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Theatre as Psychosocial Approach in Humanitarian Settings

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To make a positive social change in our communities and as humanitarian practitioners to be able to contribute to the psychosocial wellbeing of humans, it is crucial to listen and understand each other's stories. It is the stories of each one of us that interweave and create our universe... Theatre is the most extraordinary and emotionally vibrant space for storytelling, empathetic sharing, imagination and exploration of the self and the world.

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Disclaimer

The opinions and thoughts presented in this paper by Guglielmo Schininà do not reflect the position of the International Organization for Migration (IOM).

The opinions and thoughts presented in this paper by Christopher Bailey do not reflect the position of the World Health Organization (WHO).

The opinions and thoughts presented in this paper by Marilena Crosato do not reflect the position of any of the organizations she has worked and/ or collaborated with.

Abstract

In times of crisis, continuous violence and destruction the protective supports are eroded, and affected people face a risk of diverse psychosocial problems at individual, family, community and social levels. In a space of theatre, humans are creatively enabled to deconstruct and reflect on their identities, thoughts and emotions, and make sense of belonging within their communities and in the world. This paper shows the interconnection of the elements between the creative process of theatre and the psychosocial approach and how theatre can be used as a transformative method in humanitarian psychosocial support programmes. While many humanitarian organizations use theatre in their psychosocial activities, there is still a need to better understand which theatre techniques should be used and implemented at which levels of Mental Health and Psychosocial Support (MHPSS) intervention. This paper offers to further develop a better understanding among humanitarian professionals and theatre practitioners at large on a cross-disciplinary approach of theatre and build upon the skills and methods of how to use theatre for psychosocial wellbeing of individuals and communities affected by war, displacement, man-made or natural disasters, and post-crisis conditions.

Keywords: theatre, psychosocial approach, MHPSS intervention, creative process, safe space, storytelling, identity, sense of belonging, empathy, collective healing, crisis and post-crisis situations

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Introduction

*“All the world's a stage,
And all the men and women merely players:
They have their exits and their entrances;
And one man in his time plays many parts.”*
(Shakespeare, 1890: p.122)

In 2017, I was facilitating a theatre workshop for 15 Syrian refugee boys (12-18 years old), as part of activities of “Refugee Education Chios” project realized by Be Aware and Share (BAAS) non-profit aid organization in Chios, Greece¹. A simple improvisational theatre exercise that started off with the portrayal of simple daily-life scenarios quickly changed when I instructed the participants to go with what comes to mind first, thus exercising the technique of improvisation and free-thought. However, what I didn't foresee in that moment is that the images born out of their immediate thoughts were not of worry-free boys playing football or having fun at a park, but of boys who have experienced war, violence and loss. All of a sudden the portrayed images turned into gruesome realities of what they witnessed in their home-country Syria: an explosion of a bomb with casualties spread around the ground, line-up of men with their arms above their heads waiting for their death by the executioner holding and pointing a rifle at them, heads being cut-off by extremists and so on. Their facial expressions showed grief, fear, anger and despair. At the end of the workshop there was a sense of collective relief- it seemed as if waves of negative energy accumulated inside the participants lashed out of them through body movement and through dramatically improvised expression of the pain they carried². This process seemed to include some of the essential elements of psychosocial healing. This experience is one of the triggers that led me to research and better understand the interconnection between theatre and the psychosocial approach in humanitarian action.

Therefore, this paper aims to discuss and show how the process of theatre and its creative elements can be used as a method for psychosocial support programmes aimed at individuals and communities who are affected by consequences of war, displacement, man-made or natural disasters, and post-crisis conditions. Despite theatre's multiple benefits and positive influences

¹ For more information about “Refugee Education Chios” project and Be Aware and Share (BAAS) non-profit aid organization please refer to the following webpage: <https://www.baas-schweiz.ch/>.

² For more details about this theatre workshop please refer to the appendix of this paper.

within psychosocial processes, as emphasized by many psychologists, psychotherapists and theatre practitioners, there still seems to be a lack of knowledge and clear understanding among humanitarian professionals at large on how theatre presents a cross-disciplinary approach within psychosocial support systems. Even though many humanitarian organizations, such as the International Organization for Migration (IOM), Terre des Hommes (TdH), War Child, UNICEF or the International Committee of the Red Cross (ICRC), are using theatre in their psychosocial support programmes within emergency, recovery and community stabilization activities, it is unclear and debated, which theatre techniques should be used and implemented at which level of Mental Health and Psychosocial Support (MHPSS) intervention. Moreover, while humanitarian organizations produce videos and publish articles and features about various theatre projects and activities as part of their humanitarian response, only a few organizations, such as IOM and TdH, include and outline appropriate theatre models, techniques and tools in their manuals and guidelines for psychosocial support.

Throughout centuries theatre has always been and is “a place we visit in order to to have a ‘vision’- to see how something is or how it was or indeed how it might be” (Jennings et al., 1994: p.11). As human beings we tend to go through similar processes of an actor who is acting his/ her character in a performance. We too on daily basis act-out our roles, and one person may play multiple roles at the same time. And for each role we wear our “costumes” accordingly and give our real-life performance to our “audience”- the people we encounter throughout our day. In a sense, we all are actors, only unaware of this fact (Wickham, 1985 cited in Jennings et al., 1994). And like actors, our identity is not fixed. Each person has multiple personalities and “all of these personalities that live in one body. Now this is what is so amazing. It’s extraordinary. (...) it is so magical, in a sense, of the power of what a human being can be” (Lessac, 2014). Understanding and seeing drama as an “enactment of a life story” (Hartigan, 2009: p.14) and that “human nature is inherently dramatic” (Pitruzzella, 2011: p. 74) making us into “actors for most of our lives” (Jennings et al., 1994: p.13) who unfold their stories- that is the life itself, on stage- that is the world we live in (Shakespeare, 1890) through processes of exploration of our different roles and multiple personalities in relation to and with other people- that are the fellow actors or the audience, reveals to us “the therapeutic nature of drama and theatre” (Jennings et al., 1994: p.13). This therapeutic nature of drama and theatre constitutes the core focus of this paper, especially the way it can be used in psychosocial programmes by humanitarian organizations in order to

assist and improve the wellbeing of individuals and communities affected by crisis and post-crisis conditions. Therefore, the aim of this paper is to answer the following research question: “How can theatre have a positive impact on the psychosocial wellbeing of affected individuals and communities in crisis and post-crisis situations?”

In times of crisis, continuous violence and destruction the protective supports are eroded, and affected people face a risk of diverse problems at the individual, family, community and social levels. There is also a tendency for pre-existing problems to amplify. Mental health and psychosocial problems in emergencies may be social or psychological in nature. For instance, problems of social nature include: discrimination against marginalized, family separation, disruption of social networks, loss of resources, destruction of community structures, overcrowding at camps and lack of privacy, undermining of traditional and cultural mechanisms by humanitarian aid workers etc. Similarly, some of the problems of psychological nature include: severe mental disorders, depression, alcohol and other substance abuse, non-pathological distress, thus they include far more than post-traumatic stress (PTSD), anxiety due to lack of information about basic needs and security³. It is also important to mention that while social and psychological issues can occur in most groups affected by crisis, every person will experience the same event differently based on specific circumstances of the crisis and post-crisis conditions, as well as the resources and capacities one has to cope with the event (IASC, 2007). Thus, it is important to be psychosocially conscious in provision of humanitarian assistance in all aspects. Psychosocial wellbeing is not limited only to the individual sphere, but it pertains to the collective wellbeing of a community, and has its foundation in organic interrelation between the mind and the society and the influences between social factors, cultural elements, individual behaviors, thoughts and emotions.

To discuss the concept of ‘psychosocial wellbeing’ within the humanitarian context, it is needed to note how wars, loss, devastation and destruction in times of natural disasters have a collective impact and disrupt the social cohesion of communities and the existing socio-relational systems, therefore making the process of coping even more difficult. Moreover, “the psychological and psychosocial consequences of violence are very closely correlated and impossible to untangle” (ICRC, 2017: p.40). Sense of not belonging and the need to re-define

³ For more details and a comprehensive list about problems of social or psychological in nature categorized into pre-existing, emergency-induced and humanitarian-aid related categories, please consult the IASC Guidelines on MHPSS in Emergency Settings (2007).

identities take a toll on lives of individuals and can have a chronic negative effect in day to day livelihood activities, thus harming the psychological and the psychosocial wellbeing of affected populations. According to Guglielmo Schininà (2004a): “Working on [theatre] rituals, on the construction and reconstruction of individual, group, and collective roles, on community building, on the creative re-elaboration of mourning and anger should all be vital activities for war-torn and war-displaced communities. It is also essential to support the empowerment of internal differences and work on the collective limits and borders of each of the communities involved in war. This is from the perspective of strengthening individuals, increasing the diversity of their experiences, and for long-term intercultural goals. Theatre and theatrical actions are able to respond to these needs. (p. 48).”

