

## Theatre and therapy: A rapid review of related literature

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### Abstract

The available literature on/around theatre and therapy is increasing necessary so as to provide readers/scholars with up-to date resources. This literature, though readily available and accessible to most western countries, its availability to the Cameroonian scholars is still a problem. This review is aimed at providing the state of the art to researchers in the domain of theatre-related therapy in Cameroon so as to enable them, have a fundamental base on which to build and develop their arguments. This is necessary as more interest is manifested by young scholars who are developing concern on issues of therapy. This is a timely concern considering that, many more Cameroonians are suffering from mental health issues and less is done with regards to the development of remedies. Theatre-related therapies are some of the alternative therapeutic modalities that can be used by Cameroonians to provide assistance to mental health patients. The paper follows a systematic review process and highlights various key and ground-breaking researches carried out on/around this area and shows that, if it is effectively applied, theatre and therapy become two sides of the same coin. This narrows the gap that has long existed between arts and health.

**Key words:** *Theatre, therapy, mental health, therapeutic theatre.*

### Introduction

Recent developments on or around therapeutic theatre by scholars and critiques, (Landy & Montgoery 2012 and Schutzman & Cohen-Cruz 1995) have highlighted the importance of revisiting definitional questions and areas where it is applied or can be applied. Considered as a process in which actors (performers/participants) and audience engage to become more aware of health problems and wellbeing (mental, emotional, and social), Robert Landy holds that therapeutic theatre is all about healing and change (Landy, 2013). This includes behavioural and social change. The participants (actors) get involved in a production after which they dialogue with the audience on the theme(s) treated. It is practised worldwide and practitioners attribute different names to it in the same way as they use it in different settings. Theatre in such settings is used for change according to Prentki & Preston (2009, p.12). In the same light, Laura McCammon states that theatre in therapeutic settings is considered as “*practices employed to effect changes for the participants*” (2007, p.946) to emphasise the main objective of these forms.

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In these hybrid forms, art, health and social realities cohabit in the same way as education, social action and therapy in Landy and Montgomery's (2012) theatre for change or theatre, therapy and activism in Schutzman and Cohen-Cruz's *Playing Boal* (1995). Used to help vulnerable masses obtain change to their conditions (both social and mental), the practices cross the participatory and professional arts sectors, combines professionals with amateurs, traditional performing arts techniques and modern imported methods, and creates a space of contact where art, health and social realities cohabit.

This review presents the current trends in the utilisation of theatre in therapeutic settings either as therapeutic theatre, teatrotherapy, dramatherapy, psychodrama, theatre of the oppressed, community theatre, theatre for social change or theatre for development. It considers provides overviews of works describing such practices or analysing them and providing evidences as to their therapeutic potentials. In this guise, budding scholars and researchers on or around this area can have access to some basic knowledge and literature which is still very much lacking in the Cameroonian context. Through this review, readers are conveyed knowledge and ideas that have been established on/around therapeutic theatre and related areas.

In this review, I focus only on research material that is as close as possible to the domain of dramatherapy, therapeutic theatre, wellbeing, Western countries, Africa, and Cameroon in particular, carried out by researchers actively involved in the academia. The selected studies are randomly selected, based on their availability online, for open access. Generally, the selected studies are situated between 2000 and 2022, though some key studies published earlier, are included due to their outstanding influence on the development of the field. I have sub-divided this section into three parts each dedicated to a geographical context for clarity.

**Background underpinnings of theatre and therapy in western conceptions**

Landy and Montgomery (2012), examine therapeutic theatre, psychodrama, dramatherapy, community theatre, theatre of the oppressed and theatre in education to propose a form called "*theatre for change*". Here, the authors revisit the *Handbook of Educational Drama and Theatre* (1982), one of Landy's previous studies, which looked at the above-mentioned forms separately. When this handbook was published, the field

suffered and still suffers from proliferation of designations as practitioners and theorists attempt to identify and define their practice. Through this new approach, the authors portray not only the rich and diverse nature of therapeutic theatre-related practices but also their ever-changing field.

Mady Schutzman and Cohen-Cruz (1995) on their part, examine forms linked to the works of Augusto Boal like theatre of the oppressed, forum theatre, theatre in education, theatre and therapy, political therapy and psychodrama to posit that the main idea in these forms is to assist the emotional and mental health of the participants. Participants in both forms engage in rehearsing strategies for personal and social change. Aguilar (1998) on his part, classifies therapeutic theatre as a form of theatre mediation belonging to the same category as psychodrama. He however posits that there is a new form of theatre mediation at the intersection of art, education, and therapy, but fails to name it. These scholars hereby offer a comprehensive view on the use of the theatre arts in areas of health and wellbeing with particular emphasis laid on their transformative potentials.

