

# Interpersonal and Communication Skills Development in Therapeutic Theatre

Paul Animbom Ngong

*Received 14 Aug 2014 Accepted 22 Sep 2014*

**Abstract**— Man as a societal being, lives in community settings with other people wherein communication is needed in all daily interactions. Through communication, people are able to share understandings, protect one another and develop methods of solving problems encountered. For these results to be achieved, community members need to develop adequate interpersonal and communication skills which can enable them interact with each other. One approach of developing the aforementioned skills is through therapeutic theatre, which as a forum, permits community members to partake in improvisational acts. It becomes important therefore to find out how these improvisational acts facilitate interpersonal and communication skills. Based on a review of improvisation for therapeutic purposes, this article portrays that the act of engaging in improvisational enactments by community members go a long way to foster the development of interpersonal and communication skills and the enhancement of wellbeing.

**Keywords**-interpersonal; communication; therapeutic theatre; improvisation; wellbeing

## I. INTRODUCTION

Theatre is generally considered as a form of communication. In this form, channels of dialogue and non-verbal exchanges that occur between characters, between the stage and the 'supposed audience' and between audience and audience all constitute communicative schemes. This by implication involves a theory of communication taking into consideration the relation that exists between individuals. This relation is heightened in therapeutic theatre as participants involve in improvisation acts that affect/effect not only their psyches but also their capacities to interact and communicate. It can be assumed from this that there is no "non-communication" since the silence and inaction of the participants themselves are all sorts of behaviours, consequently making communication a permanent aspect of daily activities. These activities can be re-enacted using various techniques like role play, storytelling and improvisation. In this write-up, I examined the role of improvisation in therapeutic theatre with focus on its use by participants to improve upon their communication and interpersonal skills.

Although many studies have focused on the development of communication skills amongst nurses, little is consecrated to

the evaluation of improvisation for interpersonal and communication skills in therapeutic settings. As much as it is important for the caring community (nurses and physicians) to work on their communication skills, it may be equally necessary for the patients or participants in any treatment or therapeutic process to do same. From this, it is noted that a well-practised communication exercise will eventually be ineffective if the notion of interpersonal relationship is ignored. In therapeutic contexts therefore, it is important for the parties concerned to consider their relationship to be of equal importance as their activities. Considering that it is difficult or impossible to communicate without any form of relationship or contact created between two or more entities, the following questions can be asked with regards to the use of improvisation in therapeutic theatre. How do participants make use of improvisation to develop their communication and inter-personal skills which eventually affect/effect their wellbeing? How does it function when applied in a setting that breaks the linear communication channel long held by Jakobson [1] wherein communication consists of a sender-message-receiver with the context, channel and code operating in the same degree as message? These questions all point to a common process in which communication and therapeutic theatre work hand in glove.

## II. COMMUNICATION AND THERAPEUTIC THEATRE

As mentioned earlier, the basic process of communication is linear, combining sender- message- receiver; context, channel and code. The message here provides the basis to an action since it is coded by the sender and in turn decoded by the receiver in a particular context using a given channel. The coding and decoding process required is an indication that a message transmitted is not by any means a perfect, transparent vehicle for 'meaning': it mediates meaning as a result of being in a channel. According to Charlton C.R., Dearing K.S., Berry J.A., and Johnson M.J., [2], biomedical and biopsychosocial communication represent the two major communication styles within health-related domains. The biomedical communication style is information focused as it concentrates on giving specific information on patient's condition. The biopsychosocial style on the other hand, seems to be more patient-focused since it has a more demonstrable impact on patient outcomes. In therapeutic settings therefore,

biopsychosocial communication is the style which is and can be adopted in a similar manner as in therapeutic theatre<sup>1</sup> which itself is a holistic practice.

Therapeutic theatre can be considered as a self proclaimed fiction made of improvised conflicting acts and improvised training which tries to heighten participants' sensitivity to improve their ability to communicate feelings and thoughts verbally and by gestures. It is a therapeutic development of a play in which roles are established with intentional therapeutic goals in mind or not; facilitated by a trained facilitator or therapist; brought to culmination in a performance for a community beyond the social sphere of the group; and the entire process having a post-performance processing or discussion to deal with the issues that have been raised, provoked and evoked in the therapeutic work. This is similar to the process in psychodrama<sup>2</sup> and dramatherapy.<sup>3</sup> These later are well explored fields in a number of countries including the United Kingdom and the United States of America.

