



University of HUDDERSFIELD

University of Huddersfield Repository

Harper, Kayleigh

Immersive Theatre: An educational intervention for Mental Health

Original Citation

Harper, Kayleigh (2019) Immersive Theatre: An educational intervention for Mental Health. Masters thesis, University of Huddersfield.

This version is available at <http://eprints.hud.ac.uk/id/eprint/34952/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

Immersive Theatre:

An educational intervention for Mental Health

By Kayleigh Harper

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Master of Arts by Research: Drama, Dance and Performance.

April (2019)

Immersive Theatre: An educational intervention for Mental Health

ABSTRACT

Mental illnesses such as Depression and Anxiety are socially, psychologically and biologically disabling; drastically affecting a person's quality of life. Whilst there have been considerable improvements over the last half a century to tackle mental health challenges, prominent evidence shows that a high percentage of people affected by mental illness still experience stigma and discrimination. Attitudes and beliefs towards mental health problems have been shaped by stereotyped societal and cultural perceptions, with many believing that those affected are emotionally unstable, mentally incapable and dangerous. A critical review of current research shows that the best way to challenge stereotypes is through first-hand contact with people who have mental illnesses. This research project explores a combination of immersive and applied theatre techniques as an open platform for communication and education; utilising my own first-hand experience of Depression and Anxiety.

Immersive Theatre: An educational intervention for Mental Health

CONTENTS

Abstract.....	p.2
Introduction.....	p.4
Literature Review.....	p.10
Performance Evaluation.....	p.18
Research Survey Analysis.....	p.27
Conclusion.....	p.31
Appendix.....	p.34
Bibliography.....	p.55

Immersive Theatre: An educational intervention for Mental Health

INTRODUCTION

“It is possible to learn from all theatre, of course, but that does not mean that all theatre is explicitly designed to be educational.”

(Nicholson, 2009, p.5)

Globally, more than 300 million people suffer from Depression and 260 million people suffer from Anxiety, according to the World Health Organisation. (Depression and Other Common Mental Disorders, 2017) Approximately 1 in 4 people in the UK experience a mental health problem each year, and 1 in 6 people in England, report experiencing a common mental health problem in any given week. (How common are mental health problems?, 2018) Mental Illness is considered a taboo topic of conversation, often being dismissed and ignored. Headlines like, *Killer Pilot Suffered From Depression*; and *The Jilted Pilot Who Murdered 149*, published by the Daily Mirror and the Daily Star in March 2015, about Andreas Lubitz, the infamous pilot who crashed a plane that killed many innocent people, suggest that all mentally ill people are violent and incompetent. Surveyed by the Mental Health Foundation, 9 out of 10 people with a mental health problem suffer from discrimination. (Fundamental Facts about Mental Health, 2016) There is an unfavourable, negative light cast upon them that leads to unnecessary stereotyping, judgement and stigma.

Mental Illness acquired many problematic terminologies during the eighteenth century; hysteria, lunacy and madness being the most commonly used. Healthcare for such conditions has a long, unpleasant history of isolation, maltreatment and neglect. In the 1700s, people considered mentally unwell in Great Britain and Ireland were savagely mistreated, forcibly restrained and often locked away in madhouses or lunatic asylums.

Immersive Theatre: An educational intervention for Mental Health

“Pre-conceived ideas about the nature of ‘madness’ and the lack of any rational medical understanding of its many manifestations meant sufferers could become victims of derision, ridicule and even neglect.” (Burtinshaw, 2017, p.23) In 1791, a Quaker widow named Hannah Mills, died at York Lunatic Asylum a few short weeks after being admitted. The patient had been denied visitors and many suspected her death was due to maltreatment. This incident provoked William Tuke, a businessman and fellow Quaker to open an institute of similar nature to protect vulnerable members. (Tuke, 1813) “The York Retreat was one of the first establishments in Great Britain and Ireland to treat patients as human beings and offer a therapeutic setting for them.” (Burtinshaw, 2017, p.30) Tuke and his retreat’s reputation inspired the legislation reform of the nineteenth century, which required much-improved regulations of asylums and treatment of patients.

With the implementation of the NHS, charitable organisations and other services campaigning for better awareness and treatment, it is plausible to argue that perceptions of mental illness have greatly improved. However, Michael Foucault, a philosopher and social theorist, maintained that the changing reforms are responsible for the alienation and stigma that prevails today. “This ‘great confinement’, argued Foucault, amounted to more than physical sequestration, it also represented the debasement of madness itself.” (Porter, 2002 p.93) This opinion is reflected by the UK’s current mental health crisis. In a recent study conducted by the Mental Health Foundation it was stated, “Suicide is a leading cause of death in young men and women aged 20-34 in the UK and 75% of young people with a mental health problem are not receiving treatment.” (Fundamental Facts about Mental Health, 2016) Stigma and discrimination can worsen a person’s mental stability, and delay or impede their treatment and recovery. Mental Illnesses range from mixed Anxiety and Depression, the most common mental disorder in Britain as recorded

Immersive Theatre: An educational intervention for Mental Health

by the Mental Health Foundation, to Schizophrenia, which is vastly misunderstood. (Mental Health Statistics: The most common mental health Problems, 2018) These disorders deserve appropriate, truthful and humanitarian representation. Increasing awareness and understanding will support the development of better diagnoses and treatments.

Theatre performances can and do use a degree of sensitivity, compassion and respect when placing people with mental illness at the centre of attention, as observed in performances like *Fake It Till You Make It*; a love story about Clinical Depression in men and *Blue/Orange*; a play centred around a black patient with Schizophrenia. An empathetic, encouraging and lightly humoured representation can give people with conditions such as Depression and Anxiety, back their humanity. This approach is relatable to an audience; allowing for a more positive perception of the causes and symptoms of mental ailments.

Immersive theatre; a performance form that eludes a precise definition but is commonly characterised by, “[...] emphasising the importance of space and design; curating tangible, sensual environments; and focusing on personal, individual audience experience.” (Machon, 2013, p.66) It is a style of theatre associated with subverting the established relationships of conventional theatre and known for providing sensual experiences where audiences are encouraged to see, hear, touch, taste, and smell the production. Growing demand and appeal of immersive experiences may prove immersive theatre to be a powerful influence on community attitudes and be an incredibly beneficial way to transform societal views and beliefs. Punchdrunk, Coney and Les Enfants Terribles are just a few of the established theatre companies that practice the immersive form. What these companies also have in common, is a shared vision of creating transformative,

Immersive Theatre: An educational intervention for Mental Health

engaging and creative worlds that focus on using immersive theatre to deliver imaginative, formal learning in schools.

Education through theatre practice gained popularity towards the end of the twentieth century and is renowned for its ability to encourage empathy, communication and collaboration skills to name a few. Drama in Education and Theatre in Education, also referred to as DIE and TIE, stimulate a participant's creativity, encouraging discussion and exploration of a given topic as well as being an active tool in social and political change. Inspired by the work of Bertolt Brecht, whose "[...] epic theatre was designed to transform spectators from passive recipients of a consumer culture to critical thinkers who were aware of their own oppressions," (Nicholson, 2009, p.28) education through theatre aims to "engage and educate students, by presenting dramatic material that directly relates to their concerns and needs." (Mirriorne, 1993, p.76) Employing either DIE or TIE as a methodology in an immersive performance could provide an opportunity for evocative, engaging and compelling storytelling that entertains and informs its audience.

