

# THE CURATIVE IN THE CREATIVE

Theatre in Mental Health Practice

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Many of us tend to think of the arts as either entertainment or an escape. A luxury of some kind. But...they can be used to fundamentally change your day-to-day life. They can help address serious physical and mental health issues, with remarkable results. And they can both help you learn and flourish (Magsamen and Ross, 2023).

**T**here is growing evidence which asserts that both viewing and participating in the arts have significant mental, physical and social health benefits. In 2019, the World Health Organization (WHO) published a scoping review, gathering the evidence across 3,500 studies from across the globe on the role of the arts in improving health and well-being (Fancourt and Finn, 2019). The review concluded that the arts can play a powerful role in both the promotion–prevention and management–treatment realms of health care in areas of child development, caregiving and addressing inequalities as well as treatment for neurological conditions, mental illness and end of life care.

The evidence indicates that to derive health benefits from the arts one does not have to master artistic skill. It is available to us when engaging even in simple ‘acts of art’ or creative processes. For instance, doodling, humming, tracing a pattern, playing a theatre game, watching a performance, moving one’s body to a rhythm all have potential health benefits. In other words, as far as health is concerned it is quite clear that the process is far more important than the product. The quest to understand those aspects of arts processes which are powerful, the various ways that they are so, and the manner in which these elements can be harnessed has given rise to a few disciplines at

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the intersection of arts and health. The field of Creative Arts Therapy is concerned with the intentional and specific use of process and elements of artistic/creative practices towards specific mental health therapy goals. The field of Neuroaesthetics uses a neuroscience approach to understand how the brain responds to aesthetic and artistic elements. Community Arts has for decades been concerned with arts processes that increase democratisation and participation in the context of social justice and community well-being.

In this article, we focus on the arts, specifically theatre, in mental health practice. Shekhar Seshadri's work over the last four decades has been in the area of child and adolescent mental health, and in community-based interventions for child protection. As a musician and theatre practitioner, in addition to being a psychiatrist, Seshadri uses the arts as a bridge—between inner and outer worlds, individuals in a group, clinician and patient. Maitri Gopalakrishna's work over the last 15 years has been in drama therapy<sup>1</sup> in the context of counselling and community mental health work with both children and adults. Her particular interest lies in the area of sexual trauma, where the arts offer a language in which one can speak the unspeakable. Both have over the years used theatre and arts work in their practices to effect evocative and powerful healing transformations.

Stress, trauma and human challenges are often not internalised as language. The traditional psychotherapeutic process of language-based discourse, thus, has limitations in many contexts. These contexts include work with children, with complex trauma; with communities, where the forms/languages of mental health are inaccessible; and in situations where deep conflicts are suppressed and repressed. Thus, in contexts that have these limitations, experiential and arts-based methodology offer a safe and powerful method not only to elicit narratives, but also to effect healing.

Our intention, in the next few pages, is to offer you a glimpse into some elements of theatre/drama that contribute to its therapeutic potential, thereby making it particularly powerful in our mental health practice.

## **ELEMENTS OF THEATRE PROCESSES AND THEIR THERAPEUTIC VALUE**

Man is least himself when he talks in his own person. Give him a mask, and he will tell you the truth.

—Oscar Wilde

**DISTANCE AND AESTHETIC FRAMING**

There are many ways in which theatre processes and methods lend themselves to mental health care. Two of these are indicated by the earlier quote from Oscar Wilde—distance and aesthetic framing. Masks, puppets, stories, images, characters, etc., offer a possibility for the revealing of ‘truths’ with some protective distance. The individual is speaking not as self, but through the mask. With the distance thus provided, the individual feels safe enough to share. In some cases, these ‘truths’ are known to the individual, but there are barriers to sharing, including the fear of being judged, misunderstood or blamed. There may also be the concern that the act of sharing may be overwhelming because something distressing has surfaced. However, in other cases, the ‘truths’ are hidden even from the individual. They are subconscious or repressed material. Thus, the protective element of distance is even more important.

