapeutic rapport. Studies examined provided examples of how theater and performance in therapy benefit communities through structure, safety, support, and by providing a platform for healing. Findings revealed themes of support, trust, courage, and risk for consideration in community performance-based clinical practice. Findings were translated into a framework of performance to consider for clinical practice. Further development of these themes and how they can be translated into theoretical and practical frameworks is recommended. This study aims to bring a framework of practice forward to the drama therapy community to consider and further develop the findings into a community-based performance method.

Performance as Therapy and its Role in Community Healing: A Literature Review

Introduction

Philosophers and artists have historically argued about whether the theater should aim to delight, with entertainment being its primary goal, aim to be useful and instruct, or aim to accomplish both. Classic philosophies of performance insisted that the theater have a purpose of usefulness. Others chose a differing perspective and state that theater should delight, creating a social motive. The integration of both instruction and entertainment creates the most compelling argument theater. For example, in an article in the *Indian Theatre Journal*, Gopalakrishna and Roa (2017) state, “[the stage is] instrumental to the instruction of mankind... [And] the stage is instrumental to the happiness of mankind in general” (p. 84). Since ‘useful’ and ‘delightful’ components are a matter of subjective opinion, this purpose for theater seems to be almost indefinable. Recently, the ideas of purpose have been restated by both artists and philosophers, who have found a genre of theater that epitomizes ‘useful delight’ in an objective definition and is called applied theater. The principles of applied theater are founded upon the notion that theater is an educational medium. By definition, applied theater encourages transformative experiences that seek to improve the human condition through imaginative exercises that require creative input (Wohlking & Weiner, 1971). Applied theater is a modern theater movement that explores how theater can be used to improve our individual sense of wellness while enjoying the creative process.

Historically, communities that embrace the capacity of theater to inform and educate realize that it can transform human behavior. There are many parallel theatrical movements that exercise this potential to change the observer and the participants: Theater for Development,

Theater of the Oppressed, and Outreach Theater, among others (Jacques, 2011; Boal, 1979; Bailey, 2009). All of these approaches take advantage of the reflective capacity of theater. Specifically, these approaches target marginalized populations, such as ethnic minorities and impoverished communities, that frequently experience degradation and associated anxieties.

This paper explored multiple areas of literature that look deeper into performance as therapy in community healing. Topics and techniques investigated were drama therapy, therapeutic theater, applied theater, community growth and healing, cathartic principles of therapy, audience role, and performative story telling. Research collected included peer reviewed articles, dissertations, chapters, and other applied quantitative and qualitative studies, including arts-based research. Comparing the use of various methods within drama therapy during the performance process were analyzed and synthesized. It is hoped that findings will be conceptualized into new ideas about how to translate performance-based clinical work into community-based theater approaches.

Drama Therapy

The desire to utilize theater to create an intentionally therapeutic experience eventually inspired the field of drama therapy. Today drama therapy is defined as:

An active, experiential approach to provide the context for storytelling, goal setting, problem solving, expressing feelings, and achieving catharsis. Through drama, the depth and breadth of inner experience can be explored actively, and interpersonal relationship skills enhanced. By expanding repertoire of dramatic roles, participants find that their own life roles have been strengthened through drama therapy. (North American Drama Therapy Association, 2018)

Drama therapy is often used in direct therapy settings such as hospitals, halfway houses, nursing homes, and community centers (Jennings, 2009; Mitchell, 1994). Drama therapists typically utilize the elements of theater with individuals or in therapeutic groups in the hopes of creating healing for those who experience psychosis or have severe developmental delays. One of the significant differences in drama therapy from the world of theater is that drama therapy is focused on the healing of the individual participant. Seymour (2009) explains:

Drama therapy uses drama at the service of the client rather than expecting the client to serve the needs of the drama, though paradoxically it is through attention to the creation of the drama that the client becomes engaged in their own therapeutic process. (p. 31)

Drama therapy is a modern realization, but not a modern invention for understanding the human psyche. It would be inappropriate to label drama therapy a recent invention because its practices have existed since the beginning of civilization. Only recently has research shown to cultivate these practices into a specific therapeutic method with an equally specific purpose. Drama therapy is distinguishable from other theater models in that those who pursue drama therapy have an expectation: “there is a therapeutic imperative to this mission [of drama therapy]” (Emunah, 1994, 23). It would be inaccurate to claim that the practices of drama therapy are merely the conventions of theater applied to the standards of a clinical therapy. Drama therapy is its own discipline with its own standards for evaluation; drama therapy has the benefit of the therapeutic capacities of both medical science and theater. Emunah (1994) states that, “the tools are derived from theater, [and] the goals are rooted in psychotherapy” (p. 23). The very name ‘drama therapy’ denotes the differences of these disciplines.

