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THEATRE, HEALTH, AND WELLBEING

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Theatre and healing across cultures and contexts

Theatre and healing have been intertwined since ancient times, with ritual and performance playing a key role in therapeutic practices. Across different contexts, theatre has offered an art form and a platform for the transmission of cultural norms, collaboration, representation, critical engagement, community organising, catharsis, and care.

In Ancient Greece, healing sanctuaries dedicated to Asklepios, such as those in Epidaurus and Pergamon, incorporated theatre as part of their therapeutic rituals. Patients attended performances to experience emotional catharsis, believing that storytelling and dramatic expression contributed to physical, mental, and spiritual cleansing (Hartigan, 2009). In Botswana and South Africa, traditional healers (e.g., dingaka and sangomas) use storytelling, dance, and ritual enactments to address both physical and psychological ailments, reinforcing theatre's role in Indigenous healing (Makanya, 2017) and contemporary efforts at social change (Tshane, 2013). In Iran, Ta'zieh, a form of ritual theatre depicting the martyrdom of Imam Hussein, serves as a communal healing practice. Through reenactment, music, and lamentation, participants process grief and trauma, providing emotional and psychological relief (Chelkowski, 1979). In Cambodia, annual theatrical reenactments of Khmer Rouge atrocities serve both as acts of remembrance and political instruments (BBC News), while the re-emergence of the ancient practice of shadow puppet theatre celebrates Cambodian cultural identity (Atlas Obscura, 2019).

Theatre practices have been drawn upon for their transformative, rehabilitative, and legislative qualities with and within specific communities. In the United Kingdom, applied theatre has been used to support women experiencing the criminal justice system (McAvinchey, 2021), children undergoing hospitalisation (Sextou, 2023), and adults managing addiction (Outside Edge). In Ireland, theatre maker Jenny Macdonald (2024) represented her own breast cancer journey on stage and works with healthcare providers to explore the practice of caring and being cared for. In the United States, Fox and Salas (2021) developed Playback Theatre as a means of strengthening social bonds by promoting active listening to and respect for different perspectives through enacted storytelling. Anne Basting (2020) pioneered an improvisational storytelling approach to bring wonder, joy, and connection to elders and those in dementia care.

Augusto Boal's Theatre of the Oppressed in Brazil supports the organising of marginalised communities by encouraging a collective rehearsal of possible individual, collective, and policy solutions to shared concerns by drawing on games, images, and forum theatre (Boal, 2023). In Lebanon, theatre presented by incarcerated men at Roumieh prison led to progressive changes to the penal code pertaining to the provision of mental health care for prisoners (Daccache, 2022). And in Canada, applied theatre has been used to support Indigenous youth in making healthy lifestyle choices by creating images of their own definitions of wellbeing (Robbins et al., 2017).

In the context of mental health, Basaglia, who led the closure of asylums in Italy and promoted more humane psychiatric care, encouraged the use of theatre as a tool for rehabilitation and social reintegration (Foot, 2014). Romanian psychiatrist Moreno's radical articulation and use of dramatic reality and role play paved the way for the contemporary drama-based therapies in clinical and community contexts (Johnson & Emunah, 2020; Jones, 1996; Orkibi et al., 2023; Sajjani & Johnson, 2024).

This chapter offers a brief introduction to the etymology of drama and theatre and the benefits associated with this art form in everyday life and as a health behaviour. This is followed by three case vignettes of how theatre has been used to intentionally support physical, social, and mental wellbeing across various settings, including clinical, community, and public health interventions. These examples are ones in which we have been involved and which reference different practices and professionals associated, including folk theatre artists, applied theatre practitioners, and drama therapists. We conclude with a discussion about the value of theatre-based practices in the arts and health landscape and identify considerations for practice.