Mental Health is becoming a more current topic across many mainstream theatre and performance platforms. Joe Penhall, playwright of *Blue/Orange*, says, "As for trying to generate any kind of change, I don't know that it does in the short term. In the long term, theatre, like film, music and all the art forms, does have a very slow, gradual effect on our society. [...] People see films or theatre and hear music, and they do start to think about it, and the status quo begins to change. It doesn't change the whole society, only a very small minority that goes to the theatre. But it does change those people and maybe, when talking about it, they change other people." (Penhall, 2000, p.28) Though it progresses slowly, hope for societal change is present in current theatre practices.

Immersive Theatre: An educational intervention for Mental Health

Reasonably, this is the time to investigate the possibilities of inspiring, learning and raising further awareness of mental illness through other lesser explored theatre forms.

To investigate the potential of immersive theatre as a platform for education, I focused on applying Drama in Education techniques to an immersive performance. DIE is an improvisational, process-centred form of drama used as a means of teaching. It is used to expand learners' awareness, to enable them to analyse reality through fiction and search for deeper meanings in human experience. McCaslin says, "the objective is understanding rather than playmaking, although a play may be made in the process." (McCaslin, 1990, p.10) Dorothy Heathcote's Mantle of the Expert approach seemed a fitting choice as it makes a significant contribution to the development of practical, perspective and introspective skills. It is a teacher-led practice that uses imaginary contexts to generate purposeful and thought-provoking exercises for children to, "[...] perceive a real purpose for learning and discovering together in an interactive and proactive way – gathering skills and knowledge they can apply to their everyday lives." (Farmer, 2011, p.25). Mantle of the Expert accommodates for abstract concepts more readily, enabling children to explore emotions, attitudes, opinions and relationships. Learners encounter a fictional world from within that can aid in their understanding of personal and human experiences Immersive theatre works much in the same way, bringing the audience into the performers playing space. They may be asked to assist the performers in a task, to offer advice, to explore the space independently or even become a character in the performance. In addition, the audience may be asked to participate in altering the direction of the performance altogether thus become co-collaborators in the creation process.

Immersive Theatre: An educational intervention for Mental Health

The National Alliance for Mental Illness tells us that, “Taking action and raising awareness of mental health conditions can break down obstacles and improve the chance of recovery.” (NAMI, 2018) Utilising visceral storytelling, psychology and audience participation through immersive theatre to address mental health, could establish a suitable learning environment that ensures proper care, support and consideration is given to those in need of it. This thesis aims to explore the immersive structure of Mantle of the Expert and Jungian Archetypes within a performance setting, how these can be applied to immersive theatre, and demonstrate the potential to influence and enable an appropriate understanding of mental illness.

LITERATURE REVIEW

To assess the educational qualities of immersive theatre, it was critical to engage with research material that discussed the historical practices of the following subjects and how they have evolved over time; *Immersive Theatre*, *Theatre and Education* and *Theatre and Mental Health*. I have reviewed the following resources, focusing on audience as a key element of immersive theatre, adopting an applied theatre practice as a methodology and using first-hand storytelling and psychology to communicate ideas.

Immersive Theatre

Josephine Machon's, *Immersive Theatres: Intimacy and Immediacy in Contemporary Performance* (2013) provides an in-depth look at the contemporary spectacle of immersive theatre. Machon argues that the prominent element in immersive theatre is (syn)aesthetics; a combination of sensory approaches and visceral experiences. In Machon's view, (syn)aesthetic performance is imaginative, emotional and instinctive, creating a more tangible environment that "[...] places the audience at the heart of the work." (Machon, 2013, p.22). It allows the audience to live within the encounter, inviting them to let go of their perceived realities and take an active role within the performance. According to Machon, immersive theatre can only be considered immersive when it uses a combination of the following criteria; Space, Scenography, Sound, Timing, Interdisciplinary Practice and Audience Participation. The insertion of an audience member within the world is essential and integral to the exchange between performance and audience. Machon observes, "In immersive theatres audience members become active participants, collaborators, co-creators, moving into the realm of audience-adventurers." (Machon, 2013, p.99)

Immersive Theatre: An educational intervention for Mental Health

Exploring the audience's function and their relationship with the narrative could go hand in hand with the principles of learning through drama; being given autonomy in a fictional situation to solve problems or complete tasks pragmatically. Visceral storytelling appeals to primitive instincts and can be a powerful language used to convey existence, identity and human experience. Its purpose within immersive theatre is, "[...] to engender a certain feeling of transcendence, of comprehending ideas, experiences and concepts in a unique way." (Machon; 2009, Pg1) Giving the audience a function or role has the potential to create a truthful, palpable connection to a performance; producing an impassioned space that cultivates a community around shared feelings and mental states.

Rose Biggin explores audience function in her book, *Immersive Theatre and Audience Experience: Space, Game and Story in the Work of Punchdrunk (2017)*. It proposes a new structure for understanding immersive practice; blending theories of aesthetics, interaction and ludology to define the complexities of Punchdrunk's work and the work that extends beyond them. Biggin probes at the level of immersion experienced by the audience and how it contributes to the overall production.

In the chapter, *Fan Interactivity: Communicating Immersive Experience*, Biggin debates the different experiences of grouped audiences and a singular audience member. She goes on to talk about the varied opportunities presented to them that ultimately affect their journey, such as purposeful guidance from actors, spectating while wearing a mask or being left to explore and discover freely. In some performances, audiences are asked to separate and traverse the strange new world they have entered, unaccompanied. In this scenario, importance is placed on the individual, with each audience member actively encouraged to devise their own adventure within the performance. The option to explore an immersive performance alone provides an opportunity to develop and engage

Immersive Theatre: An educational intervention for Mental Health

with personal and social values. Biggin states, “One-on-one scenes represent interaction at its most explicit in terms of the attention paid to the audience member, and the sense that it makes a difference that they are there.” (Biggin, 2017; p.103) Putting this method into practice to form part of the learning process within an immersive performance would be advantageous, as it provides an individual the opportunity to have a deep, affecting, in-person interaction with a character; free from distraction.

Theatre and Education

Helen Nicholson’s, *Theatre and Education* (2009) discusses an insightful range of current practices in theatre education and examines how professional theatre practitioners have contributed to the development of twentieth century education for young people. She explores the capabilities of diverse theatre activities and maps how they have influenced new methods of learning and changed education. Nicholson takes her readership on a narrative journey of political debate, social aspiration and radical tradition. She investigates the effects of theatre education on the development of theatrical pedagogy and the artistic transformation of performance culture. Divided into two sections, the first offers a comprehensive and critical history of the ideas and practices which have formed theatre education, with emphasis on the opposing ideas of British playwrights Howard Barker and Edward Bond; while the second presents examples of contemporary performance paradigms and a consideration of the universal re-branding of creativity and imagination.

Nicholson also distinguishes between, and outlines the important differences of, Drama in Education and Theatre in Education. She specifies that DIE is part of the curriculum and is both a method and a subject that uses movement, voice, improvisation

Immersive Theatre: An educational intervention for Mental Health

and role play as tools. In this regard, drama teaches the individual through practice and performance of the activity. Her focus, however, is mainly on TIE, which is a devised programme of participatory learning developed by a company of actors. Nicholson draws from her personal experience and expert knowledge to raise fundamental questions that are relevant to all forms of theatre, detailing innovative theatre practices, cutting edge performance techniques and how compatible they are with learning, engagement and participation. She eloquently defines and finishes her book with, “[...] young people can be active makers of meaning, creating theatre as they would like life to be rather than simply reproducing the theatre as it already exists.” (Nicholson, 2009, p.80) Implementing this course of action into my research, I can use immersive theatre techniques to promote originality, impart knowledge and develop powers of reasoning and judgement on the impact of mental illness.