As for therapeutic theatre practice, communication skills such as listening and attending, empathy, information giving and support are developed through improvisational acts. Though the process involves coding and decoding, it cannot however, according to Mounin [3], be reduced to a talk on theatre as a theatre 'language', a 'signifier' and a 'signified', or a brechtian 'syntax' or better still of scenographic 'coding'.

Despite this observation, communication in therapeutic theatre involves the delivery of coded messages (acts) between participants who in turn, decode them through their interactions. This joins semiotics at a mediating position between the 'neutral' and 'meaningful' understanding of communication. The notion of communication in therapeutic theatre hereby goes beyond that of sharing, being in relation with, drawn from its etymology, and the relations in English like 'common,' 'commune,' and 'community,' thereby suggesting an act of bringing together (Cobley [4]). Therapeutic theatre in this case may present a perfect ground for community members to commune and communicate. It offers participants the opportunity to interact in meaningful and challenging communication encounters, engage in ethically rich communication situations and discussions,

<sup>1</sup> According to Phil Jones, Vladimir Iljine is the first psychiatrist/theorist to have theorised and explored the area of therapeutic theatre. This occurred in the early 20<sup>th</sup> century precisely in 1909. Though theatre practice had as early as 1813, been applied in psychiatric hospitals, it was not until 1909 with Iljine that a name was given to describe the practice. Moreno followed with Psychodrama (1920s) and later, dramatherapy (1970s).

<sup>2</sup> According to the British Psychodrama Association, psychodrama is an action method, used in psychotherapy in which clients employ spontaneity, role playing and dramatic self-presentation to investigate and gain insight to their lives.

<sup>3</sup> Similar to psychodrama, dramatherapy according to the British Association of Dramatherapists, is the use of theatre techniques to facilitate personal growth and promote health. It uses all performance arts within the therapeutic relationship but differs in practice from psychodrama and therapeutic theatre.

thereby permitting them to enhance not only their psychological state but also to enable them develop their interpersonal skills. One of the methods employed to develop communication skills and interpersonal relationships in therapeutic theatre is improvisation.

### III. IMPROVISATION, COMMUNICATION AND INTERPERSONAL SKILLS DEVELOPMENT

Before examining how improvisation is used to facilitate or to develop communication skills and interpersonal relationships, it is important to take a brief look at the notion of therapeutic theatre. Apart from looking at all forms of drama or theatre to contain therapeutic qualities (Landy and Montgomery [5]), practitioners have developed complete working methodologies on this domain. Therapeutic theatre being one of them is considered by Landy and Montgomery as a process of making a play and performing it to an audience and then engaging with them in a form of dialogue with an intention to change, heal or promote wellbieng (as in [5]). To Solar Bear [6], it is a unique combination of psychodrama and performance developed to inspire and support individuals to explore, voice and share their personal life experiences, specifically in relation to mental health. From this, it is understood therefore that therapeutic theatre provides an opportunity for participants to devise and perform a piece of theatre relevant to their personal issues or those of their peers. It is a self proclaimed improvisational fiction that encourages vulnerable people to look more courageously at the challenges and rewards of becoming more involved with life. To achieve this, the participants need to work on their communication and interpersonal skills vis-à-vis other community members.

Communication in therapeutic theatre therefore deals with active audience/participants engaged in the theatre making process. The audience/participant here is the locus of attitudes, values, experiences, - ideological baggage that is brought to the act of decoding. Audience/participants actively and immediately reshape the communication they are producing and receiving, thoroughly transforming them in a manner that tends to invalidate the idea of a neutral encoded message being decoded by a receiver. By this, I argue that the audience/participants are not simply involved in the decoding process but in a somewhat making or re-making of communication through improvisation. This implies participants need to have a particular focus or objective when embarking on a therapeutic journey.