Therefore, this research aims to 1) draw upon the existing literature and sources to show how different theatre techniques can address the psychosocial needs of affected individuals and communities within the multi-layered MHPSS support system; 2) to discuss some of the challenges of using theatre in psychosocial support programmes; 3) to make a recommendation for consolidation of the various uses of theatre especially in humanitarian contexts, including the best practices and challenges. In the end, this paper participates in a more global reflection to further develop a better understanding among humanitarian professionals on a cross-disciplinary approach of theatre and build upon the skills and methods of how to use theatre as a force for positive social change.

Through a review of academic literature, articles from peer-reviewed journals, publications by humanitarian organizations and other documents, this paper gives an understanding of the common elements between theatre and psychosocial approach; forms of theatre used in psychosocial interventions; application of theatre techniques within the multi-layered support system; and the spaces of theatre in humanitarian settings. Further, the discussion part of this paper consolidates perspectives and opinions from three interviews conducted with professionals in the fields of theatre and humanitarian assistance. It aims to go deeper into understanding the creative process of theatre as a psychosocial approach and offers the reader a perspective on the following: empathy in theatre and its healing effect; public performance and the role of the audience as part of psychosocial approach; and challenges of using theatre in psychosocial support programmes.

Part 1: Literature Review

Chapter 1: Common elements between theatre and psychosocial approach

There is no specific evidence as to mark the exact time in history of humanitarianism when theatre as psychosocial intervention has been introduced. Somehow, it has always been there, because theatre has always been part of cultures and traditions and was a way for people gather together after crisis in order to re-build sense of community, belonging and identity- all important elements of psychosocial approach (Schininà, 2009).

The notion of healing through theatre and drama is not new- early signs date back to Ancient Greece where next to healing sanctuaries called Asklepieia⁴, theatres were built and were part of the medical and healing processes. One of the most renowned sanctuaries is Epidaurus that is a home of a still functioning large theatre, where ill would go after their medical treatment to watch a drama performance before retiring to sleep. The Greek theatres within Asklepieias were a space for collective gathering and sharing the experience of healing with one another, thus bringing sense of a community and social strength to those who were ill. In addition, Hippocrates of Kos, a Greek physician, believed in a holistic approach to healing, that is not to separate the mind and soul from the body. If the physicians treated the physical body, then theatre treated the mind and soul (Hartigan, 2009). Moreover, historically theatre has responded to conditions of war and was used as a way to deal with what was happening in times of conflict- one of the earliest surviving Greek dramas is “The Persians” by Aeschylus describing the Battle of Salamis in 472 BC (Thompson, Hughes, Balfour, 2009). In fact, the word ‘drama’ in ancient Greek means that “something is acted out, or lived through” (Jennings et al., 1994: p.33), this also referred to the stories, the drama of our lives which does not stand alone and constantly interacts with other people. Thus, the social element is central in theatre: it requires communication and dialogue between all the participants who are involved in the theatre-making process, including the audience (Jennings et al., 1994).

The word ‘psychosocial’ is an adjective and “pertains to the influence of social factors on an individual’s mind and the behavior, and to the interrelation of behavioral and social factors, also and more widely to the interrelation between mind and society” (Oxford English Dictionary,

⁴ In the referenced book the spelling is Asklepieia, however it seems that another widely used spelling is Asclepeion.

1997)⁵. As presented by Guglielmo Schininà, the Head of IOM’s Mental Health, Psychosocial Response, and Intercultural Communication Section, during the summer course in Psychosocial Interventions in Migration, Emergency and Displacement⁶, IOM’s psychosocial approach is one that integrates precisely the interrelation of the following three spheres into the design and implementation of psychosocial programmes and activities: 1) socio-relational and socio-economic, 2) bio-psychological, and 3) cultural-anthropological (see figure 1). To explain further, the socio-relational and socio-economic elements pertain first to the social relations between individuals, groups and wider social systems and second to the economic capacity of individual and groups and their interrelation with social factors. The bio-psychological element pertains to the relationship between the mind and the body, including the psychological states such as the emotions, thoughts, memories and behaviors, as well as the physical needs and capacities of an individual. The cultural-anthropological element pertains to the cultural norms and beliefs of an individual, group and society.

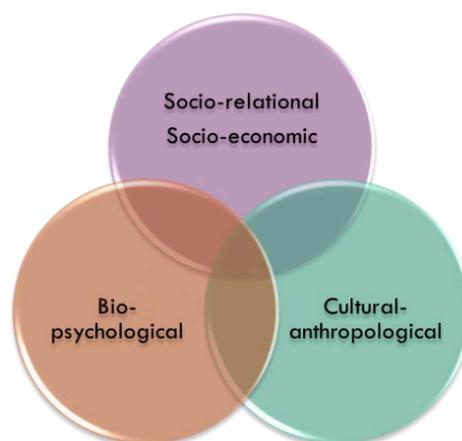


Figure 1

Source: Guglielmo Schininà (2018a)

Schininà continues that the awareness of this interrelation, that the psychosocial approach consists of, becomes especially important in crisis and post-crisis situations when loss of loved ones, displacement and destruction tend to disrupt the socio-relational cohesion of the communities, impact the affected individuals emotionally and physically, and put into question

⁵ Cited in Schininà, G. (2009) *“Like ham in a temperance hotel. Healing, participation and education in social theatre”* Chapter 3 in Jennings, S. (2009) *Dramatherapy and Social Theatre: Necessary Dialogues*. London and New York: Routledge.

⁶ In July 2018, I attended the “Psychosocial Interventions in Migration, Emergency and Displacement” academic summer course that is co-directed by Guglielmo Schininà, the Head of the International Organization for Migration’s Mental Health, Psychosocial Response, and Intercultural Communication Section.

their belief systems (Schininà, 2018a). Considering these integral elements of the psychosocial approach and their constant interaction with each other in various human experiences, shows how theatre is, among others, an appropriate technique for psychosocial support programmes and activities for affected individuals during and after war, displacement, man-made or natural disasters. Schininà states that theatre processes involve the three clusters of factors that the psychosocial approach consists of: they provide an outlet for social communication between the participants, they engage the body and the mind through expression of thoughts and emotions using one's body and voice, and theatre in itself is a cultural art-form that carries elements and norms of various cultures and belief systems (Schininà, 2018a).

In the context of humanitarian response, in places of crisis and post-crisis, theatre can be used for, but not limited to, the following purposes:

- Theatre for healing, including psychological improvement and therapy (Schininà, 2004b; Thompson and Schechner, 2004).
- Theatre for political action, including democratization processes, conflict resolution and reconciliation. Through theatre, many marginalized groups, as well as oppressed communities, have made their voices heard, expressed their concerns regarding the systems that are oppressing them and participated in political dialogue (Schininà, 2004b; Thompson and Schechner, 2004).
- Theatre for community rehabilitation and problem solving, including social theatre workshops taking place in difficult environments such as refugee camps, war zones and detention centers, but also in schools and health centers, with an intention for community development, reconstruction of identities, re-establishing the sense of belonging, integration and socio-cultural interactions (Schininà, 2004b; Thompson and Schechner, 2004).
- Theatre for transforming experience into art, when horrifying events find their reflection in performances that carry a more aesthetic kind of expression (Thompson and Schechner, 2004).

Chapter 2: Forms of theatre used in psychosocial interventions

To understand how theatre can influence the psychosocial wellbeing of affected individuals in crisis and post-crisis situations, and to be able to apply different theatre techniques

in psychosocial support programmes and activities appropriately, it is important to know and distinguish between various forms of theatre, including the tools and practices they use.

In the 1920s, when the psychiatrist Jacob Levy Moreno noticed the therapeutic elements and the social component of dramatic process within the spontaneous improvisational form of theatre, he established his methodology of psychodrama. While psychodrama started off by using role-playing activities that are common in experimental theatre, slowly and eventually it became a more clinically structured form of psychotherapy method (Kedem-Tahar, Felix-Kellermann, 1996) and is still widely used in psychotherapeutic practices.

