

**Women's narratives of attending Playback Theatre  
for refugees and asylum seekers: towards new ways  
of seeing, feeling and being with others.**

“..and I felt as if I'm home you understand, with my  
people.”

Kate Glover <sup>a</sup>, Jacqui Stedmon<sup>a</sup>, Alison Fairlove<sup>b</sup>, Amanda Brown<sup>b</sup>, Annie Mitchell<sup>a,b\*</sup>

<sup>a</sup> University of Plymouth, Plymouth, UK

<sup>b</sup> Tarte Noire Women's Playback Theatre Company, Totnes, UK

\* Corresponding author at: Doctorate in Clinical Psychology, Room 504 Rolle Building, School of Psychology, Faculty of Health and Human Sciences, Plymouth University, PL4 8AA; phone 01752 586657.

Email addresses: [ktrglover@hotmail.com](mailto:ktrglover@hotmail.com) , [j.stedmon@plymouth.ac.uk](mailto:j.stedmon@plymouth.ac.uk),  
[alisonfairlove@hotmail.com](mailto:alisonfairlove@hotmail.com), [amabro8@gmail.com](mailto:amabro8@gmail.com), [annie.mitchell@plymouth.ac.uk](mailto:annie.mitchell@plymouth.ac.uk)

## **Abstract**

This research explored the stories of Arabic Muslim women who attended Playback Theatre (PT) sessions within a women's community group in a service for asylum seekers and refugees. Eight semi-structured interviews were analysed using narrative methodology. Five themes were identified: 'deciding whether to tell', 'sharing stories', 'empathy and understanding', 'emotional release', and 'personal growth'. The analysis focused on the 'personal growth' theme, which included reflections on cultural issues and comprised three sub-themes: new ways of seeing, feeling differently, new ways of being with others. We noted links between what happens in PT and what is thought to be effective in established therapies and argue that PT can make a positive contribution to asylum seeker and refugee women and their wider communities. For the women within the current research, it seemed that playback enactments shifted the told story from an individual to a shared representational context, which fostered personal growth and shared connections which were experienced as positive and beneficial. This highlighted the potential value of community interventions outside of clinical settings

*Key words:* Playback Theatre, community psychology, refugees, asylum seekers, narrative research

## **Introduction**

Playback Theatre (PT) is a form of community theatre which enacts audience stories through improvisation. Though not designed to be therapeutic it is frequently seen as such by professionals within PT. Community psychology and social inequalities approaches propose that interventions and prevention strategies for socially produced problems should extend beyond the therapy room and take place

in the context in which they occur (Kagan, 2007). Community psychologists believe that communities generally have the expertise necessary to prevent or reduce mental health difficulties. Accordingly, they support local projects and encourage community links so as to empower communities to help those in distress. The community psychologist Carolyn Kagan (2010) suggested that community needs may be met through the arts, given clear links between the community, the arts, and health and wellbeing. The current research was undertaken within a community psychology framework of understanding, recognising cultural differences in processes of social support and social power. It explores the stories of women refugees and asylum seekers who attend community PT sessions.

A growing body of research supports the therapeutic effectiveness of the arts (Landy, 1997). This is not a new idea: the roots of theatre date back to preliterate societies where local knowledge and customs were passed on through stories in community gatherings which often featured healing rituals and shamanistic processes (Fox, 1986). Aristotle observed that the Greek tragedies were 'cathartic' for audiences and actors (Landy, 1997). Thus the alignment of theatre and healing is not a new development, but a return to older wisdom, a remembering that theatre's origins are entwined with healing.

Current therapeutic uses of drama include Moreno's psychodrama, where individuals act out scenes from their own lives, and Boal's Theatre of the Oppressed, where the disenfranchised are helped to transform social oppressions through role play. In Fox and Salas's PT, audience members contribute their own stories which are spontaneously replayed through the performers' improvisational playback:

*“(Audience) members are invited to the stage to tell a personal story or something that happened, something the teller did, or a dream. The company conductor listens to the story, encourages the teller, asks for details to help flesh out the scenario, and invites the teller to cast the story from the company of actors. Following a signal from the conductor, the actors enact the story for the benefit of the teller and the larger audience, to the accompaniment of improvised music. After the enactment, the teller is acknowledged, asked to approve or correct, and thanked for sharing the story.” (Park-Fuller, 1997)*

