



A positive breathing space: Participatory theatre at a psychiatric ward in Stockholm

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Abstract

In this personal essay, applied theatre practitioner Emma Lundenmark provides information about and reflections on an ongoing participatory theatre project that *Scen Totalnormal* (Stage Totally Normal) is facilitating at a psychiatric ward in a hospital in Stockholm.

Keywords

participatory theatre, creativity, wellbeing, mental health, psychosis, psychiatry

Introduction

Totalnormal (Totally Normal) is a storytelling initiative that has been helping people with mental illness tell their stories in their own way on the radio since 2008 and in the theatre since 2016. The aim is to create a better understanding of and change attitudes about mental illness in society and to support participants in exploring and expressing the meaning within their lives.

Totalnormal is a part of Fanzingo, a participatory media house in Botkyrka, outside Stockholm, whose goal is to provide opportunities for marginalised people to tell their stories.

In 2016, *Scen Totalnormal* (Stage Totally Normal) devised the play *När bara de döda solarna ser* (*When only the dead suns see*), together with youth that have experienced mental health issues and exclusion, and in 2017 young people with mental health issues worked side by side with two professional actors to produce the play *52 Hz*, a collectively written manuscript about suicide, directed by Aurelia Le Huche. For this performance, a discussion manual used during post-show discussions was made in collaboration with MIND, a suicide prevention helpline in Sweden. *52 Hz* was shown at Unga Klara, the Stockholm House of Culture & City Theatre (*Kulturhuset Stadsteatern*), and the aim was to provide a space where the voices of young people experiencing mental ill health could be heard.

As of 2018, *Totalnormal* has been working at a psychiatric ward in a hospital in Stockholm with patients experiencing psychosis. The idea behind this move was to provide creative stimulus for a group of people who generally have few opportunities to engage in creative activities. The initiative also intended to create a platform where the stigma attached to mental illness could be challenged. The negative effects of mental health stigma can be significant, and many people suffer unnecessarily as a direct result of both internal and external

stigma (Flyckt & Torell, 2015). The company's orientation towards stigma and self-stigma was inspired by Narrative Enhancement – Cognitive Therapy (NECT), a therapeutic method that is described in the national guidelines for treatment of schizophrenia in Sweden as a useful tool to discuss concerns about stigma. *Totalnormal's* aim is to apply the principles of NECT to collaborations with patients who are part of the aforementioned psychiatric ward. The goal is to reduce self-stigma by focusing on the positive aspects of the participants' lives and identities. The main question thus became: How can practicing theatre reduce the stigma and empower patients with psychotic disorders? In this personal essay, Emma Lunddenmark, project leader and theatre practitioner, will provide some insight into this ongoing theatre project, which is run with financial support from Stockholm regional council.

Playful above all: Workshops and rehearsals

The theatre project started in October 2018 with a group of six participants between 18 and 45 years old. A nurse was part of the group, as a participant, but also as a professional who managed the health needs of everyone. The group met for one hour a week, but the time soon increased to an hour and a half because the group was so committed. At the beginning of the project we focused on simple exercises, getting to know each other, and interacting with each other in different ways, with movements and automatic writing. We also worked with rhythms, children's games, making rhythms with our bodies, and moving around with rhythms in our feet. As the participants became more confident, the exercises became more challenging. We were inspired in this work by many creative methods and exercises that help amateurs improvise without censoring themselves, including viewpoints (Bogart & Landau, 2005) and collectively written automatic poems, known as Exquisite corpse (Lambert, 1982).

The following paragraphs describe examples of different improvisational activities used to build trust and explore ideas with the participants.

Improvising with words

One important exercise starts with the phrase "I am...". Participants begin with this phrase and write individually for a few minutes about an object or a symbol they feel corresponds to or represents their experience. The nurse who participated stated: "I am... like all those ants, running everywhere – always something to do" –, and a patient stated: "I am... a big bird, flying free". Then participants take turns reading what they have written aloud, and the other participants respond to the words by creating movements that they feel complement the meaning. When reflecting on this exercise, participants expressed how much they recognised themselves in the words and expressions of their group members.