Vladimir Iljine, the first to apply the term “therapeutic theatre”, used it in hospitals with patients, in schools with students, and in theatre halls with audiences (Jones, 1996). This showed a diversity of contexts in which therapeutic theatre could be applied. It has developed and nowadays, is used in settings including hospitals, schools, prisons, communities, rehabilitation centres, and private clinics. This utilisation is in line with Fintan Walsh’s assertion that the primary targets of therapeutic theatre are on mental and emotional stimulation (2013). As such, the paradigm applied to mental health will fill the gap left in meeting the psychic needs of the population who need help.

In the area of senior academic researches, Clive Holmwood (2014) is one of the major researchers in the domain of drama/theatre and therapy. Holmwood in this study, describes the similarities and differences between drama education and dramatherapy and the space between them. He approaches this work from the perspective of a qualified, state-registered, experienced dramatherapist interested in the ‘drama’ within the dramatherapy. The core of this research is made up of two ‘case studies’ in two separate schools. One case study is with a ‘drama group’ with broadly educational aims within an educational context. The second group is with a ‘dramatherapy group’ with broadly therapeutic aims within a therapeutic context, though within a school educational

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environment. Both case studies are carried out with the close cooperation of the teaching staff. Across two continents (Europe and America) one can see the differing approaches and perspectives from two of the leading individuals within dramatherapy (Sue Jennings and Robert Landy respectively). This again suggests that dramatherapy is still defining itself. Holmwood believes that his research will be able to further assist both the development of dramatherapy and the continuing dialogue it is having with drama Educators. This opinion is of course verified at the end of his work where he successfully shows the link between drama and dramatherapy. As methodology, Clive Holmwood uses a case study of two separate studies, Ethics as applied by the BADTh, Survey, Reflective Log, Questionnaire (both Pre, mid, and post questionnaires), Video and Audio, and the role of critical observation.

In concluding, Holmwood states that his research project at the very least provides fresh perspectives on dramatherapy. It also provides a new theoretical framework to describe what happens intrinsically in *one* drama and *one* dramatherapy group that allows him to contrast them. This in turn should lead to further development in how the two professions impact upon each other; how they are taught, how they develop, and create a richer dialogue between professionals concerned. Most importantly this research has a positive impact upon practitioner and recipient. It leads the way to larger funded projects in the future which will have a wider instrumental impact on both professions and be able to continue the research into these two fields and as he emphasises, the research opens up dialogue between drama educators and drama dialogues.

Nisha Sajjani's (2021) study on Dramatherapy provides the historical perspective and therapeutic mechanisms used as well as treatment guidelines. In her studies, Sajjani presents a history of the use of dramatic processes to promote wellbeing amongst peoples from Africa, Asia and later on, Europe that were principally drawn from healing rituals. In her 2021 publication, Sajjani exposes some of the key practitioners that were involved in implementing drama-based techniques in health. This practice dates as far back as 500-300 B.C with Bhatamuni's *Natyashastra* and in 335 B.C with Aristotle's *Poetics* as concerns theories; Jung, Reich, Moreno, Grotowski, Stanislavski and Boal as concerns practitioners of the contemporary period. Worth noting also is the introduction of the use of drama-based techniques in psychiatric care by Vladimire Iljine as early as 1908-1917

when he applied it to his patients and emphasis was laid on spontaneity, flexibility, expressivity, sensitivity and the ability to communicate. The key in all these is that, there is a systematic recognition of the importance of using drama and theatre activities in the upkeep of psychiatric patients.

The emergence of the field of dramatherapy (which is a relatively new approach of drama and theatre-based methods in psychiatry) marks a turning point in psychiatric care. Sajnani again shows that dramatherapy is interdisciplinary; combining theatrical and psychological orientations. Practised in more than 30 countries worldwide, dramatherapy provides people with a safe and secure experience that facilitates emotional stability and creative expression through playful, dramatic activities. Positive cognitive and behavioural changes, self-awareness, perspective-taking, improved interpersonal skills, enhanced emotional expression and modulation are key therapeutic benefits of dramatherapy in psychiatric care. For dramatherapy to achieve therapeutic outcomes in psychiatric care, some basic principles must be respected. In this light, Sajnani's draws a connecting line between the four main areas that preoccupy dramatherapists: brief acute inpatient care, long-term inpatient care, outpatient care and staff development.