To further explore the components of Theatre in Education and Drama in Education, and to determine which practice would be better applied to an immersive performance, I will review Anthony Jackson’s and Chris Vine’s *Learning Through Theatre* (1993) and Dorothy Heathcote’s and Gavin Bolton’s, *Drama for Learning* (1995). Jackson and Vine offer a thought-provoking overview of Theatre in Education. They compile comprehensive works from several theorists and practitioners on the use of theatre as a medium for learning; how this practice has developed, and how it has contributed to the education of young people. They capture, promote and critically interrogate the characteristics of TIE, highlighting how it has influenced a wide range of practices now more commonly termed ‘applied theatre’. Separated into four sections; the book illustrates various developments, challenges and achievements of TIE across the globe and makes a compelling argument for the practicalities of learning through theatre in

Immersive Theatre: An educational intervention for Mental Health

continually evolving societies. Notably, some chapters delve into the integral relationship Theatre in Education has with Drama in Education and the urgency to adopt these methods in a world under social, political and environmental crisis.

Many of the practices and principles are applicable to my research when addressing the meaning of education within a theatre environment. When discussing theatre as education David Pammenter suggests, “Our theatre practices [...] should promote an exploration of the true meaning of our experiences as social beings.” (Pammenter, 1993, p.84) He suggests that through theatre we should examine our identities, our purposes, our perceptions of life and our roles within it. Through workshops, I will experiment with different methods of applied theatre with this aim in mind. The psychological aspect of this method may offer some insight into general human motivations, behaviours and interactions that can be applicable to a compassionate perception on mental illness. The most deeply analytical, academic and perhaps most poignant chapter is Peter O’Connor’s argument about the aesthetic of the pedagogic. Quoting John Dewey, “The teacher is not in the school to impose certain ideas, [...] but is there as a member of the community to select influences which shall affect the child;” O’Connor goes on to stipulate the imperatives and approaches of learning through theatre are to enable the participant to act. He discusses Dewey’s influences on TIE and how those influences have revolutionised pedagogic practices; participation being the key aesthetic aspect to engage communication and resolution.

Heathcote’s and Bolton’s, *Drama for Learning* (1995) proposes an approach to Drama in Education that is dialogic, liberating and participatory. Their collaborative practice, Mantle of the Expert sets up a supportive, interpretative, and reflective

Immersive Theatre: An educational intervention for Mental Health

environment in which students can learn through an active exploration of tasks shaped around the curriculum. “Participants in mantle of the expert are framed as servicers committed to an enterprise. This frame fundamentally affects their relationship with knowledge; [...] they can only engage with it as people with a responsibility.” (Heathcote, 1995, p.32) Heathcote suggests being presented, in role, with a situation in which you must act produces a different kind of thinking. The urgency required to solve the problem is a motivational and purposeful way of learning, where students practice the knowledge opposed to merely receiving it. Focusing on questioning, discussing, and addressing an issue in this way could prove to be an effective method in my research. It offers the opportunity to affirm the importance and dignity of personal experience, enabling the audience to draw a common ground with those who experience Depression and Anxiety.

Theatre and Mental Health

Anna Harpin’s and Juliet Foster’s, *Performance, Madness and Psychiatry: Isolated Acts* (2014) is a collection of essays exploring the portrayal of mental illness in performance. It offers a detailed timeline of events from the eighteenth century to the present, unearthing the unrealistic misrepresentation of psychiatric asylums, hospitals and the patients who inhabited them. Harpin and Foster feature personal interviews and academic research, looking at the importance of mental health and its relationship with performance. Many issues are discussed throughout, raising such questions as: *What is mental illness? How do we recognise it?* and *What is the respectful way to represent it?* In the chapter, *A Life of their Own: Reflections on Autonomy and Ethics in Research-Based Theatre*, Susan M. Fox examines the relevance of mental illness in theatre performance. She discusses *Maladjusted*, a production from Theatre for Living, created and performed by

Immersive Theatre: An educational intervention for Mental Health

those who experience mental illness. Its purpose was to generate dialogue, stimulate social change and act as a catalyst for policy makers.

Using the personal stories of service users, the play lends itself to the assistance of “[...] social service agencies and governments who are prepared to confront stigmatisation and work toward changes that will ensure that mental health services are more effective in meeting the needs of those with mental illness.” (Fox, 2014 p.66) Sharing stories through theatre can impart knowledge, encourage the use of imagination and deepen the level of involvement. Storytelling is used in conventional theatre, performance techniques and drama-based pedagogy to stimulate excitement, creativity and passion. “The theatre can take statistics and transform them into personal stories; the theatre can be a true voice of people who are struggling with various aspects of the stigmatization issue.” (Fox, 2014, p.66) Stories that stimulate the senses and elicit our most basic impulses within an immersive setting are vivid, instinctive and memorable and allow for stronger emotional bonds; making them effective tools for learning about mental health.

Val Richards’, *The Who You Dream Yourself: Playing and Interpretation in Psychotherapy and Theatre* (2005) examines the relationship between psychotherapy, theatre playing and meaning-making; the process of how people construe, understand, or make sense of life events. Richards supplements her foundations with the poetry of W.B. Yeats, the writings of Jacques Lacan and the concept of *The Self*, founded by Carl Jung. She refers to Jungian psychology throughout her discussions, focusing on the unification of consciousness and unconsciousness as an integral part of identity and transformation. She also uses Jung’s theories to explore meaning-making, equating dreams to therapy sessions and seeing them as “[...] sites for deconstruction.” (Richard, 2005, p.47) Taking

Immersive Theatre: An educational intervention for Mental Health

this into consideration, an immersive theatre setting is the ideal environment to play with ideas around deconstructing the human psyche in relation to mental illness. Richards comments, “By linking images, dreams and destiny, Jung recognises that both asleep-dreaming and daydreaming, [...] assist in the consolidation of the self.” (Richards, 2005, p.133) Exploring thoughts, memories, behaviours and experiences in a dream-like space could inform the learning process, as well as afford audience members the chance to recognise certain personality traits or aspects of character in relation to themselves.

PERFORMANCE EVALUATION – RUNNING IN THE DARK

Running in the Dark is an experimental performance in devising, using techniques drawn from Jungian psychology, immersive theatre and Drama in Education; with Depression and Anxiety as the subjects of study and discussion. The process began with developing complex, emotive characters using Carl Jung's Archetypes as a method of creation. Through studying the religions and myths of various cultures, Carl Jung discovered comparable patterns, themes and symbols, which he later referred to as Archetypes. To portray my own experience of Depression and Anxiety, I wanted to construct characters that represented aspects of my emotions and inner conflicts. According to Jung, Archetypes are "[...] identical psychic structures [...]" (Jung, 1967, p.158) that possess the capacity to initiate, control and negotiate how humans perceive and experience the world. He proposed the human mind, or psyche, contains universal, heritable elements that inform human behaviours, thoughts and emotions. It seemed appropriate then to use the archetype structure within my performance to encompass these features.

