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A review of theatre interventions and mental health: inspiration, elicitation and dissemination

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ABSTRACT

Background: There is limited knowledge of how theatre interventions have been deployed to address mental health issues in low and middle income countries (LMICs). Our aim was to examine the role of theatre as a research activity and explore the ways in which its research potential had been actualised in the literature, and examine the extent to which authors have addressed LMICs.

Methods: We undertook a scoping review informed by PRISMA guidelines, which yielded an initial capture of 1200 items, which was narrowed down to 21 papers, including some relevant interventions from Canada and the UK too.

Results: The literature demonstrates extensive experience of using theatre interventions, which used a variety of performance modalities. Theatre is used as a way of inspiring change, eliciting data from audience members and participants and as a way of disseminating public health messages or research findings.

Conclusions: We conclude with observations about areas which deserve further attention, such as critical deconstruction of expert-approved health messages, or the potential of the originating radical theatrical traditions to question patterns of power and legitimacy.

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Applied theatre; community theatre; mental health; low middle income countries

Introduction

This paper considers the role of community theatre activities in mental health, via a scoping review of the literature. The review arose from a project to examine the use of theatre in promoting mental health literacy in low-to-middle-income countries (LMICs), and this was the initial focus of our search. However, significant examples of the approach

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can be found addressing under-served groups in Canada and Australasia too, so the geographical focus was broadened to include relevant work in other regions. Whilst theatre has enjoyed a good deal of popularity as a means of disseminating health messages, the potential of theatre as a research method in its own right has yet to be fully exploited. Moreover, there are still some gaps in the literature, inasmuch as important aspects of the process have escaped scrutiny, which we shall discuss later.

First let us begin with some definitions and background. In defining theatre, especially community theatre, there are some immediate difficulties. This is because theatre, specifically that which is utilised within community groups, "changes according to the manner and context of its application" and that theatre which is applied "is responsive to the circumstances in which it is used", making the use of applied theatre methods an adaptable and useful form when working with issues of health, to evoke and craft social change (Prentki & Abraham, 2020; Prentki & Preston, 2009). As Bentham (1996) described, theatre has been used extensively to communicate ideas and reflect upon certain aspects of life in a number of different disciplines including social sciences, education and anthropology. While the formal application of theatre as a research methodology spans a little over three decades, its use in healthcare is even more recent (Rossiter et al., 2008; Stuttaford et al., 2006). While there has been much applied theatre work conducted within communities, placing emphasis on the needs of that community and developing from the work of practitioners such as Augusto Boal (1979), much of this work has left little academic record. Performance research in practice goes far beyond academic activity, so despite the limitations of the academic record, theatre methods offer the opportunity to acquire, construct and interpret data in a whole new embodied way. Therefore, it has been an attractive choice for global health researchers (Kontos et al., 2014).

Current participatory or applied theatre sits within a long history of applied arts practice. Many attempts to employ theatre, particularly with people who are believed to be deprived or disadvantaged, have drawn on Augusto Boal (1931–2009) who coined the term *Theatre of the Oppressed* (Boal, 1979). Boal is remembered especially for re-defining and reformulating the role of theatre as a tool for changing societies and tackling inequalities. He criticised the role of existing theatrical divisions between actors, who deliver the performance and spectators who receive it. For Boal, the main purpose of theatre of the oppressed is to change the spectators from passive individuals into subjects and actors in their own right. These new participants in the drama he called "spect-actors." In a protagonist role, the "spect-actor" "tries out solutions" and "discusses plans for change" (1979: 122). In this way, for Boal, theatre can be used to change and challenge power.

This action-led theatre continues to develop and adapt, taking on new forms with each unique community and issues it encounters, challenging the normative approaches of earlier forms of Western theatre. In this scoping review, we will provide some reflections on the practices and their usefulness in relation to mental health research, considering the ways in which theatre can offer ways of exploring experience and collective opinion to plan for the future.

In addition to theatre itself, this review paper will also include storytelling activities. By contrast with theatre, storytelling generally focusses on the spoken word rather than physical acting. The stories are often told from memory, so there may be subtle or even substantial differences between performances. Many implementations

of storytelling invite participation from audience members, perhaps using props provided by the facilitator. However, the distinctions between storytelling and theatre are not always clear cut. In community theatre practice, audience members are often invited into the drama and seen as members of the performance, especially in the traditions of community and applied theatre informed by Augusto Boal's work where the "spect-actors" may contribute to solutions. This is continued in variations of the technique such as forum theatre or legislative theatre, where collective solutions to problems or desired policy changes are arrived at by participants and facilitators working together.

The merging of sociological accounts of illness experience and personal experience found in Smith's work has parallels with the tradition of storytelling, as a performance discipline and as this pertains to health. In recent years, the expansion of new interactive media has afforded new opportunities for storytelling in relation to health. In *Digital Storytelling: Capturing Lives, Creating Communities*, Lambert and Hessler (2018) emphasise the emotional connection we have with our own experiences and personal narratives, arguing that by sharing and reflecting on our own stories we can understand them on a deeper level. Storytelling as an engagement method has deep-rooted historical pasts, crossing different cultural interpretations and usages. Examples of using storytelling can be found in applied work; in community work with children, refugees, vulnerable groups of people, in health and projects for raising awareness around certain topics as well as indigenous research, but also in storytelling as performance art. There are several terms relating to this storytelling style such as "personal narrative," "personal experience," "autobiographical storytelling" or "personal stories" which have roots in linguistics, sociology and folklore (Goffman, 1986; Labov, 1972; Stahl, 1983).