No matter where it is practised, dramatherapy basically involves warm up, focusing, main activity, closure and de-rolling, and completion. This notwithstanding, Sajnani highlights an important facet of dramatherapy in this study which many scholars/practitioners fail to develop. This is the inclusion of dramatic projection within the traditional talk psychotherapy. In this process, inner feelings, fears, and wishes are concretized within a fictionalized role or inanimate object such as a figurine, mask, puppet, or text, are used to externalize unconscious processes and clarify hidden truths about self.

Lisa Sokil (1999) in a study entitled *An Ethnography of Choice: Active Imagination in the Service of Self-Directed Change*, looks at two techniques of active imagination, embodied psyche and Internal Family System Therapy, as they are used in a dramatherapy context with people who had suffered non-death loss. Ethnographic research and ethics are the methods used in conducting this research, thereby forming a bridge between the roles of therapist and researcher. The links between ethnography in self-initiated change projects and therapy research also constitute part of the content of this research. Many verbatim transcripts from two case studies are employed to illustrate

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embodied psyche and Internal Family Systems, and in discussing the application of these techniques in this context. Veracity, objectivity, and perspicacity as ethnographic qualities constitute the base on which the validity of the research is explored. It is concluded therefore that both active imagination techniques and the ethnographic approach to research are useful in creating structures and experiences supportive of personal responsibility and self-directed change

Kathryn Boyd (2000) on her part, examines the use of dramatherapy with female adolescents. Divided into three parts, part one details personal beliefs and ideologies that influenced the researcher's approach to dramatherapy. Amongst them are the researcher's ideas about hope, respect, and power dynamics; aspects of social constructionist theory (particularly the notion that all realities are socially constructed); and the principles of narrative therapy (namely prioritising girls' knowledge, sequencing life-stories, and externalising problems). This part also examines theories and beliefs about adolescent development. The core developmental tasks of adolescence are discussed from a gender perspective. In part two, six clinical vignettes, which connect issues related to female identity development with dramatherapy techniques, are examined. Also included in this part is role-play (in various forms), which is discussed as an effective means of exploring identity, externalising aspects of self, and storming experience. Part three integrates theory and practice with connections between feminist thought, narrative therapy and dramatherapy as well as a body of professional dramatherapy work with adolescents. As renovation, Boyd brings out methods of practicing dramatherapy as a contribution to the field and knowledge. This dissertation offers reasonable information about dramatherapy in relation to female adolescent which is its focus.

Nicola Bangham (2000), undertook a study on *An Experiment in Integration: Working with "Youth At-Risk" in Performative Style Drama Therapy at the Centre for the Arts in Human Development*. This study presents the experience of two adolescents, traditionally labeled as "youth at-risk", involved in the collaboration of a public performance rising out of Performative Style Drama Therapy Process. This project combines the creativity and dedication of several groups of people including adults living with mental disabilities (the primary participants), University students, Creative Arts Therapists and the two so-called youth at-risk or whom the researcher called "Creative Arts Apprentices". The focus

is on the journey of the apprentices. The process is explored at several levels. The paper begins with a brief historical and factual overview of the phenomenon of Performative Style Drama Therapy and how it is approached at The Centre for the Arts in Human Development. In the second part of the study, Bangham attempts to bring the phenomenon of 'youth at-risk' to task by presenting the apprentices only through the descriptions of themselves. The project itself is presented in detail with transcripts of interviews and journal excerpts offered by the apprentices and other participants in the process. Themes and meanings that emerged throughout the creation period and production are presented and considered in greater detail. The purpose of this research, being the presentation of a "successful" portrayal of integration through the Performative Style Drama Therapy process is met as the researcher provides details of how this therapeutic method works with the youth at-risk.

