

THEATRE

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THEATRE

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INVESTOR IN PEOPLE

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INTRODUCTION – WHY THEATRE?

[I]t's a ceremony, it's a ritual, it is something which is very important for your mental strength, and you should go out of the theatre stronger and more human than when you went in. (Arianne Mnouchkine, Director)

In the movie *Cast Away*, starring Tom Hanks, FedEx systems analyst Chuck Noland is washed up alone on a desert island following a plane crash. During his four years of isolation, Chuck paints a face on a volleyball, names it Wilson, and treats it as a beloved companion. While in normal circumstances this might be seen as an indication of mental illness, in *Cast Away* we recognize it as a survival technique, a means for Chuck to imaginatively construct social connections where none are possible. We understand, almost instinctively, that social relationships are essential to our well-being and our survival. And when Wilson is finally lost at sea (he's on an island, so this shouldn't be much of a spoiler), we mourn with Chuck as though this now deflated, filthy volleyball were a human character. Human beings are social animals. And while it might be *possible* for an individual to survive in total seclusion, we know that a solitary existence is neither desirable nor healthy. In fact, loneliness is now recognized as being linked to a host of physical, mental, and cognitive challenges as well as to an increased risk of early death. So how do we foster social relationships, particularly at a time when many of us feel both extremely connected (to information) and extremely disconnected (from other people) at the same time?

The answer presented by this volume is *theatre*, a subgenre of live performance that includes narrative, costumes, a playing space, spectators, and a text that is sung or spoken by performers engaged

in planned movement (“blocking”) or choreography (Westlake, 2017). In ancient Greece, Apollo was the god of both music and healing. But it was his brother, Dionysus, who had the power to alleviate suffering and bring joy to humans. He was the god of wine and theatre. To thank the god for these particular gifts, Greeks held no fewer than five festivals per year in his honor, all of which involved the performance of poems by choruses of 50 young men. Two festivals celebrated the god through the presentation of plays. So important were theatre and the worship of Dionysus that the Athenians built an amphitheater in their city center, tucked into the hill beside the citadel. Here, all of Athenian society gathered annually for the Great Dionysia, watching plays that reflected their shared values, fears, and hopes. Aristotle, our first known drama critic, said that the purpose of tragedy was *catharsis*. That is, like a medical cleansing of the body, tragedy would cleanse the mind and spirit through the purgation of negative emotions. In effect, theatre was seen as an activity that could heal the individual psyche. I would go further, though, and say that the communal nature of theatre, from its earliest documented existence, points toward the belief that engagement with theatre could also promote the health and well-being of the body politic.

The notion that engagement with theatre might offer individuals opportunities for healing persisted, as seen in the work of the Greek physician Soranus during the second century and then the Roman physician Caelius Aurelianus in the fifth century. For patients suffering from various types of mental illness, Soranus and then Caelius Aurelianus recommended that they see a performance at a particular point in their recovery. The type of performance was selected to balance the quality of the patient’s emotional or mental state. Someone suffering from “dejection,” for example, was advised to see a comic mime (Drabkin, 1951). Presumably this would help lift their mood. During the eighteenth and nineteenth centuries, a number of asylums and psychiatric hospitals across Europe constructed theatres on their grounds or involved residents in performances. Most famous among these is the asylum of Charenton outside Paris, at which the Marquis de Sade wrote and directed several productions while he was confined there as a patient (Jones, 1996). Although participation in theatre activities

was not always seen as having the potential to cure mental illness during this period, it was often employed to keep patients occupied in pro-social activities that emphasized their strengths and “relaxed” their perceived disfunction (Mora, 1957).