Drama and theatre in everyday life and as a health behaviour

Theatre can be understood to include both drama and theatre. *Drama* comes from the Greek word *dráō*, which means 'to do, make, act, perform.' The Sanskrit word for 'drama' is *nāṭya* which is one of the 64 kinds of arts recognised in the ancient vedas (authoritative text). The *Nāṭyaśāstra*, the Sanskrit treatise on drama that holds a comparable place in theatre history as Plato's *Poetics*, refers to drama as including dance, music, and theatre (Sajjani & Gopalakrishna, 2017). In contemporary terms, drama often refers to the written or conceptual aspect of performance – stories or scripts, characters, dialogues, and the structure of the narrative. It can also refer to a genre of theatre (e.g., drama, comedy, science fiction) or the *process* of developing or rehearsing scenes.

Theatre comes from the Greek word *theatron* which means 'a place to view or behold.' Theatre typically refers to the live performance of drama, involving actors, a stage, set design, staging, lighting, sound, and audience interaction. It is the material realisation of drama of any genre, turning written words into a sensory experience that involves not just the eyes and ears, as the words *spectacle* and *audience* might suggest, but the full body. Therefore, theatre can be understood to be both something we *do* and something we *experience* and there are health benefits to both.

While making theatre may not be familiar to everyone, the processes associated with theatre, including *imagination, play, improvisation, storytelling, acting or role play, performing, and witnessing*, are actually activities that we do every day. Human beings have a unique capacity for symbolic thought which enables us to make-believe, invent fictions, and conjecture abstract concepts and possibilities (Harari, 2015). In fact, our ability to sustain, analyse, and question imaginary scenarios (e.g., 'What if?' thinking) leads to creativity, problem-solving, and scientific innovation. As Shakespeare observed in *As You Like It*, "all the world's a stage" with each person playing many parts over a lifetime. We learn to play many roles throughout our lives – expressed in how we move, speak, and relate to others.

Developmentally, children have been observed to engage in simple pretend play, mimicking the behaviours of those around them, from as early as 18 months before progressing to imitating caregivers and animals to more complex social roles and fictional characters from books and movies between approximately three–five years of age (Piaget, 1962). Such role play serves to enhance social skills and empathy, improve cognitive development and problem-solving, facilitate language development as children experiment with new vocabulary and social scripts, and encourage creativity and emotional regulation (Lewandowska & Węziak-Białowolska, 2023; Vlaicu, 2014). As we grow, we also learn to shift between roles to take on different perspectives and to accommodate the demands of different social contexts (Goffman, 1959). This cognitive flexibility is also present when we improvise to adapt to unexpected changes. We share and bear witness to each other's stories and identify with characters to make sense of who we are, our place in the world, and to discover new possibilities. These are but a few of the ways in which the processes associated with theatre are deeply embedded in our everyday behaviours.

When these processes are practiced intentionally, as in a theatre class or production, these benefits are pronounced. Theatre-making and attending live theatre can be understood to be *health behaviours* capable of increasing somatic awareness, playfulness, creativity, empathy, flexibility, decision-making, communication, and social skills (Goldstein, 2024; Rathje, 2021). The process of making theatre has been likened to the process of building a network of care which can hold space for human dignity and an embodied sense of wellbeing (Low, 2021). And, as the following three case studies will reveal, when theatre practices are directly linked with health themes and objectives, the benefits can be transformative. Indeed, at its core, that is what theatre does, transform one thing into another and, in so doing, offer a visceral glimpse into worlds we may not yet know how to inhabit.

Global case studies of theatre for health and wellbeing

Corona Maari: theatre in a public health strategy in Chamarajanagar, Karnataka, India during COVID-19

There are age-old links between theatre and India's ritual, cultural, and healing practices (Shastri, 1931). However, it has not been formally integrated into the Indian healthcare system (Venkit et al., 2015). In larger Indian cities, creative art therapists use theatre methods, including role play, puppetry, and storytelling for counselling and rehabilitation (Jovial, 2022). Theatre forms such as Playback Theatre, Psychodrama, Theatre of the Oppressed, and *Nukad Natak* or Street Theatre are used in the margins of clinical and community health work to reduce isolation, enhance mental health literacy, and address social determinants of health, such as gender, caste, class, and educational inequities (Gopalakrishna et al., 2024; Hoff et al., 2021; Khanna, 2021; Pehere & Yadavalli, 2021; Singh et al., 2012). Despite its health benefits, theatre remains largely unrecognised by the public health sector in India. This case study showcases a rare example of a public health organisation in South India partnering with a local theatre company to engage tribal communities in tackling a health concern in a culturally resonant way, enhancing health communication, equity, and access (Figure 10.1).