David Merritt Beare (2002) in a study titled *Therapeutic theatre: the weaving of self and theatre, a performative inquiry of the collaborative play-creating process and optimal adolescent development*, bases on the overlapping principles of social constructivism, performance psychology, drama therapy and therapeutic theatre to explore the concepts of self and theatre. The focus of the research is on the collaborative play-creating process to foster optimal adolescent development. From a theatre facilitator's point of view. Beare uses his play-creating processes with high school students to examine the rationale of development which culminates in a shift from the teaching of theatre arts on the development of theatre to that of people. The implication is that, instead of focusing on developing theatre, this latter should be used to develop people. Based on the transcription of five interviews, Beare comes out with a theoretical framework, involving nine themes, divided into two categories: theatre and self. The understandings underlying this study are on therapeutic theatre's ability to transform and develop people, in this case, high school students.

Gleeson (2004) in *Therapeutic Essence*, embarks on research to find out if there is a difference between the therapeutic effect from a creative arts process and therapeutic effect with intent; a dramatherapy process. She bases her research on a dramatherapy private practice with a general adult population. This study aims to establish whether or not there is a core difference between the therapeutic effect as a result of participating in

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a creative arts group (Lets Dance) and the therapeutic effect from participating in a creative arts therapy group (dramatherapy). The research documents the journey and experiences of a group of individuals who took part in Lets Dance, a weekly creative movement and dance space over five months and then took part in a dramatherapy group over seven weeks. The individuals agreed to document their experiences throughout the research project and to share these experiences with the researcher. The researcher's intention was to use this information to highlight the core differences between the Lets Dance group and the dramatherapy group. Some of the essential ingredients necessary for facilitating therapeutic effect are also examined in this work. Furthermore, the study explores whether there is a different quality to the therapeutic effect derived from the dramatherapy experience than that of the Lets Dance group. From this, one can deduce that Gleeson was involved in a comparative study between dance therapy and dramatherapy.

Carried out in the Université Libre de Bruxelles, a research project on *Dramathérapie: théâtre ou thérapie? De l'atelier, vers la thérapie, vers la psychothérapie*, by Vuilleminot and de Posson (2007), portrays the utilisation of dramatic action in therapy precisely in dramatherapy. The authors question the frontiers between the considerations of dramatherapy as a psychotherapy or complementary therapy. The results of this study show that dramatherapy establishes a therapeutic framework drawn from different approaches in theatre, psychology and psychotherapy. These domains are brought together while laying emphasis on the use of dramatic action to serve as therapy based on five main tools: the link between theatre and reality, play, the body and ritual. Convergent approaches in the practice of dramatherapy are seen to exist in different countries thereby confirming the place of dramatherapy as a psychotherapeutic modality. The study highlights the fact that dramatherapy is an interdisciplinary method of using drama for therapeutic functions though the attribution or not of this discipline to belong to psychotherapy is still a bone of contention among its practitioners.

Whatever positions held or portrayed in the above researches, one truth is settled: drama and theatre are both used for therapeutic functions in different settings and can be termed in different ways by their practitioners. Africa and Cameroon are no exceptions.



### **The African Context**

Academic research on/around theatre-related therapy in the African continent seems to be lagging. This, despite the claim that, some African traditional rituals were predominantly therapeutic in nature, built on purely theatre-based techniques (Animbon, 2016). Some researchers have so far, endeavoured to investigate drama/theatre use in therapeutic settings, though, timidly. In this light, Hela Pearson (2007) in *Dramatherapy With Traumatized Black Orphaned Early-Adolescents In Atteridgeville*, seeks to impart findings that have not yet been recorded in this context in South Africa. Dramatherapy to the researcher is a relatively new field of therapy in the region. The researcher affirms that none of the registered dramatherapists in South Africa in the past focused on the target group of this specific study – thirteen to fifteen year old adolescents who were orphaned living in Atteridgeville. This makes this specific study unique and in all probability, significant. This study serves to build on existing research in dramatherapy, drama, trauma, adolescents and group therapy as a basis for developing a ten-week drama based programme that promotes healing in the target group of participants. The practical application in this work is designed specifically for a South African context which determines the relevance of the research areas. It can be said that this research paves the way for the practice of the community-based therapeutic theatre approach to be explored by other groups, settings, and even countries the world over.