Later, during the 1960s and the 1970s in many parts of the world, the increasing need for new ways of social and political participation of communities, including those that were marginalized whether against the existing authoritarian regimes or in new and developing democracies, found a way for communication and interaction through theatre. This form of theatre is generally based on a group that aims to redefine communities or solve specific problems, while being aware of existing socio-relational and socio-economic factors and their effect on the collective interactions and behaviors of communities. Such theatre came to be known as a community-based theatre in the U.S., applied theatre in the U.K. and Australia, theatre for development in some Asian and African countries, popular theatre in Canada, and a similar trend known as theatre animation in France and later as 'teatro sociale'- social theatre in Italy (Thompson and Schechner, 2004; Schininà, 2004b). Such theatre forms became a worldwide phenomenon that combined a range of performance styles and aimed to involve individuals and specific communities in social and collective interaction, while demanding a new kind of attitude and approach than the more professionally-oriented theatre: "In community theatre people are what they act and act what they are. (...) You don't start from a text which actors then have to make their own. The actors have created the text themselves; they know how and why; they know what they want to play and what they want to tell their audience" (Bours and van de Hoek, 1984: p.107, cited in van Erven, 2001: p.61). As a process of theatre, it focused on identifying issues of concern and analysing their causes; projection of individuals' psychological states and creative expression of their thoughts and feelings through their body and mind. This process is often based on personal stories, rather than pre-written scripts, which under the guidance of theatre practitioners and professional artists, whether local or from the outside, are improvised and then collectively shaped into theatre performances, allowing communities to share their stories and

participate in political and social dialogue within a safe and controlled environment (van Erven, 2001; Prentki and Selman, 2000). For instance, The Stut Theatre, founded in 1977 in The Netherlands, for the first years of its theatrical work addressed the dilemmas that the lower working class and the marginalized individuals, such as people with disabilities, encountered in their everyday life (van Erven, 2001).

These emerging practices of theatre were influenced by the philosophies and methods of known theatre practitioners and their established forms of theatre- to name a few: Jerzy Grotowski's Poor Theatre and Eugenio Barba's Theatre Anthropology in Europe, Richard Schechner's Environmental Theatre and his Performance Group in the United States, and Augusto Boal's Theatre of the Oppressed in Brazil. Boal argues that before the aristocracy came and divided the theatre into those who act on stage and those who remain seated as spectators in the audience, "theatrical performance (...) was created for and by the people. It was a celebration in which all could participate freely" (Boal, 1979: p. ix). Believing that theatre should "educate, inform, organize, influence, incite to action" and not "simply be an object of pleasure", Boal re-introduced theatrical performance as a strong "weapon for liberation" and an instrument for change to fight against the authoritarian regime and the military rule that oppressed communities in Brazilian society (Boal, 1979: p. ix and p. xiii). From Theatre of the Oppressed, a performance technique of Image Theatre was originated. The Image Theatre through sculpting images and scenarios with the bodies of the participants that convey different problematic situations, uses non-verbal communication and facilitates a process of finding solutions to the portrayed problems and analyses the feasibility of change (Boal, 1979). The above-mentioned theatre practitioners were among those artists who were in search for ways to experiment and create space for theatre that would engage into "political intervention, peaceful redefinition of the rules of the society, cultural discussion, and social therapy" (Schininà, 2004b: p. 19).

During and after the 1970s, the already existing relationship between theatre and mental health evolved introducing new forms (Schininà, 2004b). The specialized profession of dramatherapy emerged in Britain, combining educational elements of theatre with the therapeutically healing notions of drama (Jennings et al., 1994). The British Association of Dramatherapists (BADth), established in 1977, defines dramatherapy as a form of psychological therapy that, by combining the creative qualities of drama and theatre with psychotherapy, helps people to use their imagination and make changes in their lives. Through dramatherapy, people

are able to collectively redefine fear, love, courage, hopelessness, pain, happiness, depression, anger and other emotions. They can also explore various life experiences, often painful and difficult, through an indirect approach, allowing them to create a new understanding of these concepts as they continue to live in contexts of their daily lives (The British Association of Dramatherapists). To compare with Moreno's method of psychodrama that uses the process of reenactment of the traumatic events and requires simulation of what happened in order to reach catharsis and purify the patient from negative emotions, the dramatherapy does not necessarily contain the element of reenactment and rather creates a space in which through the use of metaphors the participants are distanced from the traumatic event that happened to them. They play different characters and various scenarios, often based on already existing literary stories, thus projecting their emotions and thoughts through those characters, essentially through 'someone else' and not themselves. In this way of distancing the participants from their direct trauma, dramatherapy creates a safe and a more controlled space in which it allows the affected individuals to engage in a process of mutual sharing of their experiences through symbolic and metaphorical elements that are central to theatre (Schininà, 2018a).

However, it seems that it wasn't only the psychodrama and dramatherapy that interacted with and had the tools to treat and work with individuals suffering from mental and psychological uneasiness. Community-based theatre forms were also perceived as working instruments to empower psychiatric patients by creatively portraying their self-representation within their socio-relational context and breaking the stigma that marginalized them. The rationale for this idea is that "the characteristics of psychosis or psychological uneasiness are the complete or partial loss of one's sense (...) and the inability to relate to others or communicate with reality", while theatre, including community-based theatre and social theatre, provides with tools for "relational and symbolic form of communication that structures personal experience in relation to a particular context and the world" (Bertoni, 2000 referenced in Schininà, 2004b: p. 20-21).

In the beginning of the 1990s, the social theatre⁷, with specific social agenda and without solely aesthetic and artistic values, found its way into diverse locations and direct interaction with issues faced by individuals in prisons, refugee camps, hospitals, schools, orphanages, and homes

⁷ For a comprehensive list of the uses of social theatre for healing of war-affected communities in crisis and post-crisis situations, please refer to *The Theatre of Social Healing*, Part II of Chapter 3 (p. 72) by Guglielmo Schininà, in *IOM Psychosocial Notebook, Vol. 3, 2002, Psychosocial and Trauma Response in War-Torn Societies, Supporting Traumatized Communities Through Theatre and the Arts*.

for elderly. This form of theatre, while taking inspiration from its predecessor community-based theatre forms, was and is “less self-centered and was ready to become an instrument of social action through laboratories, workshops, and performances with a goal of healing and of heightening the quality of social interactions” (Schininà, 2004b: p. 22). Practitioners of social theatre agree on a rule that this form of theatre focuses solely on affected and marginalized groups with whom they work with and will not use them for artistic nor aesthetic purposes. For instance, Boal’s theatre techniques which neglect the perception of theatre as just an entertainment and encourage individuals and communities to participate in theatrical processes and through the use of their bodies and voices to freely express their thoughts and ideas about the conditions that affect their lives, re-establishing their socio-cultural environments (Boal, 1979), found their way into the dimension of social theatre. Along with many other theatre techniques and tools, Boal’s theatrical methods were and still are broadly used by social theatre practitioners who put their efforts into assisting crisis-affected individuals and communities by facilitating a creative process during which the participants have the opportunity to build confidence and self-esteem, to heal their socio-psychological wounds, to deconstruct their individual roles and differences, to explore the notions of belonging and identity, and to alter their perceptions of specific issues in relation to their social realities (Schininà, 2004b; Thompson and Schechner, 2004).

Chapter 3: Application of theatre techniques within the multi-layered support system

The psychosocially beneficial influences of theatre and theatrical processes have drawn attention from the humanitarian organizations since the 1990s. They turned to theatre in order to assist affected communities to make sense of their realities and offer a creative and participatory way to cope with consequences of their loss, displacement and various traumatic experiences in crisis and post-crisis conditions. IOM, for example, started using theatre techniques in collaboration with theatre practitioners, within their psychosocial and trauma response since 1999 with war-affected communities in Kosovo (IOM, 2002). Since then, IOM uses theatre on systematic basis as part of their psychosocial approach in many crisis and post-crisis situations, such as in Haiti after the earthquake in 2010 (Schininà et al., 2011); in Central African Republic in 2015, as a response to widespread violence since December 2013, with an aim to re-stabilize the affected communities and create space for dialogue between residents in mixed communities

(IOM, 2015); in Libya in 2013, during the reconstruction phase following the war (Social Community Theatre Centre, 2013); in Bissau for the purpose of re-integration of migrants returning from Niger (IOM, 2017). The International Committee of the Red Cross (ICRC) used theatre and community drama performances to battle stigmatization against boys and men who were kidnapped and trained as soldiers by the Lord's Resistance Army in the Democratic Republic of Congo (DRC) (ICRC, 2014). UNICEF has widely used theatre and performance under their initiative called Theatre for Development (T4D) to encourage civic dialogues and create a safe space for social debates around sensitive topics in various communities (UNICEF, 2016). For instance, in Botswana youth groups participate in drama workshops which aim to raise awareness about HIV/AIDS and improve skills in prevention (UNICEF, 2013). Child protection organizations such as War Child and TdH use theatre techniques (e.g. storytelling, narrative theatre, forum theatre) with vulnerable children and adolescents as part of their psychosocial intervention methods and include the practice within some of their manuals (War Child Holland, 2017; TdH, 2011)⁸.