In terms of performance as a widely accepted invitation of dramatic expression, critical questions are raised regarding therapeutic theater: how does performance transform the therapeutic encounter? How does performance contribute to healing? What are the aesthetic and ethical considerations that attend this genre? How does therapeutic theatre function as research that can reveal and simultaneously respond to human suffering? How does the experience of therapeutic theatre differ for key players involved: clients, drama therapists, drama therapy students and audiences?

Therapeutic Theater

Due to the importance of the individual, the field of drama therapy tends to focus on protected experiences and generally avoids the aesthetic theater focus on creating a final product and presenting to an audience. While there are many in the field who challenged this concept, others insist that performance is a final representation of healing (Snow, 2009). More recently, a subset of drama therapy has emerged called therapeutic theater, which revisits the role of theatrical performance as healing. Therapeutic theater is theater grounded in the healing properties of relationships (Grainger, 2013).

Snow (2009), defines therapeutic theater as a production that is designed with specific therapeutic goals for the participants which is directed by someone skilled in drama or drama therapy and performed in front of an audience. This differs from many versions of drama therapy which do not include a public production for the fear of turning it into an artistic piece to experience. In other words, drama therapy aims to focus on process, not product. Snow's study shows that participants enjoy their roles and feel empowered by the performative experience. Snow also noticed that excitement and dedication are largely influenced by the expectation to put on a production.

In practice, drama therapists discuss the impact that playing a role can have on an individual. Jennings (2009) explored how every role attracts the actor because it has something to teach them, “just as small children choose food and nurture that is healthy and older children select stories and modes of playing that make sense of their worlds (Jennings, 2009, p. 1). Mitchell (1994), a clinical drama therapist who used both traditional drama therapy and therapeutic theater in a mental health setting, explores the benefits of theater performance as self-expression and living in the present as both beneficial for healing and change. When using drama therapy, he emphasized the importance of building an ensemble, working on personal stories, and the use of transformation rituals (Mitchell, 1994).

Emunah (1994), also states that even when using a performance, the facilitator must emphasize the process and the development of the individual. When using therapeutic theater, Mitchell focused on the specific personal issues, while leaving room to be more generalized in order for audience members to connect (Mitchell, 1994). Even though therapeutic theater is focused on creating a performance, the goal of healing and understanding is at the forefront. Therapeutic theater grants permission for all, actors and audience alike, to create their reality and story within the final product.

Pitruzzella (2009) is an established drama therapist who began using performance in therapeutic settings because he recognized that there are many mutually beneficial attributes in both theater and in therapy. He points out that drama therapy recognizes that clients, especially those who are marginalized, gain healing from being connected to and accepted by social networks such as family, groups, or communities (Pitruzzella, 2009). Participation in theater productions frequently creates such communities. Often the two fields are separated because theater is seen as product-based while drama therapy is considered process-based. It can be

argued that product and process are not mutually exclusive. While drama therapy and theater can be viewed as separate things, Pitruzzella acknowledges that they often look similar, they have many points of overlap and can be used to support one another. He says that, ideally, both process and product should be important in each; neither should be restricted to the rigid boundaries of their fields (Pitruzzella, 2009). For example, if personal growth is ignored in theater, the product may not be as strong. In the end he concluded that while drama therapy and aesthetic theater are different, if all elements are taken into account they can each positively influence one another (Pitruzzella, 2009). In approaching theater with a better understanding of the actors, it is possible to create better opportunities for artistic freedom. On the opposite side, an artistic performance can allow drama therapy participants to be seen as productive, creative individuals.

Applied Theater and Community

Drama therapy, even within performance, is explicitly geared to benefit the personal experience of the individuals. Imitating life to enhance the process is explicitly focused on the benefit of the audience. A field developed from the desire to capitalize on the elements of performance-based theater that focuses on the community and social justice aspects of theater is potentially a powerful tool for social changes. This tool could be the applied theater approach. Applied theater has emerged in several countries under different titles including social theater (UK), community-based theater (USA), theater for development (certain Asian and African countries), popular theater (Canada), peer theater, and applied drama (Bowers & Buzzanell, 2002; Somers, 2009; Thompson & Schechner, 2004). Even though proponents of each version

explain clarifications on how they are different, for the sake of clarity, all of these terms will be gathered here as applied theater.