Most PT literature takes the form of reflective accounts in which PT professionals discuss their thoughts, observations and insights about PT. These include reflections around the audience feeling heard, processing difficult information, gaining insights and understandings, and feeling connected. Feeling heard “fully, respectfully, and without analysis or judgement” (Salas, 2000:293) is considered an important benefit of PT, particularly for those with marginalised voices (Dennis, 2007). Having others witness the story is thought to enhance the power of being heard (Fox, 1999a) with the audience’s empathic response being a validating feature (Salas, 2000) and enabling sharing and solidarity through discovering fellow feelings and shared sympathies.

PT performers describe how the form allows difficult experiences to be processed: the containing, ritualistic elements of PT create a safe environment where stories of difficult experiences can be told. The subsequent enactment then creates the space, or ‘aesthetic distance’, needed from intense emotions to process the experience (Rogers, 2006). PT is also hypothesised to help individuals achieve insights through the artistic representation of the story (Fox, 1999b) and the cohesive and extended narrative the enactment creates (Day, 1999).

Across the literature practitioners have spoken about how PT apparently increases people's feelings of connection to each other and reduces feelings of isolation (e.g. Salas, 2000). Rowe (2007) believes the shared stories create a type of dialogue which Dennis (2007) sees as generating a normalising experience, giving audience members "relief from aloneness." PT is also thought to have positive effects on the community by helping the audience hear, understand and respect the stories which differ from their own, whilst reflecting back and affirming the collective identity (Salas, 1983). Overall, PT practitioners have noticed various therapeutic benefits of PT and reflected on possible ways it may achieve these gains.

Psychological theories could provide a framework for understanding these potential therapeutic benefits. For example, narrative therapy suggests that we make meaning out of our lives through our stories. Rowe (2007: 39) claims that "effective playback loosens the 'ties' of the story, opens up other possible interpretations and reveals the means through which we make sense of our experience." The telling and re-telling of these new stories before witnesses is believed to strengthen the narrative. Community psychology, as described previously, considers inequalities a contributor to distress. PT can be seen as an appropriate intervention within this framework: through providing a place to hear marginalised voices it responds to the needs of local populations and challenges inequalities.

Although most of the literature explores PT through reflective accounts, few studies have investigated outcomes and audiences' experiences of PT. Rousseau and colleagues' various studies have found positive effects of a PT based creative workshop program designed to facilitate the adjustment and integration of refugee and immigrant adolescents (e.g. Moneta & Rousseau, 2008). As PT privileges hearing silenced voices it is well positioned to work with such disempowered groups.

More recently, Moran and Alon (2011) investigated the impact of a PT course for adults with 'serious mental illness'. Positive trends were observed in measures of self-esteem and personal growth. A thematic analysis of qualitative survey responses indicated personal benefits of 'fun and relaxation', 'creativity and self-expression', 'self-esteem', and 'self-knowledge'; and interpersonal gains of 'connection with others', 'enhanced empathy' and a 'sense of being part of a group'.

Taken together the research and professional reflections within the literature base provide early indications of PT's therapeutic impact. However, any real conclusions about therapeutic benefits are restricted by the limited research. Furthermore, contrary to PT values, the voice of the audience is generally absent from the research. Park-Fuller (2003) suggests this may be due to difficulties in measuring changes in the audiences' social views or the impact on the community combined with the more privileged position of performers rendering them more accessible for exploration of their experiences.

This research aims to build on the evidence base of PT whilst emulating its underlying values of hearing marginalised voices. It explores the impact of PT on audience members from the perspective of women within a refugee and asylum seeker community. In line with PT's aim to keep individual's stories intact, this research takes a qualitative approach, employing a narrative methodology which aims to preserve the stories of the participants.

## **Methodology**

I (KG) used a narrative research methodology to explore how individuals make sense of their experiences of PT. Narrative methodology and PT have mutual philosophical aims to preserve whole stories and hear the voices of those not

represented by dominant discourses. This approach assumes that, through narratives, we temporally sequence events in our lives to form a plot which links them together in a meaningful way (Murray, 2007). This process of storying acts to impose some kind of order on the disparate experiences within our lives. Reissman (2004) suggested that the narrator will tailor stories to the audience thereby giving narratives a performative element. In this sense, narratives are “doing” something such as remembering, justifying or entertaining. Therefore, as well as looking at what is said, the ‘how’ and ‘why’ (i.e. the structure and purpose of the story) are also explored in this narrative framework.

