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THEATRE and PSYCHOLOGY: the main therapeutic approaches and the example of "the pathological theatre"

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Abstract

This thesis aims to give an overview as clear and comprehensive as possible of the complex and little-known world that arises from the union of theatre and therapy. After presenting the many points of contact between theatre and psychology, the concept of dramatic reality, which underlies all theatre-based therapies, is explored, and the focus is placed on showing the therapeutic potential of theatre. The second section presents psychodrama and drama therapy, which are the two main therapeutic approaches using theatre. These are compared in terms of theory, practice, function of the therapist and target population. The state of research in this area is taken stock of both present reviews and meta analyses, assesment methods and tools, and recommendations for future research are given. The third section deals with theatre of the oppressed and playback theatre, which are approaches that use theatre for the empowerment of individuals and for community outreach. In the fourth section it is reported the example of "the pathological theatre", which is an Italian reality that works with mentally and physically disabled people through theatre, and which has gained international recognition at both artistic and therapeutic levels. Finally, this thesis can be understood as a starting point for future experimental research that could be developed within the reality of the pathological theatre.

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I. INTRODUCTION

Relationship between theatre and psychology

If we define psychology as the science that studies the human, psychic processes and behaviour, and theatre as the art of representing the human, of acting and feeling, the strong connection between the two disciplines is evident. The theatre cannot disregard psychology because it speaks of humans and wants to represent them as something alive, vibrant and authentic, and must therefore necessarily question itself about it. The actor's work, before being a work on the character, is a work on oneself. Comparing the pathway of the actor to that of the patient, one could therefore speak in both cases of an attempt to open oneself up to alternative narratives: in the first case in order to succeed in “entering” the “Other”, the character; in the second to “get out” of one's own painful and unconscious "scripts" (Stanislavskij, 1938). Therapy is in some way the process of helping the patient to better understand what her or his “character” is, how it has been built up over time through relationships and significant experiences. Characteristic of theatre is action, and therefore the body, a dimension that in today's society, which prefers the productivity of the mind, and in many therapeutic approaches, is often forgotten. Instead, think how much the para-verbal dimension can not only tell us about a person, but how much, in a society where more and more people suffer from overthinking, it can be a therapeutic tool (Kellerman, 1984).

Theatre and psychology also come together in education: many studies have shown that theatre interventions help develop skills such as creativity, collaboration, communication, initiative, and problem solving (Stutesman et al., 2022). Other domains where theatre has had a positive impact are in the areas of bullying (Ventä-Olkkonen et al., 2022) and domestic violence (Sliep et al., 2004).

For neuroscience, theatre can be a field of study in the areas of the physiology of action and emotions. While actors are studied by neuroscience, particularly in research concerning mirror neurons and empathy, it is the acting technique itself that benefits from progress in neuroscience (Sofia, 2014; Berry & Brown, 2019).

While the areas of interaction between theatre and psychology are many, this thesis will focus on the intersection between theatre and therapy. Theatrical techniques used with preeminently psychotherapeutic intentions have given rise to a school of psychodynamic-style psychotherapy in the case of psychodrama, and to a type of expressive therapeutic theatre in the case of drama therapy. Two other forms of unconventional theatre with clear psychological and community implications are the theatre of the oppressed and playback theatre.

Dramatic reality

The term “dramatic reality” refers to that category of experience that is uniquely present in theatrical interactions and involves a declared entry into an imaginary realm: engagement in a game of making believe, through behaving "as if".

Pendzik (2006) develops in depth this theme that is the conceptual core of drama based therapies. It is sufficient for therapists and patients to be involved in the dramatic reality for drama based therapies to occur. This dramatic reality is poised between reality and fantasy, participating in both but not belonging to either. Fantasy, in fact, is mainly part of the private domain, it is a subjective, internal and personal experience, while dramatic reality belongs to the public domain, so it must somehow be made visible. Dramatic reality has the ability to unite the imaginary and the real in the here and now and is experienced as an alternative and legitimate version of reality. By giving concrete form to virtual content, dramatic reality allows this content to have a legitimate place in the world of concrete things, allows us to explore and experience possible worlds that are not only past, present or future, but also imaginary and conditional.

Thus, dramatic reality is characterized by flexibility, which allows it to have all the qualities of the realm of the fantastic while having all the characteristics of ordinary reality. In fact, the laws of imagination apply: a person can be in two places at the same time, can be younger and older at the same time, dead people can come back to life, etc. This flexibility inestimably increases the value of this tool for therapeutic intervention, making it an excellent container for any subjective experience; it accommodates, stimulates and shelters subjective reality. Problems and conflicts that are difficult to solve in real life can explore multiple options and find resolution in dramatic reality. *“If one thinks of life as a book, dramatic reality is like a draft of a story that can always be rewritten; if one thinks of the world as a stage, dramatic reality is a rehearsal”*: this peculiarity grants it considerable therapeutic potential as a proving ground for any behavior or expression of emotions or ideas (Moreno, 1972).

The possibility of exploring possible words in dramatic reality involves the act of creation**,** something that has always possessed an acknowledged intrinsic healing value (Blatner and Blatner, 1988; Hillman, 1972; Jung, 1971; Maslow, 1977; Moreno, 1987; among others). However, the act of creation is only the trigger to activate a process that therapists seek to maximize through the use of dramatic reality. A technique of reification of a fantasy, for example, could be used so that through the theatricalization of one's own ideal or fear, the patient can confront these two opposing fantasies in a new way, realizing the inconsistency and negativity of an ideal on the one hand, and the addressability of a fear on the other.

Dramatic reality allows the inner world to be expressed, thus validating subjective experiences, and providing a bridge between them and the external world. This idea finds deeper roots in narrative therapy theory. According to the latter, people would organize their experience as a narrative that seeks to reinforce only certain aspects of themselves; this version of experience is given meaning and becomes the official thread by which people tell their lives. Anything that does not confirm or fit with the dominant storyline is generally discarded or suppressed. One of the main goals of psychotherapy would be to help people recognize and integrate alternative versions of their experiences into their narrative (White & Epston, 1990). Because subjective experience is often composed of fantasies, dreams, emotions and other unreal content, these tend to be viewed as chaotic, fragmented and qualitatively different from objective reality, ultimately less valid. By bringing them closer, however, to a dimension of reality that can be seen and experienced by others, the concreteness of theatre helps to integrate subjective experiences into the narrative (Blatner, 1996).

Dramatic reality is a shared experience: a pact between performers and audience or at least between perfomers is necessary for it to exist. It is always a co-creation: at least two parties must agree in order for an imaginary world to become reality for a given time (Boal, 1995).

Dramatic reality is interactive by nature, so all those issues related to relationships (communication, cooperation, acceptance, judgment, or any relational aspect that therapy deals with) are naturally brought up by working with it.

Dramatic reality has a reflexive quality, or telemicroscopic property of aesthetic space (Boal, 1995), which magnifies everything and makes everything present, allowing us to see things that would escape us without it. Content is projected into the dramatic reality, where it is expressed, explored, watched and made one's own, thus coming out transformed. Something is literally made (drama derives precisely from the Greek “to do”) out of these contents, which never come out the same as they were brought in.

Dramatic reality is a reality of doing, an invitation to act, to manifest, then to change and transform (Pendzik, 2006). In conclusion, dramatic reality is the unifying force behind all theories and models of drama based therapies, the central element of all disciplines straddling theater and psychology.

II. THEATRE IN PSYCHOLOGY

II.I PSYCHODRAMA

What is psychodrama?

Psychodrama is an experiential psychotherapy in which patients use dramatisation and guided role-play to work on their personal and interpersonal problems and possible solutions through actions rather than words alone.

However, a wide range of processes and techniques are grouped under the term psychodrama.

The most classic and specific form takes place in a group (in a time frame of between an hour and a half and three hours) and is characterized by four phases: warm-up, choice of a protagonist, exploration of a problem through action, and a closing phase that includes processing and sharing by the group (Blatner, 1997). Classical psychodrama needs five elements: a stage, a director/therapist, a protagonist, auxiliary egos, and an audience. The stage constitutes the setting and can be any space arbitrarily divided in two, where the protagonist and auxiliary egos are on one side and the audience on the other. The director/therapist brings together the different roles of psychotherapist, producer, director and group leader (Kellerman, 1992). The protagonist is a patient who volunteers by presenting a personal problem she or he wants to work on and around which the action will revolve. The auxiliary egos are the supporting actors who impersonate various aspects of the protagonist's phenomelology; their job is to bring the protagonist's world to life. The audience consists of the remaining part of the group, which is not personally involved in the performance (Garcia & Buchanan, 2000).