Chamarajanagar, Karnataka's southernmost district, has a 12% Adivasi population, mainly the Soliga, Betta Kuruba, and Jenu Kuruba tribes living in the dense BR Hill ranges and forests (Directorate of Census Operations, Karnataka, 2011). While these tribes were largely protected during the first wave of the COVID-19 pandemic, the second wave in April 2021 saw rising outbreaks (Yasmeen, 2021). Health experts attributed this to increasing inter-district movement, vaccine



Figure 10.1 Basavaraju and his team perform Corona Maari across tribal hamlets. Photo Credit: Bhargav Dwaraki Shandilya

hesitancy, predisposed medical risk factors in the community, and poor healthcare infrastructure (HS, 2022). Media reports incorrectly portrayed Adivasi people as uncooperative and resistant to modern medicine (Tandon, 2022). According to tribal leaders, their hesitancy was due to misinformation from social media and poor experiences at state-run facilities (HS, 2022). Many expressed distrust, citing past mistreatment and the deaths of COVID-19 patients due to oxygen shortages in hospitals (Prakash, 2021). As COVID-19 cases and deaths rose, tensions between tribal communities and district authorities increased, with confrontations replacing cooperation and counselling.

Intervention: dance-drama to support community health in the Soliga community

As a community health practitioner, Tanya Seshadri was affiliated with the Tribal Health Resource Centre at the Vivekananda Girijana Kalyana Kendra in BR Hills and the Institute of Public Health in Bangalore. When she and her team noticed that the people in the tribal hamlets were growing weary of misleading media reports and repeated visits from health and government officials, they decided to take action. They reached out to Basavaraju from Soliga Pusumale Kalaa Tanda, a cultural troupe known for their folk songs, dances, and street theatre, to help engage the community in an open-minded conversation about COVID-19 and how they could protect themselves.

Basavaraju, a respected folk artist, believed that his people needed trustworthy information from within their community to make informed decisions and avoid falling for misleading rumours. He suggested creating a dance-drama centred around the virus, using a familiar cultural framework to deliver accurate information across hamlets. In just a few days, the troupe made up of Adivasi members of ages ranging from 14 to 50 years, developed a performance called Corona Maari, featuring a rhythmic song and dance-drama (Rao, 2021). Set to a recurring two-liner, the rhythmic song was interspersed with scenes around the importance of traditional healthcare for common ailments while stressing the need for the vaccine against the new virus. For example, one of the scenes was about a mother's journey in seeking help for her sick child, visiting traditional healers, friends, relatives, and eventually consulting a modern doctor. The drama was set in the Soliga language and engaged the audience with a mix of local humour, relatable stories, and well-timed

songs and dances, much like in popular films. The script explained the facts about COVID-19 and dispelled common misconceptions, ultimately encouraging individuals and families to make informed health decisions while respecting their choices.

Tanya accompanied Basavaraju's team as they performed nearly 3–5 shows a day in 72 villages across the district, reaching nearly half of the Soliga Adivasi population, as well as some Jenu Kuruba and Betta Kuruba communities. They would enter a hamlet with drum beats that would first gather the younger women and children to a common area. Others would then trickle in to see what was happening. In most hamlets, seldom had people watched any non-traditional theatre in their own language (*Soliga nudi*) with familiar names and instances from their everyday lives. Each 20-minute performance was followed by lively and sometimes tense discussions where villagers openly debated the implications of the play's messages under their current circumstances.