Within narrative methodology there are no claims of objectivity but an acknowledgement that ‘theoretical perspectives, interests, and modes of questioning’ (Reissman, 2004) will influence the findings. In an effort to reduce the impact of personal bias, I set up a mixed research team with a clinical psychologist supervisor with no experience of playback (JS), playback performers (AF, AB), and a clinical community psychologist (AM) who is a playback performer. I conducted ‘bracketing interviews’ (Ahern, 1999) with JS prior to, and following, data collection. Roll and Relf (2006) suggested that the interactive and dynamic use of ‘bracketing interviews’ renders implicit assumptions more open to conscious reflection. Ahern (1999) recommended using reflexivity to identify areas of potential bias and to bracket them to reduce their effect on the research.

I explored initial assumptions about what types of narratives might present; and how my personal and cultural values and beliefs might impact on the research. For example, I have approached the research from a community psychology perspective. From this position I am interested in exploring the role PT may take within communities and whether it can help to reflect upon, process and support the

types of stories told within a clinical context. Perhaps due to my Trainee Clinical Psychologist role I viewed PT as a powerful way of telling stories that seemed to be of potential therapeutic value. My preliminary research questions included: What stories do others tell about PT, how do they tell them and are these stories therapeutic?

### **The context of the research: PT and Soft Creations**

A sewing group, 'Soft Creations', was set up by a charity in the south west of England, START (Students and Refugees Together) for women in the refugee and asylum seeking community. START is a community project providing a range of support activities for and with local asylum seekers and refugees and those with temporary residential status. In 2010 a collaborative project was set up whereby members of a women's PT Company, Tarte Noire, gave 25 performances at Soft Creations sessions: sets of four to six weekly sessions, each of about an hour and a half. The PT performers (ranging from 2-5 across performances) were all white Western women. PT was adapted to try to ensure cultural sensitivity. For example, a shared language of English was used throughout with long pauses for informal translation between the women; the actors used fewer words and spoke clearly supplemented by gestures and body language; sometimes the actors gathered around a teller to hear requiring focussed concentration to listen to stories told in English as a second language; young children were welcomed, and although their sometimes noisy presence might have felt disruptive in some Playback contexts, here they seemed to contribute to an atmosphere of fun informality which seemed culturally natural; women coming and going from the room taking phone calls or leaving to attend to family members; the collage form was often chosen and the



actor who first took the role of the teller's actor would remain in that role throughout the enactment. Any women from the asylum seeker community were welcome to attend the performances.

## **Participants**

Following ethical approval from Plymouth University, I attended several Soft Creations group sessions and approached group members to ascertain their interest in participating in the research. Interviews were arranged at a location convenient to participants, usually their homes or the university.

Eight women with refugee, asylum seeker or temporary residential status participated in the research. All were Muslim women, from Arabic speaking countries, aged 17 - 34 years old. All had attended at least one PT session. Five had attended for over a year, one had attended twice and two had attended once. All had told at least one story at PT. Seven of the women were married and six were mothers. Information was summarised, with pseudonyms, to protect participant identities.

Participants were given information about the research and confidentiality was discussed before informed written consent was given. The audio-recorded interviews lasted between 30 and 75 minutes and were conducted in English. While a translator may have overcome some issues around language barriers, we felt that introducing an unknown person could have created a formal dynamic within the interview, potentially inhibiting responses. Two participants chose to bring a family member with them to act as an interpreter at some points during the interview.

## **Data Collection**

The interviews started with the following narrative inducing question that invited participants to tell their story of attending PT:

*Tell me as much as you can about your experience of Playback Theatre. This might include what it's like to tell a story here and what you get out of coming to the sessions. It may help to think about what it was like when you first came to Playback Theatre and what it's like now.*

The interview continued with a semi-structured format used flexibly, adjusting to the flow of the narrative. Questions were devised collaboratively with PT performers (AF and AB) and designed to elicit narratives about attending PT sessions, telling stories and listening to other women's stories.