Wilson defines the personal experience story as "a single, real-life experience or sequence of experiences, organised into narrative form and retold by the person to whom the experience happened" (Wilson, 1997, p. 137). As Wilson attests, in the UK traditional storytelling took on a new form from the 1970s, and internationally storytelling began to 'exist alongside theatre (Wilson, 2006, p. 4). Indeed, as Sobel (2008, p. 122) says, this resurgence of storytelling has "more recently, [...] been complicated by the articulate emergence of applied storytelling in a range of mainstream domains, including education, business, health care, and law".

Furthermore, in the last 15 years, a new movement has established on the storytelling scene. True-life storytelling is a new art form in which ordinary people tell short-form, first-hand experience, real-life stories in front of an audience. The stories can be on a variety of themes and genres and are told without much preparation, script or notes. The stories are mostly told as part of an evening with other storytellers organised by true-life storytelling clubs. This contemporary true-life storytelling movement is making storytelling accessible and inclusive for amateur performers, reaching new audiences and developing stories of new genres and styles, thus re-defining personal storytelling.

Consequently, we will be attentive to the possibility of storytelling work emerging in the study of community and applied theatre in mental health in the literature in the present paper, and we will attempt to characterise how it has been deployed and undertaken in this sphere of work.

Theatre and mental health

Colucci (2013, p. 46) states that “art provides an alternative and better way to access meanings and systems of beliefs, people’s views and opinions that might be otherwise inaccessible.” Performative arts, like theatre, are a powerful mode of inquiry when exploring liminal kind of research questions, such as the domain of mental health (Savin-Baden & Wimpenny, 2014). By “raising the curtain” on societal afflictions, theatre offers the opportunity to throw light on health inequalities (Kontos et al., 2020). In addition, it allows expression of individuals’ experiences of illness (Rossiter et al., 2008).

Researchers working with theatre and mental health research emphasise that theatricalising mental health is not solely about psychiatric knowledge dissemination, but importantly works to humanise the lived experience of mental illness which is mired in mystery, shame and stigma (Kontos et al., 2014). At its best, the theatrical medium can allow for the democratisation of mental illness and through dialogue and expression of experience and can communicate a deeper understanding of these issues (Sextou & Patterson, 2014). Theatre allows for the creation of a “third space,” or a space that comes into being as two cultures meet and interact. Greenwood argues that “what happens in the space is unscripted – it evolves out of dialogues, confrontations, accommodations, risk-taking and unplanned discoveries” (Greenwood, 2005, p. 5). Such discoveries offer the chance to be both representative and inclusive of the many ways in which we experience mental health. Dramatherapy has already generated a large and lively literature evaluating its effectiveness, both as a while and for specific conditions (Bourne et al., 2018; Keiller et al., 2023; Melvin et al., 2024). In contrast to the material we are focussing on here, dramatherapy generally has a more specific clinical focus, and is generally conceived and delivered by health professionals to a specific client group. Instead, the present review has a different focus. It instead seeks to explore an emerging literature concerning the use of drama, theatre and storytelling activities which are directed towards more diffuse and societally focussed objectives and in which theatre is used as a research method in its own right.

Hence, from the foregoing it is apparent that there is a broad-based and lively tradition of applied theatre, community theatre and storytelling, some of which over the last two decades has addressed mental health and wellbeing issues. There is a growing awareness of mental health as an issue meriting attention, and an increasing determination to address this on the part of healthcare practitioners, governments and international bodies in low to middle-income countries (Giebel et al., 2024). In addition to the use of theatre as a dissemination aid, there is a growing realisation that theatre and storytelling have a distinctive set of methodological contributions to make in their own right, not only as elicitation devices but also as means of conceptualising and researching the human condition (Grandi, 2022; McKay, 2024). Consequently, it is timely to examine this literature and critically discuss what has been achieved in this emerging genre of studies.

Methodology

This literature review aims to analyse the contemporary literature on the use of theatre, including storytelling, as research methodologies for the study of mental health in LMICs.

It focusses on projects and methods that have been empirically evaluated. In line with PRISMA recommendations (Page et al., 2021), the review was guided by research questions, which were formulated as follows:

- In what ways have applied theatre and storytelling been used in mental health projects in community settings?
- What are the differences in aesthetics, purposes, research methods and audiences of these interventions?
- What were the outcomes of these theatrical and storytelling interventions?

Search method

As recommended in the PRISMA statement, an explicit literature capture strategy was developed. The following databases were searched to complete this review, using a date range of January 2000–May 2022: CINAHL Plus, Academic Search Complete, Web of Knowledge, SCOPUS, Medline, Cochrane Library Health Source, ProQuest Central, Psych Info, Science Direct and Google Scholar.

Search terms included combinations of the following keywords/subject terms: theatre, applied-theatre research, community theatre, theatre-based research, storytelling, storytelling action research, participatory theatre and mental health/mental illness/wellbeing, as indicated in **Table 1**. Only journal articles published in English were included, as this is likely to include 95% of review-relevant material (Hartling et al., 2017). From these search terms, three key search concepts were identified, namely: 1 Theatre and arts-based research, 2 Mental health and well-being and 3 Geographical location. The study selection was in two stages: an initial title and

Table 1. Search terms and search concepts.