The mask, like a story or a character, offers an aesthetic frame. Augusto Boal, the community theatre practitioner, says, ‘The aesthetic space liberates memory and imagination’ (1995: 21). When memory is liberated, reprocessed material emerges. When imagination is liberated, the aesthetic frame can be used to share their ‘truth’ in a symbolic, non-linear way that could contain more complexity than language alone. The mask is not a single object, but one comprised of various elements—the structure, shape and size of the mask, the style, colours, the patterns/symbols on it, the materials it is made of, and so on. Each of these elements can contain significance and meaning relating to the ‘truth’ that the individual wishes to reveal.

Boal says, ‘Observing itself, the human being perceives what is, discovers what is not and imagines what it could become’ (ibid.: 13). Observation is key to mental health and thus almost all therapeutic modalities emphasise the development of an ability to observe and describe one’s experience in context. Theatre offers many opportunities to develop observation, largely owing to the various devices that can be used to create distance. It is only with some distance that we can observe.

Both theatre and mental health practitioners have been occupied with the concept of distance. Bertolt Brecht emphasised emotionally distancing the audience in order to enable critical deconstruction. Drama therapist Robert Landy drew from this to

suggest that the therapist should titrate the emotional distance for the client/patient, so that they are neither too emotionally close (i.e., flooded/overwhelmed), nor too emotionally far (i.e., numb/disconnected), suggesting that it is in this place of 'aesthetic distance' that therapeutic work can occur (2009). Thus, not only is it important to be able to observe one's experience, but it is important to be able to find that sweet spot from where you can both experience and observe the experience. If I am holding the mask, looking at it and speaking about it, it is more distanced than if I wear the mask and move with it as I speak.

### **EMBODIMENT**

This brings us to a third element—implied, though not stated, in the Wilde quote—embodiment and the explicit engagement of the body in the therapeutic process. Embodiment refers to the process of giving physical form to abstract thoughts, feelings and memories. It is possible through embodiment to give physical form to a feeling by creating a shape with our bodies that contains that feeling. In other words, when we ask an individual to 'show' us what they feel in their bodies, we are inviting them into a process of embodiment. Embodiment allows for concretisation—to do—rather than simply talk about doing. Embodiment moves us from knowledge/insight through revelation and observation towards action. Boal has offered rigorous theoretical and methodological innovations for the use of theatre in community and therapeutic work. In one of Boal's methods, internalised inhibiting messages are conceptualised as 'cops in the head'. In working with this technique, participants are invited to embody through a physical position each message or 'cop' in the head of the protagonist. Through animating and dialoguing, the group develops a sense of agency over these 'cops' that creates the bridge towards change in real life.

Not only can our thoughts and feelings be expressed on/with our bodies (inside → out), but the physical position of our bodies influences our emotions and thoughts as well (outside → in). The inside → out approach is used in the theatre approaches of Konstantin Stanislavski, Boal and others, and has extensive application in mental health practice. Traditional Indian theatre forms that draw on the *Natyashastra* prescribe body postures, movements and even breath patterns in the articulation

of emotion. Actors are not meant to feel what they perform, but rather perform the prescribed code so that the audience (i.e., non-trained performers) ‘taste the rasa’ and feels the emotion. This indicates something closer to an outside → in dynamic. In mental health practice, asking a client to transition to a position that is diametrically different from what their bodies want to do can help move someone away from a stuck position. Women, because of the ubiquity of sexual harassment, often develop a guarded physical posture that includes hunching, closing the upper body with arms and keeping eyes low. When there has been sexual abuse or assault this physical guarding can become more pronounced. Within the safety of the therapeutic space, it becomes possible to explore various embodiment prompts to open up the body. Over time, this can become a playful and joyous process in the group.

### **GROUP FOCUS**

In our work, one of the most potent therapeutic elements of theatre lies in the group nature of the work. Theatre is in essence a group activity and most processes within theatre are well suited to group work. In a supportive and safe group, participants see themselves and their experiences reflected in others. The group becomes a space to share, to try new behaviours, to receive feedback and to be held. In the group, participants are witnessed by their peers and learn to witness and support others as well. Through the group, the participants can see that they are not alone in their predicaments. The dialectical processes of universalisation and personalisation is a principle in group work. Participants are encouraged to see that while there are shared themes in many of the stories, the contextual specifics make each experience unique. In the alienating and isolating experience of mental ill health/distress, the group can offer community, belonging and solidarity.