Realizing the increasing need for well-coordinated and appropriate mental health and psychosocial support of the affected populations in the midst of crisis and emergencies, the Inter-Agency Standing Committee (IASC) was established in 1992 to strengthen coordination of humanitarian assistance⁹. In 2007, IASC produced Guidelines on MHPSS in Emergency Settings in order to provide the humanitarian actors with a set of minimum multi-sectoral responses to better plan and implement mental health and psychosocial interventions (IASC, 2007). The guidelines state that the key to meeting the needs of different affected groups with efficacy and positive results is the development of a “layered system of complementary supports” (IASC, 2007: p. 11). Such support system consists of four layers: 1) basic services and security, 2) community and family supports, 3) focused non-specialized supports, 4) specialized services. This is illustrated by a pyramid of MHPSS intervention (see figure 2¹⁰). Ideally, all layers should

⁸ Note: the listed organizations do not make the exhaustive list of all humanitarian organizations that use theatre techniques within their psychosocial support and community development programming. Due to limited space of this research paper it is not possible to list all the organizations and the details of their theatre projects, as well as the references. However, a few others include UNHCR, UNFPA, Search for Common Ground, World Vision, Humanity and Inclusion, IRC, CARE etc.

⁹ For more information on the IASC, please visit the website at: <http://www.humanitarianinfo.org/iasc>.

¹⁰ In the IASC Guidelines on MHPSS in Emergency Settings (2007), the third layer of the pyramid reads ‘Focused non-specialized services’ instead of ‘Focused services’ as illustrated in Figure 2 of this document. The theatre techniques, such as dramatherapy, play theatre etc. that can be applied in the third layer of intervention are in fact specialized forms. Thus, in this configuration of the intervention model it is essential to recognize that the third layer of intervention is specialized in terms of application of theatre techniques, however keeping in mind that not all specializations in psychosocial work are of clinical or

be implemented simultaneously and stand in continuous interrelation with each other. An efficient MHPSS response in crisis and post-crisis situations requires the humanitarian actors to deliver services and support the affected people in a psychosocially conscious way within each layer of intervention. It is important to make sure that the delivery of services and implementation of programmes and activities have an impact on the mental health and the psychosocial wellbeing of the affected communities in all aspects of humanitarian assistance (IASC, 2007).

While theatre has been widely used by various humanitarian actors as part of their psychosocial interventions, it is important to understand and know which theatre techniques should be used at which layer of MHPSS intervention in order to avoid harm. Let us discuss each layer of intervention with an application of the corresponding theatre techniques that are appropriate to the type and layer of intervention as illustrated in figure 2¹¹.

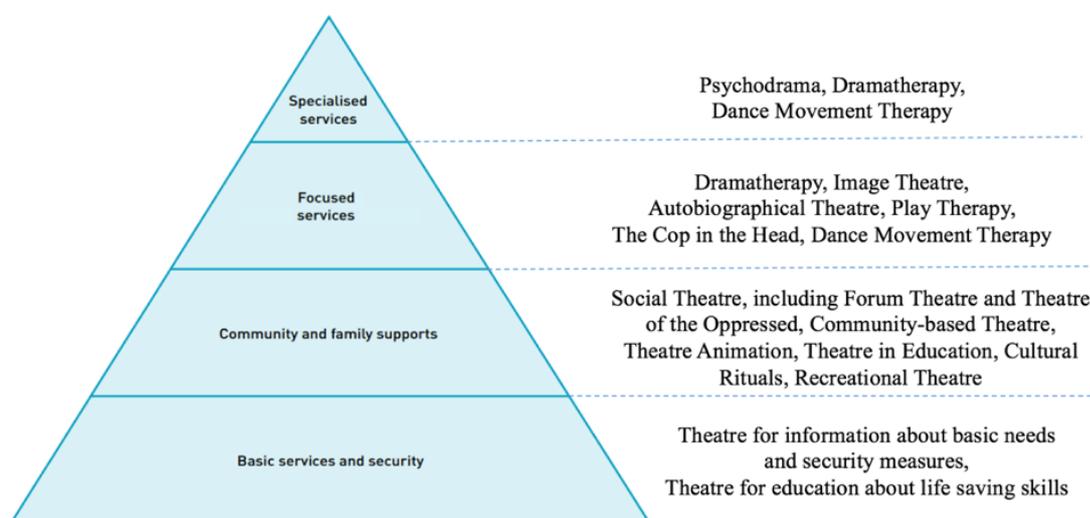


Figure 2: Intervention pyramid for MHPSS in emergencies (IASC, 2007).
Application of theatre techniques to each layer of intervention according to Guglielmo Schininà (2018a).

Basic services and security: the wellbeing of affected people requires protection through appropriate security measures and addressing the physical needs with basic services, such as food, water, shelter and health. Provision of these services should be implemented in a safe and

psychiatric nature (Schininà, 2018a). And due to the limitation of the size of this research paper, not all theatre techniques outlined within the MHPSS intervention pyramid (see Figure 2) are discussed and explained in Chapter 2: Forms of theatre used in psychosocial interventions.

¹¹ The intervention pyramid for MHPSS with corresponding theatre techniques, as illustrated in Figure 2, is based on Schininà's lecture on social theatre presented during the "Psychosocial Interventions in Migration, Emergency and Displacement" academic summer course in 2018. Also see footnote number 10.

socially, culturally appropriate manner that ensure the protection of local people's dignity (IASC, 2007). Communication with communities and distribution of accurate information concerning the basic needs and the security measures for people who have been affected by conflict and other crises is crucial in humanitarian response. Having access to such information can help the affected people to better cope with their situations, thus impacting their psychosocial wellbeing (BBC Media Action, 2012). To discuss how theatre can become an outlet for communication with communities in order to inform them about the available basic needs services, as well as educate on life-saving skills and security measures, let us look into the example of theatre activities in Ban Vinai Hmong Refugee Camp¹², where Dwight Conquergood, an ethnographer and a theatre practitioner hired by the International Rescue Committee (IRC), worked with refugee performers and health workers to inform and educate the camp residents on health measures, including sanitation and environmental health problems of the camp. Conquergood quickly realized that the camp residents have a rich culture of performance and rituals. Some sort of performance, from storytelling and folkloric singing to various collective ritual performances combining drumming, chanting, stylized lamentation, incense and fire in death ceremonies, as well as dancing, and animal sacrifice, was happening at all times inside the camp. This was partly because in a camp setting refugees have more free time to "cultivate (their) expressive traditions" and more apparently, displaced by crisis, being stuck in "passage" of being "no longer Laotian, certainly not Thai, and not quite sure where they will end up (...) suspended between past and future, they fall back on the performance of their traditions as an empowering way of securing continuity and some semblance of stability" (Conquergood, 2013: p. 39). Building on the existing traditions of performance, Conquergood assembled a group of local artists from the camp and together they created a series of performances focusing on environmental health problems. One of the messages they tried to get across throughout the camp was of the garbage disposal problem. While in a traditional Hmong village where waste is organic and by throwing it out the door it becomes feed for pigs or is biodegradable, thus not presenting much of an issue, this, however, changes in the context of a crowded refugee camp where the same behavior of waste

¹² Ban Vinai Hmong Refugee Camp was one of the largest Hmong refugee settlements in the world, established in 1975 for 12,000 refugees who fled their mountaintop villages of Northern Laos due to hostilities against them by the ruling government of Laos that came into power after the withdrawal of the U.S. military forces in 1975 and viewed Hmong as collaborators of the enemy. The population increased up to some 45,000 refugees as of 1985. Located in an isolated region of northeast Thailand, the camp lacked clean water, housing, sewage disposal system, and proper sanitation measures raising various environmental health problems (Conquergood, 2013).

disposal can have very different consequences putting at risk the health of the camp residents, as well as harming the environment. Trying to avoid the western-style didactic health messages on cleanliness and being sensitive not to be demeaning to the people and imply that Hmong were dirty, instead understanding of how their waste disposal behavior was fitting in the natural mountain villages, but needed to be changed in a camp setting, the theatre group featured the character of Mother Clean along with other characters that were borrowed from traditional and well-familiar Hmong folklores¹³ in creating a performance dramatizing the waste disposal behavior and its harming consequences. The performance ends with a proverb-message that reads (in translation from local language):

*“When you lived in the mountains
The wind and the rain cleaned the garbage.
Now with so many people in Ban Vinai
We all must be careful to clean up the garbage (Conquergood 2013: p. 48).”*

This theatre performance is a good example that shows how humanitarian actors, providing basic services and security to affected people, can in a dignified, participatory, culturally and socially appropriate way communicate with communities about different issues regarding basic needs. Such theatre interventions allow to reach out with educational and informative messages including on security measures and life-saving skills to big audiences, helping the affected people to better cope with their difficult situations.