Applied Theater and Performance

Applied theater that is performed with a specific social agenda (Thompson & Schechner, 2004), and is used to enlighten society about its own critical issues (Bowers & Buzzanell, 2002). Other authors also emphasize that the theater piece must be performed by the community who is experiencing a hardship (Boehm & Boehm, 2003, p. 285). Similar to the field of drama therapy, applied theater began because the benefits of performing theater were noticed in schools, prisons, and health centers (Seymour, 2009, p. 29). According to applied theater artists Thompson and Schechner (2004), applied theater is seen as distinct but complementary to aesthetic theater. It works with nontraditional actors in nontraditional spaces such as prisons, refugee camps, hospitals, schools, residences for older adults and other places that are chosen for their specific social context (Thompson & Schechner, 2004). The goals are to support, “self- esteem, build confidence, manage anger, heal socio-psychological wounds, create new approaches to learning, promote participatory community development and/or work in the aftermath of traumatic experiences” (Thompson & Schechner, 2004, p. 12).

This idea is similar to that of drama therapists. In fact, Thompson and Schechner actively apply theater to the issue or situation at hand meaning that applied theater work enters a practical space already full of psychological or sociological awareness, explaining several different kinds of social theater, each with a different social purpose. These include testimony accusation by identifying an oppressor, action with purpose to identify problems and propose solutions, alleviation with intent to build community after a disaster, entertainment providing relief, and art

which will transform a tragic experience (Thompson & Schechner, 2004). Many times, applied theater is about gathering a group of people with similar experiences and forming an inclusive community in which they can explore what those experiences mean.

Applied Theater and Social Action

This category of applied theater warrants specific attention. Boal (1979) used theater work with oppressed communities to solve collective problems. In one example production, he gathered a group of urban individuals from an Aboriginal community and put on a performer-created production about domestic violence. This kind of theater does not provide explicit answers but is based on the exploration of the social issue or question (Diamond, 1994). Studies have shown the effects applied theater can have on various groups of people. Somers (2009) directed a production created by a group of psychiatric patients to experience psychosis. Results showed that as the audience engaged in a discussion with the characters, deeper connections to the community story were developed for the performers and further stories were being told. Somers concluded that the students who watched and participated in this performance gained from the experience, however no follow up was done to actually get their feedback. While the experience may have been extremely powerful for the participants, the inclusion of their specific reflections would have strengthened the conclusion of this study.

Guard, Marti, McGauley, Steedman, and Garcia-Orgales (2012) worked with a labor union to create a production that expressed the experiences and mistreatment of both male and female workers. They created this group production based on the experience of mistreatment within the workplace. This was not to justify mistreatment, but to inspire the mistreated workers to take an active role in their unions. They emphasized that this production was meant to develop

understandings of the industry, to improve self-confidence, and to inspire further social action (Guard et. Al., p. 170). Two social workers, Boehm and Boehm (2003) worked with a group of women in Israel. They focused on the mutual goals of social work and theater to reach a level of understanding of social structures (Boehm & Boehm, 2003). This particular group found that the women involved reported empowerment through increased self-esteem, mastery of a skill, critical awareness of their situations, expression of inner voice, willingness to act, and collective empowerment (Boehm & Boehm, 2003). Boehm and Boehm also used social workers to supervise the process, find funding, and find opportunities for the women after the production was finished. Bird (2007), discussed his work with young prisoners creating a performance for the prison staff. Even though this production was not explicitly drama therapy, he noted the powerful effects on the audience, specifically in their ability to see the performers in a new way. During a post-show discussion, the participants elaborated on the experience, expressing that they believed the production was for their benefit, reflecting the ideas of drama therapy. When asked specifically, they said they felt as if being onstage allowed them to truly be themselves. In addition, they also said they enjoyed the process of clowning and learning to play together onstage. This demonstrates how, even with the goal of social change, the individuals benefited.

Applied Theater, Social Change, and Empowerment

While social change is a large focus of these theater forms, they can also be seen to facilitate personal empowerment and healing (Boehm & Boehm, 2003). This idea of direct empowerment through performance is present in applied theater settings and is distinctly different from most drama therapy groups. There is a contrast from drama therapy as most of these performances are written by the performers based on their personal experiences. It should not be ignored that these theater-based experiences have several different, but not mutually

exclusive, goals such as healing, action, community building, and transforming experience into art.

While drama therapy may focus on the individual healing and applied theater often focuses on group empowerment, all areas of healing must be taken into account. In fact, Boehm and Boehm (2003) argue that there is a specific order in which these things must be addressed. It is as if each goal is a level of healing, from the personal to the group, and with each being equally important.