For a therapeutic theatre session to take place therefore, the group needs to identify a particular problem to work on, gather, analyse and prioritise all necessary information on/around the phenomenon. The step that follows is to select the participants who will actively partake in the therapeutic process. Thereafter, the group discusses their objectives, choose their working methodology, review ethical considerations, and select the therapeutic activities which will be employed. Amongst the list of activities to be selected are role-play; dramatization; stories; movements; dance; music; theatre games; mask work; drawing; painting; script writing and improvisation. At this stage, the improvisational acts, if chosen, are rehearsed and enacted. Thereafter, the group will

have a post-mortem and closure. This scheme is somehow similar to systematic communication described by Shirley Bach and Alec Grant [7] wherein five stages including assessment, planning, decision making, review and evaluation and ending and closure are identified.

Amongst all activities in a therapeutic theatre session, improvisation exercises are the most difficult as they require vigilance, attendance, quick wit, and deep reservoirs of knowledge. This notwithstanding, they are also the most enriching as they carry in them various qualities of interpersonal development and wellbeing. By embarking a psychiatric patient in this journey of improvisation, the patient is directed towards rebuilding his memory. Improvisation in therapeutic theatre hereby permits a participant to transform in his relation with the other. There is an exigency of listening to be able to discern the intention of the protagonist either to accept or to refuse.

The improvisation that takes place in a therapeutic theatre session is also spontaneous. This evokes spontaneity, which according to Park-Fuller, is '*not rigid but ritualistic- not rote but rite*' [8]. Park-Fuller further quotes Fox who holds that spontaneity does not only involve "*not thinking*" ... [but] *also involves thinking of the highest order, where the narrational and the rational are comprehended in an understanding which surpasses the limitations of each*' [9]. In these sessions, the participants are expected to make a clear distinction between self and the acted other. In the course of improvisation, if the participants and the impersonated characters are merged (if there is no distinction between the actor and the character), the play or exercise is annulled. An improvisation is not an exercise to act out self, but one to act with self and develop communication and interpersonal skills. The character is drawn from life and not a character of life.

Improvisation in therapeutic theatre can also constitute a channel of re/educating participants who might have gone through any form of psychological trauma or illness. This is because improvisations carried out in the therapeutic sessions participate in at least three learning domains as described by Bloom, Mesia and Krathwohl [10] known as 'cognitive, affective, and psychomotor' activities respectively. Within the cognitive range, during introductory sessions, participants are introduced with a self introductory exercise which enables them to know each other. In this exercise, they are called upon to choose pet names or workshop names with which they will like to be identified. This permits them to feel safe and equal with other participants. According to Marvin Carlson [11], '*names given to characters potentially provide a powerful communicative device for the dramatist seeking to orient his audience as quickly as possible in his fictive world.*' These names express the participants' feelings in the workshop. These workshop names can also be seen from the direction of roles which participants incarnate in the improvisation process. Commenting on this, Landy [12] states that 'in choosing a name for a role, a client [participant] dares to look at the connection between a feeling state and a behavioral state [...] The naming, then, forces the issue of examining contradictions between appearance and reality [...]; this leads to a search for connection between the ideal and the real.'

With this in mind, the semiotics of communication permits a clear understanding that names chosen by the participants in a therapeutic improvisation workshop are subconsciously transmitting their feelings or projecting their expectations. In this way, the participants adhere to Zola's [13] conviction that '*a mysterious correlation exists between the man and the name he bears.*' After the improvisation sessions therefore, participants are requested to discuss their performance without exerting any judgments on one member or the other.

Engaging in therapeutic improvisation activities also permits participants to develop psychomotor skills at different levels. Participants are constantly ready to learn how to focus, how to give focus to someone else and also how to finalise a scene when begun. They are called upon to be able to detect through somatic thinking and bodies where to move, take note of what is happening around them, and to talk while paying attention to what others say. These are non-verbal, psychomotor skills that have a great value to interpersonal, group, cultural and rhetoric communication development.

However, therapeutic theatre has the potential of revealing the use of communication in all its dynamic potential but does not discard the possibility of risk by engaging in the use of arts within a psychological context. In this context, the participants utilize improvisation as a sort of purgation of passions and transform these into a new mode. The whole idea about using improvisation in therapeutic theatre now becomes that which seeks to give the participants the opportunity and safe place of hiding behind the identity of an 'other' to better reveal the hidden parts of 'self'. Combining the two: art and psychology is delicate. This therefore needs to be done in safety under the supervision of a therapist, who can control any scene or manifestation of violence or regret by a participant.