Community and family supports: in most crisis situations and emergencies, due to displacement, loss, fear and persecution, there is a disruption of community and family networks. This layer of support aims to re-activate social networks and restore the sense of community through various activities in order to assist the affected people to maintain their mental health and psychosocial wellbeing (IASC, 2007). The term ‘sense of community’ contains in itself several elements: people one can rely on; shared interests and more general features such as religion, nationality and language; individual identity and shared identities (Hipfl and Hug, 2006); territorial and geographical notion of a place, neighborhood, or town; the quality of human relationship; the feeling of belonging and sense of mattering to the given group or community; shared emotional connection (McMillan and Chavis, 1986).

¹³ For detailed description of the culturally-appropriate characters from Hmong folklores that the theatre group chose to work with and re-create in their performances please refer to Dwight Conquergood’s full essay “*Health Theatre in a Hmong Refugee Camp: Performance, Communication, and Culture*”.

So how can theatre¹⁴ be fitting to the same elements that make up the ‘sense of community’ in places of conflict, crisis and displacement in order to guide the affected individuals and communities through a process of redefining their identities and re-establishing their social links? Theatre creates a place in which communication between members of the group becomes possible in theatre workshops and laboratories through storytelling, use of the body and the voice, symbolic and metaphorical interpretations, game, dramatic roles, and results in re-construction of the individual identity and the community identity. Michele Losi (2002), expert in Psychosocial Gestalt and in Social Communication, discusses the place of theatre as a safe space, where the members are free to express their feelings and thoughts, if needed in an exaggerated way, without judgment and in order to be able to discharge their inner cultivated energies. It becomes a place of trust between those who inhabit it. In theatre the language goes beyond of simply using words and sentences, it combines body, physical interaction through playing, sounds and other means that allow individual expression and collective interaction through symbolic language. The body is an essential element of theatre, there can be no theatre without the body of the actor and the relationship that is built between the participants, but also between the actors and the audience. Also, in a psychosocial approach, the body is a place where the emotional experiences are carried, “and where one can create a link between emotive experience and cultural belonging” (Losi, 2002: p.38). Moreover, as Grotowski emphasizes, within theatrical space one becomes transparent while struggling with own self “by violating accepted stereotypes of vision, feeling and judgment- more jarring because it is imaged in human organism’s breath, body, and inner impulses.” (Grotowski, 1968: p. 22).

Jack Saul (2014), New York State licensed psychologist and family therapist and the director of the International Trauma Studies Program, discusses how in addition to traumatic losses and displacement that cause a collapse of community morale and disrupt the social cohesion, the notion of social betrayal by those responsible for the adversity who do not convey any sentiment of regret or apology to those affected, often also becomes a component of collective trauma. This feeling of social betrayal can result in negative interactions between individuals, harm the sense of personal belonging, as well as the internalized thoughts, feelings and memory. These elements can occur in affected people even in the absence of individual

¹⁴ Considering that the community and family supports layer of MHPSS intervention pyramid includes multiple forms of theatre, in discussing various processes and elements within the theatrical intervention, the word ‘theatre’ in this chapter is used without distinguishing between the different forms of theatre as the described elements and processes are present in all forms of theatre.

trauma. Thus, restoring the social trust among people affected by crisis and adversity becomes one of the integral components of the collective healing. In theatrical space, shifting “the focus from an individualized clinical encounter between patient and therapist to a collaborative artistic endeavor in which survivors, artists, and mental health professionals meet in a more dynamic and phenomenological environment of memory and discourse” (Saul, 2014: p. 135). A process of collective healing becomes possible through collective narration and reflection on a tragedy, by gaining perspective and understanding on what happened and why, and at the end through collective performance. Continuing with the concept of social betrayal caused by parties who don’t acknowledge their responsibility of the caused adversities, in many cases of wars and conflicts, the affected people may turn to anger and revenge as ways of dealing with the accumulated trauma. Steven Reisner (2002), theatre director and psychoanalyst, explains that theatrical psychosocial intervention has the capacity to cultivate memory and enable it to take the place of revenge in the process of coping and overcoming trauma. Memory, unlike revenge, while keeping the trauma active does not provide with an active outlet to discharge it. In other words, memory is inactive. As such, it requires a way to discharge the energy cultivated from the memory of the traumatic events and theatre can serve as this outlet of discharge. Theatrical improvisations allow to express the memory, thus enabling the affected individuals to relief the pain that traumatic memories carry. Unlike the revenge which is a destructive discharge, expression of memory through theatre is a creative discharge of trauma, enabling to connect “the past, (...) the act of remembering in the present, and (...) the vision of the future in which the documented memory will have meaning” (Reisner, 2002: p. 20).

Re-construction of identities and roles, personal and communal, is an integral element in protecting and promoting psychosocial wellbeing of affected individuals (Schininà, 2018a), and as discussed above also an important element that makes-up the ‘sense of community’. According to Schininà, identity is three-layered: the first layer pertains to who I am to myself (individual differences between human beings); the second, to societal factors such as culture, tradition, religion, gender, traditional roles as interiorized by the individual; the third, to how others perceive me (this factor can also be a self-perception) (Schininà, 2018a). Also, identity is comprised of tangible elements, such as gender, age, physical and psychological characteristics, profession, family and social status, beliefs, aspirations, culture, nationality etc., and of intangible

elements, such as senses of space, sounds, smells and touch; habits and rituals; sense of belonging to own self and body, community, a town etc. (Papadopoulos, 2018).

In crisis and post-crisis conditions, the identity of affected individuals, such as refugees and migrants, are altered and enter into a cycle of changes and disorientation. When the formerly established and usual pattern between the tangible and intangible elements is destroyed and reshuffled, the affected individuals experience what Renos Papadopoulos (2018), Director of the Centre for Trauma, Asylum and Refugees at the University of Essex, calls a ‘nostalgic disorientation’. While not a psychiatric disorder, ‘nostalgic disorientation’ can hinder the affected individuals by bringing out a range of symptoms such as discomfort, sense of unreality, unsafety, unpredictability, lack of familiarity, loss of belonging, anxiety, psychic ache, to just name some. One of the processes that ‘nostalgic disorientation’ tends to activate is the “yearning to (re)establish one specific and tangible state of home and belonging” (Papadopoulos, 2018: p. 70). It is apparent, that in crisis and post-crisis conditions in order to re-activate social links and re-build sense of community, besides providing a safe space where the affected individuals can (re)engage into a relationship through communication, it is fundamental to re-establish and deconstruct the sense of their identities. As already discussed, the relationship and communication are constantly present in various theatrical experiences: if “the culture of relationship is the proper culture of theatre” and “the communication is its field of action and its performative reason”, then “the role and its construction have always been its technique (...)” (Schininà, 2002: p. 74).

The construction of identity is a dynamic process and not a still one (Schininà, 2018a). In this sense theatre is a perfectly crafted instrument where one is given an opportunity to engage into such dynamic process by assuming different roles and characters either familiar from pre-existing stories or symbolic objects and metaphors (cultural, traditional), or more directly relatable to own experiences or the experiences of other members of the group, and in this way gain perspective and reflect on own identity and the identity of others. And sometimes by taking roles that may be unfamiliar, the participants tap into exploring completely new angles of identities. Through such process of exploration, it becomes possible to empower not only different identities and roles and how they may relate to one another in a new environment, but also welcome personal change and find a new balance between the tangible and intangible elements of identity.

Based on the above descriptions, as we can see, the following theatre techniques (social theatre, including forum theatre and theatre of the oppressed; community-based theatre; theatre education; theatre animation; narrative theatre; and recreational theatre)¹⁵ can bring the affected people together into one safe space and in a controlled manner with wide range of creative tools and their fundamental elements of relationship, communication and role, maintain the mental health and psychosocial wellbeing of affected individuals by assisting them to re-activate their social networks and restore the sense of community and belonging.

