

An Analysis of the Therapeutic Effect of Playback Theater

Yuanzhi Lyu^{1,a,*}

¹Shenzhen College of International Education, Shenzhen, 518043, China

a. lwviy@qq.com

*corresponding author

Abstract: Playback Theatre is a dramatic improvisational form that can help alleviate mental health problems. The basis for its therapeutic properties deserves to be closely examined. This paper will analyze the therapeutic effect using Drama Therapy, Psychodrama, and Narrative Therapy theories.

Keywords: therapeutic effect, Playback Theater, health problems

1. Introduction

After watching a Playback Theatre performance, I became fascinated by the healing nature of this improvised theatre. Through telling personal stories and watching my experience transformed into a version enacted by a group of actors, I felt deeply gratified and touched. After that day, this lasting impression inspired me to investigate the fundamental causes of Playback Theatre's therapeutic effect. Playback Theatre was developed by Jonathan Fox and Jo Sals, his wife, and his team of actors in the early 1970s [1]. It comprises a conductor and players improvising the story of an audience member 'teller' [2]. Therefore, the story provided by the audience will constitute the only content for the actors' performance. This, in turn, gives rise to a therapeutic effect that can be analyzed in detail.

The therapeutic effect of Playback Theatre could be accounted for by many theories formulated by eminent professionals in Drama Therapy, Psychodrama, and Narrative Therapy. Specifically, classical approaches from Drama Therapy will be used in this paper to explain the causes: *theatrical distancing* [3, 4], *dramatic reality* [3, 5], and *Role model theory* by Landy [6]. The four components of traditional Psychodrama — *encounter*, *spontaneity*, *creativity*, and *sociometry* — will also be examined to understand Playback Theatre's therapeutic impact further. Last but not least, the concept of *re-authorizing* and *externalization of problems* [7, 8] of Narrative Therapy will also be investigated to demonstrate the reasons why Playback Theatre is therapeutic. Therefore, it could be said that Playback Theatre falls under the umbrella of Drama Therapy, Psychodrama, and Narrative Therapy. Firstly, theories of Drama Therapy will be discussed in detail to explain the therapeutic impact of Playback Theatre.

2. Using Concepts from Drama Therapy to Explain the Therapeutic Effect of Playback Theatre

Dramatherapy is the intensional use of drama to heal patients with mental health problems. It is founded on two fundamental hypotheses: 1) dramatic art is capable of healing, and 2) the patient can

"continually maintain his social and individual identity" through "enactment and re-enactment" [9]. Theatrical distancing is the first concept of Drama Therapy that will be analyzed about the therapeutic effect of Playback Theatre.

2.1. Theatrical Distancing

Theatrical distancing is a crucial concept in Landy's Drama Therapy theory. It is "a means of separating oneself from the other, bringing oneself closer to the other, and generally maintaining a balance between the two states of separation and closeness" [10]. *Theatrical distancing* is intrapsychic, meaning that a person can "remove or create distance from one's feelings, thoughts, and physical self-image" [10]. For example, a viewer could be distanced from a performance and emotionally disconnected from the action on stage. Sometimes, this is done involuntarily by the viewers as the director might deliberately manipulate the theatre to "separate" the audience from the effort to force them to "see more of the universal aspects of the drama" [10]. This concept, known as *over-distancing*, was heavily used by director Bertolt Brecht in his *epic theatre*, where the audience is encouraged to be objective observers and think in profundity about the meaning behind the play rather than emotionally attach to the performance. In essence, reason played the primary role in *epic theatre*; the feeling was secondary [11]. The idea of *over-distancing* was also known as the *Verfremdung Effect* or alienation effect in Brechtian language, where actors rip themselves from the roles, and the audience is pulled from the play's action to reduce "easy identification with characters and restimulation of experiences" [10]. In *epic theatre*, the alienation effect can be achieved by using placards, freeze, narration, montage, and coming out of character, which can *break the fourth wall* and prevent the audience from remaining in a state of passivity. However, *over-distancing* cannot achieve a therapeutic effect as emotional distress is not addressed in Brecht's *epic theatre*. It focuses too much on reason, unheeding the patients' emotional distress.

Similarly, *under-distancing* is also not therapeutic as patients are likely to immerse too much in their past traumatic experiences and negative emotions. In simpler words, *over-distance* is a state of repression of emotions, and *under-distance* is the return of repressed emotion [4]. Therefore, the idea of *aesthetic distance*, or the "midway between over distance and under distance" [10], could explain the therapeutic nature of Playback Theatre.