From an anthropological perspective, Mary Catherine Bateson [14] holds that by re-inventing ourselves and our world, we open ourselves to positive change. This positive change is ensured by a learning process, facilitated by the improvisational process which takes place in a therapeutic theatre session. Park-Fuller highlights a series of characteristics of improvisation which Bateson identifies in relation to the learning process. These include a sense of the self as mutable; an appreciation for spiral versus linear learning; the co-presence of continuity and disruption in learning; the difference between attending and concentrating; the importance of ritual and practice; the need for active participation; a recognition and valuing of differences; a philosophy of sharing knowledge and power as opposed to zero-sum, competitive learning; and a linking of the familiar with the strange. Bateson states:

Living and learning are everywhere founded on an improvisational base. The discovery of new needs may be followed by adding units to the syllabus, but it can also lead to the discovery of how human beings make do with partial understanding, invent themselves as they go along, and combine in complex undertakings without full agreement about what they are doing. These skills also are learned (as in [14]).

Engaging in a community-based pedagogic process through improvisation can be just one of such avenues that open the

community members to gain confidence in their abilities and self awareness. Approached from either direction like the performance theory, semiology or socio-anthropology, understanding the use and place of improvisation in therapeutic theatre, allow the participants to feel more important than is the case in their daily encounters. The questions as to who teaches and who learns, who serves and who is being served are all made to have little or no significance as this no longer constitutes the base for their existence. Participants are also given the possibility to examine who they really are, and who they are performing into being as they act in the world; what roles they are accepting and what roles they are rejecting; how they are composing themselves (in Bateson's terms) as they go about the activities of the project, through improvised performances of a self they may come to understand as mutable. Achieving these objectives through improvisation in therapeutic theatre can only foster its place in developing communication and interpersonal skills.

Far from theatre projects that focus on healing, most projects that are carried out in Cameroon fall under the educational realm. However, during these sessions, there is a deeper alignment of learning domains and a better balancing of the affective domain with the cognitive and the psychomotor than most forms. Aspects of identities and values come out in story after story, as the participants listen to one another while the emotions, experiences, perspectives with compassion and integrity are jointly enacted. Lori Wynnters identifies these efforts as the third space in holistic education when she states:

The third space is the place of overlap where education in the classroom, becomes therapeutic without becoming therapy. It is the place where learning can occur using our emotional selves and our physical selves, where we can begin to construct knowledge and make meaning out of our individual and collective experiences and the discussions and readings. [...] Central to this place of overlap [...] is the emergence of acceptance and care [15].

As such, improvisational acts in therapeutic theatre will not only enhance wellbeing, but also foster the development of communication skills and interpersonal relationship of the participants involved. These are considered important qualities in creating a sense of unity in a community which is predetermined by an increase in the interpersonal relationships of the members. This makes communicating through improvisational acts, important in therapeutic settings as it is to every human activity.

#### IV. CONCLUSION

From the above, it is noted that various forms of interpersonal relationships exist in the society and these can be enhanced through effective communication skills. These skills are developed alongside interpersonal relationships in different circumstances and with different people. Through improvisation and spontaneity, participants who undergo a therapeutic theatre practice are capable of adapting to the situations they face daily. This is because of the possibility that therapeutic theatre gives them to hone their communication and interpersonal skills. The entire

performance is focused on reacting on the audience-participants. The created circuit amongst these participants is essentially of the stimulus-response type. The spectators react.

During the entire performance and spectacle, stimuli are produced, be them linguistic, visual and gestural to react on the participants. Based on this, I hold that therapeutic theatre is a complex stimulation which gives an account of its effects, change which is so often sought. Change in this situation acts on both participants: the performers/actors and the observers/audience. This holds with the actor's or performer's change, where the actor/performer uses therapeutic theatre to heal self from something, which can be fully achieved only through participating and interacting with the audience in improvisational acts. While interacting with the audience, participants undergo a therapeutic process which develops their communication skills and enhance interpersonal relationship. This is equally true of wellbeing and change, which whether desired or not, are always identified in therapeutic theatre.