Focused services¹⁶: this layer represents types of supports for a smaller number of people who require additional and more focused assistance (for example survivors of gender-based violence), to cope with their traumatic experiences, including psychological first aid (PFA) and basic mental health care (IASC, 2007). Within the paradigm in relation to the use of theatre techniques, in this layer specialized forms of theatre, such as dramatherapy, play theatre, image theatre, autobiographical theatre, are used¹⁷. For instance, a counselling centre in the eastern part of the Democratic Republic of the Congo, with support of the ICRC, used theatre and dance to help the reintegration of women-survivors of sexual violence back into their communities. The theatre play, based on real-life events and stories, shows the consequences of rape, such as stigma, rejection and shaming, that a woman-survivor has to cope with. Also, dance is a traditional way to promote solidarity in these communities, thus many women join survivors of sexual violence showing them their support and understanding. (ICRC, 2011)¹⁸.

Specialized services: the top layer of the MHPSS intervention pyramid serves to the small percentage of affected people who, despite the already mentioned supports, still have significant difficulties in their basic daily functioning and need specialized MHPSS services, including psychological and/or psychiatric support for people with severe mental disorders (IASC, 2007). The only theatre techniques that are appropriate for this layer are specialized forms of theatre:

¹⁵ For some of the descriptions of the mentioned theatre techniques in the community and family supports layer of the MHPSS intervention pyramid please see Chapter 2: Forms of theatre used in psychosocial interventions.

¹⁶ See footnote number 10.

¹⁷ For some of the descriptions of the theatre techniques mentioned in the focused services layer of the MHPSS intervention pyramid please see Chapter 2: Forms of theatre used in psychosocial interventions. Also see footnote number 10.

¹⁸ The referenced ICRC feature does not mention specifically what type of theatre techniques were used for the psychosocial support and the re-integration of the women-survivors of sexual abuse. However, considering that the project specifically targets women-survivors of sexual violence, the example is outlined within the focused services.

Within the focused and the specialized services layers, it is important that those who facilitate theatre interventions are specialized practitioners and therapists who are familiar with and know how to use the specific theatre techniques in order not to cause harm to the affected individuals.

psychodrama, dramatherapy and dance movement therapy¹⁹. These theatre techniques as psychotherapies should be offered by registered and certified therapists who have the knowledge and skills to combine psychotherapeutic techniques with theatrical activities that aim at creative expression and projection of patients' thoughts and emotions (Schininà, 2018a).

To conclude, theatre in crisis and post-crisis situations becomes a creative tool for mental health and psychosocial approach that facilitates a participatory and playful process for exploration of a new environment, empowerment of differences and shared interests, deconstruction and redefinition of identities and roles, shared emotional connectedness, personal and collective reflection through play and symbolism, physical projection of thoughts and emotions with body movement and voice, bringing sense of community and belonging, as well as theatre becomes a medium to inform and educate about basic needs and life-saving skills, thus overall contributing to the psychosocial wellbeing of individuals and communities affected by crisis and post-crisis conditions. And lastly, it is important for humanitarian actors and theatre practitioners to have a clear understanding of the processes, tools and methodology of different theatre techniques and implement them appropriately based on the layer of MHPSS intervention.

Chapter 4: The spaces of theatre in humanitarian settings

In humanitarian contexts, theatre projects and activities take place in diverse locations, often in institutionally-controlled situations: refugee and IDP camps, prisons, community centers, children and youth group centers, remote villages, counselling centers for survivors of sexual violence, detention centers, hospitals and educational facilities. Performance studies draw upon the idea that such “non-theatre” spaces are in fact full of performances (Thompson and Schechner, 2004). For instance, war-zones themselves can be regarded as performative places where “the destruction and obliteration of human lives are planned, often rehearsed and finally enacted. (...) [In war zones] simple statements of identity and survival can become performative acts with dangerous social effects” (Thompson, Hughes, Balfour, 2009: p. 2). To explain more, when implementing a theatre project in a war zone, the humanitarian actors and theatre practitioners work with people with already pre-defined roles of victims, perpetrators, displaced individuals, combatants etc. in the context of war. The performances and the theatrical activities

¹⁹ For the descriptions of psychodrama and dramatherapy please see the Chapter 2: Forms of theatre used in psychosocial interventions. Also see footnotes number 10 and 18.

are produced within ““theatre of war”- a site of operations where battles are staged” (Thompson and Schechner, 2004: p. 14). Moreover, the lives and the stories of affected individuals and communities who carry-on the main roles are dramatized and described as “tragedy” by the media. Thus, applying theatre in such humanitarian contexts with pre-existing social issues and conditions means that the theatre practitioners and humanitarian actors enter into a space that is already full not only with theatrical-like elements, but also with psychological and sociological references that should be taken into consideration. Practice of theatre in sites of destruction and where lives of communities have been disrupted brings together a complex interaction of two disciplines: theatre and social humanitarian work. In this process of interdisciplinary performance, the theatre practitioners and humanitarian workers should learn the behaviors and the social, cultural conventions of the spaces and the communities in which theatre projects are implemented (Thompson and Schechner, 2004).

Understanding the sensitivities of the space becomes an integral element when designing a theatre project. The space, with all of its complexities and, as described above, performative elements, directly influences the individuals and communities who are coping with difficult conditions of crisis and post-crisis environments. Thus, to be able to improve the wellbeing of the affected people, it is important to understand how the place and its context designate roles to those who are affected and the background setting it paints where their lives unfold.

Part 2: Discussion

In order to further address the research question and the aims of this paper, this section will continue to discuss some of the ideas presented in the literature review, as well as present the following additional points: public performance and audience as part of the theatrical experience and their role within the psychosocial influence on the affected individuals and communities, and the challenges of using theatre in psychosocial support programmes. In order to answer these aspects, three interviews with the following professionals were conducted between May and August 2018:

- Guglielmo Schininà is the Head of the International Organization for Migration (IOM) Mental Health, Psychosocial Response, and Intercultural Communication Section globally, and is a leading expert in social theatre and its use as a psychosocial approach in humanitarian settings. He co-directs “Psychosocial Interventions in Migration, Emergency

and Displacement”²⁰ at Sant’Anna University in Pisa, and the Executive Master in “Psychosocial Support and Dialogue” at Lebanese University. Schininà has a significant experience in applying theatre techniques in different layers of MHPSS intervention in diverse contexts of crisis and post-crisis situations, working directly with affected individuals, as well as theatre practitioners and mental health professionals. He also has trained and educated numerous professionals working in the fields of theatre, mental health and psychosocial support from all over the world. Schininà has a great input in the development of a model²¹ for psychosocial approach specifically through various theatre techniques. He has written and published extensively on this subject and therefore is one of the main sources for this research paper.

- Christopher Bailey is the Coordinator of On-line Communications at World Health Organization (WHO) and is the Vice Chairman of Geneva English Drama Society (GEDS). He is a trained actor from the American Academy of Dramatic Arts, as well as a director and a playwright. In 2017, Bailey participated in the Oxford-Globe Forum for Medicine and Drama in Practice and presented his paper “The Neurology of Catharsis: Healing and Learning in Theatre”.
- Marilena Crosato is a theatre practitioner with an extensive experience in the cross-disciplinary field of theatre, social work, community stabilization and cultural outreach²². She has worked in developing countries, including Niger, Haiti, Colombia, Mozambique, Vanuatu and in Italy, designing and implementing theatre projects and outreach strategies in collaboration with numerous international humanitarian organizations, NGOs and foundations such as Terre des Hommes, Oxfam, Alliance Française and others.

Chapter 5: Empathy in theatre and its healing effect

Regardless of the space where a theatrical process takes place and/or a piece of theatre is created and performed, it creates a community in which every person individually and also as a group connects with each other through the world of a story and its characters. This sense of connectedness is born from the activation of an empathetic reaction to the feelings and actions

²⁰ See footnote number 6.

²¹ Please see the Chapter 1: Common elements between theatre and psychosocial approach, Chapter 3: Application of theatre techniques within the multi-layered support system of this document, and Figure 2.

²² Full information about the work and publications by Marilena Crosato is displayed at the webpage www.marilenacrosato.com.

that are played-out in a performance. The uniqueness of theatre among other forms of art is its ability to trigger human brain in such way that through observing a physical act and expression of emotions, one is able to react in new ways and even feel and experience something that he/she may have not even encountered before in own life. Bailey states that this artistically created situation opens a space for understanding, enlightenment and behavior change. Unlike didactic methods of learning, theatre creates a space for learning in a more personal way with the mechanism of empathy, relating to different emotional and behavioral elements and resonating to multiple perspectives of the audience individually, but also as a group (Bailey, 2018).