Although there are many archetypes, Jung defined twelve with their own sets of values and personality traits (Figure 1, The Twelve Jungian Archetypes, Neill, 2018). He then separated the twelve archetypes into four cardinal orientations; Ego Fulfilment, Freedom, Socialness and Order. During the workshop process, I played with various permutations of orientation and experimented with each archetype's respective motivation. Inspired by the film *Inside Out*, [...] "a dazzlingly imaginative adventure set inside the mind of an 11-year-old girl." (The Guardian, 2015) I chose four archetypes, one from each orientation to reflect a true representation of my own personality as well as the four basic human

Immersive Theatre: An educational intervention for Mental Health

emotions (Jack, 2014) to elicit a relatable connection from the audience. The character Jitters is based on the innocent archetype and the emotion fear, a child with a yearning for love and affection. The character Blue is based on the lover archetype and the emotion sadness, a woman filled with an innate passion for connection. The character Merry is based on the caregiver archetype and the emotion happiness, a person who exerts control by attending to others. The character fury is based on the hero archetype and the emotion anger, a man with a natural wanting to leave behind a legacy. The character Black Dog is based on the self archetype and represents a physical manifestation of Depression and Anxiety. The Self is the central archetype and is responsible for unifying all the others and within the context of the performance it can divide them as well.

Once the foundations for the main characters had been identified, I moved on to devising a narrative adopting a DIE method known as *Mantle of the Expert*. MoE uses role play within a fictional context to inspire students or learners to take on responsibility, meet new challenges and experiment with making decisions to explore a certain topic or solve a specific problem. “MoE encourages creativity, improves teamwork, communication skills, critical thought and decision making.” (Famer, 2011, p.25) This approach embraces drama conventions to create opportunities for exploration, examination, discussion, and reflection, which encourages participants to play with the aesthetics as much as the social content. It gives participants the freedom to investigate certain actions, motivations, and values; and experiment with different possibilities and choices. When first developing MoE, Dorothy Heathcote identified six core elements to the practice (Heathcote & Bolton, 1994) though Viv Aitken breaks it down further into ten core elements (Figure 2, *The Ten Core Elements of Mantle of the Expert*, Aitken, 2013). During the development process, I applied some of these elements to my own work, the first being *The Fictional Context*.

Immersive Theatre: An educational intervention for Mental Health

The Fictional Context is a crucial element in Mantle of the Expert as it represents the dramatic environment the learners work in, separate from their reality. “The intention is not for students to get swept away in the imagined world, but rather to inhabit a state of metaxis, with an ongoing awareness of both the fictional world of the company and the ongoing social reality of their classroom.” (Aitken, 2013, p.42) Although they suspend disbelief; deny their presence in the real world and believe the surreal (Coleridge, 1817) they are still acutely aware that they are taking part in a class activity under the teacher’s instruction.

When developing *Running in the Dark*, it was not necessary to differentiate between the fantasy world and the real world. I wanted to ensure the immersive aspect of the performance remained intact. Films such as *The Matrix*, where “A computer hacker learns that his entire life has been a virtual dream [...]” (The Metacritic, 1999) and *Inception*, an “[...] unmissable and maddening thriller about dream invasion” (The Telegraph, 2010) influenced much of the performance’s fictional context. I envisioned the environment some years into the future, where a technologically advanced medical facility had adapted astral projection to transport the human soul from its usual plane of existence into the mind of another human. Through intensive workshops, I explored several narrative possibilities that could assimilate a single audience member into an active protagonist role within this context. Rose Biggin remarks on the work of Punchdrunk, “[...] interplay between interactivity and passivity can be what gives immersive experience its power.” (Biggins, 2017, p.80) It was imperative to the research that the audience engage and interact with the performance opposed to passively observing. As a result, this took the shape of a one on one experience. Thereafter, I began writing my ideas into a succinct script, adapting Aitken’s third element, Framing.

Immersive Theatre: An educational intervention for Mental Health

Framing is a sociological concept developed by Heathcote to help students adopt a point of view. Framing a role early in the learning process of Mantle of the Expert can help establish an emotional relationship to the subject matter. “The main functions of framing “[...] are to set up the context for the students; to offer the students a way into the fiction; and to make curriculum activities memorable, understandable, and coherent.” (Taylor, 2016, p.13) The type of role can vary the emotional involvement and personal investment in the action. Much like Mantle of the Expert is student-centred, *Running in the Dark* is audience-centred, and begins with an immediate and concrete desire to connect. Beginning with the audiences’ arrival at the Monroe Healthcare Facility, Dr Anderson takes on a teacher like role for the opening sequence. This character’s main function is to induct the audience into their role and assign them a task. Assuming the audience member has accepted their position, they are then taken to a meditation room for a procedure, known as Transcendence, that projects their subconscious inside the mind of a patient. Each stage is designed to deepen the audience’s level of immersion, make them feel responsible for the project and prepare them for a visceral experience. Initially, I wanted to frame the audience member in the role of a family member or loved one to elicit a more intimate attachment, however, I later decided to change this to the role of a junior researcher. I was concerned the former idea would compromise the audiences’ ability to use both an objective and a subjective perspective to the material.

Given that Depression and Anxiety are sensitive and personal subjects, I made the decision not to be too literal; referring to them as The Black Dog character within the Fictional Context. This in turn, added to the narrative fantasy and allowed me to build upon Carl Jung’s ideas around the psyche. The psyche consists of three major realms, Consciousness, the personal unconscious, and the collective unconscious. Each of the

Immersive Theatre: An educational intervention for Mental Health

realms interact with each other and play a role in the structure and form of a person's whole personality. Consciousness is our physical awareness and sensorial knowledge of reality. The personal unconscious consists of memories and significant events that shape us as individuals. The collective unconscious is a ubiquitous network of cognitive categories that influences our understanding, perceptions and responses. Taking this into consideration, I combined Aitken's Commission and Client elements to experiment with these notions.

A commission within *Mantle of the Expert* is usually provided by a client or government official body and delivered to the students shortly after the initiation of the fictional context. It is presented in the form of an authoritative written letter that clearly expresses the framework of the experience. "The advantage of this format for teachers and students is that the commission letter can clearly express the learning goals and set parameters for the experience." (Aitken, 2013, p.44) For *Running in the Dark* this was established through an arranged meeting with a designated character. The commission is broken down through a conversation and the audience are given the opportunity to ask questions. They are also provided with a pen and some paper to make notes if they choose, as well as some basic rules to follow (Figure 3 Health and Safety Waiver & Figure 4 Helpful Hints). It may have been engaging to issue audience members with a letter of appointment from Dr Anderson as a call to action prior to the meeting taking place. This would have acted as a snippet of what was to be expected of the participant in advance of the performance, starting the immersion earlier, and elicited a more profound connection and informed response from the audience.

Immersive Theatre: An educational intervention for Mental Health

The client is an approach that uses a person or professional organisation as an external figure to give clear and purposeful instructions to the area of study. “Evoking these external figures gives a clear purpose to the learning beyond doing what the teacher says or picking up skills that may be useful one day. The presence of the client gives us a clear sense of who we are working for (and “we” in this case includes the teacher). (Aitken, 2013, p.45) The client in *Running in the Dark* is presented as two separate entities. The first being the patient, Olivia, who has come to the Monroe Healthcare Facility in need of treatment and the second being the medical facility that has an obligation and duty of care to the patient. This is dichotomised further throughout the performance as the audience member meets individual aspects of Olivia’s mind; her thoughts, memories and emotions.

Based within a classroom, Mantle of the Expert was developed to take the school curriculum into consideration and work towards specific learning aims. “Sequencing of tasks within Mantle of the Expert is a balance of teacher directed planning and emergent inquiry.” (Aitken, 2013, p.46) *Running in the Dark* took place within a performance environment and as such framing curriculum tasks as professional tasks was not applicable to the research. I did, however, include some question-based tasks that were crucial in promoting a line of inquiry and keeping the audience involved. Each of these activities were based on three key components of Depression and Anxiety; causes, triggers and reactions. During their induction, the junior researcher was tasked with making observations and taking note of these components, with specific reference to any of Olivia’s thoughts, memories and emotions.