Applied Theater and Drama Therapy

There has been debate in the field about the difference between drama therapy and applied theater. Both are defined as a move away from the artistic goals of aesthetic theater, yet each in their unique way. Seymour (2009) defines applied theater as performance not for aesthetic purposes, but to challenge societal norms. She emphasizes that it can adjust as the needs of the community change. She states that drama therapy as it exists today uses drama techniques but has stricter boundaries and works to create a safe space that is sheltered from the outside. Therapeutic theater represents a perspective away from the shelter of the therapeutic setting and into the public arena. Emunah (1999) supports these various psychological arenas discussing the ways drama therapy can address critical social issues such as racism, violence, and oppression. In the end, Seymour concludes that the largest difference is that drama therapy has to follow a code of ethics and requires clinical supervision.

Applied Theatre and Drama Therapy for Healing

There are several components that promote healing in applied theater and communities.

Those components are, participation and collaboration, participation and observation, conscious manipulation, conscious control, the body as an instrument, external awareness, commitment to awareness, the play space, suspension of disbelief, and acknowledgement of the concrete reality.

Faigin and Stein (2014) note the reliance on participation and collaboration in theater. Collaboration is critical for successful theater and plays an important role in the theatrical exercises meant to yield a therapeutic effect and alleviate trauma stress (Jacques, 2011). Applied theater requires “participant-observation:” the members of the audience take turns playing an active role in the scenario (Jacques, 2011). These participants can reflect on their experience as actors in the world of the play and, also, what they are able to deduce as observers. Augusto Boal, creator of Theater of the Oppressed, states that the role of participant-observer has unique characteristics that make it particularly conducive to the reflection required for transformation, specifically calling it an “internal dialogue” (Jacques, 2011, p. 90). This duality gives the individual, and the group a well-rounded understanding of the scenario and its implicit anxieties because the individual explores the situation both subjectively, as a participant, and objectively, as an observer.

The foundation of applied theater can be described with the three p’s: people, passion, and platform. The use of ‘people’ refers to the way participants interact with the play space of an applied theater experience. Participants exercise “conscious manipulation of people in time and space” to create an experience that allows subjective and objective reflection of their performance choices (Gopalakrishna & Rao, 2017, p. 86). Applied theater maintains that the body is an instrument that can, and should, be consciously controlled. Individuals should practice mastery of their physical bodies because bodies are the instruments through which individuals

can live and produce art. An individual's ability to manipulate themselves facilitates a deep, heightened awareness of the external self, but not as an isolated entity. Instead, the external awareness is the vehicle for the effective expression of the internal structure; the two components need to work together to make an efficient machine. 'Passion' is the heightened state of awareness that applied theater strives to reach and requires a participant's full commitment for the experience to be effective. The understanding of 'platform' in this context is the play space of the experience which establishes the accommodating needs of the scenario, such as fluid time, location, and identity. It requires a degree of suspension of disbelief to allow a participant to fully commit to the experience; however, there is a danger that the participant will disconnect from reality. It is critical to ensure that it is "the concrete rather than the abstract that is being reinforced" (Gopalakrishna & Rao, 2017). Sajnani (2015) noted that if the participant disconnects from the reality, their experience exists only in the creative space. Then the exercise has no relevance in the mission of improving the capacity for humanism and tolerance because the participant cannot translate the experience to their reality.

Defining Performance

When thinking of the word 'performance' two distinct definitions have emerged in the literature; one, the act of presenting a form of entertainment and two, the action of accomplishing a task (Gopalakrishna & Rao, 2017; Grainger, 2013). The moment an audience is welcomed to view a presentation or demonstration developed and executed by another person or group of people, an exchange is made between performer and witness. Through the act of completion, the arc of movement, the development of change, and the stages of transformation, the performer

develops. The use of performative therapy combines these two definitions to facilitate a relationship with story and character for the audiences as well as the players.

Dimensions of Awareness

Aristotle believed that the “main effect of drama should be cathartic: the purging of pity and terror in tragedy, and laughter in comedy” (Scheff, 1976, p. 530). Drama is entertainment, entertainment provokes and invites emotional shifts outside the routine reaction accepted from the individual. Emotion as a means of eliciting audience response is acceptable and desirable within the performative realm (Furman, 1988). Catharsis is not the intention of all dramatic acts. To reach catharsis, an awareness must be established within the space. The concept of discrepant awareness uncovers the dimensions of awareness between performer and witness (Scheff, 1976). The emotional response from an audience member may not match the intent of the performer. That is not to say that the reaction is incorrect rather, it provides more information and a further connection to the human experience. Scheff (1976) states that discrepant awareness itself is one facet of a general concept, the distribution of awareness in social interaction. The complement of discrepant awareness is the concept of shared awareness which can also be found within the relationship between audience and performer (Scheff, 1976).