In humanitarian contexts, often, theatrical stories are connected with real-life experiences and memories of affected individuals, directly or indirectly. Bailey recalls his experience seeing an adaptation of Euripides's "The Trojan Women" at CERN in Geneva, performed by Syrian women who interwove their own stories with Euripides's almost 2500-year-old text. It wasn't apparent to the audience which parts of the performance carried the contemporary stories of the Syrian women and which were from the original storyline of the fall of Troy, but it didn't matter because the old story resonated with the personal stories of the Syrian women. The audience, watching these women act in the characters of the Trojan women, could feel that the emotions and the experiences of being displaced and losing everything that made-up their identities echoed through ages in a profound way, and this sense of universal feeling was also shared and felt by the audience. And although what they were performing and saying was heartbreaking, the fact that someone was listening to them, understanding their stories and resonating with their feelings, empowered these women as human beings and gave them a sense of purpose and meaning. This was incredibly healing. It didn't mean that the traumatic memories of what happened have suddenly disappeared, it wasn't a "psychological therapy in that sense, in some ways it was a more profound mythic kind of healing of rejoining the human race" (Bailey, 2018). Moreover, such process of healing in theatre is not only a one-way intervention: the stories of the Syrian women gave a perspective to those who observed from their seats in the audience. Regardless of the diverse backgrounds of the audience members, each in their own personal way was able to connect with the stories and the characters, living through a mix of emotions and finding a piece of themselves in someone else, thus opening-up and learning something new about their own identities, ways of thinking and feeling (Bailey, 2018). Unlike other emotions such as compassion and pity, empathy goes further and deeper. Empathy allows to not only understand another's

feelings, but oneself live through them, share the wide range of feelings and emotionally imagine what the other experiences. Empathy reaches into the notion of our “multiple personalities” and triggers a unique and stronger sense of understanding. Theatrical performance through a live enactment of stories, imagination and emotions offers individuals to become part of someone else’s experience and through a shared feeling of understanding and empathy engage into a multidimensional process of transformation and healing.

Chapter 6: Public performance and the role of an audience as part of psychosocial approach

The creative process of theatre takes place on different levels: on an individual level it allows a deep and transformative work on identity; within a group it helps to establish collective dynamics, elements of trust and team building; and on a social sphere it impacts the environment and enacts change when a creative result in a form of a performance or a theatre piece is presented to an audience, to a community. These three levels are organic and complete one another (Crosato, 2018).

In her work, Crosato gives an importance to having a public performance as part of theatre process with affected communities: “the moment of performance is strongly emotional”, especially if the actors are not professional artists and are presenting their creative work in front of their own community (Crosato, 2018). The performance is part of theatrical experience and “ideally you do have an audience at the end, as it’s the community you are sharing it [the experience of theatre process] with. And part of the healing is to be able to share it with own community with pride and confidence. It has an added value in larger sharing” (Bailey, 2018). Receiving a positive reaction from own community members, especially when working with affected and/or vulnerable groups who are often marginalized within their communities for various reasons, presenting their own theatre performance brings a positive message to their community members, creating a social link and possibility for dialogue. For instance, in villages in Niger, Crosato worked with women who are not allowed to become community leaders and participate in public decision-making processes. But through theatre performances, which were accepted and received well within the local communities, these women were able to express their thoughts regarding different public themes and send messages to their leaders about certain issues that they wanted to change in their community. This act of public performance, when received

positively by the audience, can be quite empowering: “a vulnerable group that presents their own art-work to their community is no longer a vulnerable group- it becomes something else” (Crosato, 2018). In fact, there is a significant ethnographical evidence on how the use of different forms of theatre in community building and community stabilization programmes brings to a better community fabric: “the richness that is created within the group can be communicated to the outside in order to enact change” (Schininà, 2018b). Moreover, publicly presenting a theatre piece that is a result of a creative process divided into workshops, allows the actors to synthesize the various theatrical exercises and tools as a whole process more fully in their memory (Crosato, 2018). However, in humanitarian settings, such as in refugee and IDP camps, social theatre does not start with staging a performance, but it is a process. It starts with the mapping of creative and artistic resources that already exist in the community, including finding out and understanding what kinds of creative expressions the community uses, in order to know the starting points. It is important to adopt the theatrical tools based on the community’s preferences and habits in relation to creative expression (Schininà, 2018b). It is also important to know and define the objectives of the theatre process, including whether a public performance should be presented at the end or not. This can influence on how theatre practitioners facilitate the creative process of theatre. In her approach, Crosato prefers to leave the creative space open for some time without focusing on the idea of public performance, making sure that the process is carried-out in a safe way for the participants and they are given the choice to decide whether at the end to present a performance to their community or not. Crosato further describes her approach, highlighting the importance of participatory group work and co-creativity. A process during which the group of affected individuals works on a topic through autobiographic narrations, collective storytelling, discussion, improvisation. They progressively define a message or an issue the group wants to address, which then through theatrical exercises is shaped and molded into an artistic product carrying the thoughts and the voices of the affected individuals themselves. During this process, to continue ensuring the safe space, the participants decide together what they feel comfortable to present in public and what they want to keep within the group. For instance, if during workshops participants shared personal life-stories, it doesn’t mean that these stories will automatically become part of a public performance. The group together discusses what elements to present to an audience and what to leave behind as part of the creative process. Recalling working with young women in Haiti, Crosato tells how they preferred to present fictional stories to their

audience, as the group considered it a safer option in their situation. An important part within the creative process is to make sure that the group is aware that from a certain moment on they are working on creating a public performance (Crosato, 2018).

As shown in part 1, the psychosocial approach in humanitarian settings includes the elements of social cohesion and community development, including communication, conflict mediation and how to create narratives on certain issues in affected communities. As such, theatre process as psychosocial support goes from individual empowerment to group building to communication with the outside world. This communication and presentation of a performance to a larger community is well accepted, especially within the community and family supports level of MHPSS intervention. At the upper levels of intervention, it is however different, as the focused services and specialized services deal with more severe traumatic experiences and mental disorders respectively. Nonetheless, this does not mean that an open performance is not possible. For instance, the American model of dramatherapy includes a performance for an audience at the end of the theatrical process. The main difference is that dramatherapy sessions have to be conducted by certified dramatherapists, who know whether to include a performance or not and how to do so without harming anyone in the group (Schininà, 2018b). Furthermore, as learnt from the existing literature, an open performance is not mandatory to the creative process of theatre within the psychosocial approach, for instance in social theatre technique, and depends from situation to situation, one group of participants to another and their willingness and readiness to perform publicly. It is important for theatre practitioners and humanitarian workers to be sensitive to the unique situation of each intervention and know when and how to bring the creative process outside the safe space of the group and communicate it to a wider community.

At the same time, as revealed in the conversations during the interviews, many theatrical experiences show the added therapeutic value of having an open performance and sharing the creative process with community in large, especially when recuperating trauma on community and family supports level. Presenting a collectively created piece of theatre to an audience empowers affected individuals in a deeply emotional way and reveals their own strength and ability to be resilient, while connecting all the participants, whether actors or spectators, with each other through empathy and shared understanding within the space of theatre.

Chapter 7: Challenges of using theatre in psychosocial support programmes

Theatre exists everywhere. Many communities have theatrical practices, including within their traditional rituals. However, sometimes people or certain communities simply are not interested in the theatrical domain which can be limiting. It is important not to impose a pre-structured theatrical intervention on affected populations, but to adopt the tools based on community's preference of creative expression. Thus, assessing the situation through creative mapping is the starting point of a theatre process in a community affected by crisis, in order to mobilize and empower the existing creative resources. In addition, using familiar creative tools consistent with communities' performance culture can better motivate individuals to engage in a theatre project (Schininà, 2018b).

It seems, that the existing literature does not focus as much on the challenges and limitations of using theatre techniques for psychosocial interventions among crisis-affected communities, but rather identifies the beneficial elements and describes the positive change that is evident within each group that engages into a theatrical process. However, considering the do no harm principal when working in humanitarian settings with communities affected by loss and disruption, it is important to recognize some of the challenges and address them appropriately. The following are some of the challenges that were outlined by the interviewed professionals.

First, the importance the time-frame: theatre is a process that takes time. However, due to various reasons, such as logistics, funding, emergency situation, the system of humanitarian action sometimes may put pressure for interventions to be as short as possible. That is why when doing theatre interventions, it is important to request and secure a minimum duration for implementation. The minimum duration for a theatre intervention in its turn depends on several factors, such as the country and the context, who are the participants (what kind of vulnerable groups) and how many are they, whether there will be a public performance or not etc. It is important to measure the objectives appropriately and to discuss with the humanitarian actors and/or donors to clearly understand what is needed to be achieved and whether it is feasible based on the given time-frame (Crosato, 2018).