In another study on *Drama therapy community intervention among the Western Cape rural poor: Setting the stage*, Amelda Brand (2008) examines a case study on the use of dramatherapy for community intervention in South Africa. Based on an ethnically distinct and geographically concentrated population in the Western Cape, this study looks at how the lives of this poor population can be impacted positively through drama, particularly, as they represent a poignant case study concerning the impact of historical and intergenerational transference of trauma. Of concern in this work is the fact that a nation's history can affect a people's psyche and identity thereby affecting their lives and contemporary plight. The strongholds of dramatherapy to accommodate and incorporate group work, in trauma treatment are subsequently explored as well. This study argues that the community intervention model of theatre promotes a collective approach towards healing while in the same time; individual processes and needs are not ignored. Placing emphasis on fundamental concepts such as distancing and projective

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techniques, methods enhancing acts of witnessing and being witnessed, it is noted that these tools are well applicable in a community setting and can be an appropriate therapeutic vehicle where the needs of the target population are concerned. Using a bottom-up technique, the norms of intercultural counselling and community psychology guidelines in which dramatherapy/therapeutic theatre as a creative therapeutic medium presents a considerable potential for collaborative working processes with the participants concerned is fulfilled.

The limited number of research material carried out on/around therapeutic theatre in the African context is an indicator that researchers have not paid much attention to this practice and research. This however does not imply that the practice is absent. With a new breed of African awareness, the future of research on/around therapeutic theatre in the African continent is promising. It is noticed that as the focus narrows down from the western perspective to the African context, the number of researches becomes smaller. An identical situation is seen in the Cameroonian context.

**3-The Cameroonian Context**

Cameroon, known for her multi-cultural and diverse background combines a handful of theatrical approaches drawn from a variety of sources. Stemming from traditional ritual performances to modern forms of presentations and performances, therapeutic qualities of theatre can be noted. However, in as much as research on/around this area is concerned, Cameroon has witnessed little attention paid to these powerful and interdisciplinary potentials of theatre to heal and promote developmental health or wellbeing.

To commence with, Polycarpe Oyie Ndzie writing on “*Psychiatrie et théâtrothérapie dans la médecine traditionnelle en Afrique Noire*” in 1978, looks at the impact and use of theatre techniques with the traditional healing process in Cameroon precisely in the centre region of the country. This research, presented during a conference in Dakar on *African theatre for development* brings out the contribution of ‘black Africa’ in the constitution of a scientific arsenal destined to master the psychiatric affections carried out in the course of years, well precise and substantial. The African will to increase the acquired international scientific know-how of psychiatry is seen as an important contribution to this domain. Through the analyses of some traditional healing rites performed mostly in

the centre and south regions<sup>1</sup> of the Republic of Cameroon, Oyie Ndzie portrays how psychotherapy, theatre, and psychiatry are combined by traditional healers in order to heal victims of mental disorders.

In Oyie's views, this study is considered as a base of an African/Cameroonian method of "therapeutic theatre". Despite the fact that Oyie does not use the term therapeutic theatre in his work but prefers 'theatrotherapy' or 'African psychiatry', the description of the process conveys no other message than that of therapeutic theatre. Based on the hypothesis that "*traditional African medicine is fundamentally psychosomatic, notably when it concerns the treatment of mental illness*", the researcher affirms that psychiatry recurses more exclusively to psychotherapy, and confirms its place like a theatre-based medication.

In an article '*Enabling the disabled through theatre*', Samba (2005) discusses the role of theatre to empower the disabled and possibly non-disabled persons in Cameroon. Based on two workshops carried out on a methodology drawn from Paolo Freire's *Pedagogy of the Oppressed*, *Pedagogy of Hope* and Augusto Boal's *Theatre of the Oppressed*, the write-up portrays how theatre can effectively be used to eliminate stigma, educate the public on disability, and empower the lives of the disabled participants. Theatre was used in the workshops as an instrument to instigate transformation in the participants in order to overcome their disability into extraordinary coping strategies.

The projects therefore involved non-theatre professionals in a collaborative and collective reflection of their social realities through a participatory process of problem identification, analysis, prioritisation, scenario creation, rehearsals and performances. This process in effect, transforms the participants from objects to subjects and creates opportunities for them to re-write their histories. Through this, positive and sustainable changes are incited in the lives of the marginalised and oppressed groups.

In this article, Samba exposes the power of theatre in sensitising and changing mentalities on/about disability. The first project titled '*The Rejected*' was carried out with inmates of the Rehabilitation Centre in Yaoundé where disabled persons most of the times find

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<sup>1</sup> These were the Centre and South provinces in the period of the said publication of article.

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themselves. Using drama and theatre techniques, the experiences of the disabled persons were examined and through skits, the audience was presented with a production that called for change in mentalities and attitudes towards the disabled.