Outcomes

The performances drew the attention of district officials. With their support, the first Adivasi COVID-19 Care Centre was established in a residential school in an Adivasi neighbourhood, where local villagers helped care for nearly 30 patients successfully. With rising vaccination rates, they secured funding to recruit five Adivasi vaccine volunteers, increasing coverage from 25% to 99% by 2023. Basavaraju created a second, more relatable play about vaccination, which was an even bigger success. They toured the hamlets again over six months with the message, "Health is your right, your health is in your hands." Eventually, Adivasi leaders decided to produce a short film showcasing their pride in their Soliga identity and vaccination status, which was played after each performance. This, combined with open community dialogues, helped bridge access to vaccination for many Adivasi communities. Now, there are ongoing demands for theatre-led campaigns on noncommunicable diseases and social issues like alcoholism, marking just the beginning of this impactful work.

Theatre created a space for the community to dialogue about the disease in their own language and make informed decisions. In India, where the power imbalance between health organisations and Adivasi communities is significant, such platforms are crucial.

The Miss Kendra Program: storytelling as social buffering in schools in the United States

We know children are impacted by toxic stress, abuse, and neglect (Nelson et al., 2020; UNICEF, 2024). Yet, we assume our children are okay, expect them to leave their burdens at the door, and do not make space for them to talk about their experiences at school for fear of making it worse. This avoidance of children's lived realities in school settings leads to increased activation and negative behaviours among students. Unaddressed toxic stress in a child's home life leads to lower concentration and poor academic performance. From a trauma-centred perspective, we know every child needs to have their fears acknowledged to talk freely and express their worries to trusted adults and peers. They need to know that school isn't just a place for learning, but it is also a place that can care for them when they are worried or stressed (Figures 10.2 and 10.3).

The Miss Kendra Program is a trauma-informed, system-wide public health programme that was developed by drama therapists who understood the need for children to process their stress in school settings (Johnson et al., 2020). Miss Kendra is a loving and caring character introduced to students through *The Legend of Miss Kendra*, a story read aloud in primary school classrooms.



Figure 10.2 Letters to Miss Kendra. Photo Credit: David R. Johnson



Figure 10.3 Letters to Miss Kendra. Photo Credit: David R. Johnson

In the story, she speaks honestly with children about worries, stress, safety, strength, resilience, and the importance of community. She greets every child at the door each morning, asks if they are okay or have any worries today, and models the importance of bearing witness to children's lived experiences—helping to create a culture of care and emotional safety. The legend contains a children's bill of rights that students read aloud together.

Miss Kendra's List

- No child should be harmed because of their race, religion, or gender.
- No child should be punched or kicked.
- No child should be left alone for a long time.
- No child should be hungry for a long time.
- No child should be bullied or told they are no good.
- No child should be touched in their private parts.
- No child should have to see other people hurt each other.
- No child should be scared by gun violence at home or in school.

Because

- It makes a child feel bad about themselves.
- It makes a child not care about school.
- It makes a child feel sad or scared or lonely.
- It makes a child feel angry and want to fight too much.
- It makes a child feel like not trying hard or giving up.
- It makes a child worry a lot about their family.

This is what Miss Kendra says. What do you say?

In response to the list, the children are given the chance to write letters to Miss Kendra to express their worries, and then they receive a letter from 'her' in return. In addition, 30-minute-long classroom activities utilise role play, games, art-making, and letter writing to help students feel seen and heard. For example, two stuffed animals can be brought to life as siblings who have been left alone for too long, allowing students to offer suggestions about what they should do. A shoebox turned into a mailbox can help deliver Miss Kendra's kind words in response to students' artwork and letters.