Second, it is important to remember that theatre is not science, it is art. Studies in neuroscience provide with some evidence on positive impact of certain theatre processes and trainings on memory, emotional regulation, thinking, behavior and relevant neuro circuits. There is also evidence of some direct and indirect impact of certain forms of theatre and dance

movement therapies on mental disorders like schizophrenia and dementia. However, the impact of theatre practices on social changes, like community stabilization, social cohesion, anti-stigmatization, are typically measured with qualitative anthropographic measures. Scaling-up specific numeric indicators on the community impact of theatre practices may actually go against the value and quality of theatre, drama and performance (Schininà, 2018b).

Third, theatre practitioners are often good at what they do artistically, but they don't know how to use various capacities of their skills as a tool for problem solving and psychosocial support. Thus, it is important to also train artists to loom at these new areas of engagement. Such training can enable artists to use their skills for social action. In addition, it is necessary to make sure that theatre practitioners and psychosocial workers have an understanding of which theatre interventions can work for what problem, especially at a clinical level²³ (Schininà, 2018b).

Fourth, the creative process of theatre as a humanitarian psychosocial intervention may be challenging from the point of view of a theatre practitioner, in a sense that the work often is carried-out with individuals who are not professional actors. In such contexts, is it important to remember that the aim is to help the affected individuals to heal and improve their lives. The initial moment of this theatrical process is also quite emotional for the facilitator: discovering who he/she is going to work with, what are the issues, building trust not only within the group members but also between oneself and the group. In addition, because theatre process is a creative one, it can be unpredictable and it is not possible to know the exact shape of the final result, thus the whole experience while exciting is also a big responsibility for the facilitator who constantly adapts himself/herself and his/her theatrical tools and background to the cultural specificity and the uniqueness of the group (Crosato, 2018).

As we can see challenges do exist within the application of theatre in psychosocial support programmes and there is a space for more research to discuss the above listed challenges in more details, as well as identify other existing challenges. However, given the creative and fluid notion of theatre as an art form, it provides with many outlets to mitigate and work through presented challenges. As Crosato states: "there are always solutions" (2018).

To conclude the discussion part of this paper, it is noteworthy to mention again that often humanitarian practitioners at large, including those working in psychosocial support programmes, are not always aware how theatre presents a cross-disciplinary approach within the psychosocial

²³ For details please see Chapter 3: Application of theatre techniques within the multi-layered support system and Figure 2.

approach and of the positive impact of theatre on the psychosocial wellbeing of crisis-affected individuals and communities. Thus, this paper is suggesting that humanitarian organizations create an online platform where they can consolidate information about various uses of theatre within their programmes and interventions on on-going basis, including the best practices and challenges. This platform could serve as a space for exchange to further develop a better understanding on the cross-disciplinary approach of theatre, thus continuing to build upon the skills and the methods of using theatre as a force for positive social change in humanitarian settings (Bailey, 2018).

Conclusion

Human emotions and behaviors are complex and are constantly changing through various encounters and experiences in life, in other words through life's story. This process of change becomes even more complex when individuals are affected by traumatic consequences of crisis and post-crisis conditions. With disruption of life's familiarity, destruction of support systems, and in times of loss and grief, the human identity undergoes an internal and external crisis. The need for creating a safe space in which affected individuals and communities are enabled to re-define their identities and re-construct their social links becomes integral to their psychosocial wellbeing. The art of theatre and its creative process have the power and the necessary tools to help the affected individuals and communities to work through own experiences of hardship and loss in a symbolic way and through elements of de-construction and physical and emotional projections start making sense of their realities once again. Acting is an integral and central element in theatre and "to act means to do, (...) a lot of times you are what you do, and in case you've lost your identity then by acting you reconstruct your identity. (...) Committing affected individuals to action is how they can heal and feel empowered." (Bailey, 2018).

The literature and the sources in this paper discuss the similarity of the integral elements within psychosocial approach and the creative process of theatre, thus making theatre an appropriate method for psychosocial support programmes in humanitarian settings. Theatre in a positive manner enables and is not limited to the following psychosocial processes:

- communication between an individual and a group, then between a group and wider public, and lastly communication between communities;

- integration²⁴ and/ or re-integration of migrants and refugees into host communities and/ or their communities;
- creating a safe space for shared understanding, tolerance and empathy, thus tapping into a process of community building;
- enabling to reflect on past traumatic experiences and transform them in the now and here in a non-stigmatizing space;
- redefinition of personal identity through play, storytelling, symbolism, physical and emotional projection, and after reconstructing own role in relation to the world and the society;
- creating solidarity in societies through empowerment of individual differences;
- finding answers and understanding loss and grief through symbolism and association;
- enabling the affected individuals to feel their own emotional and mental strength and the ability to be resilient;
- preventing the risk of developing mental disorders by addressing the consequences of trauma in a creative and therapeutic way.

All the above processes are possible through creative processes of theatre, are closely co-related and contribute to the psychosocial wellbeing of individuals and communities affected by crisis and post-crisis conditions.

²⁴ With on-going refugee crises and mass movement globally, in some host communities refugees are perceived negatively among the members of the host communities- as “passive and needy individuals with nothing to contribute” (p. 2). When refugees participate in theatre activities, it can break the cycle of negative stereotypes and portrays refugees in a new light, where they are active, creative and despite the difficult circumstances of their lives, they are able to enhance the cultural life in their communities, whether in a camp setting or outside the camp. In addition, such active and creative participation empowers the refugees and gives them sense of ownership- this is too connected to the holistic wellbeing (UNHCR, 2011).

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²⁵ In July 2018, I attended the “Psychosocial Interventions in Migration, Emergency and Displacement” academic summer course that is co-organized by the International Organization for Migration and the Scuola Superiore Sant’Anna. The course is co-directed by Guglielmo Schininà, the Head of the International Organization for Migration’s Mental Health, Psychosocial Response, and Intercultural Communication Section.

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²⁶ See footnote number 25.

Appendix

Case of a theatre workshop with Syrian refugee boys in Chios.

In January 2017, I volunteered for “Refugee Education Chios” project realized by Be Aware and Share (BAAS) non-profit aid organization in Chios, Greece²⁷. The project aims to create a safe space for refugee children where they can rediscover themselves as children through various educational activities (BAAS). I planned and implemented 12 theatre workshops as part of the project for refugee children and adolescents who were in transit on the island. Most of them had never experienced theatre before and this was their first encounter. Keeping this in mind, I used only simple exercises that combined symbolic storytelling, body movement and expression through improvisation exercises.

In one of the workshops, I had a group of 15 Syrian refugee boys (12-18 years old). For one of the exercises, I divided the participants into two smaller groups and asked each group to think of an image, a photograph, that shows some kind of action, something happens in it. Some of the examples I gave them were having a picnic at a park, singing karaoke and so on. Once each group had an image in mind, I asked them to show it with their bodies freezing in different positions so by complimenting each other they would re-create the photograph they had in mind. The first group gave it a try. At first they were shy, but then rather quickly the group of seven Syrian boys assembled in the middle of the room and froze in an image of construction workers building a house. The second group observed, laughed and clapped. Now it was their turn, and in a same manner they showed us a frozen image of eight boys playing football. We continued with the exercise and I added to my previous instructions not to think too long about what image they want to portray, but to go with what comes to mind first, thus exercising their free-thought. However, what I didn't foresee in that moment is that the images born out of their immediate thoughts were not of worry-free boys playing football or having fun at a park, but of boys who have experienced war, violence and loss. All of a sudden the frozen images portrayed by the participants turned into gruesome realities of what they witnessed in their home-country Syria: an explosion of a bomb with casualties spread around the ground, line-up of men with their arms above their heads waiting for their death by the executioner holding and pointing a rifle at them, heads being cut-off by extremists and so on. Both groups, one after another, continued to freeze

²⁷ For more information about “Refugee Education Chios” project and Be Aware and Share (BAAS) non-profit aid organization please refer to the following webpage: <https://www.baas-schweiz.ch/>.

in these images, their facial expressions showing grief, fear, anger and despair. Now the participants were more focused, embracing and connecting to their characters on a deeper level. Along with reliving their own memories of war and loss, something else happened, something that shocked me even more than the re-creation of the violence, something that I was not able to grasp with my mind in that moment. While one group showed their war-image frozen from the past, the laughter coming from the audience (the other observing group) became stronger and louder. This wasn't a laughter born out of the feeling of frustration or stress, but it was a genuine laughter, silly laughter at their peers who were trying to be someone else, a different character, who were trying to act in a theatrical scene. Through a simple non-verbal theatre exercise stories from the past that were still fresh, not distant were told and emotions were uncovered. At the end of the workshop there was a sense of collective relief. It felt as if some of the waves of negative energy that were accumulated inside the participants lashed out of them through body movement, through dramatically improvised expression of the pain they carried, and eventually through the laughter of having fun in moments of acting.