Theatre-based mental health work in a group often develops in phases. Drama therapist Renee Emunah has developed the Integrative Five Phase Model of Drama Therapy, which offers an intuitive and systematic developmental model that many practitioners use (Emunah and Johnson, 2009). The first phase is called dramatic play where games and exercises are used to build the ensemble (i.e., the group) as well as explore the topic. In the second phase—scene work—improvisation is used to help participants learn to accept

and make offers. Through improvisation, scenes are developed that can be just fictional and/or fictional while containing real themes from participants' lives. For instance, with a children's group we may create scenes from a story that contains themes similar to the children's experiences. Here, the story provides an aesthetic frame to aid in expression, and sufficient distance for containment and safety.

Slowly, participants bring in more real-life material and the scenes may look more psychodramatic in nature, moving us into the third phase of role-play. Psychodrama is an active and structured psychotherapeutic approach developed in the early 1900s by J. L. Moreno and his wife Zerka Moreno, where participants dramatised real moments from their life in a group (Moreno, 1964). The protagonist of the drama can pick group members to play the roles of different people in their lives. Then, through a series of role plays and other devices, the protagonist can observe and transform disempowering or stuck moments. Psychodramatic enactments can be cathartic, facilitating insight to change an individual's relationship to a problem. Here, too, the iterative process of embodying a role and then stepping out of it to observe it (i.e., lessening and increasing distance iteratively) helps build perspective. The fourth phase is called culminating enactment where participants can move from present-day issues to more fundamental issues in their lives. Here, in addition to psychodrama, we may utilise other devices such as embodied mapping. This could involve creating a tableau with objects in the space in order to externalise where they stand in the moment vis-à-vis an issue. The final closing phase is that of dramatic ritual.

Elements of distance, framing and embodiment are present in all five phases of the group process. The group nature of the work is core. A fifth element of theatre that contributes to its therapeutic power is the centrality of play and spontaneity.

### **PLAY AND SPONTANEITY**

Psychotherapy has to do with two people playing together... where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play (Winnicott, 1971: 51).

Play is a critically important part of children's lives. Children make sense of the world, work through dynamics, and rehearse new roles/

behaviours through play. Play and play therapy is widely accepted as a mainstay in mental health practice with children. While play is less central in the lives of adults, the ability to play and be spontaneous is an indicator of mental health and psychological flexibility. It suggests that one can be more responsive to changing circumstances including, for instance, changing subjective needs in relationships. As Moreno writes,

The protagonist is challenged to respond with some degree of adequacy to a new situation or with degree of novelty to an old situation, [in order to do this] they need a transformer and catalyst, a kind of intelligence which operates in the here and now... 'spontaneity'. Mental healing processes require spontaneity in order to be effective (1964: xii).

Play needs a certain transformative energy that we can call spontaneity. There are also explicit or implicit rules in play that offer structure, which contains spontaneous energy so it does not get chaotic. In other words, play and spontaneity go hand in hand. And as both Winnicott and Moreno assert, both these are centrally important to mental health work. Therefore, a method like theatre that includes play and spontaneity centrally makes sense in mental health practice.

### **CREATIVITY**

Another facet of theatre that contributes to its therapeutic potential is that it is a creative pursuit. When we invite an individual to view their current predicament as a story, to pick someone in the group to play the role of their father, to create a fictional scene around the theme of being stuck, we are, in essence, requiring them to undertake a creative task. Participants find this process enjoyable and generative. Besides being able to be more creative in engaging with their life circumstances, participants also experience themselves as creative beings. For individuals who are identified, and identify themselves, as patients—broken, problem saturated or carriers of illness—being able to experience the self as also creative and generative can be rather healing. With play and creativity, it is possible to do the serious work of mental health care with lightness and even fun. Often, the people we work with continue to hold

on to some of these creative endeavours by taking up a hobby like drawing or painting, joining a class, writing, etc., even after our therapeutic work with them is closed. This is a truly wonderful phenomenon because, as the arts and public health researchers from the University of Florida concluded in a 2019 White Paper, ‘Like exercise and good nutrition, being creative is simply good for us’ (Sonke, et al., 2019).