Search terms and phrases		Search concepts
Search terms Theatre, applied theatre, theatre research, community theatre, theatre research, storytelling, AND mental health, mental disorder, mental illness, recovery.	Theatre and arts-based research Mental health and wellbeing Geographical location	Theatre, Drama, Applied theatre, Participatory theatre, Performative art, Storytelling as research Mental illness, Stigma (bipolar disorder, schizophrenia, dementia, anxiety, depression, personality disorder, eating disorder) Recovery High Income countries · Low- and Middle-Income countries · India, South Asian context

Search terms included combinations of the following keywords/subject terms: theatre, applied-theatre research, community theatre, theatre-based research, storytelling, storytelling action research, participatory theatre and mental health/mental illness/wellbeing. From these search terms, three key areas of investigation were identified:

Theatre as research method in mental health.

Search concept 1-Theater and arts-based research Theatre, Drama, Applied theatre, Participatory theatre, Performative art, Storytelling as research.

Search concept 2-Mental health and well being Mental illness, Stigma (bipolar disorder, schizophrenia, dementia, anxiety, depression, personality disorder, eating disorder).

Search concept 3-Geographical location

- High Income countries
- Low- and Middle-Income countries
- India, South Asian context.

abstract scan to remove irrelevant articles and create a shortlist for double screening followed by a full-text review of the shortlisted items.

The initial search returned 1200 items, so, in line with PRISMA guidance, an explicit and systematic process of narrowing down the material of interest was performed. We eliminated duplicates and focussed on reports of original interventions rather than reviews, position papers, theoretical pieces or editorials. This left 275 pieces. We further focussed on papers which had explicitly explored theatre as a research method, eliminating papers with a focus on theatre as therapy or psychodrama, as the role of drama in therapy has been well covered elsewhere. The final selection of 21 items includes different formats of research-based theatre from across the globe with a focus on mental health, wellbeing, mental illness, suicide and stigma. Mental health was defined broadly so as to include neurodegenerative disorders and head injury, and the initial intent to focus on LMICs was relaxed to include material from higher-income countries, because work of interest has taken place in Canada with indigenous populations, as well as the UK and Australasia.

Findings and analysis

Papers included in this scoping review

As shown in Table 2, using the search strategy described above, the material was narrowed down to 21 relevant articles.

From the papers included, this review will discuss productions and theatrical interventions that focus on the management of societal stigma related to mental illness, as well as projects tackling specific conditions, including dementia, bipolar disorder, depression, anxiety, suicide, social distress and addiction. In this scoping review, the nature of these studies will be discussed with a focus on the study design and research methods of the productions and interventions. At this point in the analysis, a reasoned departure from a strict application of the PRISMA protocol was undertaken. The heterogeneity of activities described in the papers, their disparate locations, participant groups and disciplinary differences meant that it was hard to meaningfully evaluate or rate the “quality” of a paper according to a single yardstick, or whether the results of studies converged towards a single conclusion. Rather than seeking to prioritise a particular style of investigation, to illuminate the key issues in the material a thematic analysis was undertaken. The themes presented below were derived initially from the first author’s reading to identify the key features relevant to the review, and then further consolidated and validated by further reading by at least one other author, with any disagreement resolved by re-reading and discussions with other members of the authorship team.

This findings section will characterise the key themes in the literature with examples, before moving on in the discussion to a critique of the research and literature in terms of its focus, omissions and methodology.

Table 2. List of papers considered, the country, context and the nature of the study.

Authors and Title	Country or region	Context	Theatre activity used	Audience	Method of evaluation
1 Michalak et al. (2014) Using theatre to address mental illness stigma: a knowledge translation study in bipolar disorder.	Vancouver and Toronto, Canada	Attitudes of people towards Bipolar Disorder	One-woman theatrical performance, Theatrical research-based performance	People with BD and healthcare providers	Prospective, longitudinal and sequential mixed methods were used to assess the impact of the performance on people with BD ($n = 80$) and healthcare providers ($n = 84$). Qualitative interviews were conducted with 33 participants (14 people with BD and 19 healthcare providers)
2 Feldman et al. (2013). Translating research findings into community-based theatre: More than a dead man's wife.	Australia	Growing old and widowhood	Community based theatre	Community	Feedback gained through informal discussions
3 O'Connor and Colucci (2016). Exploring domestic violence and social distress in Australian-Indian migrants through community theatre.	Australia	Domestic violence in Indian migrant population in Australia	Non-Interactive Ethnodrama Modified Forum theatre	Community settings	Qualitative Analysis of the transcripts of focus groups and performances post intervention. Triangulation with field notes to produce themes
4 Nichols et al. (2022). Research-based Theatre about veterans transitioning home: A mixed-methods evaluation of audience impacts.	Canada	Veterans mental health	Therapeutic Enactment, Theatrical research based(modified)	Performers were military veterans. Audience comprised civilians and military-connected personnel and their families	Observation, Post-performance survey, installation, focus groups
5 Quinlan and Duggleby (2009) "Breaking the fourth wall": Activating hope through participatory theatre with family caregivers.	Canada	Hope among caregivers of patients with dementia	ETHNODRAMA Participatory theatre Forum approach	Caregivers and public forums	Open ended surveys after live performances
6 Smith (2008). Performing my recovery: A play of chaos, restitution, and quest after traumatic brain injury.	UK	Personal account of TBI			Autoethnographic account in the form of a play.
7 Jonas-Simpson et al. (2012). Phenomenological shifts for healthcare professionals after experiencing a research-based drama on living with dementia.	Toronto, Canada	Dementia	Theatrical research-based performance	Healthcare professionals and families	The author says the script can be performed or read. Analysis of focus group transcripts showed shifts in patterns of lived experience for the healthcare professional participants as evident in the participants' descriptions

(Continued)



Table 2. (Continued).