Erich Neumann, a student of Jung, used physical organs as an analogy to help elucidate the concept of archetypes. Just as the human body needs organs to function, so

Immersive Theatre: An educational intervention for Mental Health

does the mind need psychic organs, or the archetypes. Furthermore, just as working organs are essential for a healthy body, a healthy mind depends upon working archetypes, as Neumann explains, “The archetypal structural elements of the psyche are psychic organs upon whose functioning the well-being of the individual depends, and whose injury has disastrous consequences.” (Neumann, 2014, p.15) Translating this interpretation into *Running in the Dark*, the characters within Olivia’s mind were designed to be out of sync, mirroring Neumann’s analogy as the definition of a mental health condition.

Each character tasks the audience member with finding a solution to their individual conflicts. Their questions were devised for the audience to offer choice and direction, and to make them feel empowered to contribute. The learning embedded within the question-based tasks is reactive and reflective. Reactive in the moment it happens, using resources the audience has available, including knowledge, skills and experiences they already possess. Reflective post-performance, to evaluate any insights gained from the performance, how they reacted under the circumstances and what they might have done differently. “Ideally, in Mantle of the Expert, even during the teacher-led tasks, teachers will avoid telling the students things, but instead look to support students to discover understandings for themselves.” (Aitken, 2013, p.46) Positioning the audience member within this role alone, echoed my own experiences of managing Depression and Anxiety, while attempting to motivate the audience to restore order to a muddled mind.

Through MoE, learners are often given multiple roles to broaden their points of view and expand their investment in the work. “The aim of this repositioning is to prime the students’ and the teacher’s attitude so that they encounter new learnings and new knowledge from a place of self-efficacy. (Aitken, 2013, p.47) Again, this method was not

Immersive Theatre: An educational intervention for Mental Health

applicable in a performance environment, as the audience was only assigned one role to remain immersed within the narrative. However, it is worth noting that for every new character the audience encountered, they would reaffirm who they were and why they were there, making for a more organic and fluid process.

The purpose of the element Drama for Learning within Mantle of the Expert is to “create opportunities for exploration, examination, discussion, and reflection; investigate people's actions, motivations, and values; give students the power to influence events.” (Taylor, 2016, p.13) In its entirety, *Running in the Dark* is an active role play and the emotions – Fear, Sadness, Happiness and Anger that are encountered, represent the different faces of Depression and Anxiety. With further development, an exploration of Heathcote’s role conventions could have positioned the audience in a more direct ‘point of view’ aspect of the experience.

Tensions are a natural part of life and can be something as simple as getting stuck in traffic. In MoE, tensions “help maintain a sense of interest and intrigue in the drama.” (Aitken, 2013, p.52) Employing obstacles of everyday life is a holistic way of learning, determining the choices we make and how they affect the outcome. With each emotion encountered in *Running in the Dark*, a tension or an activity is presented that must be attended to before the audience can move on with the story. Each character archetype is a component of the collective unconscious and serves to coordinate, guide and instruct human behaviour; in this case Olivia’s behaviour. The Self acts as a harmonious sanctum, uniting the whole personality. The omniscient tension that exists throughout the performance is the presence of The Black Dog, leaving the emotions inconsolable and bereft of their solidarity. In my experience this is what Depression and Anxiety feel like; a

Immersive Theatre: An educational intervention for Mental Health

total annihilation of balance. With more time, it would have been interesting to explore the complexities of gaming theory in more depth to diversify the tasks and create a more substantial learning process.

Reflection in all forms of education is a vital part of the learning method as it supports in the development of skills and aids in recognising their effectiveness. “With skilful questioning and negotiation, the teacher can encourage students to reflect on how the learning is going, and even renegotiate aspects of the learning environment before stepping back into it. (Aitken, 2013, p.53) *Running in the Dark* didn’t provide much room for reflection until after the experience had come to an end. Audience members were offered the opportunity to share their experience with Dr Anderson immediately after descending from the patient’s mind, though most had little to communicate. The Research Surveys proved advantageous as some audience members mentioned feeling lost or scared, stating that the experience itself was a struggle to get through. Overall, the performance was successful as a foundation for the research and allowed for shared experience that connects us all together.

RESEARCH SURVEY ANALYSIS

Once the central part of *Running in the Dark* ended, the audience members were tasked with filling out a Research Survey (Figure 6, Research Survey). The purpose of the survey was to obtain preliminary data, both quantitative and qualitative, to gauge what information and insights the audience may have gained. The survey was not designed to have correct or incorrect answers; however, each of the multiple-choice questions contained a selection of answers that varied from a desirable level of learning and understanding to an undesirable level of learning and understanding. The following table demonstrates the percentage of participants who selected the most desirable answers on

QUANTITATIVE DATA						
	A	B	C	D	All	Total Percentage of Desirable Answers
Question 1	0	7	0	0	3	70%
Question 2	1	4	5	0	0	50%
Question 3	0	0	0	10	0	100%
Question 4	3	6	1	0	0	60%
Question 5	1	3	6	0	0	60%
Question 6	0	1	9	0	0	90%
Question 7	4	4	2	0	0	40%
Question 8	4	3	3	0	0	40%
Question 9	2	6	0	0	2	60%
Question 10	4	0	6	0	0	60%
Total Percentage of Desirable Level of Learning and Understanding						63%

the survey.

The next table demonstrates the percentage of participants who selected the least desirable answers on the survey.

Immersive Theatre: An educational intervention for Mental Health

	A	B	C	D	All	Total Percentage of Undesirable Answers
Question 1	0	7	0	0	3	0%
Question 2	1	4	5	0	0	10%
Question 3	0	0	0	10	0	0%
Question 4	3	6	1	0	0	10%
Question 5	1	3	6	0	0	0%
Question 6	0	1	9	0	0	10%
Question 7	4	4	2	0	0	0%
Question 8	4	3	3	0	0	40%
Question 9	2	6	0	0	2	0%
Question 10	4	0	6	0	0	0%
Total Percentage of Undesirable Level of Learning and Understanding						7%

Initial review of the quantitative data shows that 63%, or 6 out of 10, attendees left the performance with the desirable level of knowledge versus 7%, or 1 out of 10, attendees that did not acquire the desirable level of knowledge. This implies that immersive performance and applied theatre techniques has the potential to be an effective open platform for communication and education about mental health. The questions that required organic responses and provided qualitative data are detailed in the table below.

QUALITATIVE DATA	
Question 11	<ol style="list-style-type: none"> 1. I was surprised by Merry. I could relate to how she was feeling. 2. Merry, all the emotions were deeply affected but I never imagined happiness to be involved. 3. Merry, I don't feel happy when I am having an anxiety attack. 4. I liked them all on principle, more extremes would have helped. 5. BLANK. 6. None. 7. Jitters had the most extreme reactions for me, her complete loss of self and direction was very emotive. 8. All of them, I felt overwhelmed by the questions I couldn't answer. 9. Jitters, I was shocked by how nervous and scared she was. It is hard to believe that this is a feeling someone with depression could have. 10. BLANK.