Improvising with movement

Another exercise encourages participants to explore a shared theme through improvised movement. Participants gather in a circle and the movement is initiated by one participant and then passed on to the next participant, who begins with the initial movement then adds to and/or changes it before passing the adapted movement on to another member of the group until everyone has had a chance to improvise. During one exercise, one participant used gestures to make an imaginary giant slime creation which she then gave to the next person in the circle. As it was passed around, other participants' movements indicated how the slime changed form. At one point the slime fell to the floor and the next participant had to mimic picking it up. During the exercise we decided to name the imagined object "stigma"; once named, the slime became sticky, disgusting and hard to keep a hold of. We

continued to pass the slime to each other, and little by little it transformed into something beautiful or magical: a golden ball or a rocking baby.

Improvising with music

When improvising with music and movement, we ease anxieties by *not* calling it dance. Dance may be associated with refined and rehearsed patterns of movement and can be intimidating for some people. Our aim is for these exercises to be fun, maybe a little bit challenging, but creative and playful above all. Sometimes, we perform moves choreographed by the participants themselves and we link them together. The movements are inspired by reflecting on or inquiring into themes from everyday life and how we move can be understood as responses to these inquiries. The work of various experimental choreographers such as Pina Bausch, who is well-known for incorporating poetic and everyday elements into her practice (Climenhaga, 2013), may be used to provide inspiration. One day we tried an exercise inspired by the Polish theatre practitioner Jerzy Grotowski called “The Flower” (Bäck, Larsson & Lönnblom 2005). In this exercise participants lay down, then silently raise their bodies until they open their arms like petals. Everyone takes part and no one flower looks like the other. The participants carry out the exercise very slowly, with great concentration. It is wonderful to witness how they practice growing into the most beautiful flowers in front of the group, and how little by little, they become all smiles.

AMAZING: Performance work



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Totalnormal's previous projects taught us as facilitators that performing for an audience can be important for project participants, and that audiences benefit greatly from experiencing theatre generated using participants' own words, ideas and experiences. With this group, we decided quite late in the process that we would put on a play. The artistic work that became the play was devised through a collective creative process. The improvisations, scenes, moves and words from almost 30 of our meetings became the basis for a manuscript. It became a half-hour play called *AMAZING* or *Who wants to have a normal life when you could have an amazing life?* Every word and every movement in the play was collectively adapted from the contributions of the participants. The collective that created and performed the play included 14 psychiatric service users, nurses and the project facilitator. The play presents stories that are generally unseen and unheard and could, therefore, be adding invaluable insights and hopefully challenging mental health stigma.



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In the play, everyone wears a doctor's uniform, painted by an artist. The play starts when a participant in the role of a doctor invites the audience into the scene of a waiting room. They instruct the audience to find their seats and relax, and then the ensemble read collective poems. Afterwards the participants sit down, thinking aloud in the waiting room. Someone is celebrating a birthday, someone is calling for help, people discuss whether people experiencing psychosis are turquoise or red. Later, two participants come in as doctors and approach the woman who has been calling for help and start talking over her head for a long time. When they finally address her, with a simple "Hello, how are you?", something important happens. She starts explaining that they need to know that they are all part of the same bloodstream, and they start a dance together – like blood cells in the same body.

In the end, everyone tells their associations from the “I am...” exercise, for example: “I am a tree with long beautiful branches”. And the doctor in the play instructs the audience to write their own texts, a few lines that could describe them as an object or a symbol. Then the ensemble reads them aloud. In doing so, they affirm to the audience who they really are: “the little chick”, “the empty barrel”, and so on. Finally, we are all presented with the chance to relate to each other.

One of the aims of the project has been reducing stigma, and by letting the audience in, we managed to change roles for a while. We showed the play on the ward, for health professionals, other patients and relatives. One of the doctors who came to watch the play said that it was scary at first because the roles were reversed. Now the doctors were the patients and the patients had become doctors. After the play, the audience and the actors sat in a circle to share their feelings about what they had experienced:

Many things were worth considering here. There are so many prejudices about people with psychosis, I got an understanding of that.

I liked the interaction, it made us feel included and that is important, I think.

It is so strong that it came from inside people living with psychosis themselves. So precious to be let in and hear how it could be to be there, it is hard to know otherwise.