Aesthetic distance is a concept termed by Thomas Scheff. He defines that it is at this distance that a balance between reflexive criticism and dramatic *catharsis* can be achieved. This is because the viewer can release their emotional discomfort and think critically about their experience. Aristotle first defines the concept of catharsis in his *Poetics* [12] as the audience empathizing with the protagonist's tragic downfall and releasing their negativity and anxiety. Catharsis occurs "when the participant or viewer relieves emotions but is not overwhelmed by them" [4]. To achieve a therapeutic effect, a therapist can thus help the client to reach the point of *aesthetic distance*.

In Playback Theatre, *aesthetic distance* is reached when the participant tells a story, which separates the story from the participant and allows a more objective and realistic perspective. "Distance provides perspective so that change can occur" [13]. By telling a story, the audience can become "spect-actors" as they not only sit back silently and watch but also participate as a part of the narrative of the performance [14]. As the audience tells a story, the story detaches itself from the teller and becomes an existence of its own; As actors re-shape and "play-back," the story is incorporated with other elements that it is no longer a personal story — it belongs to the stage. Therefore, a therapeutic effect could be achieved in Playback Theatre because of *aesthetic distance*. However, *theatrical distancing* is not the only reason Playback Theatre is therapeutic. The fact that it can create a *dramatic reality* is equally significant in answering the question of *what makes Playback Theatre therapeutic*.

2.2. Dramatic Reality

Dramatic reality is a concept developed by Duggan, Grainger [15], and Jennings [3]. It is akin to the ideas of *surplus reality* coined by Moreno [16], *playspace* created by Johnson [17], or *liminal field* coined by Blatner [18]. Reality exists only in a dramatic theatre, which directly contrasts with the reality of the ordinary world. However, it also differs from fantasy in that fantasy is "a subjective, internal, and personal experience that occurs within a person's head." However, the dramatic reality is manifested "in the here and now and experienced as a legitimate and alternative form of reality" [19]. Schechner [20] also defines drama as one of the seven *performance activities* capable of building a fictional reality as it contains its distinct rules and time frames. Therefore, one could understand dramatic reality as an "*embodied construct*" or a fictional reality that "takes reality as its reference" [19]. The therapeutic effect of this *construct* is thus that it can *validate* the participant's subjective experience and provide an alternative reality for the participant to change themselves, allowing them better integration into the everyday world. Furthermore, patients with mental illnesses need *dramatic reality* because they usually take a version of their experience with subjective and biased meaning, and "anything that does not support or fit the dominant discourse is usually discarded or suppressed," writes White [7]. Thus, they need a *dramatic reality* to "integrate" other, more positive versions of their experience to maintain psychological well-being.

Playback Theatre usually undergoes three important Drama Therapy sessions to help a person enter a *dramatic reality*: 1) a discussion of the person's issues in ordinary reality or audience member "retelling" of their personal stories, 2) a segment of work in dramatic reality or the re-playing of the story by the actors on stage, and 3) processing of the journey back in ordinary life, or a reflection by the audience "teller" [19]. However, *dramatic reality* itself is only a place where actors can perform. It does not point in the direction of the content of the performance, where changes in mental conditions can genuinely happen. Therefore, Landy's *role model* is worthy of looking at [10].

2.3. Role Model

The role model theory of Landy [10] states that "an individual's personality is made up of various roles, which he or she plays in different contexts and with various groups of individuals." Even in everyday life, people take on the roles of others close to them (e.g., parents) without thinking consciously. "Role-taking is an imaginative process of identifying with a role model and internalizing several of its qualities" [21]. Notably, each role is "a part rather than the whole" [22]. Therefore, a person would have several positions that differ in characteristics and functions. Roles that can bring out the best in a person are considered the most suitable. Therefore, "the therapeutic goals of the drama therapist are to help clients increase the number of roles they have, not to be engulfed or stuck on one or two roles, and to be flexible in their ability to move from one role to another" [8].