During the middle decades of the twentieth century, drama-therapy emerged as a distinct discipline of the healing arts, one that did not just use dramatic activities to supplement other therapeutic approaches or provide “occupation” to people who might otherwise get into mischief. Rather, in dramatherapy the dramatic process itself facilitates therapeutic change (Jones, 1996). Some of the processes of dramatherapy can help us understand how theatre more broadly functions to support well-being and health. According to Phil Jones, two of the most important elements of dramatherapy are “dramatic projection” and “transformation.” In dramatic projection, the client engages with a problem by projecting “aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalise inner conflicts” (Jones, 1996). Externalizing the conflict allows the client to gain perspective on it, and, thus, develop a new relationship to the problem. Dramatic projection is also engaged by audiences and actors, albeit without the same clinical implications. Transformation in dramatherapy refers to the processes through which events, people, or objects from everyday life are changed by dramatic enactment and assume new significance for the client. Theatre also relies on the transformative power of the imagination, which can generate new understandings among audience members.

While dramatherapy is intended to help people work through particular problems with the assistance of professional drama-therapist, we do not usually go to the theatre in order to achieve a specific therapeutic outcome. Nonetheless, engaging with theatre can result in secondary benefits that are therapeutic or that support well-being. Participating in theatre offers us opportunities to connect with others based on our strengths and interests. Through it, we can shed the stigmatized identities that limit us and instead become actors, storytellers, designers, singers, and dancers. In addition, we build rapport and relationships, which help reduce isolation and increase pro-social behavior. Engaging with the stories of people whose experiences differ from our own can

help us empathize with other points of view, while the aesthetic distance offered by theatrical metaphor can also provide a safe way for spectators to reflect on, process, and create meaning from their own traumatic experiences.

Further, engagement with theatre offers participants a chance to exercise some control. For people who feel marginalized or disempowered, such agency is a formidable tonic that can mitigate the feelings of hopelessness, loneliness, or anxiety that arise in the face of adverse situations. The opportunity to say “no” to something when one feels compelled to say “yes” to every poke and prod in a hospital, for example, can be a real gift. And not to be taken for granted is the chance to engage in something fun, creative, and even joyful.

The collaborative and embodied nature of theatre is precisely what makes it the ideal artistic vehicle to support individual and community health and well-being. Theatre cannot be done by one person alone. It requires a relationship between, at a bare minimum, an actor and a spectator. In addition, the actor and the spectator inhabit a shared space for the duration of the performance. Thus, theatre resides in the body, just as health and well-being reside in the body. But minimalist performances involving only one performer and one audience member are extremely rare. Typically, a team that includes actors, a playwright, designers, a director, technicians, and a stage manager is responsible for creating the theatrical event; and the audience consists of dozens, if not hundreds, of witnesses who share space with the performers who use their bodies to enact stories.

A VERY BRIEF HISTORY OF THEATRE

Between 2 million and 50,000 years ago, during what has been dubbed the “mimetic era” of human evolution, at the same time that humans began to make tools and use fire, we also started to engage in “subjunctive reality,” a world that is imagined, wished for, or possible. The ability to imagine things and to conceive the possible enabled us to both make up stories and pretend, which are, of course, fundamental to what we now recognize as theatre. It was anywhere from 100,000 to 50,000 years ago that theatre emerged

in human culture (McConachie, 2011). The earliest documentary evidence of theatrical activity dates only to about 4,000 years ago in Mesopotamia, a territory that covered parts of modern-day Turkey, Syria, Iran, Iraq, and Kuwait. There is also evidence of theatrical activity from around the same time in Egypt. The most extensive trove of evidence of ancient theatrical activity dates to about 2,500 years ago in Athens. This is why most histories of theatre begin with a discussion of Ancient Greek theatre, particularly the tragedies of the playwright Aeschylus.

The purpose of early performance was most likely to build group cohesion (McConachie, 2013). Because theatre makes special demands on us to understand the emotions and intentions of (fictional) others – the very definition of empathy – it seems likely that early theatrical performance also contributed to social interaction, built community, and allowed participants to develop or practice a variety of skills. There is reason to believe that theatrical performance also gave rise to religious rituals intended to process traumatic events that had no logical explanation (McConachie, 2011). Interestingly, this is the opposite of the commonly held view of theatre's origins in ritual, which held sway among historians throughout the twentieth century.