## **Data Analysis**

Data analysis was conducted in two phases. First, the interviews were transcribed verbatim by KG, read repeatedly to gain familiarity with the data and annotated with comments related to potential themes and metaphors (Murray, 2007). As a validity check, one transcript was reviewed by PT performers (AF and AB). Extracts linked to potential themes were selected for each participant. In collaboration with PT performers those extracts felt to be most closely related were grouped together. The groupings were reviewed, and some categories collapsed to form five recurring themes within the narratives. Triangulation, where narrative summaries were thematically analysed by JS, was used as a further credibility check.

Second, narrative features for each participant were considered. These included mapping out storylines through narrative summaries, looking at the overall

genre and tone of the narrative, and considering the performative elements of the narrative (Riessman, 1993).

A member check with the participants who wished to partake further was used to verify that their stories were accurately represented. Participants were given a synopsis of the findings and extracts from their interview, with the accompanying analysis and were asked to provide feedback on the authenticity of the interpretations of their stories.

## **Results and analysis**

Five themes were identified within the narratives. These fitted around the general story components of scene setting, plot and story resolution: the processes involved in becoming a teller ('deciding to tell'); what happens as a story gets told ('sharing', 'empathy and understanding' and 'emotional release'); and the impact of the sessions afterwards ('personal growth'). The super-ordinate themes are briefly outlined before focusing on narratives about 'personal growth'.

### **Becoming a teller**

Most of the stories contained a sub-plot of becoming a teller. This storyline involved an initial period of 'sussing out' PT; establishing trust within the group; and building the confidence to tell a story. Some women framed telling as a dilemma: a desire to tell, so as to experience the associated 'release', but also a risk of shame through transgressing cultural boundaries around keeping personal stories private. The women assumed a position of agency in deciding where their personal boundaries lay and what may remain "secret": they considered who the audience members were, what judgements the audience may make and how they may feel

after telling. However, there were some stories where this was misjudged by tellers. Consequently, boundaries were either altered to avoid future regrets or maintained with the expectation that any regret would be short-lived.

## **Sharing**

Sharing in front of other women served different functions within the narratives. Witnessing a story enabled others to connect to the experiences shared and opened up related discussions. One woman described how PT helped her to show her feelings and 'let the others know what I want to say'. Another woman described how hearing that other people felt the same made her 'feel normal'. Some women used the discussions and enactments as a way of getting advice or learning from others' mistakes or experiences. For others it was to build 'community with others'.

## **Empathy and understanding**

Each narrative contained a thread about the quality of the acting. This was evaluated as important not only for the aesthetic value but to signify that the actors had understood the teller. The accurate portrayal helped share the story's meaning with others: everyone could "understand it through the story". One woman described gaining an understanding of what others had experienced: "You don't know how it was and how they are living until they say something". Many accounts observed how the actors and audience members were moved by the story. For one woman the ensuing empathy and support fostered a sense of belonging. She said that after telling her story others came and hugged her, "and I felt as if I'm home you understand, with my people". For others, sharing in each others' emotions was a validating experience.

## **Emotional release**

The narratives of those who became tellers had the common plot feature of experiencing an emotional change or 'release'. There were different stories about this release. In each story, telling was the event which generated some metaphorical mechanism of release. Examples were 'spitting out', 'a weight lifting' or 'putting on a plaster'. Other narratives related to the benefits of being in contact with painful feelings.

## **Personal growth and change**

Each narrative had a storyline of change or personal growth. These narratives were characterised by a dynamic process of change for the teller leading to a transformation in their views of themselves and others, their feelings, and in their ways of being in the world. This theme is explored in greater detail.

**New ways of seeing.** The outcome of seeing things differently was attributed to PT's function both as a reflective mirror and forum for sharing knowledge.

Soaad compared PT to a video camera which replayed events just as they occurred, and which then enabled her emotional expression and new understanding.

"And it's strange; we don't know how your life is, if you don't watch it. It's like you put a video camera into our house and we see the stories that we made and the life, our life, our normal life. And the first time I told them my story it was about gathering and seeing my parents and seeing my other sisters and you know the normal life in our country and they do it and they play it back and I felt so emotional. I saw how I feel by them... you don't know

how it was, the fact that you live, unless you have somebody play back to you like a video camera.”