We found that especially for children, having a 'legend' brings with it a feeling of safety that allows difficult things to be discussed. Indeed, story and imagination have long been the way children's fears have been processed. Just about every fairy tale is about a threat or danger to children: Rumpelstiltskin wants to take the infant; Hansel and Gretel are cooked in an oven and made into cookies; Little Red Riding Hood is eaten by the Big Bad Wolf; the evil queen is after Snow White; Bambi's mother dies. We read these stories to children at night in bed to comfort them, to help them go to sleep! What makes this process work is that as the child is exposed to the possibilities of danger; they are (hopefully) nestled in the arms, or held in the lap, of their parent. It is that combination of threat and protection that buffers children's experience of stress that builds their capacity for resilience against troubled times they are likely to face in life.

Intervention: imaginal social buffering

Research has shown the importance of what are known as social buffers, or supportive relationships, in the recovery from trauma, abuse, and oppression. Jack Shonkoff, MD, of the Center on the Developing Child at Harvard University, found that children who have been exposed to

adverse childhood experiences can avoid the impact of toxic stress if they have at least one caring adult whom they trust, and who is trustworthy.

The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships build key capacities—such as the ability to plan, monitor, and regulate behavior—that enable children to respond adaptively to adversity and thrive. This combination of supportive relationships, adaptive skill- building, and positive experiences is the foundation of resilience.

(National Scientific Council on the Developing Child, 2012)

The key ingredient in this programme is framing the work within the imaginal context of The Legend of Miss Kendra. Like the other caring adults in their lives (teachers, counsellors, parents), Miss Kendra provides a social buffer by caring, listening to, and protecting children. Unlike these other caring adults, she is imaginary, which means she does not get sick, go on vacation, have other work to do, or other children to care for. Her age, location, ethnicity, and personality are never given, so each child fills in these gaps with what they need her to be. In this way, Miss Kendra is an imaginal social buffer.

The arts have long provided human beings with imaginal social buffers: the characters in the stories we hear, art we see, music we hear, and theatre we enjoy have long been used to provide solace during hard times. The characters from stories and movies, imaginary friends, guardian angels, and stuffed animals of our childhoods have lasting protective effects (Lotun et al., 2024).

Outcomes

There are many examples of children utilising the imaginal world of Miss Kendra to support healthy attitudes and behaviour: A third grader who had had great difficulty controlling his behaviour and was often aggressive with other students improved rapidly after the programme began. When asked about why this was, he said, “I told my mom and dad about Miss Kendra and now they don’t hit me anymore. They just send me to my room.” “Why is that?” “Oh, Miss Kendra told them ‘No child should be punched or kicked!’”

A first grader in one school and a second grader in another school within the same district each reported that they were being touched by an after-school programme leader, after they had been in the “No child should be touched in their private parts” lesson. The police investigated and substantiated the abuse that had affected several dozen children. The programme empowered very young children to have the courage to report sexual abuse, when often older children and adults do not.

To improve children’s resilience in the face of adversity, children must have reliable access to a trusted and trustworthy adult. In too many cases, children have not found that figure in their family or community, often due to the overwhelming stresses and struggles for survival these adults are experiencing. Miss Kendra is an imaginal figure who represents this possibility for each child – that no matter how bad things are, someone knows about it, and will be there for them. The legend also offers adults the language they may not have to be able to speak about important concerns. Believing in Miss Kendra means believing that there can be other adults out there who care; that it is worth it to keep looking. Through its function as an imaginal social buffer, the students’ psychological immune systems can be strengthened, leading to healthy development even when eliminating the stressors themselves is not possible. Miss Kendra offers traumatised children an

image of what being cared for can look like, which they can carry with them during the harshest suffering.