The second workshop titled '*The Unsilenced Voices*' emanated from the first. The need to organise this workshop arose when the practitioner noticed the need for immediate change in '*The Rejected*'. This change could either be tangible or intangible, but there was a need for change. Staged during the celebration of the International Day of the Disabled, the performance incorporated participants from all walks of life. This is very typical of open-participatory forms of therapeutic theatre. During the performance, audience-participants were given pieces of papers by the 'actors' to write down the various needs expressed in the play. At the end of the play, a post performance discussion took place during which the audience-participants together with the production crew discussed the various problems raised and sought solutions. It was a collective therapeutic journey undertaken to actively involve the audience in the construction of meaning dear to Helbo (1981).

At the end of these two workshops, one truth was settled: theatre is a forum where individuals can freely discuss their problems and needs without fear of preconceptions. Through active participation in the theatre making process, the disabled participants achieved self-liberation. Their inhibitions and self-doubts gradually disappeared as they dialogued with other participants. Through this, self-identification, self-esteem, self-recognition as people capable of changing their destinies, and self-reliance were embedded in the sub-conscious of the participants.

In another study on '*Arts, Culture and HIV/AIDS Victims: Meeting Community Needs Through Theatre*', Samba (2006) focuses on the use of participatory theatre that engages communities to identify, analyse, and propose solutions to AIDS related issues. It attempts an analysis of the contribution of culture in the spread and/or elimination of HIV/AIDS in Cameroon and the role arts, specifically, theatre arts, is playing in the fight for its containment and eradication. From this, it is seen that the article looks at the role of theatre in the administration of therapy. That is, the author's intention is on eradicating the spread and containment of HIV/AIDS in communities using theatre thereby changing

the people's mentality. At the level of the containment of the infection, a link might be made with stigma, but the aim is not to eradicate it. This article looks at the intentional and unintentional use of drama and theatrical techniques to heal stigma and encourage personal growth, be it through participatory, non-participatory, or mainstream therapeutic theatre techniques.

Animbom in a series of studies, has spearheaded research on/around theatre and therapy in Cameroon. In his studies, he places therapy at the centre of his research because of the importance that it has on the human being. The human being viewed here as a societal animal that, according to Aristotle, interacts with others, is not free of mental health challenges. Art in general and theatre in particular can be used to address the mental health of people in many different settings. Considering that health according to the World Health Organisation (WHO) is the state of complete physical, mental and social wellbeing of a person and not just the absence of an illness, theatre and therapy is seen to stand in the gap between health and arts thereby addressing health needs and/or problems without any particular medical prescription. This places his research as an interdisciplinary hub between arts, health and education.

An exploration of the landscape of theatre used in therapeutic settings in Cameroon was consolidated in a thematic edited book on *Participatory Theatre and Therapy* (Animbom, 2019a). This book was as a result of a call for contributions launched in 2017 under the research initiative of the Centre for Research and Practice on Art-related Therapy (CeFoRPAT) Cameroon. This book, prefaced by a renowned British Dramatherapist Clive Holmwood, is made up of two parts and nine chapters from researchers in three state universities in Cameroon notably: Yaoundé I, Bamenda and Buea. It examines one of the vital functions of theatre in its participatory form: the therapeutic function. This healing function of theatre can be achieved through participatory or non-participatory theatre forms. While both forms are noted to be highly therapeutic, the former is the most practiced in Cameroon in both formal and informal settings. Paradoxically, it is the most neglected in Cameroonian scholarship. This book therefore serves as a foundation towards the further exploitation of the field of applied theatre and therapy in Cameroon as this is the first ever book on this area. The first part (made up of three chapters) looks at the therapeutic foundations of participatory theatre and comedy that are useful to the

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development and understanding of a therapeutic tradition of theatre in Cameroon. The second part (constituted of six chapters), is dedicated to examining the various participatory theatre and therapy experiences drawn from Cameroon.

It is considered that therapeutic theatre is a form of intervention that is aimed at relieving participants from a mental illness. The therapeutic intervention may vary from one practitioner to another, from one country to another and from one genre to another. One truth remains: communicative signs are used to foster change which in itself is healing. It is in this light that theatre-based therapies can as well be used as alternatives even in periods of COVID-19. Animbom (2021) in 'Targeting the mental health impact of COVID-19 in Cameroon: Theatre-based therapies as alternative', proposes theatre-based therapies as alternative therapeutic modalities in Cameroon. While much attention has been paid to other health concerns of the population infected and affected by COVID-19, little is done in terms of mental health. With the precarious state of mental health in Cameroon, this disparity on handling mental health effects of COVID-19 is a call for concern. The question that this study examines is whether mental health is not an important component of health in Cameroon. Through an exploratory approach on the mental health effects of COVID-19 and existing theatre-based therapies, this study suggests that Cameroon should turn to expressive therapies as alternative for treatment. It argues that theatre-based therapies can be employed as therapeutic modalities not only on COVID-19 related mental health impacts but can be used widely to tackle the mental effects of other diseases in Cameroon.