Immersive Theatre: An educational intervention for Mental Health

Question 12	<ol style="list-style-type: none">1. Learning acceptance and the importance of self-reflection and forgiveness.2. Allowing yourself to accept what you're feeling and finding time for self-care.3. Use breathing exercises and creative outlets if you're feeling anxious.4. Remind yourself that you're a strong person that your mistakes don't define you.5. BLANK.6. I'm not sure I can answer because I am not sure I gained any insights or learned anything that would be helpful. The important thing for me was nonverbal communication.7. Understanding how depression can affect a person in different and complex ways.8. Talking to others and discussing your thoughts and feelings as openly as possible.9. Explain your situation and being honest about how you're feeling.10. BLANK.
--------------------	--

Question 11 indicates that most of the audience were unaware or surprised by how emotions can affect a person in different ways during times of hardship. This identifies the gap in awareness and understanding. It also demonstrates that the participants came away from the performance with a better perception of emotions and the role they play in triggering certain behaviours and reactions. Question 12 contains information that audience members may have already known prior to the performance, however this is unknown. Participants 1, 4 and 8 provided answers that correlate with certain scenes from *Running in the Dark*, which suggests they absorbed this information during the performance. They understood the information to be significant and useful as they later recycled it as advice in the survey. This is indicative of a learning process, highlighting the performances' potential to be educational.

If I were to repeat the practice research, I would schedule the performance to take place over a longer period to increase the number of participants. It would be useful to prepare a pre-performance questionnaire in order to ascertain a base level of knowledge

Immersive Theatre: An educational intervention for Mental Health

on depression. This would allow me to gain a more accurate representation of new information and insights acquired by the audience after the performance.

CONCLUSION

Tom O'Brien on Theatre and Mental Health, "Theatre is a communal experience; [...] it can breakdown the social barriers and fear of talking about something like this."

(The Stage, 2015)

In a time when Depression is the leading cause of disability worldwide (Mental Health Foundation, 2018), recognising the causes, understanding the symptoms and responding compassionately to the situation is paramount to reducing health inequalities. Identifying and treating mental health problems has been vastly improved over the years due to innovative research and clinical trials, but this does not equate to understanding. A survey conducted by Mind revealed, "Over a third (35%) of people still agree a typical description of a person who has experienced a mental health problem is someone who is prone to violence." (Mind, 2013) The discrimination and stigma towards people with severe mental health needs and the negative perception of prevalent behavioural traits must change. History has taught us that improper treatment, misdiagnosis and scaremongering are all factors that have contributed to society's fractured view of mental illnesses. The largest obstacle in changing this view and establishing a better understanding of mental health conditions, is education. Utilising multiple mediums to open a dialogue and educate society about the importance of mental wellbeing must become a global priority.

People who have little to no experience of mental illnesses such as Depression and Anxiety often interpret the symptoms incorrectly. A crippling inability to get out of bed, for example, might appear to someone else as laziness. What these people don't see and often fail to comprehend is the excruciating, downward spiral of negative thoughts that

Immersive Theatre: An educational intervention for Mental Health

inhabit a person's mind, causing them to believe they have no reason to get out of bed. Theatre performances are one of the few mediums that give people who experience mental illness a voice. *Running in the Dark* was created for this very purpose, as well as serving as a pilot research project. Reflecting on the practice, I identified some areas I believe were successful and others that require improvement.

Opposed to adapting a published play, such as *The Wonderful World of Dissocia* by Anthony Neilson; I chose to write a script based on my own thoughts, memories and emotions to inform a narrative; following the example of campaigns such as Time to Change, that encourage people to come forward with their own personal stories of mental health. Focusing on a sensory experience, *Running in the Dark* plunges the audience into darkness, heightening their sense of touch and hearing and activating their fight or flight response. This cultivated an empathic understanding of the triggers and emotional reactions to Depression and Anxiety.

Adopting Mantle of the Expert as a methodology to a performance setting proved useful, as it already contained an immersive structure. This made it easier to apply the practice to a new theatre piece designed to be immersive. The techniques used provided *Running in the Dark* with a practiced and well-known learning process. Mantle of the Expert has a significant contribution on the development of practical and introspective skills. Experiencing an imaginary world from within, accommodates for abstract concepts more readily and enables the exploration of emotions, attitudes and relationships.

The research survey conducted at the end of the performance enabled me to gather information on what the audience may have learned from the experience. Although this did not rule out knowledge the audience may have had prior to the performance, it allowed me to develop the foundations for a level of measurement. Future productions

Immersive Theatre: An educational intervention for Mental Health

would include a pre-performance and post-performance questionnaire to more accurately discern the quantity and quality of learning.

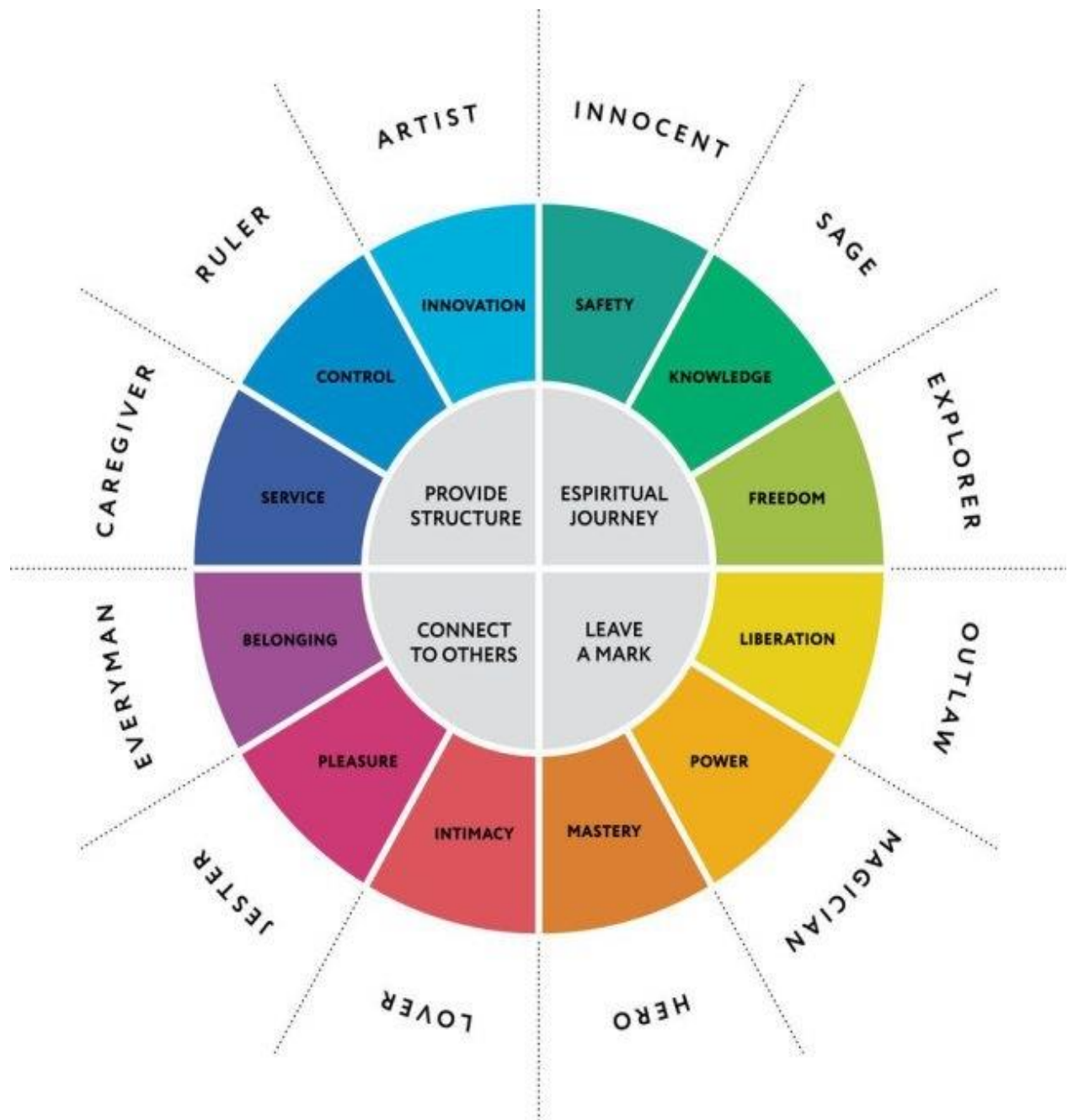
The question-based tasks that facilitated part of the learning process throughout the performance worked well, however could be greatly improved with more tactile activities like those found in Escape Rooms. Solving problems in a game style setting maintains an immersive environment but makes the tasks more challenging. Due to time and resource restraints, it was not possible to attempt this in the pilot project.