Ikhaya lethemba (House of hope): a drama therapy group with survivors of gender-based violence in South Africa

The story of South Africa is one that is complex and layered in terms of an oppressive history and ongoing journey towards liberation beyond that of politics. The challenges are many, including high unemployment rates and an alarming prevalence of gender-based violence (GBV) (Zungu et al., 2024). Almost 8.2 million people were unemployed in the first quarter of 2024 with Black women experiencing higher unemployment rates and higher levels of poverty, making them more economically vulnerable (Maluleke, 2020). Most survivors of GBV are women who have lower access to power or resources. These statistics, bleak as they are, are not the whole story. One of the development goals of the South African Government is the elimination of all forms of violence against women and girls by 2030, including GBV, which they describe as a ‘second pandemic’ (Government of South Africa, n.d.; South African Government, 2012). This means that there are many organisations focused on the prevention of GBV as well as the support of survivors.

The structure of the well-known Hero’s Journey, developed by Joseph Campbell, presents the protagonist with a helper or mentor who offers support. Peterson (2019) states that the “mentor gives the hero the supplies, knowledge, and confidence required to overcome his or her fear and face the adventure.” In the South African context, there are many organisations who have stepped in to help the heroines – ‘the survivors’ – of GBV. One of these organisations is a Johannesburg-based entity called *Ikhaya Lethemba*, which translates to *House of Hope*. *Ikhaya Lethemba* supports female survivors of GBV by providing shelter, legal and medical support, and counselling (Rasekgala, 2022).

Intervention: group drama therapy

Jermain Johnson conducted group therapy sessions over a period of nine months at House of Hope while being supervised by Vasinther Pather. A series of sessions following a predictable structure was necessary for creating a sense of groundedness and safety given the client group’s experiences of violence and, therefore, the nature of the emotional material that could surface. An element of ritual was included with the awareness that the use of rituals in drama therapy “...have the ability to provide expression of feelings, witnessing [and] validation of feelings, and social bonding” (Verrastro, 2016). This involved using a similar opening and closing structure for the group.

In GBV cases, a person’s basic needs including refuge, protection, dignity, and respect, remain unmet, which can affect their capacity to trust which can, in turn, limit the efficacy of a therapeutic process and their interactions outside of therapy (Platt cited in Pather, 2016). Ritualising the beginning and end of each session enabled a consistent container that created a space of acceptable risk for participants to be more vulnerable with each other. Safety was primary also because Johnson presented as male and the participants had experienced violence by other males.

Guided by the overarching objective of the intervention, participants co-created the objective for each session which included, for example, strengthening self-esteem. Gender discrimination and GBV can suppress personal identity leading to lowered self-esteem, self-efficacy, and agency (Kira, 2012; cited in Pather, 2016). Involvement in creating session objectives contributed to strengthening these qualities in participants. Depending on the session’s theme or objective, different stories were used as the main process in group therapy.

A story that resonated strongly with the group was an ancient story from South-East India called *Grandmother Spider Brings the Fire*. The story teaches that even the very small can accomplish great things. The heroine in this story overcomes many challenges that others before could not overcome. The protagonist, *Grandmother Spider*, had been undermined and undervalued by her community. Her achieving success at a task that many before her had failed at, brought respect and recognition from the same members of the community that had doubted her abilities. Historically in South Africa, the role of Black women has been undervalued and unrecognized. The symbol of Grandmother Spider taking the challenges in her stride, inspired participants with the possibility of navigating life's challenges and claiming their personal power even in a difficult sociocultural context.

Participants were invited to enact the story and to engage with the characters and scenes through other forms of creative expression. Embodied approaches were used because they strengthen a sense of empowerment in individuals as they encourage action and movement beyond just words (Penzik, cited in Pather, 2016).

Outcomes

Expressing personal stories that are traumatic can be a daunting and vulnerable task, especially in a group setting. However, over nine months, the women who participated in the group were able to share their experiences with each other in ways that conveyed a sense of connection, agency, and hope. The courage and bravery the participants displayed could in part be attributed to the intentional use of creative expression and story. Both served to create emotional distance from difficult emotional material and memories (Jones, 1996). Also, the wide range of psychodramatic and projective techniques drawn upon in the therapy implies variations in relationship between self and role and self and other, giving participants access to a range of role expressions (Landy, 1983). *Ikhaya Lethemba's* social worker who participated in the group drama therapy sessions also observed that the process 'allowed group members to express their lived experience.'