Performance requires the ability of awareness on the part of the player and the witness. Individuals must have a sense of their personal boundaries, limitations, and what required distance is needed to remain in the performative realm. Scheff (1976) describes the four types of awareness described within the Arabic maxim; knowing that you know describes an open awareness and pretense, knowing that you do not know creates suspicion and mystification, not knowing that you know and not knowing that you do not know illustrates oblivion. This list of

descriptors acts as a mark of ability within awareness. This is a skill that can be taught and elaborated through the therapeutic process for the performer. As a performer, this knowledge of awareness allows for personal processing and potential distancing from their theatrical presence from their daily life. As an audience member, awareness allows conclusions to be drawn and relation to personal experience to expand and elaborate.

Sympathetic Identification

Scheff indicates one primary purpose of drama as moving the audience to sympathetic identification with the characters stating, “the audience has to care about what happens to the people involved” (Scheff, 1976, p. 536). The audience is drawn into action, “participating vicariously, identifying with the characters, and experiencing” (Scheff, 1976, p. 543). Witnesses experience and create tension in their own processing through watching the action unfold. Emunah and Johnson describe performance as a planned crisis, “one knows when it is coming, but no matter what one does to prepare, that frightening moment on stage in front of the audience is soaked in possibility” (Emunah and Johnson, 1983, p. 236). This relationship between drama, performer, and witness opens a dialog between the selves and the action.

Witnessing

It is possible that individuals or whole audiences will change patterns in behavior after witnessing a theatrical production. After witnessing various theatrical events, individuals have been motivated to become involved in organizations, actively reach out to family members and friends, taking up a new hobby, or breaking a bad habit. Furman (1998) explains that these therapeutic results are incidental and accidental.

Drama therapists should consider the systematic development of theatre pieces that have clear therapeutic goals. The potential value of the theatre performance to drama therapy should be recognized and researched in order that the discipline be extended to meet the needs of large groups in a purposeful and effective manner. (Furman, 1988, 249)

Distance

The idea of being one step removed is an important aspect of drama therapy, often called distancing. Other stories can help us feel more comfortable. In a fictional reality, individuals can allow themselves to feel things without having to deny their presence because they know fiction protects the individual but also allows them to be involved. The fiction can filter powerful feelings through to individuals without engulfing them but allowing them to acknowledge them and unlock some of the feelings that may be difficult to cope with. This is true of all of sorts of unwelcome thoughts and feelings, from envy to real psychological distress. There is significant improvement in attention, motivation, spontaneity, empowerment, and group cohesion when distance is involved.

Distance is an important facet of performance not only for the witness but also for the performer. The development of distance theory has had a major impact on psychotherapy. One end of the distancing continuum involves evoking raw emotion in audience members as an under-distanced effect (Furman, 1988). The other end of the spectrum is an over-distanced effect, with audience members experience a lack of feelings (Furman, 1988). The balance is between these two extremes, the aesthetic distance (Furman, 1988). "Drama therapists can make use of the inherent aesthetic distance of theater to meet the needs of whole communities as well as

small groups” (Furman, 1988, p. 248). Distancing in therapy and theater reveals that theatric objectives often mirror therapeutic goals. Scheff (1976) indicated that successful drama always stimulates an emotional response from the audience. Audiences come to witness with a level of emotional distress, that is often within the subconscious, that they have been unable to expel. The play engages this distress and allows for release. This highlights the elements of catharsis and distancing as influential factors of therapeutic theater from the audience perspective.

Therapeutic Theater

Drama therapist Roger Grainger (2013) describes the fundamental relational components of healing theater as:

Human vulnerability, our own or other people’s, draws us closer to one another, just as fear keeps us apart ... Theater is about the way we see ourselves: the way we value ourselves, protect ourselves, bestow ourselves. Because of these things, it is also about how we discover ourselves, not merely theoretically but existentially, in and through relatedness. (Grainger, 2013, p.163)

Theater establishes the relationship and builds upon a relational aesthetic in which ethical intention and artistic choices work together (Sajnani, 2015). Theater as therapy creates an environment in which participants and witnesses can “define, consider and process relationships of all kinds through and as performance” (Grainger, 2013, p. 174). Process and product demonstrate several unique qualities of therapeutic theater. The structure involves cooperation, courage, contemplation, reflection, association and expression (Grainger, 2013).

Even our most aesthetically distanced pieces have left participants open to a difficult range of feelings. In the merged place of therapeutic theater, we found deep challenges in establishing and maintaining an effective holding environment. Working within that ‘chaos’ or exquisite mess is just the point. (Grainger, 2013, p. 174).