Being limited to recruiting students, I feel the quality of the performance was compromised. For example, the characters based on Jungian archetypes would have benefited from a diverse cast in terms of age, gender and ethnicity. The use of professional and experienced actors in future, would enhance the delivery of the performance and aid in the quality of learning. Working with actors who themselves experience Depression and Anxiety would also assist in the development of the piece, as they could offer new perspectives to the material.

It would be constructive to develop the performance towards certain target audiences, adapting the script to change and evolve. Currently, it sits on the border of being for young people, but this was not my initial intention. The performance should be suitable for everyone as a model for informal learning. Jung believed, “the sole purpose of human existence is to kindle a light in the darkness of mere being.” (Jung, 1995, p.358) Combining immersive performance, psychology and applied theatre techniques has a powerful potential to influence and enable an appropriate understanding of mental illness, which have hopefully been demonstrated throughout my research practice.

APPENDIX

FIGURE 1 – THE 12 JUNGIAN ARCHETYPES



(Neill, Understanding Personality: The 12 Jungian Archetypes, 2018)

Immersive Theatre: An educational intervention for Mental Health

FIGURE 2 – TEN CORE ELEMENTS OF MANTLE OF THE EXPERT

Core element	Definition	What it means for the learning
Fictional context	The children and their teacher agree to operate together in a fictional context, using their imaginations to “agree to see” or “pretend” together.	A fictional context means: <ul style="list-style-type: none"> • learning tasks are both playful and serious • there is dual awareness of both fictional and real worlds (<i>metaxis</i>) • safety is ensured—there are no real-world consequences • learning is not bound by real-world limitations (time, power, finance, age).
“Company”, “enterprise”, “responsible team”	The children and their teacher take on a collective identity as members of a collaborative enterprise or company. Sometimes this may not be a fully realised “company” but some other “responsible team” with a common goal.	Taking on a collective identity means: <ul style="list-style-type: none"> • learning in collaboration • a shared sense of mission, values and morals (e.g., through a mission statement) • a shared <i>past</i> history of excellence • opportunities for kinaesthetic response (e.g., setting up office space) • a real-world context
Frame	The enterprise or company is “framed” as having a particular specialism or point of view on the issues being considered. Any further roles adopted during the drama are also “framed”.	<ul style="list-style-type: none"> • being framed as a certain “kind” of company enhances collaboration and builds shared perspectives • by framing roles, the teacher can increase or decrease the intensity of the experience and explore from a particular perspective (frame distance).
Commission	The enterprise or company is asked to undertake a particular important job.	The commission provides: <ul style="list-style-type: none"> • clearly expressed long-term learning goals—a shared purpose • an authentic bounded inquiry.
Client	The commission, or important job, is for a very important (fictional) client.	Involving a client means: <ul style="list-style-type: none"> • there is a clear purpose to the learning beyond “for the teacher” or “for its own sake” • a real-world context, that is relevant but safe • high status, high stakes, high standards • having a sense of audience, which gives a sense of obligation.

Immersive Theatre: An educational intervention for Mental Health

Core element	Definition	What it means for the learning
Curriculum framed as professional tasks	The tasks the children carry out in response to the commission are both appropriate curriculum tasks <i>and</i> professional tasks for the company.	Framing the curriculum as professional tasks: <ul style="list-style-type: none"> • provides a real-world context • gives an immediate purpose for learning • involves an “incorporated” curriculum rather than discrete “subjects”.
Powerful repositioning	Children predominantly interact as “themselves” within the company, but they are positioned as <i>experts</i> : people who have been doing this a long time. The teacher positions children as knowledgeable and competent colleagues.	Power repositioning: <ul style="list-style-type: none"> • provides a shared sense of past success, which increases group and individual self-efficacy • involves high-status positioning—learners as experts • results in shifts in language register • causes lasting shifts in the power relationships between teacher and student.
Drama for learning/ conventions	Along with their ongoing roles within the company, children and their teacher explore the perspectives of “others”—people with alternative points of view on the issues being explored. Various “conventions of dramatic action” are used by the teacher to evoke these other roles. Heathcote listed 33 conventions, and others can also be used (see http://www.mantleoftheexpert.com).	Using drama for learning means: <ul style="list-style-type: none"> • multiple perspectives are explored • an embracing of complexity/postmodernity • contesting binary/black-and-white thinking • exploring paradox and ambiguity • taking an approach that is not necessarily linear • not necessarily employing “naturalistic” drama.
Tensions	The teacher plans for certain obstacles or difficulties to arise during the completion of the commission. Often drama is used to reveal these tensions.	Introducing tensions means: <ul style="list-style-type: none"> • embracing the complexity and “messiness” of learning • providing authentic contexts for learning • engaging the children—maintaining their interest and intrigue • grappling and struggling, which teaches resilience.
Reflection	The teacher will allow times (both within role and out of role) for discussion and reflection on the learning <i>and</i> the learning process in multiple worlds.	Reflection involves: <ul style="list-style-type: none"> • meta-learning • an awareness of multiple worlds (classroom, company, client, content), which makes meta-awareness more vivid.

(Aitken, Dorothy Heathcote’s *Mantle of the Expert Approach to Teaching and Learning: A Brief Introduction*, 2013, p.40-41)

Immersive Theatre: An educational intervention for Mental Health

FIGURE 3 - HEALTH AND SAFETY WAIVER

Running in the Dark is an MA Practice as Research project exploring Immersive Theatre as a platform for education using the topic of Mental Health. Observations or data collected will be used as evidentiary support. As an audience member, you are to assume the role of *Junior Researcher* for the duration of the performance.

Running in the Dark is an organic process that will develop and change as the actors adapt to individual audience members. You may have further insights sometime after the performance – we kindly ask that you include your email address below so that we can contact you for further information.

Health and Safety:

- Lighting within the performance is minimal. Please ensure you always remain with the actors.
- The performance involves the use of open flame. Please ensure you follow any guidance or instruction from the actors.
- All mobile phones must be switched off. In case of emergency, you may leave it on silent.

Sign.....

Print.....

Date.....

Email.....

Immersive Theatre: An educational intervention for Mental Health

FIGURE 4 – HELPFUL HINTS

1. Don't be afraid to engage in a hug.

2. Say reassuring things like:

- *“You are not alone.”* - *“You're a strong person.”* - *“Love yourself for what you are.”*

3. Demonstrate or take part in a breathing exercise.

4. Say inspiring things like:

- *“Mistakes are what make you human.”* - *“Dwelling on bad decisions allows them to define you.”* - *“Forgiveness is letting go.”*

5. Share a story and encourage others to do the same.

.....

