



## Research Article

## Using playback theatre to address the stigma of mental disorders



L. Yotis\*, C. Theocharopoulos, C. Fragiadaki, D. Begioglou

Association of Dramatic Expression and Therapy "Palmos", Athens, Greece

## ARTICLE INFO

## Article history:

Received 29 February 2016

Received in revised form 26 October 2016

Accepted 21 April 2017

Available online 28 April 2017

## Keywords:

Playback Theatre

Anti-stigma

Mental Health

Community Theatre

Dramatherapy

Psychiatric Disorders

Schizophrenia

## ABSTRACT

Playback theatre was used as a powerful tool for the fight against the stigma of mental disorders. This challenging community process was particularly helpful to people with mental disorders and their families, as well as to mental health professionals. Within the frame of the Association of Dramatic Expression and Therapy "Palmos", "Playback  $\Psi$ " theatre group was established by a number of Greek professional performers and psychotherapists aiming to work through stigmatizing social representations of mental illness. The training of the group included knowledge on specific issues of mental disorders, as well as of the stigma that surrounds them as well as stage techniques deriving from Dramatherapy and Psychodrama, enabling the actors to portray safely delusional or disorganized material, overwhelming emotions or lack of boundaries. Playback Theatre performances took place in psychiatric and rehabilitation settings, in mental health conferences, as well as under the umbrella of policies of the "Greek Anti-stigma Programme" of the WPA. The performances offered the opportunity to the audience members, suffering or not from a mental disorder, to share life experiences of prejudice and discrimination, to take stance against the existing negative attitudes, to decrease their social distance and to foster community networks.

© 2017 Elsevier Ltd. All rights reserved.

## Introduction

This paper reports the use of Playback Theatre to reduce the stigma associated with mental illness in Greece. A brief review of the stigma towards people with psychiatric disorders, its implication for their social distance from their significant others and their social environment and its manifestation in the Greek context is presented. Treating on stage fragile and fragmented stories of people with psychiatric disorders can be a demanding task that requires special training of the playback performers. The phases and process of this training is described, followed by four stories which were told during playback theatre performances along with a discussion about the potential of Playback Theatre to give voice, empower and offer a holding to people with psychiatric disorders as well as to their key workers.

Playback Theatre has derived from psychodrama, narrative theatre and avant-garde theatre methods in the USA during the seventies (Fox, 2004). Its evolution has influenced a number of community and therapeutic activities. Playback theatre techniques have been used in theatre projects for minority groups facing rejection or ostracism. A number of studies show how playback theatre techniques have been used to work with different groups of people which have experienced social violence at different levels, such as urban children and adolescents' views of aggression towards the criminal/justice court system (Bornmann and Crossman, 2011), or stigmatized LGBT adolescents with emotional problems and anti-social behaviors within an heterosexual culture (Wilson, 2011) or people trying to build communities and respond to collective trauma in conditions of war, such as in occupied Palestine (Rivers, 2013). Furthermore, theatre methods have been used as instruments to promote inclusion of mental health patients in local communities and performance-making has proved to reduce prejudice and discrimination, promote health and build social networks (Bosco et al., 2014). Such methods can contribute to enhance community contacts, to promote community education and reach positive social change for adults living with psychiatric disabilities and their families (Faigin and Stein 2015; Yotis, Theohari, Katan, & Mantonakis, 2002). Transformative experiences of patients with schizophrenia during performance-making related to the safety of the therapeutic structure, role-playing and formation of connections, help to overcome the challenges of dysfunction and achieve a sense of well-being (Yotis, 2006). Playback theatre has been reported to promote recovery in mental health, creating a journey towards a valued sense of identity, role and purpose beyond the diagnosis of mental illness (Moran and Alon, 2011). Con-

\* Corresponding author at: Association of Dramatic Expression and Therapy "Palmos", 3 Klisthenous Street, 10552 Athens, Greece.  
E-mail address: layo@otenet.gr (L. Yotis).

temporary Dramatherapy within a medical mental health model, which primarily aims at symptom control, has achieved to address the psychosocial needs of patients with schizophrenia on a multi dimensional basis. Various dramatic techniques, such as “developmental transformations”, have been presented in the current literature that empower patients to live meaningfully (Reisman, 2016).

Since the underlying element of the present work is the stigma of mental illness, a brief retrospection of its history follows. Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others (Byrne, 2000). The word “stigma” derives from the ancient Greek verb *στίζω* (“stizo”), which means to mark with a scar. Its initial use was to differentiate servants, mostly war captives, from free citizens. In the middle ages, criminals were branded with a hot iron, in order to be excluded from social premises. Despite essential revolutionary reforms in the field of psychiatry in the last century, the stigma of mental illness remained as a powerful negative attribute in social relations. Goffman (1963) marks out the social aspects of the psychiatric stigma and the conditions under which this is produced within closed institutions, such as psychiatric asylums. Stigma surrounding mental illness has been identified as the main barrier in the provision of mental health care and the delivery of effective treatment; it is considered as an additional disorder on top of the mental disorder (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012; Livingston, & Boyd, 2010; Rüsch, Angermeyer, & Corrigan, 2005). Link and Phelan (2001) define stigma as the co-occurrence of its components – labeling, stereotyping, separation, status loss, and discrimination – and further indicate that for stigmatization to occur, power must be exercised. Stigma is conceptualized as a phenomenon organized on three levels (Rössler, 2016). Firstly, on a cognitive level it is produced by stereotypes, false beliefs, surrounding disorders such as schizophrenia: “people with schizophrenia can never be cured”, “they are violent” and “they are unable to work”. Secondly, on an emotional level, shame and prejudice take place. Thirdly, on a behavioral level, people are discriminated, neglected or humiliated in the social arena.