In the more general sense, however, psychodrama can refer to a wide range of tools that include: role playing, action techniques as part of other therapies, sociodrama or exploration of group problems outside formal therapy.

Psychodrama can thus, more generally, be defined as a method that is based on the central importance of creativity and is inspired by the values of multimodal self-expression, the importance of play, the dynamics of catharsis (Blatner, 1985), the use of physical experience through the body, metaphorical language, and cognitive insight. Another fundamental concept in psychodrama theory (Moreno, 1987) is spontaneity, that is the variable degree of adequate response to a situation of a variable degree of novelty. In fact, all psychological dysfunctions would be caused by a lack of spontaneity due to three possible reasons: a paralysis of spontaneity, that is, the inability to act in a new situation; impulsivity, an action without reflection; and reactivity, the repetition of an action that may have been suitable in another situation but appears unrelated to the here and now (Garcia & Buchanan, 2000).

A systematic review of literature (Cruz et al., 2018) has identified 11 core techniques of psychodrama currently used for research and clinical purpose. These techniques are: soliloquy, double, mirror, role reversal, resistance interpolation, sculpture, social atom, intermediate objects, games, sociometry, role training.

1.Soliloquy is a technique derived directly from classical theater where it had artistic aims (Moreno, 1946/1993; Santos, 1998). When the protagonist holds her/his action or becomes ambivalent, the director asks her/him to "think out loud" (Rojas- Bermúdez, 1997), expressing what s/he thinks and feels in the here-and-now (Pio de Abreu, 1992; Rojas-Bermúdez, 1997; Santos, 1998). The purpose is to be cathartic, and its end is the knowledge of oneself (Moreno, 1946/1993). It is valuable for the adaptation of the auxiliary egos and the orientation of the director.

2.The technique of the double consists in an auxiliary ego playing the role, or an aspect of protagonists' role, by standing to the side or behind her/him and expressing the protagonist's unspoken thoughts and feelings. The auxiliary ego adopts her/his body and emotional expression, and slowly adds the emotions, fears, motives, or hidden intentions that the protagonist for some reason does not perceive or avoids expressing both verbally and bodily (Blatner and Blatner, 1988; Rojas-Bermúdez, 1997);

3.In the technique of mirroring, the protagonist watches, as if in a mirror, the auxiliary ego playing her or his role, reproducing it by mirroring her/his postures, gestures and words as they appeared in the dramatization. This technique aims to promote the awareness of the protagonist by transforming her/him in a spectator of herself/himself.

4.Role reversal is a dramatization in which the protagonist reverses with other roles, so that the protagonist places herself/himself in the other's shoes. This technique allows the protagonist to obtain a more accurate perception of the individuality of the complementary role (López, 2005), as well as the possibility of perceiving the other's view about herself/himself (Kellerman, 1994), and about the world (Holmes, 1992).

5.In the technique of resistance interpolation, the director asks the auxiliary ego to act in a completely different way to which the protagonist would expect (e.g.: an authoritarian figure may become humble and compliant). The interpolation of resistances may be used to test the capacity of the protagonist to face an unexpected situation, that is, the spontaneity of her/his response (López, 2005).

6.In the sculpture technique, the director asks the protagonist to arrange group members in a symbolic representation of the way she/he perceives an aspect of her/his life or self. The aim of this technique is the observation by the protagonist, the director and the group, of the organization

within her/his sculpture figure, the connections between its elements and the exploration of their meanings (Rojas-Bermúdez, 2012).

7.The social atom technique consists in the representation or configuration of all the meaningful relationships in protagonists' life. Family members and significant others are arranged in the scenario, represented by auxiliary egos and also objects. Distances, positions and postures are important elements. The protagonist makes role inversions with each of the people represented (Gonçalves et al., 1988; Pio de Abreu, 1992). The reversal of roles with significant others reveals common interactions and the protagonist's understanding of them (Pio de Abreu, 1992).

8.In the technique of intermediate objects, the director introduces the use of objects in the session to facilitate communication with the protagonist (e.g. a doll, puppet, stone, fabrics, etc.). Objects have been recognized as catalysts of important non-verbal reactions and at the same time allow a greater distance from the emotionally charged situation (Blatner, 1997). By replacing the direct therapist-patient relationship with object-patient, the object facilitates the focus of attention and decrease alarm states. When face-to-face communication is achieved, the object is eliminated (Rojas-Bermúdez, 1997).

9.Game is another widespread technique used in psychodrama. There is a wide variety of games ranging from improvisation and character play to collective creation (Rojas-Bermúdez, 1997). The main objective is to provide an opportunity to freely express the inner world through the representation of a role, or bodily activity (Monteiro, 1998). In the warm-up phase, games aim to raise therapeutic material to decide the theme of the session and/or the protagonist (Pio de Abreu, 1992; Soeiro, 1995; Monteiro, 1998). It is particularly useful to increase group cohesion and trust among the members (Pio de Abreu, 1992).

10. Sociometry has been considered as a scientific method to objectively determine the basic structure of human societies (Fox, 2002), as well as a method to measure interpersonal relationships regarding the criteria of interest to the researcher and how to warm up for group interactions (Blatner and Blatner, 1988). Its purpose is to help the elements of a group to provide mutual feedback on various issues (Blatner, 1997).

11.Role training consists in practicing a role to try different answers, alternatives or behaviors in conditions very close to the real situation yet in a protected way (Blatner and Blatner, 1988; Soeiro, 1995).

Origin and developments

Psychodrama was invented in the 1930s by Jacob Levi Moreno, a Viennese physician and psychiatrist who emigrated to the United States. Moreno was one of the pioneers of group psychotherapy, and it was he who coined the term psychodrama. As much as Moreno can be considered the father and the main point of reference as far as psychodrama is concerned, there are numerous books and articles that have more consistently and systematically furthered the development of the discipline.

Psychodrama has spread in the United States and throughout the world; the majority of recognized professionals are psychologists, social workers, nurses, counselors, educators, and only a small minority of psychiatrists.

In Italy there are two schools of specialization in psychodramatic psychotherapy recognized by MIUR, in Milan (Studio di Psicodramma) and Rome (Istituto per lo Psicodramma a Orientamento Dinamico).

Many studies and discoveries that have occurred in other more or less related fields have helped extend the theoretical foundations of psychodrama: writings on drama and education (Courtney, 1990, 1995), drama therapy (Emunah, 1994), creativity studies; the same related approaches of constructivism, personal mythology and narrative psychology in the behavioral sciences; studies on play therapy and the nature of play itself (Blatner, 1997), performance, celebration and ritual, group dimanics and group therapy; the deepening of understanding of the psychotherapeutic process itself and the search for ways to integrate the best contributions of the various schools of thought. All of this constitutes valuable enrichment for psychodrama (Blatner, 1997).

II.II DRAMA THERAPY

What is drama therapy?

Drama therapy is a form of expressive group art therapy that makes use of theatre techniques to facilitate personal growth and promote mental health.

In the book “Drama as Therapy: Theatre as Living” (1996), Phil Jones explains that drama therapy originates from the belief that theatre is necessary to living. In fact, participating in drama and theatre allow connections to unconscious and emotional processes to be made. In this view, theatre processes are essential to maintain the well being of the person or to return to health. At the beginning of the twentieth century, drama was used as a recreation, as an adjunct to the main therapeutic ways of working with people in care or health settings. The key aspects of the therapy remained outside the clients' experience of drama. Drama therapy was born when it was recognised that drama does not serve the therapy, but is the process of drama that contains the therapy. The premise of drama therapy is not that all art is therapy, but it recognises that artistic processes and products have healing potentials and that, if worked with in particular ways in specific contexts, drama can be a therapy.

The author reports Oatley's analysis of healing in the context of therapy (1984). Oatley defines therapy as becoming involved in a relationship which might become healing and that involves change towards a greater integration where there is currently fragmentation. In drama therapy this aim is reached through the healing aspects of creativity, playfulness and acting. A connection is created between the client's inner world problematic situation or life experience and the activity in the drama therapy session. Expressing problematic material and emotions through the arts changes the relationship to the problems or feelings. For example, real fear is being converted into fictional fear and is therefore more able to be faced, talked about and dealt with. Drama therapy acts as a counterbalance of sense and order against the nonsense and disorder which many people experience in distress or illness. Thus, we can define drama therapy as the involvement in drama with a healing intention.