Bushra similarly positioned PT as a mirror reflecting back the truth, assisting in processing of her experiences and providing space to evaluate her role within the story. This function might enable tellers to decide how they want future stories to end, thus editing what may otherwise be a repetitive story within their lives.

“You see yourself like a mirror: exactly. Sometimes I see myself very happy, and sometimes no, sometimes busy with the children.... If they play the upset about the bad situation I feel I should be stronger and patient, not always I cry but in our language we say cry is our weapon, we haven’t got anything to do but sometimes I think my experience is wrong, because I need to be patient not more emotional... I try to choose the bad things and cut it away and just tell the good things... We see our self we didn’t see it before for me, yeah, cos I haven’t got mirror in everywhere in my house yeah, if I am mum at home I see myself and I think I’m was a good mum, very nice and it’s a good feeling.”

In Bushra’s story she suggested that by looking in the playback mirror one can see things that were previously unnoticed thus moving the teller beyond reflections that could be made independently. She noted the encouraging quality of seeing oneself represented positively.

When Ryam looked into PT’s reflective surface she saw her story from “the other side”. This allowed an inner dialogue to begin where she could protest to herself about her actions and consider alternatives.

“And they, I don’t know something unusual when they are acting about story. You are like watching your story but in the opposite way or in the other side so you will see something, maybe you shouldn’t act like that you shouldn’t say that.”

Ryam’s story continued by suggesting that watching and reflecting on the enactment enabled her to rehearse, or ‘have more experience’ about new ways of being. Perhaps, like Bushra she was also trying to edit the way future stories in her life will play out.

Instead of positioning PT as reflecting back, other portrayals suggested it as a window through which to see other cultures. This led to different perceptions about, or adaptations to, another culture. For example, Soso set her story’s scene by describing her previous perspective about “the problems in Iraq” where she located the country’s difficulties within its people. In the extract below she identified watching the enacted stories of women from Iraq as a turning point for her shift in thinking:

“(PT) is change my mind. If no theatre no make this drama for me I not think Iraq good. I will feel the people is not OK in Iraq, the people is not good but this has changed my mind.”

Other narratives emphasise adjusting to English culture through sharing stories and talking with PT actors. In the extract below Bushra presents PT as filling a knowledge gap about local culture whilst providing an opportunity to practice English. The story creates a sense that there are barriers to learning from locals which disappear in PT.

“And that’s another thing, you know about the culture and they ask [the PT actors] about the culture here and they told us more and this was very nice because you know we haven’t got English friends here and we want sometimes to know about something and they told us about the culture ... so we know lots about the culture yeah, yeah and improve English, yeah, because we speak English....this very nice”

Bushra spoke with a collective identity using ‘we’ over ‘I’. This could relate to the idea that whilst westerners take an ego-centric view of the world non-westerners have a socio-centric perspective (Kessler et al 2014). However, another interpretation is that Bushra was emphasising the sense of community within the group, and the benefits which go beyond an individual to a group level. Perhaps PT is a place where Bushra’s personal and social narratives overlapped as the group formed part of her evolving identity.

The thematic strands of practicing English, developing community, and learning about the local culture were also present in Nisoor’s account:

“I am happy for this course to speak more English cos my English is little and community or women to teach and learning something for you, for me ...it’s good to know another culture and to know how another is thinking so you can be with these people.”

PT was ascribed the role of tutor: facilitating adjustment to a new culture through language skills and insider knowledge.

**Feeling differently.** Most of the personal growth narratives involved a transformation of feelings for both tellers and audience members. Some suggested



telling resulted in feeling like “something heavy disappear from my shoulders”. Similarly hearing others’ stories about “the same problem” can also “really help” those who have not shared their story. In the following narrative Soaad related how sharing stories can be normalising, reduce feelings of isolation and shame, and increase confidence.