The communication process utilized in improvisational acts in therapeutic theatre therefore is not linear but circular. Instead of having the sender-message-receiver model, there is a process that takes into consideration the social system and context in which participants and patients are found. As evidenced in the examples of Bateson above, the circular process of communication takes into account the effects of the context within which an interaction takes place. In this case, communication is viewed as a continuous act in which there is mutual interaction (giving and receiving). As employed in therapeutic theatre, the reciprocal roles of the sender and receiver (participant/audience) are seen to be significant. It is not just the message content that is important, but the interpersonal nature of the communicators as well as the context of the communication is of equal importance. Through improvisations therefore, the participants feel listened to, supported, understood and cherished, equal with other community or group members, and that their concerns are validated and not trivialized because their proposals in the acts were enacted and/or retained. In this way, participating in therapeutic theatre will according to Jones [16], allow '*connections to unconscious and emotional processes*'. This implies, the act of participation will satisfy the participants' needs to play and to create. The festive act of people coming together through drama and theatre is therefore seen to have social and psychological importance because theatre is both an activity set apart from everyday reality, which at the same time has a vital function in reflecting upon and reacting to that reality, be it communication skills or interpersonal relationships.

#### REFERENCES

- [1] H. Kucera, "Roman Jakobson," in *Language: Journal of the linguistic society of America* vol. 59, no. 4, 1983, pp.871-883.
- [2] C.R. Charlton, K.S. Dearing, J.A. Berry, and M.J. Johnson, "Nurse practitioners' communication styles and their impact on patient outcomes: an integrated literature review," in *Journal of the American Academy of Nurse Practitioners*, vol. 20, 2008, pp. 382-8.
- [3] G. Mounin, *Introduction à la sémiologie*, Paris: Minuit, 1970.
- [4] P. Cogley, "Coommunication: definition and concepts" in W. Donsbach (ed) *International Encyclopedia of Communication*, Vol. II. Malden, MA.: Blackwell, 2008, pp. 660-666.

- [5] R. Landy and D. Montgomery, *Theatre for change. Education, social action and therapy*, Hampshire and New York, Palgrave Macmillan, 2012.
- [6] Solar Bear, *Therapeutic theatre strategy for a vibrant, healthy working, and learning community*, <http://www.phru.net/artsandhealth/Flyers/THERAPEUTIC%20THEATRE%20STRATEGY%202-5.pdf> accessed November 15, 2013
- [7] S. Bach and A. Grant, *Communication and interpersonal skills for nurses*, Exeter: Learning Matters, 2009.
- [8] L. M. PM. L. M. Park-Fuller, "Playback Theatre, Communication Pedagogy, and Community Engagement: Improvising Third Spaces and Mutable Selves through Narrative Performance" extracted from [www.playbackcentre.org](http://www.playbackcentre.org).
- [9] J. Fox, *Acts of service: Spontaneity, commitment, tradition in the non-scripted theatre*. New Paltz, NY: Tusitala, 1986.
- [10] B. S. Bloom, B. B. Mesia, and D. R. Krathwohl, *Taxonomy of educational objectives* (two vols: The affective domain and The cognitive domain). New York: David McKay, 1964.
- [11] M. Carlson, 'The Semiotics of Character Names in Drama', in M. Carlson, *Theater Semiotics. Signs of life*, Bloomington and Indianapolis: Indiana University Press, 1990
- [12] R. Landy *Drama Therapy. Concepts and Practices*, 2<sup>nd</sup> ed., Illinois, Charles Thomas Publisher, 1994.
- [13] E. Zola, *Doctor Pascal*, trans. E.Z. Vizetelly, New York, 1925
- [14] M. C. Bateson, *Peripheral visions: Learning along the way*. New York: Harper Collins, 1994
- [15] L. Wynters, *Toward a pedagogy of inclusivity: Building community in the college classroom through the action methods of psychodrama and playback theatre*. Unpublished doctoral dissertation, Union Institute, 1996
- [16] P. Jones, *Drama as Therapy. Theatre as Living*, London, Routledge, 1996

#### AUTHOR'S PROFILE



**Paul Animbon Ngong** is a Researcher in the Institute of Fine Arts, University of Douala-Cameroon. He holds a Ph.D. in Information and Communication from Université Libre de Bruxelles in Belgium, 2014. He has expertise and research experience on/around therapeutic theatre; communication; cinematographic and theatrical criticism; and the performing arts. Contact: [panimbom@gmail.com](mailto:panimbom@gmail.com)

***This article is distributed under the terms of the Creative Commons Attribution License which permits any use, distribution, and reproduction in any medium, provided the original author(s) and the source are credited.***