In 'Communication & Signification in Theatre: A Semiotic reading of theatrical elements in Emelda Samba's therapeutic works' (Animbom, 2019b), the manner in which signs are used in a therapeutic theatre setting to enhance not only communication but also change is brought out. The continuous quest to state with clarity that there is effectively therapeutic theatre in Cameroon led to a paper titled 'Therapeutic Theatre: Approaches in Cameroon' (Animbom, 2018). This paper highlights various approaches of theatre with therapeutic outcomes from which a Cameroonian model is informed. Though practised under different appellations in Cameroon such as theatre for social change, theatre for development, community theatre, and theatre of the oppressed, the scene for personal healing is set without prescribing the treatment with preference given to what is

therapeutic than focusing more on the process. In order to put in place an effective methodology that can legitimise the practice of therapeutic theatre in Cameroon, a proper reflection needs to be carried out on the topic. In this light, a study on ‘Towards a Paradigm Shift in Therapeutic Theatre in Cameroon’ (Animbom, 2017a), examined the possibilities of proposing a functional methodology drawn from the widely practiced community-based theatre. Attributed mostly to the domain of therapy, therapeutic theatre as applied in Cameroon is particular with a model which considers participants as ‘a community’ rather than individuals. In the practice, community values, cultures and beliefs are taken into consideration. The complexity of this practice somehow portrays a methodology which is particular to Cameroon and can be categorised as such. The outcome is a therapeutic paradigm ‘community-based therapeutic theatre’ proposed to describe the Cameroonian model.

Therapeutic theatre as portrayed in his research is not only practiced in community settings but in hospitals as well. A paper on ‘Therapeutic theatre: an experience from a mental health clinic in Yaoundé-Cameroon’ (Animbom, 2017b) published in the prestigious UK-based journal *Arts & Health*, shows how this practice is not a myth in meeting mental health needs of patients hospitalised in the psychiatric hospital. It presents a case-study on the utilisation of acting with six patients from a mental health clinic in Yaoundé, and seeks to elaborate the use of the theatre medium for rehabilitation particularly on cases of mental health. A qualitative methodology is concretised by a therapeutic theatre workshop and a description of various theatre activities carried out as well as their effects on the participants which indicate that personal and social change can be facilitated in some mental health patients through the medium of therapeutic theatre.

Following this order, a study of ‘Culture and mental health: an evaluation of *Esie* performance as a community-based approach of dramatherapy in Cameroon’ (Animbom, 2016), published in the *Routledge International Handbook of Dramatherapy*, is the only contribution from Africa in this handbook. This study examines how drama and theatre are increasingly being adopted as integral components of health care, especially in the fields of general and mental health. Employed mostly in community settings, traditional healing practices in Cameroon treat mental patients not as individuals but as belonging to a larger societal construct. The practices themselves are culture-based, passed on from

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generation to generation. This piece presents a Cameroonian peculiarity of dramatherapy with regards to mental health, and presents major challenges and perspectives with regards to its development and practice in a particularly socio-cultural and diverse environment.

### Conclusion

All through this paper, I have been trying to convey the knowledge and ideas that are established on/around the notion of theatre and therapy in general and therapeutic theatre in particular. Far from being exhaustive, this review has attempted to highlight some major academic research works that have marked in one way or the other, research around the use theatre in therapeutic settings.

Researchers out of Cameroon are more involved in research and practice of theatre-related therapy per se. The practice and research have attained a level in which Universities have special programmes designed to educate both clinicians, psychotherapists, dramatherapists, therapists, art therapists, and others on the practice and research in drama and therapy or theatre and therapy or on art and therapy in general. The endeavour of undertaking this review is to establish a background on this field in the Cameroonian context thereby raising awareness amongst the health and theatre practitioners and the general public on the potentials of art and theatre in serving as a therapeutic modality. The limited number of literature on/around theatre and therapy in Cameroon goes to support the unawareness of the field.

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