“It is funny you feel like you’re alone with this problem or something like that but when you tell them and you see that all the ladies or girls agree with you, it happen to them also. Like me, I woke up in the morning and do this and do that and do that and do that and I feel like it’s my routine only, no other lady or family have the same as me. But when I say my story or tell my story and all the other ladies agree with me I feel that they have the same problem so I’m not alone in this situation. Yeah it made me feel normal... and it makes us feel confident because you’re telling your story, you’re telling your problem and you don’t feel shy or ashamed about it. You share it with everybody and you know how to share problems because when somebody doesn’t tell their problems and kept it inside they will feel like they are in prison or something like that if we tell we slightly open this door, you know, may get out and get people in.”

The analogy to a prison cell provides a powerful metaphor conjuring up ideas of isolation and hopelessness. In this narrative sharing took on a key function, or even functioned as a key to unlock the tight grip of problems. Through its sharing component PT was allocated the dual role of liberator and nurturer which facilitated personal growth through two routes: escape from the isolation of one’s problems and envisioning problems as normal and therefore diminished in strength.

In other narratives the emotional shift was one of renewed strength and hope. In the following extract Ritaj used empathy, understanding and support from others to validate her own experience and renew her hope for the future. There was a sense that the characters in this story shared strength and empowered Ritaj to face adversity with resilience.

“She said that they give her a power; and they push her to go on; and she has a big hope in her future. If she stop or have struggling in some way, she need to struggle to reach her aims or the goals; and they give her really push up to continue her life even when she have some difficulties. One day she will forget all these difficulties and they, just the difficulties, will be like a memory.”

For Lojain, this renewed feeling was in the form of her resolution to remain committed to a fight for change. Lojain spoke about watching the enactment of her home country’s revolution:

“Especially when they are shouting “Yes! Change! Change! And change!” I feel the crowd of my people when they are going to the demonstration. I hear the people shouting “down down Hamad’ everything will change, freedom to people just release all the prisoners from the jail.” When they say change, change, change sometimes from the drumming and clicking I feel like it’s time to change and we will not stop until the really change happened. ”

Lojain’s story told of feeling disconnected from her home country and removed from political action. In the story episode above she described feeling reconnected to the issues through the enactment and motivated to continue her fight for change and freedom.

**New ways of being with others.** Several personal growth narratives focused on changes in ways of being with others. For some this was through developing skills of patience and confidence while for one woman PT fitted within her ongoing story of cultural change.

In Soso's narrative of developing patience she recollected painful stories heard at PT, then made comparisons between her own life and other people's. Soso discussed how her experience of PT enables her to put the demands of her own life in perspective:

“You know this theatre, this playback, I think it help us you know for other people, for a set of story maybe hard story, maybe you learn. And sometimes I'm tired, I have three kids but sometimes you hear a story and think “oh OK, I'm just tired.” When you hear people have big sad than you, you think “OK, I'm very fine”. I have patience now for any problem I think it is OK for me.”

In other narratives PT was situated as assisting the development of confidence in speaking publicly and also within personal relationships. Inas's narrative began with a period of familiarising herself with PT before building up the courage to tell a story. She spoke about how this confidence has developed, now characterising herself as having agency, being able to speak her mind:

*“I don't have confidence before but now because of this thing I think maybe I can say in public, can stand in public and say what is in my mind, yeah cos I've never done that before”*

Ryam provided two stories of increasing confidence: within her own relationship and the local community.

“Maybe we are now like more confident especially with our husbands we can talk to them, we can let them think about us, that we are important, that we are human beings, that we have feelings like they have. It makes me more confident to be honest. Because when I saw them acting about our stories like I have more experience about how I will act the next time, how I will say the next time, how I should be, like I should be more stronger; I should be more confident... I have to trust myself.”

Ryam spoke of seeing something different in her story through watching the enactment, as described in the ‘ways of seeing’ theme. She used these insights to consider how she could act differently and how she altered the dynamics of her relationship. As in Inas’s story she attributed increasing agency to herself. This was perhaps reflected in the way she told the story, moving from using a collective identity (we) to an individual identity through the use of ‘I’. In another story Ryam described her concern over how she might be judged by English women. She identified talking with PT actors as increasing her knowledge of English culture which impacted on her interactions within the local community:

“I feel like I’m confident and especially more confident with the women but more confident with the English women like that. So when I go to the market or any place I can talk with them and I can be friends with them after the theatre playback”

PT was also seen as a place where telling political stories became a political action.