Dramatherapy sessions include a wide repertoire of dramatic expressive forms that comprise:

- the use of created or scripted roles and characters, or playing oneself in a fictional reality, in order to explore life experiences
- the use of materials such as objects, small toys and puppets to play out and work with problematic feelings, relationships or experiences
- the use of the body in dramatic form through disguise, masking, mime or performance art to explore the self, image, relationship

- the use of scripts, stories and myths to evoke and act out themes, personal issues or archetypal material with a view to the exploration of problems
- the creation of dramatic rituals to work through areas of life experience
- moving through different developmental stages in drama to assist in the development of new ways of relating to oneself and to others

The discovery and communication of meaning in drama therapy is what makes drama therapy effective for clients. Important aspects of the relationship between drama therapy, meaning and the client include the ways in which:

- life experiences are given added validity by depicting them dramatically with and in front of others.
- an individual's dramatic work is recognised and understood by others. The feelings and experiences they depict are empathised with and responded to by others.
- the process of dealing with life problems through enactment leads to the creation of a vital relationship between the client's life experiences outside the drama therapy and the enactments they take part in within the therapy.

The field of drama therapy is enormously extended as different drama therapists have developed their own method of intervention based on a personal theory. Here are some of the most established approaches described in the book “Current approaches in drama therapy” by Johnson and Emunah (2009).

- Integrative five phase model – Emunah, R.

The Integrative Five Phase Model of drama therapy represents a developmental course of treatment and is guided by central concepts of psychodynamic, existential, and cognitive-behavioral approaches to psychotherapy. The therapeutic journey is paced and progressive: each phase paves the way for the next stage, spiraling a series of sessions toward deeper levels of play, intimacy, and self-revelation. The work progresses from interactive dramatic play (Phase 1), to developed theatrical scenes (Phase 2), to role play dealing with personal situations (Phase 3), to culminating psychodramatic enactments exploring core themes (Phase 4), and ending with dramatic ritual related to closure (Phase 5). The first two phases afford a sense of liberation and expansion, while the personal work that follows emerges from the fictional scenes and the clients' associations to these scenes. As clients delve into matters that are often painful and highly emotional, they are equipped with the spontaneity, creativity, imagination, and resourcefulness fostered by the initial playful stages. The drama therapist is attentive to the point at which the clients naturally and spontaneously make personal connections to the fictional enactments. The model is about fluidity,

not rigidity: the phases are not separate blocks, but rather fluid and overlapping stages. Therapists should take care of aesthetics in all their work because an aesthetic sensibility in the therapeutic work of drama therapy enriches healing, and the coinciding of aesthetic and therapeutic goals ignites the life force of this modality. In conclusion, this model is characterised by its focus on emotion, relationship, and perspective (rather than, for example, on role or character). The Integrative Five Phase model of drama therapy considers affect as a primary component of well-being, not only in terms of emotional expression but also in the sense of knowing and containing one's feelings. Another central aspect of mental health highlighted within the model is the quality of relationships with others and with oneself, and the capacity to connect in deep empathic ways. A third focal point pertains to the expansion of perspective as a source of wholeness, hope, understanding, and interconnection.

- Role theory and the role method – Landy, R.

Role theory has a history throughout the twentieth century in the fields of psychology, sociology and anthropology. It was developed by a number of theorists and practitioners who believed that the dramatic metaphor of life as theatre and people as actors could be applied to an analysis of social and cultural life and inner psychological processes. Those most associated with its early development include William James (1890, 1950), Charles Cooley (1922), George Herbert Mead (1934), and Ralph Linton (1936). Later, it was J. L. Moreno (1946, 1947, 1960) who stated that life is not like theatre; life is theatre. Landy's version of role theory (1991) and its consequent application lies in this line. The first assumption underlying his role theory is that human beings are role takers and role players by nature, and that personality can be conceived as an interactive system of roles. Human experience can be conceptualized in terms of discrete patterns of behavior that suggest a particular way of thinking, feeling or acting. Role, that is also the indivisible element in theatre, is one name for these patterns. Each role although related to other roles, is unique in terms of its qualities, function and style. Role is not necessarily a fixed entity, but one that is capable of change according to the changing life circumstances of the individual role player. However, like Jung's notion of archetypes, each role is recognizable by virtue of its unique characteristics and can therefore be identified by its degree of deviation from these. Each role type, consistent with its aesthetic form and genre, tends to be enacted within a particular style. The two primary styles are the presentational, more linked to cognitive mode of expression, and the representational, linked to more affective modes. Parallel to the stage actor, the client in drama therapy is led through particular levels of cognition and affect, and is helped by the drama therapist to discover a balance of affect and cognition. Another assumption of Landy’s role theory (1991) is that all human beings

have the potential to take on a role. The totality of roles available at any one moment is the role system. Within the role systems there are those roles that are available to consciousness and that can be played out competently, but there are also dormant roles that can be activated when given the proper circumstances. The healthy person, from the point of view of role theory, is noted by an ability to live with ambivalence, contradictory tendencies and paradox. When out of balance, the healthy person is able to draw upon the wisdom of a guide that might be a friend, a therapist, or an inner figure that signals a time for reflection and a time for a shift of behavior. The healthy person is also noted by an ability to take on many, if not most, of the roles listed in Landy's taxonomy and to play them out in everyday life with some degree of proficiency. Health, then, is a measure of both the quantity of roles one internalizes and plays out and the quality of the role enactment. The unhealthy person is one who has given up the struggle to live with contradictory tendencies and has, instead, embraced one role or a cluster of related ones, at the exclusion of all others. This is the domain of the autistic whose world is limited to a very small private set of thoughts and behaviors, or of people suffering of mental illness marked by obsessional or delusional thinking, whose role system is severely limited. From a social point of view, the unhealthy person is marked by an inability to take on the role of the other and thus to empathize with another. We find that narcissistic individuals, for example, live in a very narrow universe of roles. For the narcissist the other cannot mediate or represent any new ways of being. The unhealthy person is also marked by an inability to internalize and enact a number of roles competently. According to the role method the therapist serves as a guide. She/he finds a balance between being distant or emotionally involved based on both his characteristics and the one of the patient. Although therapists must be willing to engage in a direct form of play, they will most of the time serve more as director and witness to the play of the clients.

- Developmental transformation – Johnson, D. R.

Developmental Transformations (DvT) is a form of drama therapy that uses an embodied approach to psychotherapy. Taking inspiration from various sources such as psychoanalysis, object relations, client centered therapy, dance therapy, existentialism, deconstruction, and Buddhism (Johnson, 2000), DvT engages the client in spontaneous free play. Characteristic of this approach is that the client and therapist are both involved in the improvisation, and work together in a playful, free-flowing manner. Within the "Developmental Transformations Text for Practitioners", Johnson (2005), the founder of DvT, described the work as a means to deal with the dilemma of being in an instable world full of paradox: "being mind and a body, being a subject and object, living in a real and imagined world at the same time" (p. 10). At its core, Developmental Transformations is an

approach that has three basic principles: embodiment, encounter, and transformation (Johnson, 2000, 2005). Both client and therapist are engaged physically in the activity with attention frequently drawn to the body. With therapist and client both in the same space, the experience of human encounter is enhanced. Being placed face to face with the therapist and other group members without props or other objects to bind anxiety, a client is forced to experience the encounter and find ways of coping with the ensuing anxiety. The principle of transformation occurs within a session as the action continually shifts and changes. Within this process new ideas arise, transforming and breaking through the client's rigidity and defenses. Using the three principles of embodiment, encounter and transformation as its framework, illness in DvT is characterized as being derived from the fear of the instability of being, specifically instability brought on by being a body (embodiment), by being in proximity to the others (encounter), and experiencing the constant change and impermanence of form (transformation). These fears lead to conditions such as withdrawal, clinging, rigidity, confusion, control, submission, violence, and hatred, which cripple the person (Johnson, 2005, pp. 7–8). DvT then, attempts to work on these conditions by providing a repetitive practice that eventually allows the individual to tolerate the instability of being and to have fewer barriers between them and the world.

- Narradrama – M. White

Story, or narrative, shapes how we interpret life events, according to narrative pioneers Michael White (1989, 1998, 2000), David Epston (1998) and Karl Tomm (1988, 2007). The stories we tell ourselves about our own lives determine which events we consider important and how we interpret our experiences. It follows therefore that these stories are constitutive of shaping persons' lives (White 1989). As people become aware of different stories in their lives, they decide which stories to hold on to and build their lives on. While no one story can hope to completely capture the complexity of lived experience, what we emphasize or omit has real effects on the teller and often on the listener (Freeman, Epston, & Lobovits, 1997). Dominant, problem-saturated stories restrict the roles and actions we perform, because they filter problem-free experiences from our memories and perceptions. A person may be unable to see alternatives to a solution because his or her creativity and imagination are overshadowed by the problem-saturated story. As experiences that do not fit with the problem-saturated story are filtered out, so are resourcefulness, ability, hope, and affirmation. Having a certain narrative has consequences on the behaviour. Actions and self-descriptions interact as circular closed systems: actions influence our self-descriptions and our self-descriptions shape our actions. Narrative therapy, often referred to simply as Narrative, is primarily talk therapy, while Narradrama is a form of drama therapy. Narradrama adds varied means of

communication to traditional Narrative therapy: art, poetry, music, dance/movement, and electronic media (Johnson & Emunah, 2009). In Narradrama, the therapist encourages the participant to take on different roles and dramatise the alternative story. Through the process of reauthoring, people reinvent their lives. The aim of narradrama is to encourage creativity and to help participants in the reexamining and redefining of their own self-descriptions and internal narratives (Dunne, 2006).