In Playback Theatre, participants who have lost their essential roles due to the loss of role partners could have the chance to reexperience *role reciprocity* [23], an idea that "in each social role we play," there is a reciprocal role partner [23]. If we lose certain joint role partners, we are likely to get stuck in a few other roles; If we also have little "role paradox" in our lives, we will struggle with "role confusion" as we can't have "a sense of integration" of our roles [24]. For example, suppose one person always enacts the social role of "mother" without ever expressing vulnerability through a role as a "child." In that case, she might feel a sense of emotional distress as the person needs to stay "strong, tough, caring and protective" all the time, which are "the qualities" that correspond to the "role type" of mother in Landy's taxonomy of roles. For example, the qualities of the "role type" of a child include "playfulness, fun-loving and ego-centric" [6], which make up a "paradoxical disposition" with the qualities of a mother. Therefore, in the *dramatic reality* of Playback Theatre, patients could enact *counter roles* [24] by performing characters that they don't have a chance to play

in ordinary fact. This will, in turn, help to build their personality and become more well-rounded and healthier, or "consummate actors" [25]. As a result, the patients' roles in the *dramatic reality* could eventually be extended to the *present reality* to realize their full potential. However, theories from Drama Therapy alone cannot explain the therapeutic nature of Playback Theatre, as it has also incorporated therapeutic elements from Psychodrama.

2.4. Using Concepts from Psychodrama to Explain the Therapeutic Effect of Playback Theatre

Psychodrama is "a deep action method developed by Moreno to allow people an opportunity to enact scenes from their lives" [8]. It is different from Drama Therapy in that the theories of Psychodrama are mainly derived from one person — J.L. Moreno [26]. In contrast, Dramatherapy has a broader base with different branches of ideas [6]. Therefore, the Psychodrama theories of Moreno will be examined in detail to explain the therapeutic implications of Playback Theatre in this section. The first element of Moreno that will be discussed is *encounter*.

3. Four Elements from Moreno's "Classical Psychodrama"

3.1. Encounter

Encounter is the "conception of 'meeting' and seeing ourselves through the 'eyes' of others [23]. It is akin to the idea of *theatrical distancing* and *aesthetic distance*, where it prompts the participant to shift their perspective from a subjective point-of-view to that of an objective standpoint, which allows healing to take place as it reduces a sense of self-deprecation and worthlessness. In Playback Theatre, *the encounter* is achieved when the actors perform the story told by an audience teller. This gives rise to another two elements of Psychodrama: *spontaneity* and *creativity*.

3.2. Creativity & Spontaneity

J.L. Moreno [27, 28] believed that humans are naturally spontaneous and creative. Creativity is the "inspiration for something new," and spontaneity is the "catalyst that gets us to put our ideas in action" [8], or the urge towards "self-expression, play and experimentation" as defined by Davis. Through acting in Playback Theatre, patients are prompted to be creative and spontaneous as they have to improvise, which has healing effects as a part of the patient's potentially repressed self can be expressed through creativity and spontaneity. Moreover, storytelling encourages creativity and spontaneity, as storytelling in Playback Theatre can't be deliberate. "People *need* to tell their stories. It's a basic human imperative; from the telling of our stories comes our sense of identity, our place in the world, and our compass of the world itself" [29]. But more importantly, Playback Theatre can reveal a patient's *sociometry* to build a trusting community, another element of Moreno's classical Psychodrama.

3.3. Sociometry

Sociometry is the science that studies the choices people make. A positive choice is when two people choose each other (+ +), a negative choice is when two people reject each other (- -), and an incongruous option is when one person chooses the other while the other person leaves them (+ -) [8]. This gives rise to the idea of the social *atom*, the smallest unit that makes up society, the people most significant to the patient. Social atoms could include family members, friends, colleagues, or enemies. In Playback Theatre, a person's sociometry is revealed that "expose the interconnections or lack of connections" through the "physicalization of the teller's story" [13]. This could help build trust and a sense of community as viewers could learn about each other and their past socializations,

healing as friendship is a potent source of love and emotional support. However, except for Psychodrama, the therapeutic effect of Playback Theatre can also be approached using theories of Narrative Therapy.

4. Using Concepts from Narrative Therapy to Explain the Therapeutic Effect of Playback Theatre

Narrative therapy is a form of psychotherapy in which the therapist helps their clients to reestablish their narrative through externalizing the problem and reattaching meanings to their life events. It uses two methods which will be examined closely in the rest of the paper: 1) *Externalization of the problem*, and 2) *re-authoring* the story.