### **STRUCTURE**

While theatre is spontaneous, it is also structured and ritualistic. Like therapy sessions, the structure of a rehearsal or drama session is often fixed, though the content may vary. We always begin with a warm-up, followed by the main activities and close with some way to integrate. Often, a facilitator will craft a ritual drawing on things that are evocative for the group to mark the opening and closing of sessions. For example, coming together in a circle, moving to a rhythm, breathing together, drawing things out of an imaginary well, etc. With a group of children or adults, we often incorporate a quiet time, reading time or drawing/dancing time in the session. Participants find this predictability comforting and grounding. Rituals mark the passage of phases of both the session and the entire therapeutic process. Therefore, ritualising important moments—an opening, a closing, a moment, a revelation, etc.—offer both grounding and punctuation that is of great value in mental health work.

Scripts or other formal elements in theatre also provide structure that can be therapeutically beneficial. For example, a socially anxious child may, with the scaffolding of a script, be able to practise initiating a conversation with a peer. With enough practise, they may be able to go ‘off book’ and even ad-lib a little. One of the most powerful therapeutic elements of theatre is that it offers us the opportunity to practise and rehearse for real life.

Traditional Indian theatre is deeply structured not just in terms of ‘what’ is performed, but also ‘how’ it is performed. The pedagogy of a small, residential school in rural Tamil Nadu was focused around the traditional theatre form of Kattaikkuttu.<sup>2</sup> The children in the school came from caste and class marginalised backgrounds, and many had also suffered personal losses and traumas. As Hanne de Bruin, one of the team that ran the school

writes, 'For children who have experienced trauma, Kattaikkuttu's structured performances offer a well-defined trajectory to hang onto in times of stress' (2021). With some skilled facilitation, the stories of the Mahabharata that make up the content of Kattaikkuttu performances became the aesthetic frames with which various real-life issues were explored with some distance.

## **THE CREATIVE AND THE CURATIVE**

The coming together of drama and healing is not new. Almost all traditional healing practices the world over contain the ritualistic and the theatrical within them. The arts have traditionally been part of daily life often disguised in religious practice. Even today prayer is often recited in tune, patterns and symbols in particular colours are drawn to protect and sanctify spaces, performances are commissioned as part of weddings or funerals, and there are few community festivals that do not include music and dance. Therefore, it should not be too much of a leap to consider the arts as important for our health and well-being as individuals and communities.

There is enormous potential for the arts in mental health practice in the Indian context for several reasons. First, arts methods can be easily integrated into, or work alongside, existing frames and systems of mental health care. Second, the stigma against accessing medical/psychological mental health services is profound. Care offered in the context of the arts can sidestep this stigma to some extent and create a bridge to accessing more conventional forms. Third, in a country that is so deeply socially segregated, the arts can create experiences and embodied understandings that help create channels of communication across divisions. Fourth, methodologies that include experiential and non-verbal processes are an advantage here where 'talking' about one's emotions is quite alien. Fifth, a modality that is well suited to groups is helpful for community settings and in situations where an issue may be socially situated as well. Sixth, the arts offer the possibility to integrate specific cultural/religious material into the work, like symbols, myths, etc., that would allow it to have greater relevance. Finally, we have a wealth of traditional and contemporary arts and aesthetic practices that we can draw from towards health and well-being (Gopalakrishna, 2021).

Through the glimpses offered in this article, we hope that we have evoked our collective imaginations as to how the arts could find intentional application in mental health practice.



## NOTES

1. Drama therapy, along with visual art therapy, dance movement therapy, music therapy and expressive arts therapy make up the broader umbrella of Creative Arts Therapies. These are independent fields of study with academic programmes, peer reviewed journals and professional associations in many parts of the world. In India, the fields are in development with a few diploma programmes and professional associations.
2. See <https://www.kattaikkuttu.org/> for more information on Kattaikkuttu theatre.

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