The internship supervision process also provided a larger container for the drama therapist in training (Jermain) to process personal insights and feelings that emerged due to his own exposure to GBV. This was key to strengthening his capacity to engage with the participants' material, to navigating the transference and countertransference dynamics in the therapy, and to allow for reflection on his personal material with clear distinctions from that of the group. In the end, both the therapist and client were able to explore cultural, racial, social, and other factors, using the dramatic medium to make visible the stories and experiences that needed to be seen and heard.

Considerations

The field of arts and health refers to an ecosystem of people, practices, and professions that use arts, culture, and creative expression to address specific health concerns and promote wellbeing across the lifespan (Sajani & Fietje, 2023). Together with international examples of theatre in everyday life, education and clinical care, these three cases offer valuable insights into the many relationships that exist between theatre and health (Figure 10.4). They also reveal important considerations about roles and responsibilities, cultural relevance, therapeutic factors, health literacy, and health equity.

Roles

The three case vignettes referred to theatre facilitators with different kinds of roles, training, and responsibilities. In the Corona Maari project, the position of local, respected folk theatre artists as

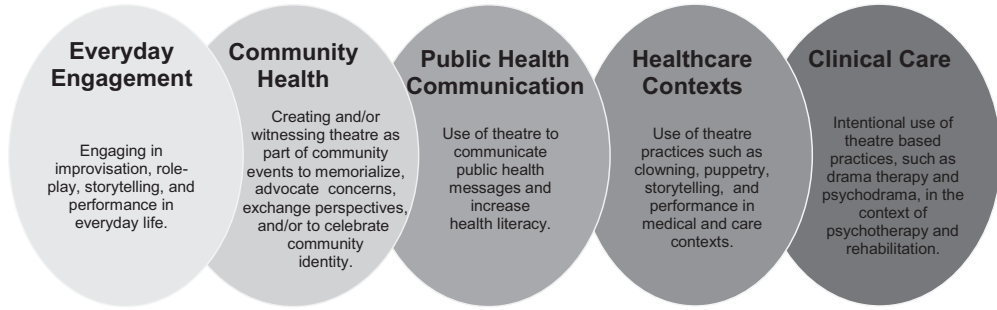


Figure 10.4 Relationships between theatre and health

trusted members of the community helped to bridge the gap between public health officials and marginalised groups. In this case, theatre artists partnered public health leaders with their respective roles complementing one another. In the Miss Kendra Program, drama therapists partnered with teachers and school administrators to help teachers structure lesson plans to implement the storytelling programme and to help children express and work through stressors. In the Ikhaya Lethemba project, a trained drama therapist provided a story-based therapeutic structure to support confidential group therapy. This project also emphasised the value of supervision which, we would argue, is a useful strategy to support arts and health initiatives. While facilitator skills, objectives, and theatrical influences differed across these roles and contexts, each example presented facilitators who engaged with a carefully considered and negotiated project, fully cognisant of the ethical implications of their practice and their positionalities – a fundamental tenet of equitable and ethical practice in arts and health practice (Jones & Doktor, 2008).

Cultural relevance

The case studies collectively emphasise the value of culturally resonant approaches (Dokter & Sajjani, 2023). For example, in India, the intervention addressed vaccine hesitancy by using culturally familiar theatre forms to dispel misinformation about COVID-19. The participatory nature of the performances allowed the audience to engage in open discussions, reinforcing informed decision-making about public health practices. The programme emphasised the need for culturally appropriate health communication, recognising the marginalisation of Adivasi communities and their historical distrust of government healthcare systems, and the value of folk artists. This resulted in increased vaccine uptake, reduced stigma, increased communication between tribal and government authorities and the establishment of a tribal COVID-19 care centre, showing how theatre can bridge healthcare gaps. In the Ikhaya Lethemba project, the group selected a story that resonated with their concerns and desires which offered a scaffold for therapeutic exploration.