Origin and developments

We have seen that the modern use of theatre as a therapeutic intervention began with Jacob L. Moreno' s development of psychodrama. However, although Moreno's psychodrama preceded the beginning and development of drama therapy by roughly half a century, the field of drama therapy established itself as a distinct modality within the creative arts therapies and cannot be seen as merely an evolved form of psychodrama. In his book, "Drama as Therapy: Theory, practice and research", Phil Jones (2007) describes the emergence of the intentional use of drama as therapy as three-fold. Firstly, it refers to the long history of drama as a healing force (theorised since Ancient Greece), then to the yet mentioned work by Moreno, and finally, to the influence of the 20th century experimental theatre. It was the Englishman Peter Slade (1959), the first to use the term drama therapy, as a single word, talking about theatre as something therapeutic for people of all ages, and initiating the development of the discipline in the UK.

Drama therapy is used in a wide variety of settings, including hospitals, schools, mental health centers, prisons and businesses. Drama therapy, as a modality of the creative art therapies, exists in many forms and can apply to individuals, couples, families, and various groups. Specifically, Wilder and Weisberg developed techniques for working with elderly people (Landy, 1997), Johnson developed the developmental transformations approach for the treatment of post-traumatic stress disorder with Vietnam veterans, psychiatric and neurotic patients, Cattanach worked with abused children (1992), Jones with emotionally disturbed children (1996) and Dokter with people with eating disorders (1994).

While for psychodrama there are schools of specialisation in psychotherapy recognised by the MIUR, in Italy drama therapists fall under the category of operators who use art as therapy within the Italian Federation of Drama Therapy (FIT).

The theoretical and practical development of drama therapy has benefited from the same studies mentioned above that have enriched the field of psychodrama. In addition to the approaches discussed in the previous section, the following are worth mentioning: the work on play therapy by Irwing (1985) and Cattanach (1992), the story making approach of Alida Gersie, and the work of Sue Jennings (Landy, 1997).

II.III PSYCHODRAMA AND DRAMA THERAPY

A comparison

One can attempt to trace some differences between these two vast, and at least partly overlapping, disciplines, aware of how any attempt to emphasize common or dissimilar aspects requires a little straining in one direction or another. To begin with, it is possible to trace a macrodifference in the philosophy behind the two different approaches: while psychodrama uses action as the means having the psyche as the end, drama therapy would set itself as the end having the psyche as the means. Some important distinctions can then be made between these two disciplines with regard to four different areas: theory, practice, target population, and function of the therapist (Kedem-Tahar and Kellerman, 1996).

- Theory

Unlike psychodrama, drama therapy lacks its own systematic and coherent reference theory. While psychodrama has Moreno as its founder and main reference theorist, most practitioners working with drama therapy prefer to feel disengaged from any reference model and operate a personal synthesis that skews in favor of spontaneity of action, at the expense of critical questioning and theoretical systematicity. However, some of the most important roots of drama therapy can be traced back to rituals (Scheff, 1979) and personal construct theory (Kelly, 1955), as Chesner (1994), Emunah (1994) and Grainger (1900) explain.

- Practice

-Involvement/distancing: in terms of application, both approaches deliberately activate participants' imaginations through the “as if”, but while drama therapy remains primarily in this realm, psychodrama touches on both reality and dramatic reality within the same session. The scenes that are performed in drama therapy are not necessarily directly related to the patients' life experience (Emunah, 1994), as there is an assumption that greater freedom and distance can foster expression and self-revelation, in a dimension of play. In psychodrama, such a focus on imaginary material may be used at an early stage, whereas in drama therapy it constitutes the actual focus of action. For while in psychodrama the techniques are used to advance work on a specific individual problem raised during the session, drama therapy has no such precise focus and structure, but emphasizes expression itself as the main medium. With the techniques used in psychodrama, one would carry forward the exploration of a problem until it is clarified and dissolved, while in drama therapy the mere expression of emotions would be sufficient to exhaust the function of the technique. Psychodrama emphasizes personal emotional involvement, while drama therapy privileges theatrical distance (Jennings, 1990, p.20), a distinction that invokes a parallel in pure theater, respectively: with Stanislavsky's emphasis on identification, and the actor's detachment from the

character theorized by Brecht. This polarization has approximate value and is more correct to suggest that any drama based therapy should include both: involvement and distance, and that the goal should not be to choose one over the other, but to find the right balance between the two.
A theory in the context of drama therapy that can be best understood in terms of aesthetic distance, that is a marker of the relationship between an actor and a role, a group of actors and its audience, is role theory. Aesthetic distance is a continuum with the extreme of overdistance, an overabundance of thought and underdistance, an overabundance of emotion. The therapist can make a choice of technique for greater or lesser degrees of expression based upon the need of the client. For one who has experienced trauma, for example, an approach that affords greater distance is often indicated. For a more neurotic person, fearful of direct expression, an approach that generates greater emotion is often indicated. In distancing theory, the optimal form of expression is the midpoint of aesthetic distance. This point is noted by one's ability to express feeling without the fear of becoming overwhelmed, and to reflect upon an experience without the fear of completely shutting down emotionally.
- Cognitive integration: in psychodrama, cognitive integration is encouraged much more, in addition to emotional experience, which is also common to drama therapy. While in drama therapy expression has value in itself, psychodrama emphasizes the importance of connecting experience with awareness through insight into action, verbalization, processing, and direct or indirect analysis of expressed material.
-Focus on the individual/group: in drama therapy, individual problems are less emphasized than in psychodrama, where there is always a protagonist. In drama therapy, all members of the group associate with the problem presented and turn it into a common story in which everyone can take part. Many techniques of drama therapy are used in psychodrama as warm-up techniques (Blatner, Stenberg, Garcia, Fox & Leveton, according to Emunah, 1994, p.19). When an entire session is devoted to exploring one of these exercises without focusing on a single protagonist, it is referred to as group-centered or theme-centered psychodrama, which can sometimes evolve into sociodrama (Stenberg & Garcia, 1989), with the exploration of shared social roles and conflicts. Drama therapy remains in this realm for the duration of the session, letting participants confront the same issues in a more subtle and indirect way, leaving much of the individual processing to the participants themselves.

- Target population

Because of their differences, one might conclude that these two approaches are advisable for different populations. The ability to participate in role playing without losing contact with external reality is a minimum requirement for both approaches; people who are too mentally rigid,

introverted, or unspontaneous generally create great difficulties in the group, however much they are the people who could benefit most. The use of drama therapy has been documented with acute or chronic patients, children, adolescents, adults, patients with eating disorders, posttraumatic stress disorder, personality disorders, and victims of sexual abuse (Gersie, 1995; Jennings, 1995; Mitchell, 1995; Winn, 1994). Drama therapy may be particularly indicated for disorders in which communication is predominantly nonverbal, such as developmental disorders, mental retardation, autism, and conduct disorders. It also seems to be advisable for learning deficits (Chesner, 1995) and people with physical disabilities (Irwin, 1979) as a tool that is more flexibly adaptable to different levels of communication and awareness, with the possibility of using simple theatre exercises such as simple movement and play. Psychodrama on the other hand is more suitable for addiction problems, which need a more direct and confrontational approach to psychotherapy, beyond the expressive focus. Psychodrama can be seen, paradoxically, as more suitable for people who are both more "healthy" (with regard to certain mental functions such as sensory perception) and more "sick" (with regard to certain psychiatric conditions) than participants in drama therapy. The ability to take part in psychodrama requires a certain degree of intellectual, imaginative, emotional and interpersonal functioning, as well as skills of role taking and role playing that are often insufficiently developed in many people.