Authors and Title	Country or region	Context	Theatre activity used	Audience	Method of evaluation
8 Blignault et al. (2010) Fear and shame: using theatre to destigmatise mental illness in an Australian Macedonian community.	Australia	Mental illness As an extension to a multifaceted community intervention to improve mental health literacy and reduce stigma Carer perspectives Of patients with dementia	Ethnodrama Theatrical Research based performance	Macedonian community in Australia Healthcare Assistants	Pre and post intervention phone calls Feedback gained through informal discussions
9 Schneider et al. (2014). A short report on knowledge exchange through research-based theatre: "Inside out of mind".	UK	Dementia-perspective of caregivers	Theatrical research-based performance	Family carers of persons living with dementia; and health care practitioners. People living with dementia and people in the general public	Survey with both open ended and closed questions
10 Kontos et al. (2018). Raising the curtain on stigma associated with dementia: fostering a new cultural imaginary for a more inclusive society.	Ontario, Canada	Alzheimer's	Ethnodrama Non-interactive	Practising health professional	Formal post show focus groups and questionnaire
11 Kontos and Naglie (2007). Expressions of personhood in Alzheimer's disease: An evaluation of research-based theatre as a pedagogical tool.	Toronto, Canada	Post traumatic growth	Theatrical research-based drama	Mixed general audience	Feedback gained through informal discussions
12 Patterson and Sextou (2017). "Trapped in the labyrinth": exploring mental illness through devised theatrical performance.	UK	Mental health policy change	Modified Forum theater	Mixed general audience	Using the interactive strategies of Forum Theatre, 2020 audience members had opportunities to role-play and suggest policy, resulting in a condensed 32-point policy report.
13 Lechner and Wieler (2015) maladjusted: Participatory theatre about human-centred care.	Canada	Tobacco use in Psychiatric service users	Forum approach Community theater	Service users and service providers	Questionnaires and focus group discussions
14 Malchy et al. (2011) This is the embodiment of empowerment: use of forum theatre to address tobacco use in community psychiatry.	Canada				

(Continued)

Table 2. (Continued).

Authors and Title	Country or region	Context	Theatre activity used	Audience	Method of evaluation
15 Silvén Hagström (2020). Research based theater and 'stigmatized trauma': the case of suicide bereavement.	Stockholm, Sweden	Suicide Bereavement	Theatrical Research Based Performance	General audience	Narrative Analysis of audience members' Stored Responses
16 Hatala and Bird-Naytowhow (2020). Performing Pimatisiwin: The Expression of Indigenous Wellness Identities through Community-Based Theater.	Saskatchewan, Canada	Indigenous youth identity and wellness	Community theatre	Indigenous youth	A strength-based analysis focused on performing pimatisiwin, that is, how young people learn to enact, protest, and play with a wide range of social identities, while also challenging racially stereotyped identities often imposed on them within inner-city environments. Uses theatre to raised ethical and epistemological perspectives about the use of theatre and the interpretation of participants' stories and performances.
17 Sutherland (2017). Method and madness: de-colonising scholarship and theatre research with participants labelled mad.	Forensic psychiatric unit in South Africa	Madness as part of a social justice stance	Non-directive, not structured with no theoretical or pedagogical intention	–	A feasibility study using a play to promote the use of medical treatments for people with "mental illness".
18 Loganathan and Varghese (2015). Play it street smart: A street play on creating awareness about mental illness.	Bangalore	Mental health literacy	Street play	Villagers of Anekal	Both qualitative and quantitative post intervention evaluation
19 Maulik et al. (2017). Evaluation of an anti-stigma campaign related to common mental disorders in rural India: a mixed methods approach.	Andhra Pradesh, in India	Stigma towards mental illness	Fictional drama?	2 villages in Andhra Pradesh	Both qualitative and quantitative post intervention evaluation
20 Pelto and Singh (2010). Community street theatre as a tool for interventions on alcohol use and other behaviors related to HIV risks.	Slums of Mumbai, India	Alcohol and other HIV risks	Street plays	Communities	Post intervention surveys
21 Sharma (2012). Actor – doctor partnership for theatre-based public health education.	Ahmedabad, India	Mental health Sexual health	20 street theatre performances on five public health themes were developed and staged	Communities	Real-world, mixed-methods post-intervention study

Setting the stage – theatre practice and mental health

As Reason and Rowe establish, “[t]he participatory arts are driven by a deeply held belief in their powerful and potentially transformative impact upon both individuals and communities” (Reason & Rowe, 2017, p. 1).

The methods and practices of Augusto Boal inform much applied theatre. Practices such as Theatre of the Oppressed, Legislative Theatre and Forum Theatre, all facilitate discussion and the sharing of experience (Campbell, 2019). Boal’s innovative use of the “spect-actor” or audience member who can intervene in performance as it takes place, has enabled audiences and communities to work through challenges and come to new conclusions. Here “the audience provides backup [...] and proves to the intervening spect-actor that they are not alone, and that it is possible to take arms against a sea of troubles” (Jackson, 2013, p. 44). Whilst the work of Boal is significant, the field of practice that has become identified as “applied theatre” is highly varied and adaptable. As Hughes et al. (2010) argue, the participatory ethos of applied theatre challenges practitioners and researchers to implement reflective and critical research methods as part of addressing wider issues of societal justice and equality. In mental health research, this approach has often been used to enable the collaboration between a team of theatre artists or researchers and mental health professionals/researchers designing applied performance practice for either a chosen audience or a variety of disparate audiences (Beck et al., 2011). Applied theatre utilised in this manner includes audience response and receptivity to help give meaning to the research findings (White & Belliveau, 2011).