4.1. Externalization of Problem

A *problem's externalization* occurs when an audience member tells their story into the public space. This process happened between the conductor and teller in Playback Theatre and was termed by White [7] as an 'externalizing conversation.' This is because people with mental illnesses are prone to draw a "thin conclusion," a word termed by White [7] that defines negative and biased conclusions about one's past experiences. This is also akin to the idea of the "dominant story," another of White, which is a story that "governs the life of people, as it defines issues of identity and life choices for them" that might not necessarily be objectively true [30, 31]. Thus, externalizing the story in Playback Theatre could help to alienate the client from their problem, which could dissolve their "thin conclusions" about themselves, reduce "self-sabotaging identification with the problem," and increase "new, more positive perceptions of life experience" [32]. This is the process of therapeutic narrative reconstruction in Playback Theatre, where the client can separate him or herself from the problem. For example, the mindset of "I am the problem" can be changed to "I have a problem" in Playback Theatre as the story is externalized onto the action on stage [33]. Moreover, after the problem is *externalized*, the patient can have the chance to *re-author* their story, which is the last concept of Narrative Therapy that will be discussed in detail.

4.2. Re-authoring of Story

Re-authoring changes a patient's story [34]. It enables the participants an identification of unique outcomes, which is the positive narratives that do not fit in the "dominant story." In other words, re-authoring encourages a person to look at their experience more optimistically rather than pessimistically, which usually covers their dominant story. Moran and Alon [35] argue that Playback Theatre can help patients re-author their personal stories. Playback Theatre can externalize its story on stage, and the actors can present a new account to return this "gift" to the viewers (Wright, 2003). This process helps the patients spot the positive narratives of their past story, leading to enhanced self-esteem and better confidence.

5. Conclusion

The reason Playback Theatre is therapeutic could be explained by the core therapeutic theories of Drama Therapy, Psychodrama, and Narrative Therapy. Specifically, Drama Therapy approaches can be used to describe the therapeutic effect of Playback Theatre in that it creates *theatrical distancing*, allowing the patients to experience a change in perspective. It can also bring the patients into a *dramatic reality* where the participants can experience a difference and return it to their everyday world. This change in *surprising fact* is created when participants play *paradoxical roles*, leading to personality integration. Moreover, Playback Theatre also satisfies the four elements of

Classical Psychodrama formulated by Moreno: 1) patients can *encounter* their own story in Playback Theatre, 2) patients can be *creative* in improvising and acting stories, 3) patients can also be *spontaneous* as they tell their personal story and act on stage without premeditation, and 4) *sociometry* of patients can be revealed during storytelling, which helps to build a sense of community. Lastly, Playback Theatre also incorporates elements from Narrative Therapy: 1) it can help patients *externalize their problems* and shed new light on their past experiences, and 2) it can help patients *re-author* their story as Playback Theatre encourages participants to identify the positive aspects of their story. Therefore, Playback Theatre is therapeutic because it satisfies some core Drama Therapy, Psychotherapy, and Narrative Therapy theories.