- Function of the therapist

The psychodramatic therapist must respond to four interrelated roles, a very complex task. As an analyst she or he is responsible for being aware of the protagonist's condition, understanding the personal and interpersonal processes at work with the aim of making meaning out of emotional experiences; as a producer she or he is a stage director who must translate the material presented into an action that is emotionally stimulating and aesthetically pleasing; as a therapist is a change agent who must facilitate change and healing; as a group leader she or he must take care to create a constructive teamwork climate that facilitates the development of a supportive social network. The overlap of these different roles forms the basis of the therapist's professional identity (Kellermann, 1992). Drama therapists, on the other hand, have as their main role that of theatre producer, which takes the form of being playwright, performer, ritual leader, and drama teacher. They are generally very familiar with the medium of theatrical expression and place great emphasis on the aesthetic qualities of the action. Both of these figures frequently refuse to be equated with other exponents of their own approach; they are often charismatic figures with their own personalized style.

Thus, it can be concluded that these two disciplines move on a different level of psychological depth, but it is difficult to say with certainty whether either approach can be seen as a subset of the other. Psychodrama has been a source for drama therapy on both a theoretical and technical level (Landy, 1994), but they can be seen as different branches of the same tree, both having developed from the work of Moreno, "the grandfather of all action therapies" (Johnson, 1991, p.1).
It can be said that in some ways, the drama therapy complements psychodrama by addressing those who are not motivated or ready to confront the problems of their real lives directly (Blatner in Emunah, 1994). It is important for practitioners to be able to distinguish between the two approaches in terms of theory, practice, therapist functions, and therapeutic factors in order to be able to specify which type of work is most appropriate, for which populations, and in which context.

Research

Research in the field of psychodrama and drama therapy is scarce when compared to other subjects, and is often qualitative. There is therefore a need for research that yields quantitative results in order to be able to demonstrate and understand the therapeutic effectiveness of these disciplines. Furthermore, research should increasingly investigate not only whether psychodrama and drama therapy work, but how and why this happens. Presented here are the two most recent reviews in the scientific literature on the topic of the effectiveness of psychodrama and drama therapy and on their therapeutic mechanisms. The complex issue of assesment in this field is also briefly addressed and recommendations for future research are made.

- Meta analyses and reviews

A recent systematic review and meta analysis (Orkibi et al., 2023) takes stock of the research on effectiveness of drama based therapies on mental health outcomes. It aims to aggregate and synthesize the evidence on drama-based therapies, to assess the strength of the effects of drama-based therapies on mental health outcomes, and to examine which outcome, study, sample, or intervention characteristics moderated the strength of the effect on the outcomes. In this study, the term “drama-based therapies” entails both psychodrama and drama therapy interventions. Before reporting the results of the present study, a summary of previous meta analyses and of reviews of psychodrama and drama therapy interventions is made.
-Meta analyses: to date, only a few attempts have been made to systematically review and summarize intervention studies, and just two meta analyses have been published. Both meta

analyses, one published between 1965 and 1999 (Kipper & Ritchie, 2003) and the most recent one by Q. Wang et al. (2020), are in psychodrama. In the first case, based on the calculation of Cohen's d effect sizes, the results showed an overall effect size that pointed to a large size improvement effect similar to or better than that commonly reported for group psychotherapy in general (Kipper & Ritchie, 2003, p. 13). In the second one, the results showed a large overall effect for depression and a medium-to-large overall effect for anxiety, which varied as a function of the measurement scale used. However, both these analyses present several shortcomings: on various methodological issues in the first case, and for the fact of having a sample composed only by Chinese participants in the second one.

-Previous reviews of psychodrama: in addition to these two meta analyses, a few reviews have also summarized the evidence base in psychodrama, where all refer to the statistical significance reported in each study rather than to effect sizes. In a review by Kipper (1978) a positive impact of psychodrama on behavioral retraining and outcomes related to mental illness is reported. In the second review, Kellermann (1987a) concluded that psychodrama is a valid alternative to other treatments, mainly in promoting behavior change, but not in changing personality traits. In a later review by Rawlinson (2000), the author concluded that psychodrama has positive effect on mental health outcomes, including self-esteem, behavioral change, empathy, and social relationships (Rawlinson, 2000). The largest review to date was conducted by Wieser (2007) who concluded that psychodrama is most effective for treating the ICD-10 category of neurotic, stress- related and psychosomatic disorders. More than a decade later, a systematic review by Daemi & Vasegh Rahimparvar (2018), showed that psychodrama improved the mental health of adolescent girls, including internalizing (e.g., anxiety and depression) and externalizing (e.g., oppositional defiant disorder, hyperactivity) symptoms, among others. An integrative approach to a systematic review was undertaken by Orkibi and Feniger-Schaal (2019), who found that psychodrama intervention, had a positive effect in improving, in descending order, behavioral problems, anxiety, depression, and quality of life. Finally, in the latest systematic review, López-González et al. (2021) concluded that the heterogeneity of outcomes suggests that psychodrama contributes to a wide range of outcomes, including mental illness symptoms (illness reduction) as well as subjective well-being and quality of life (health promotion).

Overall, these seven reviews suggest that psychodrama can have a beneficial effect on a wide range of outcomes and diverse clients.

-Previous reviews of drama therapy: To date, five reviews, that do not include quantitative studies, have been published on the effectiveness of drama therapy, however many, such as Yotis (2006) and (Ruddy & Dent-Brown, 2007, p. 2), reported that no conclusion could be drawn about the

harms or benefits of drama therapy, due to small samples, poor reporting and consequent preclusion of the use of rigorous statistical tests. Moreover, another systematic review examining the effectiveness of drama therapy, theater-based intervention, and psychodrama on substance use recovery (Leather & Kewley, 2019), reported no significant results for the drama therapy condition, a significant increase in quality of life for people in psychodrama condition and an improvement in social and occupational engagement for people in the theatre-based intervention. Feniger-Schaal and Orkibi (2020), in their integrative systematic review, concluded that drama therapy is an effective treatment for various populations even though they did not report the effect size. Another integrative systematic review focusing on drama therapy for children and adolescents on the autism spectrum disorder (Bololia et al., 2022), found benefits for emotional, psychological, and social development in this population and reported positive effects for several outcomes such as overall psychosocial problems, internalizing and externalizing problems, and social functioning.
However, in many of the studies the intervention was not explicitly identified as drama therapy or was integrated with other therapy approaches.
-Present study: coming to the present study, the meta analysis by Orkibi, et al. (2023) includes 30 studies and has drama-based therapies as independent variable and mental health outcomes as dependent variable. Outcome, study, sample, and intervention characteristics were identified as moderating variables (de Witte et al., 2022; Orkibi & Feniger- Schaal, 2019).
Mental health outcomes were coded as psychological outcomes when they referred to feelings or thoughts and as behavioral outcomes when they referred to observable actions (e.g., Utley et al., 2022). It was coded whether the outcomes were assessed by self-report or observational questionnaires. It was also coded whether the outcome was related to illness reduction or whether the outcome was specifically aimed at improving mental health since there has been a prolonged debate on the distinction between mental health and mental illness (Huber et al., 2011).
In terms of study characteristics, the study design, the type of control condition, and the study quality were coded. Regarding the sample characteristics, it was coded whether the study was conducted in a clinical setting (e.g., hospitals, health organisations, clinics), in communities/schools, or in private practices. The average age of the participants was also coded, resulting in three different age categories: older adults (age . 60), adults, and children/ youth, since research has shown several differences in mental health outcomes between these age groups (Steen & Thomas, 2015). In addition, five intervention characteristics were coded, since a previous review showed their relevance for the creative arts therapies (de Witte, Orkibi, et al., 2021). It was coded whether the study examined the effect of psychodrama interventions or drama therapy, whether the therapist delivering the therapy was specifically trained in psychodrama or drama therapy, or

whether this was not clearly reported in the study. The number of sessions delivered, the frequency per week and length of the therapy sessions delivered were also coded.

This meta analysis, including a total of N = 1,567 participants, reported a significant medium effect (d = .501, [.36, .64]) of drama-based therapies on mental health outcomes in clinical settings, schools and communities, and in private practices. This means that participants who received group psychodrama or drama therapy interventions benefited more than those in the control conditions. However, the effect of the current meta analysis is smaller than that of the two previous meta analyses of psychodrama interventions, which reported relatively larger effects on mental health outcomes (d = 0.95, by Kipper & Ritchie, 2003; d = 0.75–2.04 by Q. Wang et al., 2020).

The characteristics of the outcome, study, sample, and intervention did not influence the effects of drama-based interventions on mental health outcomes.