For applied theatre practice, both the performers and spectators play an important role. Denzin (1997) has argued that the audience are an “interactive structure” and “a witness to the text as it is performed.” This “witnessing” he suggests means that the audience is ‘always in interpretative motion, continually moving in and out of the performed text as performer, witness and interpreter. In the projects detailed in this review, audiences for the different productions tended to comprise either a homogenous smaller group of mental health professionals or psychiatric service users or larger audiences in the context of community performances. In the examples captured in this review, it has been observed that the performances adopted and developed new meanings each time a new group of spectators encountered them, providing the grounds for a growing knowledge and understanding of mental health experience. This development in turn adapted the nature of the performance to cater to the specific audience expectations or requirements.

The arts practitioner in research informed theatre would be required to translate between the disciplines of mental health research and art. Teman and Saldana (2019, p. 453) expressed it poignantly stating emerging qualitative/arts-based researchers need to “stop thinking like a social scientist and start thinking like an artist,” and to create works that have both “artistic rigor” and a “truthful text.” Smith (2008) provides an example of how this “truthful text” may be brought into being. Her own experience of traumatic brain injury in a horse riding accident and her rehabilitation adopts a personal storytelling approach and has informed much of her work. In her intervention in 2008, she compiles this experience into a play, with characters corresponding to Arthur Frank’s (1995) notions of chaos, restitution and quest narratives. She describes the reconstruction of a new life researching traumatic brain injury in which riding horses no longer features.

Research- based performances

This genre, used to communicate health information via theatre, offers the potential for theatre makers to move away from the idea of script being the starting point, and instead begin by attempting to elicit narratives about the phenomenon, from multiple perspectives and angles (Rossiter et al., 2008). Where this kind of approach is applied to mental health issues, some of the “hidden” experiences of mental ill health can be accessed, and then rendered on stage through the creation of “characters” who can, for example, question the attitude of individuals and society as a whole. This is demonstrated in the production of *Cracked*, a performance piece that challenges existing tragedy discourses and stigma associated with dementia. The authors of the one-hour play indicate that aesthetic immersion is key to the engagement and transformation of the audience, speaking of the “embodied, imaginative and foolish” ways needed to ensure that that artist-researchers could deliver this’ (Kontos et al., 2018, p. 100). This is depicted ingenuously in the “Tick Toc” scene where the lead character who is diagnosed with dementia attempts to go through the motions of being tested, with a backdrop of actors singing numbers and moving their hands like a clock. That focus on cerebral understandings and the play was deemed an effective public health strategy in stigma reduction (Kontos et al., 2018). Likewise, the play *I'm Still Here* based on five qualitative studies with persons living with dementia, resulted in healthcare professionals shifting their understandings and intended actions towards persons with dementia “immediately” after the viewing (Mitchell et al., 2011).

Self-stigma is also believed to deter help seeking. In the one-woman theatrical production *That's Just Crazy Talk*, a playwright and actress who lives with bipolar disorder examines stigmatising attitudes. The narrative storytelling arc followed her experiences of external and internal stigma, and the end result was “a vivid, often humorous and sometimes troubled, portrait of life lived with BD” (Michalak et al., 2014). While it resulted in an enduring impact in the audience with bipolar disorder, healthcare providers felt the play reminded them of the importance of being empathetic and compassionate and of valuing the subjective nature of human experience (Michalak et al., 2014).

Placing the audience at the heart of the production and understanding and anticipating their behaviour is often the impetus behind the artist researchers’ immersive work (Mienczakowski, 2009). Patterson and Sextou (2017) used the artistic ploy of a labyrinth to take the audience on a journey into the inner lives of the characters. The play deals with the conflict riddled with shame and stigma between the protagonist, who suffers from severe mental illness, and her partner. The use of this motif was intended to set the characters in a timeless “mythical zone” which allowed the audience an aesthetic distance or a safety net from the intense exchanges on stage (Sextou & Patterson, 2014).

The emotional impact of metaphoric presentations of mental illness can be more significant than that evoked by written presentations using direct quotation, or written text. A theatrical production *Inside out of Mind* resulted in a shift in the perceptions of health care assistants of the challenging behaviour associated with dementia. The playwright’s reflections of their observations are shown through fictional characters including a former French resistance fighter and prima ballerina (Schneider et al., 2014).

In creating this form of theatre, the artists must understand the needs of the data, while the researchers must be open to the theatrical interpretations of a performance.

It is seen as desirable for the script to stay connected to the truth of the spoken and recorded testimonies of the participants, yet the theatrical imagination can use its expressive powers, such as imbuing the scenes with fantastical elements. Within this process, there is the risk of unintentional misinterpretations of the situation because the artist is a central figure, one who “filters” facts through personal experience and reflection on illness (Patterson & Sextou, 2017). This process of creating drama out of firsthand experiences places the theatre practitioners in an executive position, deciding which events, anecdotes and experiences to prioritise, and how these might be best adapted to the stage.