More words were uttered in a most positive spirit, many said they were very touched. Afterwards the participants received hugs from relatives who told them they were “amazing”, “astonishing”, “the best”. Some of them appreciated meeting an audience, but not everyone wanted to be a part of the performance. In order to make theatre projects in psychiatric wards as inclusive as possible, it can therefore be important to focus on other areas that people can get involved in while staging a play – the stage design, music, or directing, for example.

A positive breathing space: Some concluding thoughts

The evaluation of the project shows that most of the participants enjoyed putting on a play. Some highlighted that the theatre meetings helped them to express themselves in ordinary life, that it had been beneficial to use their imagination more creatively and approach life with more creativity. It has also been expressed that it had been nice to have something else to do, something different, that it became a positive breathing space. Other examples show that our meetings had given the participants meaning, a positive solidarity, knowledge, sympathy and more playfulness even in other areas of life. Moreover, participants said that the theatre had given them the opportunity to think in new ways, and that they had gained a greater understanding of the body/mind connection. In addition, the staff learned a lot. A nurse commented that the project had enabled the staff to gain a better understanding of patients’ experiences of the healthcare system. Other nurses also saw how positive the project was for their patients. In fact, they were sometimes surprised that patients who they presumed would be uninterested in participating, joined in and participated eagerly. In this way they learned a number of new things about the people they worked with.

At the beginning of this project we thought we should focus more on stigma, on associations with words such as “hospital”, “healthcare system” and “psychosis”. We did so by building small scenes around sentences from those words. This was helpful, but by focusing on what the participants in the group wanted to do, it became clear that they wanted to explore

creativity, amazing things in life and their fantasies rather than those experiences that had been difficult. And here we are at the core of the process: Together we learned that by focusing on fantasy, metaphor and playfulness, the participants were encouraged to investigate what they are beyond being patients. Here we all learned that everyone is more than their illness. Everyone was a member of the group. As a nurse said: “Everyone is at the same level in this project. There are no nurses or patients when you play theatre!” In this way, they discovered new identities and new possibilities that felt empowering. By performing new roles, relatives and staff also saw the participants in a new light, enabling new perspectives on what the participants were also capable of. In this way, the stigma attached to mental illness was challenged.

Looking back on this theatre project, I recall above all amazing moments of playfulness and laughter. Their presence of the participants, their imagination and collective effort were wonderful to see and be part of. Based on my own experiences from being involved in the project and reflections made by both participants and staff, I have experienced that participatory theatre can empower and promote well-being for the participants. In conclusion, I thus think that it is appropriate to state that a greater degree of culture and creativity could be beneficial in health settings. This project was received rather well on the psychiatric ward because the staff and the participants experienced first-hand that laughter, playfulness, creativity and fantasy can empower and improve the quality of life of people experiencing psychosis. The participants are now in their fourth term and the project will continue. We are going to put on a new play in the autumn of 2020 and start another group in a different ward as soon as possible. With financial support from Region Stockholm, researchers will follow both groups to assess the value of participatory theatre for patients with psychosis more systematically.

References

- Bogart, A. & Landau, T. (2005). *The Viewpoints book: A practical guide to Viewpoints and Composition*. New York: Theatre Communications Group.
- Bäck, G. Larsson, S. & Lönnbom C. (2005). Kroppens poesi: en bok om Sören Larssons arbete med skådespelarens uttryck [The poetic body: a book about Sören Larsson's work with the actor's expression]. Skara: Pegasus.
- Climenhaga, R. (Ed.) (2013). *The Pina Bausch Sourcebook: The making of Tanztheater*. New York: Routledge.
- Flyckt, L. & Torell, P. (2015). Schizofreni är fortfarande en stigmatiserad sjukdom [Schizophrenia remains a stigmatised illness]. *Läkartidningen*, 42.
- Grotowski, J. (1975). *Towards a poor theatre*. London: Methuen.
- Lambert, J.C. (1982). *Cadavre exquis* [Exquisite corpse] in Biro, A. & Passeron, R. (Eds) *Dictionnaire général du surréalisme et de ses environs* [General dictionary of surrealism and its surroundings]. Paris: French & European Publications.