- Therapeutic Factors in Drama-Based Therapies

Although in the present meta analysis (Orkibi, et al., 2023) was not found any significant moderating effects of the selected categories, which in several cases may have been due to the small number of studies in certain categories of moderating variables and to the fact that none of the studies included performed mediation analyses, further studies are necessary to estimate these differences with more precision. Moreover, research into the therapeutic factors that contribute to positive effects is crucial for progress in the field (de Witte, Orkibi, et al., 2021). Given the increasing evidence that drama-based therapies have a positive impact on mental health outcomes, the field has gradually expanded its inquiries from whether psychodrama and drama therapy work, to how and why they work. Different authors proposed categories of therapeutic factors, but they resulted generic in the sense that they can be applied to many other treatment approaches since they do not point to specific drama-based therapeutic factors.

To better convey the specificity of therapeutic factors in drama-based therapies, in a recent scoping review on therapeutic factors in the broader creative arts therapies (CATs) field, the authors differentiated between common factors that are shared across all psychotherapy approaches, joint factors that are shared across the CATs, and specific factors in each CATs discipline (de Witte et al., 2021). Focusing on the joint factors of drama therapy and psychodrama (DT/PD), that are considered as an unique art therapy category, it resulted that, like all CATs, they elicit active involvement (Cassidy et al., 2014) within an embodied artistic process in which both verbal and non-verbal expressions are possible (Cassidy et al., 2017). Like other CATs, drama therapists and psychodramatists offer intrinsically pleasurable and playful (Orkibi et al., 2014) activities that promote a sense of agency in that participants experience control and choice, and creative

experimentation where clients are invited to practice their spontaneity and try out new ways of being (Orkibi et al., 2014; Cassidy et al., 2017). Drama therapists and psychodramatists, like other CATs, employ concretization, the process of rendering internal experience visible and tangible, which further enables perspective-taking and insight (Cassidy et al., 2017). Witnessing, a reflective process common to all CATs, was also highlighted in one study (Orkibi et al., 2014). With regards to the specific factors of DT/PD, drama therapists and psychodramatists facilitate change through active engagement with and within dramatic or surplus reality (Cassidy et al., 2014; Orkibi et al., 2014, 2017a). Emotional regulation and reflection are facilitated by working at a safe distance within or outside the drama (Cassidy et al., 2017). Drama therapists and psychodramatists encourage understanding, self-awareness, perspective, and empathy through doubling (Goldstein, 1971), role-reconstruction (Bucuta˘et al., 2018), encounter, and role-reversal (Orkibi et al., 2014; Testoni et al., 2018). In addition, dramatic embodiment and dramatic projection were identified as two specific factors contributing to client experiencing a felt awareness, which facilitates change (Armstrong et al., 2016).

- Assessment tools

One of the biggest challenges in drama-based change process research, which examines the therapeutic factors in the treatment process, is the lack of clear operationalization of drama-based therapeutic factors and the scarcity of tools to quantitatively measure them. Let us take stock of the situation with respect to assessment, distinguishing for the field of psychodrama and the one of drama therapy. As we have seen, there is still much research to be done to gain more clarity on what the therapeutic factors of drama-based therapies are. For some of the factors proposed, there may be more than one measurement scale, which, although developed outside the field of drama-based therapies, are used in this field. Not aiming to give a complete overview of the vast and complex world of assesment in drama-based therapies, I present two measurement scales and one assessment technique that are derived directly from Morenian psychodrama, and three evaluation methods and four techniques in the field of drama therapy.

In the first section of this thesis we have mentioned spontaneity, the central concept in the field of psychodrama; the main scales to asses this construct are two self report measures: the Revised Personal Atitude Scale (PAS II) (Leach et al., 2002), and the Revised Spontaneity Assessment Inventory (SAI-R) (Kipper, D. A., & Shemer, H. 2006). Although more related to the evaluation of groups than of the individual, one cannot fail to mention sociometry. Sociometry is a method for measuring social relationships developed by Moreno, who defines it as *"the inquiry into the evolution and organization of groups and the position of individuals within them"* (Moreno, 1953,

p. 23). Moreno suggested that sociometry bridges the gap between psychology and sociology, and that it is both the quantitative and qualitative exploration of the interrelations of humans. Sociometric explorations reveal the hidden structures that give a group its form: the alliances, the subgroups, the hidden beliefs, the forbidden agendas, the ideological agreements, the "stars" of the show. The sociogram is the instrument of sociometry that graphically depicts the interpersonal dynamics within a specific group.

With regard to the field of drama therapy, drama therapists have considered the issue of assessment since the field's onset. However, few articles addressed the issue of assessment because most drama therapy literature during the 1980s was devoted to describing the application of drama therapy with various populations (Courtney,1981). Also, as a craft that incorporated professionals from various disciplines, drama therapists tended to lean on their own backgrounds concerning the assessment methods they used. It took some time until practitioners began to develop a genuine drama therapy language with which to assess their work. I will briefly present some of the most spread assessment techniques with their corresponding assessment method. The technique, or tool, refers to the means or instruments utilized in order to generate data, whereas the method or approach refers to the criteria by which the data is analyzed. This means that a technique developed in the context of a certain method can be used in a different one. Based on the same assessment method, the one based on the concept of role, Johnson (1988) and Landy (1993, 1996, 1997) provide two different assessment tools. Landy (1996) devised a form of assessment that considers seven aspects of a client's role functioning: ability to invoke and name roles, number of roles, ability to attribute qualities to roles, ability to delineate alternative qualities or sub-roles, ability to perceive the function of a role as role, style and aesthetic distance present in role-playing, and ability to relate the fictional role to everyday life. Johnson (1988) instead develops the Role-Playing Test, that is based on a pre-established series of role and scene improvisations that the individual is requested to perform. The data is then analyzed according to several criteria: role repertoire, patterns of thematic content, role-playing style, space, tasks and role structuring, complexity of interactions between characters, and degree and form of affect. His basic assumption is that improvisation provides information about an individual's personality structure. By observing people's improvised role-playing behavior, their specific therapeutic needs may be inferred, and particular areas can be chosen for intervention. Another example of assessment tool is the six-piece story making revisited (6-PSM) (Lahad & Dent-Brown, 2012). It is a projective technique using structured instructions to help a client create a new, fictional story. The assumption is that by asking the client to tell a projected story based on fictional elements, it might be possible to see the way that the client projects herself/himself into reality in order to meet the world. The 6-PSM uses seven levels of

analysis to create a comprehensive picture of the client's world, both on the conscious and on the unconscious levels. The levels are: the coping style, themes, here and now question, conflicts, the developmental stage, the quest and symbols. Finally the therapist uses open-ended questions to encourage the client to elaborate details further. Only then, once the story is fully elaborated, are any possible links with the teller's own situation explored. As a last assessment tool in drama based therapy I would briefly present one of the most recognised proposals: the six-key model by S. Pendzik (2003). The model is firmly grounded in the notion of dramatic reality we discussed in the first section of the thesis, and through reflection and open-ended questions, it aims to asses a patient based on six domains: an ability to transport oneself to and from ordinary reality, a particular quality, roles and characters, patterns (plot, themes, and conflict), a response to it and a subtext. Roughly speaking, the first two keys are connected with form, while the 3rd and 4th pertain mostly to content. The 5th key considers dramatic reality from outside (the audience), and the 6th key explores any residues that have found no place for open expression. The framework of the six-key model is integrative, with each key functioning as a parameter that intersects with other drama therapy-based methods. While reviewing the six keys, drama therapists can find a particularly charged one, and thus choose an accurate parameter for further assessment or intervention.