At its best, the process of script development would involve investigating and dramatizing the research findings from the original group of participants. In this respect, it could be seen as part of the analytical and interpretive process, helping to continue knowledge development via multi-dimensional exploration of the lived experience of illness. Scripts created in this way may integrate images, scenes and quotes drawn from interview transcripts and early improvisation exercises undertaken to develop the play. The term ethnodrama has been coined to describe how ethnographic findings can be rendered into the form of a play. It endeavours to remain faithful to primary research and the veracity of the data, with performativity and theatricality taking a back seat. The real-life vignettes which are dramatised emerge directly from the data such as interviews, focus groups and ethnographic notes (Rossiter et al., 2008). Most ethnodramatists also believe that the knowledge uptake and translation require credible performances and a constant engagement with the audience (Saldana, 2003). Furthermore, Saldana (2011) has also described what he calls ethnotheatre, a process of dramatizing the data by creating a script of significant selections from interviews, field notes, journal entries and print or media artifacts and performing it as a play. Allied to this, Byrne et al. (2016) show the use of theatre not only as a means of eliciting information but also as a means of illustrating and provoking debate around the findings.

Participatory theatre often applies the principles and techniques of action research creating democratic processes of interaction or engagement (Kaptani & Yuval-Davis, 2017). These interactive performances largely have Boalian influences which aim to transform and transcend social oppression and marginalization. Here, the audience “actively” participates in the process of theatre-making alongside the actors, creating a safe space for multiple viewpoints.

People with mental illness are often considered marginal to their respective communities, and as a result, build a specific repertoire of tactics and strategies to navigate physical and emotional spaces. Participatory performances are discursive and may be confrontational, raising the possibility of triggering unexpected emotions leading to volatility, especially when dealing with issues like mental illness. In the 1990s, Mienczakowski (1995) dramatised ethnographic texts through pioneering work in ethnodrama. They used forum theatre interventions to involve the audience in the play *Syncing Out*, which dealt with the struggles of living with schizophrenia, and *Busting*, which explored alcoholism. The pieces required an experienced research team of performers to produce “staged real life,” and these productions allowed the audience to intervene in the drama and reimagine solutions producing data on non -conformist positions that would otherwise have not been easily available. The interactive nature of such

performances further strengthens the validity of the research/performance transcending the usual barriers in accessing the direct voice of the informants.

In an example borrowing from Boal's method, O'Connor and Colucci (2016) used participatory theatre as a methodology to explore domestic violence among Indian migrants in Australia. Here, the forum approach was illustrative of the connections between distress, mental illness and suicidal behaviour. The performances embodied the migrant women's experience, and the audience contributed to exposing societal taboos in a 'safe' engagement model. The study went through phases of focus group interviews and theatre workshops, which helped gather information on what the Indian domestic community identified as domestic violence. It culminated in an interactive audience interpreting the scenes of domestic violence occurring on the stage, which were played by some of the workshop participants themselves. Here participatory theatre methods helped elucidate cultural narratives of gender-based oppression and violence among the general community as well as propose potential solutions to eradicate violence.

A similar approach was adopted by Quinlan and Duggleby (2009) in developing a theatre activity to facilitate critical discussion and reflection on the experience of caring for someone with a neurodegenerative condition. A theatre piece was developed based on the experiences of people concerned with their participation and then these were performed in forum style events where discussion was invited. The authors conclude that this approach had value in facilitating discussion of dementia among carers and in fostering hope where dementia and its related problems were concerned.

Also featuring dementia, Jonas-Simpson et al. (2012) describe how researchers and dramatists created a theatre piece based on experiences of dementia, and used focus groups to identify phenomenological changes in an audience of health professionals and nursing students. They suggest that there was evidence of a diminution of disengaged care to something more relationally engaged, and a movement from seeing neurodegenerative disorders as a loss of personhood toward a more motivated approach to discerning humanness in patients.

Community based theatre

According to Faigin and Stein (2015) "community-based theatre" is a form of grassroots theatre that takes a critical position and works to raise awareness and empower community members. The emergence of an ever-developing range of such work within health care research is predicated both on the developing agency for those within these settings, and on the importance of finding new ways to bring their voice into the heart of research debates.

Community-based theatre projects that include psychiatric service users emphasise the dialogical nature and ongoing process of creating empowering workshops and performances. Mitchell (2001) described the process of the performer slipping into the role of a psychiatric service user as intensive and cathartic. In his production, *Reasons of Insanity*, several actors utilised personal experiences to fuel their performances. In another community psychiatry project using forum theatre to address tobacco use, it was observed that both participants and audience members were compelled to make changes in their tobacco use behaviour (Malchy et al., 2011).

The *Theatre of Living* involves a modified Forum approach which incorporates a deeper understanding of individual characters and the complexity of their situation. Leichner and Wieler (2015) describe how this approach was used in the play "Maladjusted", which was performed to a wide audience from the mental health service sector, caregivers, activists, and patients. It revolved around the theme of the loss of human connection in the mental health system in Vancouver and the plot included anecdotes of hasty diagnosis of young people, disabling side effects of psychotropic medications and the concurrence of homelessness and mental illness. Participants comprised mental health patients, caregivers and family members who were struggling with the mental health system. Utilising elements of Boal's *Theatre of the Oppressed* method, audience members participated in the theatre process and vocalised possible solutions while the Joker, a facilitator of the proceedings, directed the activity. The audience's suggestions were then compiled into a report which sought policy change.

Gallagher et al. (2017) sought to enhance creative resilience among young adults. This involved collectively devising and rehearsing strategies of survival and resistance for universal application. A community-based theatre program in Montana used theatre performances to identify community-specific experiences with stigma in relation to mental health and suicide among Native American and Caucasian students (Keller et al., 2019). Theatre directors probed the students' experiences with stress, anxiety, depression, alienation from school and home, and collaboratively created an original narrative theatrical performance. These performances pieces were able to expose, critique, explore, claim, articulate, and rehearse strategies of survival and resistance. The communal mastery and collectivist nature of the Native American communities were shown to improve resilience.