Drama therapists must be aware of the complex responsibilities and operate on multiple levels throughout the process of therapeutic theater. These are the aesthetic and ethical concerns that are involved in the therapeutic theater process. Therapeutic theater is about “exploring the nature of the performers as well as the nature of the performance” (Grainger, 2013, p. 182). There is a beginning, a middle and an end, with development of the person and persona (Grainger, 2013).

The relationship described between Jill Powell and Cecilia Dintino is fascinating because they are client and therapist but also stage partners in their show “Borderline” (Kilgannon, 2014). The two women are playing as themselves and dealing with Ms. Powell’s lifelong struggle with borderline personality disorder. The ethics of this type of storytelling involve great trust between the client and therapist. There are moments of relation that are emotionally intense and triggering. The ability of the client to distance themselves from the client role within the performative space could present challenges. Once the space and relationship have been established as collaborators, individuals within groups can reflect and examine collective experiences and incorporate them through a theoretical lens for performance (Sajani, 2013). This reflection is also offered to the audience while presenting personal identity through a “relational process rather than a collection of static, singular givens” (Sajani, 2013, p. 384).

Emunah (2015) mentions that the challenge is not in listening to a client’s story, but

rather figuring out how to work with it in the performative sense.

Some degree of healing takes place simply from being attentively and empathically listened to and witnessed (in psychotherapy or in performance), but, I would offer that a 'second degree' and perhaps more substantive healing takes place when one does not stop with the telling and hearing, but rather tackles the material from the inside out, or in some cases, from the outside in. (Emunah, 2015, p. 74)

Embodying Practices

In embodying parts of the self, taking on roles of others, auditioning, learning the right to exit, trying something new, closing and opening chapters, preparing for immanent change, integrating dramatic healing ritual, confronting a perpetrator, integrating an internal nurturing figure, comment on the process in the here and now, and process culminating enactments, the performance takes shape (Emunah, 2015). The aspects involved with the self-revelatory performance including working with personal material, delving into personal material in a psychologically rich, insightful and deep way, demonstrating awareness of social and cultural dimensions of the material, avoiding the pitfall of self-indulgence and stagnation, communicating with an audience, and reaching for universality of human experience and emotions (Emunah, 2015). Performance demonstrates progress with the issues addressed, attains aesthetic distance in which performer is not under-distanced or over-distanced throughout the piece, demonstrates an understanding and application of drama therapy theory, and practice (Emunah, 2015). The performer can advance therapeutically through transforming personal material into theatrical performance with universal thematic relevance and an aesthetic frame,

demonstrate skill at using drama therapy to work through personal material in a therapeutic way that invites change, perspective, healing or transformation (Emunah, 2015). They are also able to demonstrate theatrical skill and an aesthetic awareness in the performance and in the coherence of the piece (Emunah, 2015).

Performance of a lived experience invites contradiction, play, humor, and a deeper understanding of our own experience (Sajnani, 2013). Through gesture, sound, image, and role, individuals give name and meaning to our own realities. This allows for the relationship between viewer and performer to take and hold shape, making connections, and healing together.

Johnson (1980) describes the healing that occurs after the play. There is tremendous shift in the state of being after the exposure of stage performance. The rehearsal structure is removed from the routine and the intensified experience of accomplishment begins to move out of the state of being. The dramatic ritual established allows important parts of the self to be expressed and shared in a group (Johnson, 1980). This is an important social and cognitive skill that has been practiced throughout the process. The transition asks for further self-exploration and process that offers healing in a different light for the performer.

Comparing and Contrasting Performance Principles

In professional theater that attempts to create a performance with the highest artistic value, the goal is to create a piece of art for the audience. In drama therapy the goal is the healing of the individual or individuals in a group as a goal. In applied theater, the focus is generally geared toward the community although there are times when benefits overlap. The difficulty, then, becomes defining which is which. Is it only drama therapy when run by a drama therapist?

Is it only drama therapy when healing occurs? Finally, are these distinctions even important for the participants?