- Reccomandation and future research

A steadily increasing rigor and variety of research methods and topics can be seen in the field of drama-based therapy, but there are still many aspects to be improved (Lim et al., 2021). Firs of all, with regards to research strategy, there is a need for improvement in study quality and for the use of larger sample. Moreover, most studies lack a clear masking procedures for participants. For future studies, in order to reduce treatment expectancy or placebo effects, it is suggested, for example, the use of a placebo or an active control group with a credible treatment in order to minimize performance bias related to the impossibility of blinding therapists and clients in psychotherapy research (Atwood et al., 2020; Boot et al., 2013). More transparency in data collection, analysis and reporting is needed (Lim et al., 2021). Unfortunately, prompts or instructions given during psychodrama and drama therapy interventions are often undisclosed in many published papers, with the prevailing assumption being that the participants were instructed to role-play as naturally as possible with minimal instructions. Therefore, the disclosure of all materials, instructions and prompts would be helpful in ensuring consistency and reproducibility of research in drama based therapies. A simple and immediate recommendation to address this issue is to report all details of prompts given to participants during an experimental session, capturing the nature and mode of delivery of these prompts to the individuals. With enough data, future studies may then consider

embarking on a meta analysis or systematic empirical study to understand if these differences indeed produce different behaviors from participants during a psychodrama session, independently of other experimental conditions. Since classical psychodrama is protagonist-centered, it is crucial to report not only the number of sessions for the entire group, but also to clarify how many psychodramas each participant was engaged in as the protagonist. In drama therapy, given the wide variety of approaches, it is crucial to describe the approach implemented with great precision and clarity (Johnson & Emunah, 2020). Special attention is required when interventions are described as creative or expressive arts therapies, a broad term that consists of other art forms (de Witte et al., 2021), which makes it impossible to pinpoint the specific change factors and effects of psychodrama or drama therapy. Furthermore, the different psychodramatic techniques and their associated processes of change have not received much attention in psychodrama research, which has predominantly focused on clinical studies of the efficacy of whole-of-intervention and integrative psychotherapies. There is the need for further research on the specific mechanisms of change of the drama-based therapies. Another crucial step would be to develop a cogent theory of change for psychodrama and drama therapy, followed by the development of psychometrically sound self-report scales and observational tools that can measure the in-session presence of specific drama-based therapeutic factors that may account for changes in outcomes. Moreover, future systematic reviews and meta analyses could examine drama-based interventions that are not considered therapy, but have nevertheless been demonstrated to have therapeutic benefits, such as acting techniques that have not, to date, been incorporated into current practice in drama therapy or psychodrama (e.g., Goldstein & Lerner, 2018; Noice & Noice, 2021). The group modality of psychodrama also opens avenues of research into interpersonal dynamics and interaction. Together with the advancement of neuroimaging techniques, one such method that has become popular in studying social interaction is known as synchrony or dyadic synchrony, or a quality of mutual responsiveness between two individuals. There have been many approaches to studying synchrony, ranging from the behavioral, to affect matching, and even to the synchrony of biological signals such as heart rate and brain activation. To date, no study has embarked on synchrony studies in the context of psychodrama. The inclusion of alternative physiological measurements such as heart rate or skin conductance may also be considered in the clinical setting as part of the new movement on biofeedback in psychotherapy. Additionally, to build upon Yaniv (86)'s work theorizing the relationship between psychodrama and neurocognition, the utilization of neuroimaging tools would prove powerful in providing evidence in this area.

III. HINTS ABOUT OTHER APPROACHES

III.I THEATRE OF THE OPPRESSED

Theatre of the oppressed, and more specifically forum theatre, is a form of theatre aimed at social empowerment that operates in poor and oppressed communities, actively involving the audience in the solution of problematic situations represented on stage.

“Theatre of the oppressed” is the title of a book that Augusto Boal published in 1973, while in exile in Argentina. Boal had trained in theatre between São Paulo and New York and was working as a permanent director at the Arena Theatre in São Paulo when he was kidnapped, tortured and exiled by the Brazilian dictatorship for his cultural activism and controversial teachings.
In this book, Boal developed a theatrical method based on his friend Paolo Freire's book “Pedagogy of the Oppressed” (1968). Freire's method constituted a revolt against the top-down, elitist approach to education prevalent in Brazil, and advocated models of education based on critical awareness: from this idea, Boal sought to make theatre a pedagogical tool. The central idea of the method was to break down the boundary between actors and audience by making spectators into spect-actors. Boal travelled through other countries in South America, where he worked with people from small, poor communities who were dealing with conflicts, civil wars or lack of attention from the government. His idea was that only the oppressed could liberate the oppressed. The method Boal practised was called forum theatre and was designed to teach people to actively change their world through theatre. After a short scene in which a problematic scenario of injustice and oppression was presented, the spectators were asked to stop the performance to take over from the actors and seek a solution to the situation presented. The themes represented always had a link to real problems that the spectators' community was facing, or that could affect it.
Theatre of the oppressed is a revolutionary example of the potential for social empowerment hidden in theatre. It is used all over the world as a tool for community education; through theatrical exercises, it achieves a broad spectrum of social effects: community empowerment, community organisation, awareness-building about existing problems and agendas of problems to be tackled, strategising and testing of action, bridging connections between citizens and movements, and broadening coalitions.

III.II PLAYBACK THEATRE

Playback theatre is an improvised form of theatre in which a group of actors perform real-life stories that spectators choose to share (Fox, 1999).

In playback theatre, the conductor elicits the telling of emotions and stories from the spectators, and conducts mini-interviews with those who volunteer to have a moment of their lives re-staged for the audience. The actors listen to the interview and perform the story that has just been told. Often a musician accompanies the performance by improvising with his instrument.

The first playback theatre company was founded in 1975 by Jonathan Fox and Jo Salas in upstate New York. Fox, having trained extensively in theatre and experimented with psychodrama, had the idea of combining the modern folk ethos with theatrical improvisation and the ancient oral tradition. Dotti (2020) explains that the term “playback” could be paraphrased as “feedback performance”, in the sense that the theatrical action of the actors enacting the story of a person in the audience can be understood as an act of service and restitution, similar to what a psychologist does but with the difference that the actors in playback theatre work within an artistic setting.

Good playback results from the coming together of three elements: art, social interaction and ritual. The goal of the actors is to give artistic dignity to the story told by an audience member. The performance therefore cannot be limited to a literal translation of the narrative, but must seek to transform it artistically, through the actors' sense of aesthetics, sensitivity and expressiveness. Social interaction is present in playback theatre in various forms: there is the interaction between the conductor and the audience, between the conductor who holds the reins of the relationship between narrator and audience on the one hand and narrator and actors on the other, between stories that converse, and between the actors who create the performance. The element of ritual, on the other hand, manifests itself in the audience's trance-like experience, which has the illusion of being transported in space and time, and in the fact that the playback theatre setting and the roles people assume are codified, characterised by repetition, and therefore ritual. The absence of ritual would entail risks of trivialisation or spectacularisation of the stories.

Jo Salas (2005a) describes the dialogue that playback theatre enables as very different from the cognitive process of discussion, thought and logic; it is a dialogue that takes place in the realm of story, image, emotion and physical action. The audience is permanently affected by what they witnessed, not because their opinions have necessarily changed, but because everyone's understanding of the shared reality has been altered and expanded, however subtly. On the other hand, it is easy, in a cognitive dialogue, to resist allowing oneself to be changed by what one hears, reiterating ever more strongly what one knew before one began to speak. The fact that so many

voices and opinions can be heard and honoured by transforming them into theatre, the fact that each person, spectator and actor, has heard and felt a much wider range of emotions and viewpoints than most people are exposed to in their chosen circles, opens up a more complex and broader view of reality and a deeper understanding of their community. If it is unbearable for us to listen to each other, no connection, no dialogue, no reconciliation is possible. This more communicative place is essential for any kind of mutual understanding or long-term reconciliation. It is only from this enlarged inner space that change of any kind can begin. This according to Salas is the kind of dialogue that playback theatre is able to establish.

Playback theatre can be an important pedagogical tool in education; in organisations, it can be used to train listening and communication skills, to improve teamwork or to raise awareness about certain problems; in therapy, it can be a warm-up tool as it investigates any moment in a person's life (in psychodrama, we only focus on significant moments in the patient's life), thus being perceived as less threatening it can facilitate the start of a process with patients who are particularly "difficult" or "blocked". To date, playback theatre is constantly growing, declined in its myriad specificities, with the one constant of wanting to recreate a sense of community and empathetic narrative sharing through the representation of stories that would otherwise never be told or heard. Fox's idea is that of a theatre for all, anti-elitist and iconoclastic (like the theatre of the oppressed, but without focusing only on problems, and without seeking solutions), personal, intimate, emotional (like psychodrama, but without any therapeutic purpose), informal, without scripts, that can take place anywhere (Fox, 2004).

IV. THE PATHOLOGICAL THEATRE

The reality of the pathological theatre and its aim

“The pathological theatre”, which has its permanent theatre in Rome, was founded in 1992 by author, actor and director Dario D'Ambrosi. It all began when he decided to be interned for three months at the Paolo Pini Psychiatric Hospital in Milan just after Law 180 was passed. He wanted to understand what it meant to have a mental illness and what would be the fate of all those inmates who, with the Basaglia law of 1978, would be released from the psychiatric hospital.

Since 1992, the association has been working to bring theatre and mental illness together in a path that, by enriching both realities, finds a new way of doing theatre and helps thousands of families involved with the mentally and physically ill. It was within this space that the First European Theatre Training School for people with different abilities was founded in 2010. The pathological theatre now treats more than 60 people and the stable company is composed of 20 people with pathologies including autism, down syndrome, schizophrenia, depression, bipolar and psychotic disorders. In recent years there have been many productions of the pathological theatre, and as a first big success we remember “Medea”, staged at Teatro Argentina in Rome, Teatro Café La Mama in New York and Winton's Music Hall in London and winner of the prestigious Wilton's Price for the best foreign play of the 2012/13 season, staged at the United Nations Headquarters in New York and the Auditorium Umberto Agnelli in Tokyo in 2017, and at the European Parliament in Brussels in 2018.