Hatala and Bird-Naytowhow (2020) undertook a year-long collaborative study exploring the relationships between the performing arts, wellness, and resilience among young people from indigenous communities in Canada. The project highlighted the value of performativity in building trust and eliciting discourse about the enactment of possible identities among young people who had a strong sense of marginalisation and who were initially unwilling to discuss these issues.

As in many Asian cultures, India has a pluralistic model of mental healthcare. Cultural mores and traditions translate into different forms of care, with traditional healers, vaidyas, and faith healers often being the first point of contact. A study done by a team from NIMHANS (Loganathan & Varghese, 2015) looked at promoting mental health literacy in rural Karnataka through street theatre. The play revolved around the life of a character with schizophrenia and was done in collaboration with a professional playwright and his team. It was an open-air performance and involved travelling by foot to a forested hamlet. A drumbeat summoned an audience and an introductory folk song set the stage. The performers enacted the devised scripts, co-created by physicians, nurses and theatre artists, shedding light on the common myths, misconceptions and the stigma around mental illness. Through subtle messaging, the team attempted to educate the audience about the need for psychiatric/allopathic care in patients with schizophrenia as the faith healer was very often their first point of contact. The initiative was successful in delivering the message, but Loganathan and Varghese (2015) suggest working with local troupes would improve the feasibility of such interventions.

These examples show that ethnodramatic research can change the current climate of mental health debate. Saldana (2003, p. 221) speaks of how the themes of vulnerability, fragility, and resiliency weave throughout most of these studies. The plot and storyline development involve “the reduction of field notes, interview transcripts, journal entries”, and distilling the “juicy stuff “for dramatic impact”. The often polyphonic script of these productions is made up of the voices of the community and can be echoed in research projects internationally.

Some studies have collaborated with wider community partners, all of whom played a pivotal role in participant recruitment (Blignault et al., 2010; Feldman et al., 2013). A production based in Canada used research-based theatre to explore the existing notions of selfhood and its assumed loss in dementia. *Expressions of Personhood in Alzheimer's* demonstrated the depersonalizing tendencies of health care practices, drawn from ethnographic research on an Alzheimer Support Unit of severely cognitively impaired residents. It revolved around five thematically interconnected vignettes, based on real life observations, with the performers' presentation of the resident's bodily habits, gestures and actions encapsulating the ability of a theatrical language to offer simultaneous modes of communication' (Kontos & Naglie, 2007). This optimism about the effectiveness of theatre as a communicative medium has led to the use of theatre in projects intended to inculcate new attitudes and behaviour where health problems are concerned. In this vein, a number of papers described activities where the effect on audience members was of interest. Theatre is considered a powerful tool for this work if it is able to communicate research findings so that the audience can recognise themselves in what is being presented. Examples of such successful projects include *Wicked Widows*, based on what women said about their shift from wife to widow. The resulting play used humour which helped to convey a sense of positivity, playfulness and optimism and in the process countered negative stereotypes (Feldman et al., 2013). Blignault et al. (2010) described a bilingual play, *Fear and Shame*, for the Macedonian community in Australia aimed at destigmatising mental illness. The audience felt “their” community was reflected in the play and a more supportive environment for mental health and well-being was believed to have been created.

In Silvén Hagström's (2020) study a play concerning suicide was compiled and performed in a theatrical space in a graveyard in Stockholm, and audience members were asked to reflect on how the play related to their own life and how it portrayed suicide. The experience of watching the play elicited accounts of suicides in audience members' families or other tragic deaths. This included the role of depression as an explanatory factor in suicide, the degree of desperation involved in such acts and the self-stigma felt by surviving relatives.

In a study in India using street theatre, pre- and post-intervention surveys showed a significant reduction in reported alcohol use, and also a significant reduction in extra-marital sex and spousal violence (Pelto & Singh, 2010).

Nichols et al. (2022) created a theatrical performance using actors who were military veterans. On exploring the messages of the play with audience members, the major themes included greater knowledge of mental health concerns and symptoms military veterans may experience in shifting back to civilian life and the mental health support they may need. On follow-up 6 months later the changes in awareness and knowledge were still apparent. The play also prompted subsequent dialogue about the issues raised.

Overall, the authors argue that theatre was an effective medium to engage audiences both cognitively and affectively.

Discussion and conclusions

The twenty-one articles described in this scoping review offer a variety of styles of intervention and methods of appraisal. Broadly speaking, the theatre-based projects described here served as an experiential learning experience for the audiences. There is widespread agreement on the value of theatre as a learning tool in this respect, and its potential has been demonstrated in work with marginalised and underserved populations in Canada, Australasia and the UK and, in some cases, India. In this way we have addressed the first of our research questions concerning how theatre and storytelling been used in mental health projects in community settings. As we have seen, practitioners have used a variety of modes of engagement, addressed several different kinds of problems, aesthetics and purposes with multiple audiences. Whilst the outcomes of these theatrical and storytelling interventions were broadly positive, these are typically one-shot observational studies rather than ones with a comparative element. However, there is a shared understanding that of their value and benefit.

Now that this field of endeavour has been in progress in the academic literature for at least a couple of decades, it is timely to take stock, in the manner of a scoping review, so as to identify possible gaps in our knowledge and possible future directions for the field. These are offered not as a refutation of the work so far accomplished, but rather as aspects of the enquiry which might be addressed so as to achieve a richer and more comprehensive picture of the area.