Even though they have all risen from the same place, aesthetic theater, applied theater, and drama therapy have become quite distinct in their definitions. Yet they do not need to be seen as mutually exclusive. Somers (2009) sees the delineation between different uses of theater as more of a continuum. On one side is drama therapy only for individual healing, and the other as theater strictly for entertainment. Schinina (2009) also argues that it can be dangerous to separate these fields completely:

The dangers involved in a therapeutic use of social theater that disregards the importance of participation, or in context that hinder participation. By contrast, when it comes to social theater and education the healing value that training experiences have or might have on the participants can hardly be overestimated.
(p. 44)

Similarly, Emunah (1994) finds that limiting a performance to only the benefit of the individual limits the reach of drama therapy. She argues that having an aesthetic standard benefits the individuals as well:

A production that seems to serve the actor only is likely to also be limited in terms of therapeutic benefit. It is through the process of elevating the aesthetic level of the production... that one achieves clarity and mastery. The aesthetic and therapeutic strands are thus intertwined. (p. 292)

While these three areas can be distinct, there is a core part of them that cannot be separated. It would be difficult to argue that performances created for by community members ever do not benefit the performer in some way. It could even be argued that those who choose work in aesthetic theater must get something out of it; otherwise they would not have chosen it as a career.

Moving Beyond Drama Therapy Performance

While certain authors have discovered and developed processes in support of performance, this researcher recommends a framework of development revolving the following three statements: performance in therapy, performance as therapy, and performance as healing. The process of creating alone provides healing qualities, as represented by Snow (2009). Within these offered frameworks, there is space for release of emotion, expansion of emotion, meditation of images, and distance from life occurrences (Emunah, 1994; Somers, 2009; Sajjani, 2013; Furman, 1988). The relationship between the performance and the actor is valued by recognizing someone's art, creation, voice, state of being, expression. The cathartic elements are present within the tension, expansion, and release of creativity to stage and the creative process itself is the primary therapeutic agent. This is where symbolism becomes a strong component to reading the work. In making creation and creativity a habit, the invitation is presented to evoke change or knowledge regarding life events. The ritual factors involved in performative theater invited the habitual routine.

Healing in performance includes emotional expression, self-affirmation, catharsis, the ability to see one's individual challenges as a reflection of socially-constructed and politically-reinforced norms, the opportunity to be witnessed, "and the understanding that our communion

as a performers and audiences was an example of the very change we wished to see” (Sajani, 2013, p. 384).

Blending Performance Qualities

Performance therapy allows the theatrical process to facilitate the therapeutic process through unraveling meaning. In exploring interpretation, insight and transference, the language between creation and actor expands and becomes more complex. The therapeutic impact of performative therapy includes expression, imagination, participation, and the mind-body connection. These are present within performance in therapy, performance as therapy, and performance as healing. There is room in each way of exploring performance to live independently however, the marriage of the three also offers important value for the actor and audience.

Discussion

Two major themes have emerged from the findings of this literature review including the mutually supportive element of performance and the necessity of courage and safety. Considering these themes and the implications of performance-based community theater, a potential framework for clinical practice is suggested. Within that framework are specific assumptions to consider including: bio-psycho-social complexity, the interconnected experience of theater, safety, and courage.

As Boehm & Boehm (2003) commented, humans are complex, emotional beings who thrive off expression illustrating that no one-means is enough. Their studies suggest that by limiting the imaginative self, individuals hinder their ability to feel, process, and grow. Performance creates a safe space and holds a safe space for expression. When encouraging the

relationship of creativity and play to enter lives, individuals invite change and invite the self to explore it's many roles while discovering trust within the process and expanding the knowledge of the self. Landy (2016) identified the self is the best instrument of healing, change, and growth. There are millions of stories, memories, feelings, and expressions within the unconscious body that contribute to the present self. When asking for access to these interworking's of the self, individuals invite a stronger relationship to the present. As described by Bird (2007), the creative process is enhanced by developing trust, patience, practice, intuition, the ability to play, using error, inspiration, technique, understanding and challenging limitations, risk, and courage. Performance is a valuable means of therapeutic process that will continue to transform how people view themselves and the world around them. The more individuals are asked to explore, the more they will know.

Mutually Supportive Themes

Findings from the literature review suggested that the themes of performance are all interconnected, each supporting one another. For example, as presented by Mitchell (1994) and Pitruzzella (2009), social goal promoted growth within the personal and the personal goal supported artistic work. By challenging individuals within a supportive environment, they are able to explore their emotions, and gain confidence for future endeavors (Pitruzzella, 2009). In addition, Sajnani (2013) identified the bonding experience over having goals of creating together, particularly for social activism, which helps participants feel connected to others. This author recommends further research on the connection of the universal voice and relationship to social activism by exploring the personal, social, and artistic role. When talking about the communal experience of spreading a message, individuals cannot ignore the element of personal

gain. In a therapeutic setting, when asked to define the personal, building self-confidence is often a goal. Yet self-confidence can be too reductive; it can lead to the belief that only the self is important. As represented by Gopalakrishna and Rao (2017), what a socially driven group theater experience can provide is a confidence in self as being one of many. This can come on many levels: the shared stories or experiences, the witness, the true stories, and connection to outside experience. Having a final, artistic goal also represents a point of completion that can be important for feelings of achievement, as well as an opportunity to share work with others. Spontaneity can be difficult precisely because it is honest and revealing.