“All the media are talking about the revolution except in Bahrain...and they just keep covering and saying nothing is happening in Bahrain and in reality it’s a very bad revolution and very bad situation in Bahrain dealing from very bad treating from the government to its people and I told that, I think that I am the voice of my country so it’s a little bit media but I can show the others how my people are suffering there and the situation there are not stable at all and really it’s very bad ...for me, I feel happy because I let the people or the others know about our revolution so maybe they were blind or deaf somewhere, somehow I think that I remover their sunglasses and open their ears in some way so...I give something to my country.”

For Lojain, PT featured within a wider canvas of change. Her story described how she needed to feel connected with her country and participate in political actions like demonstrations. Telling of her country’s predicament through PT was an action within a pre-established change narrative. In this story Lojain not only situated herself as agentic but gives herself the role of liberating others so they can think for themselves too.

## **Discussion**

The storylines presented PT as a process where the telling of stories promotes feelings of connection, trust, validation and empathy; thus reflecting Salas’s (2000) observation that an audience’s empathic response is validating for tellers and reduces feelings of isolation. The cultural differences between audience members and performers were framed positively; the audience members connected to each other through their shared experience but still valued the empathy of the Western actors and the opportunity to learn about English culture. Contained by this empathic

context both painful and joyous stories could be told, with the former particularly associated with emotional release.

PT was identified as facilitating personal growth through changes in the way the women saw themselves and others, their feelings about an experience, or their way of being with others in the world. This supports Moran and Alon's (2010) finding that personal growth is facilitated through PT and Fox's (1999b) claim that PT enactments can help individuals gain personal insights.

In deciding whether to tell a story the gains of personal growth and emotional release were weighed up against the potential risks of shame and regret. The women carefully considered which story they would tell, who was in the audience, how those people might judge them and how they might feel after telling. Rowe (2007) noted the criticism that PT is 'therapy without boundaries'. Contrary to this, the present research provides evidence that audience members made pro- active choices to enable their own safety within the PT structures.

### **PT and psychological theory**

Psychological theories of change might offer frameworks for understanding the therapeutic potential of PT. Examples from psychodynamic, systemic narrative based models and community psychology perspectives are discussed.

The stories in this study contained the idea that watching one's story enacted can lead to emotional release. This has previously been linked to the 'aesthetic distance': when the cognitive 'over distance' created from an observer role and the affective 'under distance' from the personal significance of the story become balanced (Landy, 1997). This notion relates to the concept of emotional regulation

from attachment theory where oscillating between experiencing feelings and processing them via carer feedback helps create reflective meaning (Bateman & Fonagy, 2006). Similarly, Fink (1990) links the aesthetic distance in PT with psychodynamic approaches. She suggested that they tap into the same therapeutic processes: the re-enactment or re-telling enables cognitions and affect of past events to be re-experienced and integrated, thus leading to recognition, acceptance and catharsis. Some of the stories in this study described recognition where watching the enactment helped 'tellers' see something new in their story.

Insight is also thought to play a role within narrative therapy. Gonçalves & Ribeiro (2012) suggested that innovative moments, similar to uncovering unique outcomes, characterise therapeutic change. Two of the five types of narrative change they described are 'reflection' and 'performing change'. 'Reflection' refers to "new ways of thinking, feeling and new understandings about the implications of the problem in the client's life that allow him or her to defy the demands of the problematic self-narrative." This may correspond with some of the stories within the personal growth theme in the present research. Through watching their stories played back tellers can see, feel and think about their experiences in new ways.

The transformative narratives within 'ways of being' also overlap with Gonçalves & Ribeiro's narrative of 'performing change': the 'process of transforming in-therapy outcomes into extra-therapy changes'. PT could be a place where narratives of innovative moments are attended to and perhaps strengthened. PT has the potential to challenge inequalities by firstly allowing hidden stories of inequality to be heard and secondly by providing space for reflecting.

From a community psychology perspective PT maintains the preliterate theatre tradition of passing on cultural knowledge. Sharing stories led to learning from others' experiences and wisdom, thereby making use of community resources and promoting social support (Orford, 2008). This approach is consistent with community psychology's emphasis on working outside clinical settings in the context where life stories are created. Within PT there are no attempts to 'treat' those who tell stories, just to listen and enact: power for change is located within the community itself, not a clinical 'expert'. For the women within the current research this was enough to foster personal growth which by any other name could be called therapeutic. Although the women talked about bringing their own problems to PT, their enactment shifted the told story from an individual to a shared representational context.