Various philosophers and artists have tried to explain the purpose of theatre. The Greek philosopher Aristotle wrote a treatise on Athenian drama called *The Poetics* in which he explained that the aim of tragedy is *catharsis*, an emotional cleansing among spectators. Examining the plays from this period as well as the festivals at which they were performed, one sees that this theatre also offered object lessons in Athenian citizenship and celebrated Athenian innovations in society and politics. Thus, the Athenian theatre from the fifth century BCE offered spectators both a form of spiritual or psychological healing as well as instruction on what it meant to be an Athenian.

According to the sage Bharata Muni, to whom the Sanskrit treatise on drama called the *Natyashastra* is attributed (c. 100 BCE to 200 CE), theatre functions as a sensory feast that nourishes both the soul and the mind (Westlake, 2017). For Bharata Muni pleasure is fundamental to theatre's efficacy. In addition, this pleasurable

experience should transport spectators to another dimension in which they can reflect on spiritual and moral questions. Thus, in the Sanskrit tradition, the pleasures of theatre sustain health and well-being through nourishment and have the potential to lead to spiritual and intellectual growth. Similarly, Zeami, the founder of the Nō drama in Japan, proposed that the purpose of theatre is to bring about peace and harmony in the heart of the spectator, which in turn will bring stability to the world. Again, his understanding of theatre's function was both individual and communal and to be brought about through an aesthetic experience.

As we review the explicit and implicit purposes of theatre as documented across a variety of cultures and over many centuries, we see several common threads: it offers instruction or the opportunity for enlightenment, supports well-being, aids community-formation, and provides pleasure or entertainment.

The forms of theatre described by Aristotle, Zeami, and Bharata Muni are generally oriented toward a clear division between performer and spectator. Other approaches to theatre do not draw such stark distinctions, and, in fact, deliberately eschew the separation between performer and spectator that has come to dominate many Western performance traditions. These other approaches to theatre instead work to blur the lines between actors and audience members by including audiences in the making of performances or inviting audience members to participate directly in the performance.

Groups that invite people who are not professional (or even amateur) performers to engage in creating theatre typically have as their primary aim something other than entertaining an audience. The specific purposes of such community-based theatre workshops (often referred to as “applied theatre”) vary greatly – from changing attitudes about an issue to offering an opportunity for creative self-expression – but, in general, participatory theatre workshops have similar benefits to theatrical performances: they offer an opportunity for participants to learn or grow, support well-being, encourage the formation of community, and provide enjoyment. Although we will discuss the health benefits of traditional theatre spectatorship, much of the focus of this book will be on participatory theatre activities that take place outside spaces that are

typically set aside for theatrical performance, like community centers, schools, and even hospitals.

CHAPTER OVERVIEW

Chapter 1, “What Helps?,” provides a summary of the core evidence for theatre’s impact on health and well-being. Although much remains to be done, the research available suggests that theatre engagement can enhance social, emotional, psychological, and community well-being. Chapter 2, “Who Can Benefit?,” includes case studies that describe the specific application of theatre for health in a variety of different settings, from hospitals to care homes to schools. In Chapter 3, “How Can I Engage?,” we demystify theatre by describing some of the ways individuals and community groups can get involved. For health and social care professionals who are interested in brining theatre into their work, Chapter 4, “What Can Professionals Do to Help?,” outlines a number of activities that are appropriate for use in clinical, educational, and community-based settings. Detailed instructions are provided for techniques that can be conducted without the guidance of theatre artists or educators. Chapter 5, “What Are the Challenges and Opportunities?,” provides readers with an overview of some of the most common barriers to engaging with theatre and the strategies to overcome them. Finally, Chapter 6, “Resources,” provides readers with lists of links to useful organizations, suggested further reading, and information on key references.

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