Safety and Courage

Feeling safe leads to trust, and feeling courage leads to taking risks, both of which are important (Kilgannon, 2014). Sajnani (2013) described that the experience of having an opportunity to take many risks among a group of people with a strong degree of trust mirrors building a community and within a safe structure is a component of healing. Interpersonal skills hold the importance of bonding and feeling supported, all of which built safety. Safety and courage seemed to fuel one another. Trust in the self to succeed. Once trust is established, individuals are able to open up and be more vulnerable. In terms of a personal or therapeutic experience, Jennings (2009) elaborated through their studies that it is also crucial to trust that the group or individual will not judge or disregard feelings. As Sajnani (2013) suggests, one individual seeing others being vulnerable and accepted for makes it easier for individuals to trust, and thus open up even more.

Safety is a foundation while courage, on the other hand, moves upwards, building upon itself. Within these two concepts lies the influence of trust and risk. Trust represents the faith that

others will not judge and that the self is capable. Once a certain amount of trust is established, risk is possible. This risk represents a jump in courage, but with little growth in safety. Because of this, the risk is followed by a period of observation that assesses how the risk was received. If this risk is not met with acceptance, there is a lower level of safety and courage. This carries on in a stair step motion, continuing to move forward or backward endlessly.

The practical structure of theater represents the safety net. Consistent rehearsals and predictable opening and closing rituals provide structure and increase feelings of safety. Snow (2009) describes the physical space of the theater represents an opportunity to step out of daily life and explore important ideas and feelings that a busy schedule may not allow. This is parallel to therapy, as Snow describes, in which stepping into the therapy room can feel like stepping out of who you are in every day and into new possibilities. This desire for structure and safety speaks to why it was so difficult for some people to move spontaneously; they desired the safety of being told where to go and what to do, and it was difficult when that was taken away from them. It is important to note how important it is to allowing agency without the feeling of abandonment.

Therapeutic theater can be contextualized as a restaging of the drama between client and therapist, with playmaking as a primary process, and that there are benefits and challenges that proceed from working within a deeply intersubjective space (Seymour, 2009). Aesthetic and ethical considerations are paramount in the therapeutic theater process and require ongoing examination and study as established by Seymour. Theater is a unique opportunity for vulnerability because it requires individuals to be in front of groups of people, probably one of the most vulnerable experiences of all. This relates to the experience of being seen or being

heard. When people are accustomed to not being seen or heard, it can be simultaneously exciting and terrifying. This is not to say that all performance is a vulnerable experience.

Society often perpetuates that belief that private experiences are not to be talked about. While there is nothing wrong with being private, there are several unfortunate messages that come along; when things aren't talked about, there is no discussion on what is acceptable and what is not. By talking about taboo subjects in a performative way, individuals not only challenged themselves to become more informed and comfortable with the topics, but also challenged the societal expectations that these things will be kept secret.

Examples of safety and courage are present in much of drama therapy literature and could be attained through therapeutic theater. The addition of the social goal adds a unique, more universal flavor to this process. In this sense, there is an acknowledgement that the social goal holds many personal benefits that not only increased the importance of the challenge, but also reap greater rewards when they successfully conquered their personal goals.

Suggestions for Future Research: Utilizing a Performance as Therapy Framework

Further research expanding the number of participants in performance as healing environments would be beneficial in determining the relevance of past findings. If these experiences were confirmed as being more universal, it would be compelling to see how the personal and social benefits expand and promote further and deeper community healing. By incorporating performative therapy boundaries into more therapeutic spaces, the possibility to promote specific elements of healing for groups and individuals through performance would be reflected and expanded into an implemental method involving the development of trust, patience,

practice, intuition, the ability to play, using error, inspiration, technique, understanding followed by challenging limitations, risk, and courage.

Conclusion

When personal and social goals combine, there is a powerful opportunity for individuals in search of some sort of self-healing to gather together, work on a socially relevant content and, intentionally or not, heal themselves and their community. The theater gives the framework and platform, while the process builds the many layers of connection, to self and beyond. To support this experience, individuals and groups need to feel safe and courageous in order to trust, challenge themselves, and grow. A performance opportunity that offers this provides a focus on individual and relational growth, social activism, and artistry. This builds on opportunities for safety and courage as well as providing a unique experience that cannot fully be found elsewhere. The intersection of personal and social healing through performance simultaneously honors the individual and the universal, creating a more complete whole.

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