Reference

- [1] Fox, H. (2007). *Playback Theatre: Inciting Dialogue and Building Community through Personal Story*. *TDR: The Drama Review* 51(4), 89-105.
- [2] Bornmann, B. A., & Crossman, A. M. (2011). *Playback theatre: Effects on students' views of aggression and empathy within a forensic context*. *The Arts in Psychotherapy*, 38(3), 164–168.
- [3] Jennings, S. (1997, December 1). *Introduction to Dramatherapy: Theatre and Healing - Ariadne's Ball of Thread (Art Therapies) (1st ed.)*. Jessica Kingsley.
- [4] Scheff, Thomas J. (1981) *The distancing of emotion in psychotherapy*. *Psychotherapy: Theory, Research and Practice*, 18(1), 46-53.
- [5] Duggan, M., & Grainger, R. (1997, April 1). *Imagination, Identification and Catharsis in Theatre and Therapy (1st ed.)*. Jessica Kingsley.
- [6] Landy, R. J. (1992). *The Drama Therapy Role Method*. *Dramatherapy*, 14(2), 7–15.
- [7] White, M., & Epston, D. (1990, May 17). *Narrative Means to Therapeutic Ends (1st ed.)*. W. W. Norton & Company.
- [8] Mfc, L. E. M. (2010, March 30). *Healing Collective Trauma Using Sociodrama and Drama Therapy (1st ed.)*. Springer Publishing Company.
- [9] Jennings, S. (1983). *Models of Practice in Dramatherapy*. *Dramatherapy*, 7(1), 3–6.
- [10] Landy, R. J. (1983). *The use of distancing in drama therapy*. *The Arts in Psychotherapy*, 10(3), 175–185.
- [11] Brecht, B., & Willett, J. (1964, April 1). *Brecht on Theatre: The Development of an Aesthetic (First Edition)*. Hill and Wang.
- [12] Butcher, S. H. (2020b, October 1). *Poetics*. Independently published.
- [13] Wright, P. (2003, August 16). *Peter Wright*. *BMJ*, 327(7411), 398-d.
- [14] Boal, A., & Jackson, A. (1992, June 21). *Games for Actors and Non-Actors (1st ed.)*. Routledge.
- [15] Duggan, M., & Grainger, R. (1997, April 1). *Imagination, Identification and Catharsis in Theatre and Therapy (1st ed.)*. Jessica Kingsley.
- [16] Moreno, J. L. (1951). *Sociometry, Experimental Method and the Science of Society*. Penguin Random House.
- [17] Johnson, D. R. (1991). *Theory and technique of transformation in drama therapy*. *The Arts in Psychotherapy*, 18, 285-300.
- [18] Blatner, A., & Blatner, A. (1998). *Foundations of psychodrama: History, theory, and practice*. New York: Springer.
- [19] Pendzik, S. (2006). *On dramatic reality and its therapeutic function in drama therapy*. *The Arts in Psychotherapy*, 33(4), 271–280.
- [20] Schechner, R. (1988). *Performance Theory (1st ed.)*. Routledge.
- [21] Jennings, S., & Opie, I. (1995, January 5). *Dramatherapy with Children and Adolescents (1st ed.)*. Routledge.
- [22] Landy, R. J. (1991). *The Dramatic Basis of Role Theory*. *The Arts in Psychotherapy*, Vol.18, 29-41.
- [23] Moreno, J. L. (1946). *Psychodrama: Volume 1*. New York: Beacon House.
- [24] Frydman, J. S. (2016). *Role theory and executive functioning: Constructing cooperative paradigms of drama therapy and cognitive neuropsychology*. *The Arts in Psychotherapy*, 47, 41–47.
- [25] Landy, R. (1992) 'One-on-one: the role of the drama therapist working with individuals', in S.Jennings (ed.) *Dramatherapy Theory and Practice 2*, London, Routledge.
- [26] Jennings, S., Cattanach, A., Mitchell, S., Chesner, A., Meldrum, B., & Nfa, S. M. (1993, December 16). *The Handbook of Dramatherapy (1st ed.)*. Routledge.
- [27] Moreno, J. L. (1946, May). *Psychodrama and Group Psychotherapy*. *Sociometry*, 9(2/3), 249.
- [28] Moreno, J. L., Moreno, Z. T., and Moreno, J. D. (1955). *The discovery of the spontaneous man with special emphasis upon the technique of role reversal*. *Group Psychotherapy*, 8: 103-129.
- [29] Salas, J. (1993, December 1). *Improvising Real Life: Personal Story in Playback Theatre*. Kendall Hunt Pub Co.

- [30] Besley, A. C. 2002. "Foucault and the Turn to Narrative Therapy." *British Journal of Guidance & Counselling* 30: 125-143 .
- [31] Madigan, S. P. 1992. "The Application of Michel Foucault's Philosophy in the Problem Externalizing Discourse of Michael White." *Journal of Family Therapy* 14: 265-279.
- [32] Mfc, L. E. M. (2010, March 30). *Healing Collective Trauma Using Sociodrama and Drama Therapy (1st ed.)*. Springer Publishing Company.
- [33] Bubenzer, D. L., J. D. West, and S. R. Boughner. 1994. "Michael White and the Narrative Perspective in Therapy." *The Family Journal: Counseling and Therapy for Couples and Families* 2: 71-83.
- [34] Epston, D., M. White, and K. Murray. 1992. "A Proposal for a Reauthoring Therapy: Rose's Revisioning of her Life and a Commentary." In *Therapy as Social Construction*, edited by S. McNamee and K. J. Gergen, 96-115. London: Sage Publications.
- [35] Moran, G. S., and U. Alon. 2011. "Playback Theatre and Recovery in Mental Health: Preliminary Evidence." *The Arts in Psychotherapy* 38: 318-324.