### **Specificity of the research and clinical applications**

One woman in the study commented that attending psychotherapy is shameful in her culture and is to be avoided; instead, PT became her psychotherapy. This highlighted the importance of having community interventions outside of clinical settings. The stories told in this study indicate that PT provides a place for personal stories to be heard, supported and reflected upon. This is especially important when making sense of disruptions to everyday lives. The participants in this study had not just experienced the disruption of moving country but also devastation within their country of origin. The research took place at a time of mass revolutions and uprisings in many of the women's home countries, referred to as the Arab Spring or Arab Uprisings. PT may be a place where meaning can be attached to disjunctions and the subsequent difficulties of relocating to a new culture. Through the



connection and support which all women described, PT could be viewed as taking a preventative role in the development of personal difficulties by creating a community capable of supporting those in distress to make meaningful changes within their lives.

This research was not designed to be generalised to all populations: the narratives are specific to the context of Arabic Muslim women, living in England, speaking to an English woman for research purposes. However, considering the idea that we draw on available cultural discourses when meaning-making, the findings may be relevant beyond this setting. The findings provide some preliminary evidence of the therapeutic effectiveness of PT for women who are often underrepresented and unheard and yet have experienced significant disruptions to, or traumas in, their lives.

### **A subjective and reflexive perspective on research limitations and improvements**

Analysis of narratives is a subjective interpretation of the data. This version has been privileged by the power that accompanies researcher status and is just one way of representing the data. This research represents 'Otherness' (Kitzinger & Wilkinson, 1996) along many dimensions. My identity (KG) differs from those who participated in the research: I am White English, not married, have no children and consider myself a feminist. We (all authors and participants) have the commonality of being women but our experiences of this will be very different.

Though cross-cultural research has been criticised as presumptuous in assuming the voice of the Other, Livia (1996) suggests speaking only for ourselves acts to maintain the silence of less privileged voices whilst increasing the dominance of white Western academics. One way the research may have addressed concerns

around interpreting Others' stories through one's own cultural frame of reference is through collaboration with someone from a refugee or asylum seeker perspective during the analysis phase. However, there are arguments that this can be tokenistic since one person cannot claim to be representative of their social group. Therefore, bracketing interviews were adopted here together with member checking to minimise the impact of the researcher's cultural background, assumptions and beliefs.

Further, participants involved in the member checking process agreed that the research gave a valid representation of their stories. One woman added that the identification of PT as confidence building was perhaps more significant than I had described. She told me that "Muslim women don't describe themselves in this way usually" and therefore the finding that women describe PT as increasing their confidence is very important. Another woman found the theme of 'becoming a teller' particularly fitting to her experience and commented that the stories not told were usually those around their relationships with their husbands.

Overall, this study addressed the lack of research exploring audience experiences of PT and provides preliminary evidence for its benefits within a refugee and asylum seeker community. It provides some validation of PT performers' reflections on what is effective within their practice. However, much more research is needed to explore how other groups of individuals understand their experiences of attending PT sessions in both clinical and non-clinical populations. Further research might explore the long term impact of PT. Some of the women in the current research spoke of the powerful impact of PT after just one or two performances; therefore, it would be interesting to explore audience perceptions of one-off performances as well as within ongoing groups, perhaps after six months or longer.

## **Conclusion**

The themes identified in this analysis combine to create an overall story of PT as a community approach where the telling and hearing of stories takes place in a safe and supportive context thereby facilitating emotional release and an experience of personal growth and change. The stories told about PT mirror some aspects of formal therapies that have a proven evidence base. For example, the stories described an emotional release, the development of personal reflection and insight, and personal transformations such as becoming more confident or patient. These helpful aspects of PT can be understood within psychological frameworks such as psychodynamic and narrative therapy. However, unlike formal interventions, PT offers the continuity of friendships and support within a real community setting. This form of supporting others is in line with community psychology perspectives which help mobilise resources within communities as a way of providing prevention and intervention strategies.

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