According to Corrigan and Bink (2016) the stigma has three processes. In the first process, called “public stigma”, individuals in the general population first endorse the stereotypes of mental illness and then act in a discriminatory manner. The process of “hetero-stigmatization” forms a social stigma of people who are “sane” towards people who are “insane”. Another process occurs by the internalization of a negative stance towards mental disorders, the “self-stigmatization” of an individual, which leads to low self-esteem and social avoidance. A third one, called “structural stigma”, refers to institutional policies that intentionally restrict the opportunities of people with mental illness or yield unintended consequences that limit options for them.

Stigma does not affect only people who suffer, but their whole environment: their families and friends, their work, their treatment, even their therapists (Sartorius et al. 2010). For example, psychiatrists and psychotherapists are often stereotypically represented in the media and in the performing arts as people with marginal mental sanity, with no expressed emotions, remote, almost acting as robots or as funny figures. Stereotypical beliefs and prejudicial attitudes are consistently associated with patients’ reluctance to seek treatment, with low self-esteem and social impairment and they frequently lead to discrimination in fundamental areas of life. According to research in the field of stigma, the three most effective approaches for reducing stigma attached to mental illness are protest, education and contact (Corrigan, & Penn, 1999). Moreover, the effect of all interventions is proved to be more when personal contact with people with mental disorders is involved. Four key components of successful educational interventions are identified: the provision of personal information

about the patient with mental illness; a direct attack of myths; an increase in empathy levels by simulation; and an in-depth discussion on the topic. Therefore, large international organizations have declared stigma a major public health challenge and have called for countries to develop effective strategies for diminishing it (World Health Organization, 2001; Sartorius, 2004).

According to the Greek Ombudsman Independent Authority (2009) anti-stigma policies have been implicated both in psychiatric institutions and in the social field within an effort to de-institutionalize the Greek psychiatric institutions for the last thirty years. Such attempts started after the need to humanize the conditions at the psychiatric asylum in the island of Leros, which were supported by the E.U. after 1990 (Yotis, Kravariti, Theodoridou, & Megaloeconomou, 2003). From then on, anti-stigma projects were organized by different bodies and commissions in both public and private mental health sectors, most of which were directed by strongly politically opinionated psychiatrists, who fought against the social exclusion of psychiatric patients. Furthermore, the “Greek Anti-stigma Programme” has been functioning since 2000, run by the University Mental Health Research Institute ([www.epipsi.gr](http://www.epipsi.gr)), as part of the “Anti-stigma Programme” of WPA. The target areas of this Programme are research of attitudes and social distance towards people with mental disorders, educational interventions, interventions at the mass media and at specific cultural events concerning the image of people with a mental disorder and a net of volunteers detecting and working against stigmatizing messages. Research studies in Greece showed that knowledge about schizophrenia is poor and that the Greek public has stigmatizing attitudes towards people with schizophrenia (Economou, Richardson, Gramandani, Stalikas, & Stefanis, 2009). In a research intervention in Greek schools, aiming to explore adolescents’ beliefs and attitudes to schizophrenia, and provide information, students espoused certain stereotypical beliefs about patients with schizophrenia and were occasionally reluctant to interact with them. Upon completion of the intervention, positive changes were recorded in students’ beliefs, attitudes and desired social distance (Economou, Louki, Peppou, Gramandani, Yotis, & Stefanis, 2011).

Within this frame of increasing social awareness, a field for interventions through Playback Theatre opened in Greece. Our hypothesis was that this form of theatre could be particularly helpful to people with mental disorders and their families as a means of confronting stigma through a challenging community process. In 2004, “Playback Ψ” was the first Playback Theatre group established in Greece, by a number of professional psychotherapists and performers (actors, dancers, musicians, singers, set and light designers), specially trained in theatre improvisation as well as in dramatherapy and psychodrama techniques (Yotis, 2007). The director for the group, Psychiatrist and Dramatherapist, trained as a Playback theatre leader and trainer (“Center for Playback theatre”, NY). This group performed for audiences in a variety of settings in Greece, such as psychiatric and rehabilitation settings, hospitals, prisons, detox centres, educational settings, conferences and festivals, as well as in theatre stages in Athens, other Greek cities and in London. The group performed for mental health professionals, people with mental disorders and their families and in conferences concerning matters of mental health. The performances offered the opportunity to the audience members to express their feelings about the existing negative attitudes against people with a mental disorder and their life experiences against prejudice and discrimination. Playback performances were planned as an intervention against the stigma of mental illness aiming at: giving voice to the oppressed, supporting contact and interaction between the “sane” and the “insane”, listening to the tellers’ experience of stigma and non-stigma, fighting stigmatizing representations of mental illness, finding solutions and alternatives and presenting them on stage and

Download English Version:

<https://daneshyari.com/en/article/4935686>

Download Persian Version:

<https://daneshyari.com/article/4935686>

[Daneshyari.com](https://daneshyari.com)