Possible limitations and sources of bias in this field include the relatively small numbers generally involved, as well as the voluntary nature of the samples. That is, people motivated to engage with such activities are the most likely to show positive involvement and beneficial change, whereas this may not apply to everyone. The relatively small number of studies we were left with after the elimination process reflects the fact that many of these activities are never written up and published, but rather remain in the form of spoken-word. Despite our intention to focus on material from LMICs, we ended up including material from some other nations to achieve an adequate sample of studies. This highlights the difficulty of getting firsthand material from LMICs into the English language literature, perhaps due to its somewhat exclusive nature and because workers in LMICs are attending to more immediate public health and practitioner-relevant challenges rather than the global scholarly dialogue. We have also focused on material published in English, whereas, of necessity, a good deal of activity is undertaken in local languages. This means that not only does a good deal of material not emerge in the Anglophone world, but important nuances may be lost in translation.

In the material reviewed here, the content of the theatre pieces is generally prioritised – whether it helps to disrupt stereotypes and stigma, whether it elicits or reflects lived experience, or whether it moves the audience towards an expert-approved view of the problem. What is perhaps less apparent is reflection on the nature of theatre as a research method in its own right, rather than an elicitation or dissemination tool.

The process of turning experience into dramatic works is undertheorised. This is formulated often in terms of the “truth” of the performance or the extent to which

audiences can identify with the people or the storylines. Yet we still know little of how some performances come to be understood as truthful and others as less so. Indeed, there are significant aspects of day-to-day life with mental ill-health which might make poor drama for example, the pervasive boredom which has been noted in psychiatric settings (Marshall et al., 2020). So, there is a gap in the literature concerning the question of how truth, realism and relatability come to be constructed and understood.

Good many projects involve communicating expert-approved messages to facilitate reductions in stigma or enable help seeking from mainstream mental health services. This tends to be accompanied by a lack of reflection about the expert views themselves; how these come to be formulated and gain legitimacy, and the alternatives which might be proposed. Whilst it is easy to agree with some projects, such as ones intended to reduce spousal violence, where other problems are concerned, encouraging the audience to adopt a particular view of the problem merely because it is the currently recommended one is somewhat more debatable. Despite frequent claims of affiliation with the work of Augusto Boal, the focus on the under-served and abject does not generally extend to the critical interrogation of patterns of expert legitimacy in society. Where investigation of the audience takes place, it is usually focussed on audience uptake or enjoyment, or changes in their attitudes or behaviour in favour of an expert-led view of what the problem is “really” like.

Allied to the previous point, the bulk of the literature there is relatively little attention given to the role of the dramatist or theatre company in reformulating or reworking the material into dramatic presentations. Where the inspiration for the theatre is derived from research, such as interviews, we know relatively little of how particular incidents, experiences or anecdotes were selected for inclusion, or how they were processed for dramatic effect. Allied to this, the facilitator or theatrical practitioner is the one who decides the limits of participation, and may draw a line beyond which they regain executive control over the work. They often manage recruitment to the studies and provide the prompts and exercises which participants undertake. Consequently, whilst contributions from participants are invited, it is still debatable whether a fully emancipatory situation has been achieved. The stories of participants are still filtered through a professional lens.

A further area for future development is the notion of theatre itself as a method, rather than as an elicitation device or as a spur to cognitive and attitudinal shifts on the part of the audience, assessed separately via interviews. That is, we have yet to see extensive theorisation as to how theatre might work, why participants might find these activities engaging, how best to explore different subject matters, especially if they might be controversial or distressing. The mechanisms and affordances of theatre workshops and programmes are often left unsaid and subsumed into the practitioners’ craft, whereas it might be advantageous to make these more explicit.

Therefore, we may conclude that there is a thriving genre of work in community theatre focussing on mental health with under-served or marginalised groups of people and that the potential of this approach to offer enhancements in health and wellbeing in LMICs is being explored. As we have also indicated, there is an opportunity for theatre not merely to be a tool of state-approved public health

messaging but to develop a degree of confidence and autonomy in its own right as a means of challenging hierarchies of knowledge or credibility and opening up genuinely new perspectives on the constellation of distress and disorientation we attempt to capture with the term “mental health”.

Author contributions

CRediT: **Sanjana Kumar**: Conceptualization, Data curation, Investigation, Validation, Writing – original draft; **Raghu Raghavan**: Conceptualization, Funding acquisition, Supervision, Writing – review & editing; **Brian Brown**: Conceptualization, Investigation, Methodology, Writing – review & editing; **Erminia Colucci**: Conceptualization, Formal analysis, Writing – review & editing; **Indrani Lahiri**: Investigation, Methodology, Supervision, Writing – review & editing; **Andy Barrett**: Conceptualization, Investigation, Writing – review & editing; **Michael Wilson**: Conceptualization, Funding acquisition, Supervision, Writing – review & editing; **Amanda Wilson**: Formal analysis, Methodology, Visualization, Writing – review & editing; **Asha Banu Soletti**: Conceptualization, Formal analysis, Investigation, Writing – review & editing; **Chandra Dasan**: Conceptualization, Supervision, Writing – review & editing; **Nadia Svirydzenka**: Conceptualization, Funding acquisition, Investigation, Writing – review & editing; **Manoj Kumar**: Conceptualization, Methodology, Project administration, Writing – review & editing; **Chitra Venkateswaran**: Investigation, Supervision, Writing – review & editing; **Monica Lakhnepaul**: Methodology, Supervision, Writing – review & editing; **Meena Iyer**: Investigation, Methodology, Writing – review & editing; **M. Sivakami**: Conceptualization, Methodology, Project administration, Writing – review & editing; **Sam Manickam**: Investigation, Methodology, Supervision, Writing – review & editing.

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