Therapeutic factors

There are several explanatory models that have emerged to describe the health value of arts and cultural engagement, and influential psychological, sociological, and economic factors from the wider contexts in which projects take place (e.g., de Witte et al. 2021; Fancourt & Warran, 2024). Each vignette contained references to factors that have been used to explain health outcomes. In Ikhaya Lethemba, Jermain and Vasintha wrote about how a fictional story provided sufficient

aesthetic distance (Jones, 1996; Landy, 1983) so that participants could share potentially difficult stories without becoming overwhelmed. They highlighted the value of group cohesion, universality (the feeling that one is not alone), and the instillation of hope, which are known therapeutic factors of group therapy (Yalom & Leszcz, 1985). Similarly, the dance-drama Corona Maari facilitated aesthetic distance between tribal communities and district officials, creating a space for open dialogue about COVID-19 vaccinations. By engaging in the performance, actors and audience members tolerated debate and a difference of opinions despite existing power hierarchies. The projects also emphasised the value of externalisation or what has been referred to as concretisation in drama-based therapies wherein an internal, abstract experience is given a physical form through props, puppets, roles, and scenes to enable reflection, perspective, and insight (Orkibi et al., 2023). For example, the Miss Kendra Program drew on the use of symbolic communication in the form of the mythical figure of Miss Kendra, to support psychological resilience and concretized this relationship with letter-writing.

Health literacy and communication

Globally, there is a significant history of arts in public health communication (Sonke & Pesata, 2015; Sonke et al., 2021) and the contribution that theatre-makers have made to imbuing performances with relevant health messages (e.g., Frank, 1995). Each case vignette offered examples of how theatre-making could be used to increase health literacy. For example, in Corona Maari, theatre, in the regional language performed by members of the community, was used to translate complex health messages about COVID-19 into accessible, culturally relevant narratives. In the Miss Kendra Program, storytelling provided an effective way to educate children and adults about the impact of adverse experiences on mental health. In the Ikhaya Lethemba example, theatre was the form through which women were able to process and articulate their health experiences through shared understandings.

Health equity, accessibility, voice, and agency

Theatre is especially useful in under-resourced communities, or in contexts where there has been a historical breach of trust, in improving access to accurate health information. This was evident in the Ikhaya Lethemba project where GBV survivors and children are often excluded from mainstream mental health services, making drama-based interventions a vital bridge to healthcare services. Theatre was also seen to foster collective dialogue, participatory problem-solving, helping marginalised groups reclaim agency over their health decisions. Whether in vaccine campaigns, school settings, or GBV recovery, the use of theatre gave voice to those impacted by health challenges to speak about and reflect on their experiences.

Theatre as an integral part of a holistic health strategy

The actor and teacher Sanford Meisner once defined the art of acting as ‘behaving truthfully under imaginary circumstances’ (Meisner & Longwell, 1987). In this chapter, we have examined how the reverse may also be true, in that the practice of ‘acting imaginatively under truthful circumstances’ offers opportunities for growth and change. Engaging in theatre, as demonstrated across cultures and contexts, is a powerful health behaviour and a potent medium for health communication, emotional processing, and social transformation. The case studies of Corona Maari, The Miss Kendra Program, and Ikhaya Lethemba illustrate how different kinds of theatre practitioners

can bridge gaps in public health, mental health, and trauma recovery by fostering engagement, agency, and coping skills. Whether through community-led performances addressing vaccine hesitancy, storytelling interventions supporting children's resilience, or drama therapy groups empowering survivors of GBV, theatre provides pathways to culturally resonant and collaborative approaches to wellbeing. By better integrating theatre-based practices, arts and health practitioners can create inclusive, accessible, and effective health interventions that honour diverse cultural traditions while addressing contemporary health challenges. Moving forward, increased recognition and investment in theatre-based approaches can increase access and expand their impact, offering innovative solutions to pressing health issues worldwide.

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