In 2016, the pathological theatre, in collaboration with the University of Rome Tor Vergata and MIUR, opened the first university course in the world of "Integrated Theatre of Emotion", aimed at all those people with disabilities who do not see their right to study fully recognised. The course aims to achieve formal scientific validation of innovative methods of the pathological theatre for the benefit of people with disabilities. The aims are twofold: to carry out a research activity 'in the

field', also aimed at preparing expert operators in the field of neuropsychiatric rehabilitation, and to propose an experimental training course aimed at young graduates with mental disorders of varying degrees, enabling participants to integrate into the world of work and, hence, into society, also by offering direct psychological support to family members. The course subjects are acting, theatre history, dramaturgy, music therapy, design (sets and costumes), direction, stage movement, stage lighting and film and video. D'Ambrosi' s working method is studied at New York University, Akron University in Cleveland and Hayward University in San Francisco, and there are many Italian universities that have started the university course in "Integrated Theatre of Emotion" since 2018.

As D'Ambrosi says, the Basaglia law was extraordinary, but it had not created the adjacent structures that could support it. In fact, after its approval, almost two million mentally ill people died: many families no longer wanted them at home, others died abandoned to themselves. If the closure of asylums was a first step, the pathological theatre presents itself as a further step, as a place where the right of the sick to express themselves is welcomed.

The goal of pathological theatre is to bring the message to the world that all countries free these people from prison conditions: *"If we think that in many other parts of the world people with disabilities are kept on restraint beds or in straitjackets, here instead they can get a qualification as a theatre worker"* (D'Ambrosi).

Expression as an alternative to restraint

The history of the treatment of persons with disabilities, and that of psychiatric institutions, shows how the illness and its manifestation has long been regarded as something to be contained and adjusted. Along these lines, surgical techniques such as lobotomy, and the use of psychotropic drugs were developed during the 20th century. Lobotomy rendered patients completely apathetic and often even incapable of communicating simple physiological needs, while psychopharmacological treatment did not take into account the heavy side effects that resulted from their abuse.

The reality of the pathological theatre, which is based on the principle that the disabled person benefits from being able to express herself/himself freely, is a practical proposal that goes in the opposite direction to therapies based on the idea of restraint. If illness makes the individual disappear, theatre brings her/him back to the surface. Dario D'Ambrosi has developed exercises tested through scientific protocols, such as the mirror exercise, the three-chair exercise or the four-corner exercise, in which the actor, being confronted with his physical form and his emotions, gains awareness and faces his insecurities. With these exercises one is confronted with one's own

pathology, with violence, loneliness and pain, which one learns to share and with which one learns to live. The aim is to unleash the pathology in order to learn how to deal with it.
The pathological theatre has a characteristic whereby it would be inaccurate to describe it as drama therapy. This characteristic is the performance for a public audience. While psychodrama has never contemplated the idea of a performance, in some drama therapy approaches there have been performances that have mainly remained within the therapy group. The pathological theatre, on the other hand, practices and acknowledges the development of a play for public performance as a valid form of drama therapy. Indeed, when the task of the group is to create a piece of theatre, the product is important to the process and can be therapeutically as important (Mitchell in Jennings et al., 1994, p. 53). Performing a therapeutic play for the "community" offer a unique opportunity for stigmatized populations, such as persons with psychiatric disabilities, to express "their realities" and is lived as a test of the process of de-alienation that is embodied in the whole therapeutic experience. Members usually sense the development in their self-images as a result of the group's work in re-hearsal, but the brutal and exciting confrontation with the audience is seen as a confirmation of it. The pathological theatre wants to create a bridge between the disabled person and the beholder: the disabled person does not so much ask for a change for him/herself as for a change of perception on the part of those around him/her. As D'Ambrosi says: *"Pathological theatre is so powerful because we do not kill, but we manage to change ideas"*; it is in the vision of disability as potentiality that the strength of the pathological theatre lies.

The artistic value of disability

The mentally ill and the avant-garde actor have transgression in common: one transgresses the codes of social behaviour, the other those of theatrical convention. Through theatre everyone is allowed to be authentic without the risk of estrangement or rejection. The disabled person ceases to be pathological in the literal sense of the term; on the contrary, he regains the dignity of the Greek definition according to which pathos is the fullness of feeling, of being overwhelmed by emotion. Therefore, the emotional state of the person suffering from a discomfort, can become a source of artistic inspiration for the actor.
A characteristic of 20th century avant-garde theatre is the experimentation of languages, where the word takes on a value equal to that of a sound, a gesture, a cry. Hence the importance of non-verbal communication, which is precisely what people with disabilities often use. In the work of the pathological theatre, in fact, the process of liberation and creation passes mainly through the emotions and the body, and the disabled person rediscovers the pleasure of the expression of the five senses. Thus recovering the perceptive abilities that s/he had previously set aside, he now

becomes aware of the tools s/he has to express herself/himself. In the performances of pathological theatre, the bodily element is of fundamental importance, because through the experience of the "madman" we come into contact with our body, which is too often forgotten. The disabled person, in fact, is not ashamed of her/his physical needs and materiality, on the contrary, s/he is attracted by them, s/he feels the connection with all those elements that society has tried to suppress, evaluating them as vulgar: the madman has no fears of exaggeration or nonsense, s/he stages his fantasies, he talks about sex, defecation and death with spontaneity and without qualms. In an interview, Dario D'Ambrosi, answers the question "What in particular do you think these guys can give to the theatre?" by talking about the freedom that characterises the relationship of these guys with the theatre and with their way of making theatre: *"they live for what they are, they don't give a damn about the text, the pauses and the typical patterns of theatre. But theirs is not a destructive attitude, on the contrary, it's just that they put instinct more than technique first, and this I think can be of great help to all professional actors."* At a time when theatre lives on all the same seasons and a way of doing theatre where creativity is subjugated by interests and funding, these guys, *"i miei mattacchioni"*, as D'Ambrosi calls them, have shown that they can really shake up a theatre where emotion is too often lacking. And furthermore, if theatre is by definition something that happens in the here and now, D'Ambrosi's words, giving the example of one of the many unexpected events on stage, respond exactly to this essence: *"there is a text that we follow, but what will happen on stage we do not know. For example, at the Argentina in Rome an autistic boy had an epileptic fit on stage: he fell like a sack of potatoes, but no one suspended the performance. Everything changed to bring the young man back to life: the chorus slowly circled around him with movements that seemed to be part of the performance, but which in fact served to give the boy time to come to his senses. Their pathologies can surprise you anywhere, even when they are on stage so you never know what can happen"*.

V. Conclusion

Take a space and divide it in two, take three people and place them on one side: we will call them the audience; take another four people and place them on the other side: they will be the actors; place one last person in between the two spaces, this will be our joker.

PSICODRAMMA

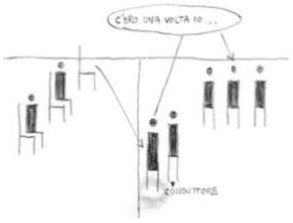
When the joker with the help of all the actors helps a single actor to work on his personal problem in purely psychotherapeutic terms, this is psychodrama.

TEATROTERAPIA

When the joker helps all the actors to work therapeutically on shared and universal issues through theatre, this is drama therapy.

FORUM THEATRE

When the joker invites a person from the audience to take the place of an actor in order to find a solution to the problematic situation of oppression that has been portrayed, this is forum theatre.



PLAYBACK THEATRE

When the joker invites a person from the audience to tell a personal story so that the actors can perform it in front of the audience, this is playback theatre.

The aim of this thesis was to investigate that vast area of the theatre world from which clinical psychology can draw as a valuable toolbox for psychotherapy, health promotion and the empowerment of individuals and communities. It started with the concept of dramatic reality, which is common and necessary for any theatre-based therapy.

The current state of research in the field of psychodrama and drama therapy was highlighted: the most recent meta analysis reports a significant medium effect for the effectiveness of drama-based therapies on mental health outcomes. It was emphasised how necessary it is to investigate and shed light on what the mechanisms of change of drama-based therapies are, and how vast, complex, and still in need of development the world of evaluation is. Finally, the reality of the pathological theatre was presented in order to bring a concrete example that demonstrates the potential of theatre in working with people with various degrees of mental and physical disabilities.

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