Notes

Causes:

Triggers:

Reactions:

Resolutions:

Immersive Theatre: An educational intervention for Mental Health

FIGURE 5 - SCRIPT

Scene One – The Consultation

Individual audience members are seated in a consultation room by a front of house member according to their ‘appointment’ slot. After a short time, a young man in a long white coat and glasses enters.

DR ANDERSON: Good Afternoon/Evening, you must be the (family member). I’m sorry, what’s your name again? *WAIT FOR RESPONSE.* Ah yes (name). I’m Dr Anderson. So, allow me to ask, how much do you know about Olivia’s situation? *WAIT FOR RESPONSE.*

CONT. Okay, I’ll be frank. Olivia has The Black Dog. Her recent test results came back positive for several personality disturbances such as melancholia, doom and gloom, inadequacy, woe, butterflies in the tummy, questioning and skeletons in the cupboard. We need to start some aggressive treatment, which is where you can help. *PAUSE.*

CONT. As you may or may not be aware the Monroe Healthcare Facility is also a medical research centre, and we have recently started a new clinical trial for combatting brain maladies such as The Black Dog. Now, as your (family member) is over 18 she opted to participate in a new clinical trial; but for us to begin we need the help and support of close family and friends. Without going into too much detail, I shall try to explain the basics of the trial and what we require you to do. Firstly, we will be place you into a meditative state that allows you to journey around Olivia’s mind as an astral projection of yourself. While in this state your mind will become vulnerable to the very ailment that plagues your (family member’s) mind. That is why it is vital for you to ingest one of these. These pots contain

Immersive Theatre: An educational intervention for Mental Health

three things your body will need to fight against The Black Dog. A multi-vitamin, love and a second wind. The liquid is a dietary option should you have diabetes or be a vegan; most people opt for the tablets. *HANDS OVER THREE TABLETS/LIQUID.* Taking them will enhance your body's ability to ward against The Black Dog's manipulation once you're inside Olivia's mind. *PAUSE.* Are you following me so far? *WAIT FOR A RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT. Once inside Olivia's mind we need you to navigate her thoughts, memories and emotions. We need you to listen for and attempt to find potential causes and triggers; what is it that gives rise to Olivia's behaviour, the way she processes certain situations and how she reacts to them. Are you ready? *WAIT FOR A RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT. Good. If you would like to follow me, I will show you to our meditation workshop where one of our mind-less-full practitioners will prepare you for Transcendence.

Scene Two – Transcendence

Music is playing. A young woman is sitting in a chair, she speaks with a calm and soothing voice.

DAISY: Welcome. My name is Daisy and today, I am going to prepare you for Transcendence. Before we begin, there are three things I must tell you. The first; upon achieving Transcendence, you will enter an environment that is occupied by The Black Dog. Darkness will surround you and light will be limited. Do not let this discourage you from your journey, aid will be at hand. The second; on your quest for knowledge, you will

Immersive Theatre: An educational intervention for Mental Health

encounter Olivia's thoughts, memories and emotions. Interact with them as you would a human, they will be your best resources for support. The third; just as the body fights an infection, the mind will fight an invasion. Follow instructions that are provided to you and do not deviate from your task. This will keep you safe. Do you have any questions? *WAIT FOR A RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT. To start the procedure, you will need to sit in an upright and neutral position with your hands placed softly on your legs. *PAUSE.* Are you comfortable? *WAIT FOR RESPONSE.*

CONT. Perfect. Next, I recommend that you close your eyes, though if you wish to keep them open this is fine. Listen to my voice. You are in a safe space. Begin by breathing deeply. Inhale through your nose and exhale through your mouth. Inhale and Exhale. Inhale and Exhale. Whatever thoughts come into your mind at this moment, simply observe them and continue to breathe deeply. Inhale and Exhale. *PAUSE.* You are present now. You are not controlled by your thoughts. You control them. Let them go, like colourful balloons in the wind. Feel the surface on which you sit. Feel how it supports you. Be aware of any scents that you can smell. Notice the detail in the sounds you are hearing. *PAUSE.* Imagine a pure white light begin to wash over you. Restoring your energy and filling you with happiness as you continue to breathe in and out. *PAUSE.*

Daisy disappears.

CONT. Transcendence has been achieved, when you are ready you may stand and follow the path laid before you.

Scene Three – Facing Fear

Immersive Theatre: An educational intervention for Mental Health

[JITTERS is a personified representation of the emotion Fear. Her internal conflict is abandonment and ultimately wants to feel loved. Her external conflict is the loss of the Candle of Hope. The audience member will need to give JITTERS the (item that symbolises love) as well as agree to help her retrieve the Candle.]

A light is shining at the end of a corridor. A lantern is precariously placed next to a small pouch and a note that reads, 'Pay attention or your fate be bleak. The darkness holds the answers you seek. Four warriors, neither friend nor foe, will need of you to amend their woe. Take these items, each one is a clue, choose them carefully and see it through.'

JITTERS: Hello? Hello...? Hello?! **BUMPS INTO AUDIENCE MEMBER.** I'm sorry, please don't hurt me. **WAIT FOR RESPONSE.**

CONT. Can you, can you help me? I'm lost and frightened. **WAIT FOR RESPONSE.**

CONT. I was playing near the Hippocampus, but I got all turned around and now I don't know where I am. It's hard to find your way in the dark. It wasn't always dark but something terrible happened, terrible. When the light disappeared my skin started burning, I couldn't breathe, butterflies attacked me, I lost my right shoe, I must have been spinning because I got all dizzy, I keep hearing a loud ringing in my ear and I desperately, desperately need a wee. **PAUSE.**

CONT. My friends, they were here. I don't know when they left. They left because of me. I'm the reason everyone always leaves. Sometimes I'm not a good girl, sometimes I forget things and sometimes I tell lies. I'm always telling lies. He said so. He gritted his fangs and spat it at me, 'You're lying, you're a liar.' I don't mean to. I guess that's why no one loves

Immersive Theatre: An educational intervention for Mental Health

me and why they leave. Are you going to leave me too? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT. Have you ever felt like no one loves you? Or could ever love you? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT. I don't want to be alone. *PAUSE.* We need the Candle of Hope back. Everything was better when we had Hope. Hope makes us human. Hope is comforting. Hope is a true friend. That's why it's so dark. The Black Dog took the Candle. Will you help me get it back? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT. We need to find my friends first. Let's go.

Scene Four – Soothing Sadness

[BLUE is a personified representation of the emotion Sadness. Her internal conflict is failure and ultimately wants to be reassured. Her external conflict is the loss of the Candle of Hope. The audience member will need to give BLUE the (item that symbolises safety) and agree to have her join the rescue party for the Candle.]

A soft melody can be heard in the distance.

BLUE: *BUMPS INTO JITTERS.* Jitters? Is that you? Darkness surround me. I could not find you. I attempted to look for you in the amygdala but... who is your friend?

JITTERS: Blue, this is (name) he/she is here to help us.

BLUE: Help us? My apologies, I am awfully distracted, and I cannot seem to focus. What was your name? *WAIT FOR RESPONSE.*

Immersive Theatre: An educational intervention for Mental Health

JITTERS: Blue, you must come with us. (Name) is going to help us get the Candle of Hope back.

BLUE. TEARY. Oh well (name), that's very thoughtful of you but I am afraid it is all for naught. Our path is set. Our bed is made. The bullet is bitten. The piper is paid.

JITTERS: Blue.

BLUE: We have swallowed our pills. We...

JITTERS: Blue!

BLUE: You do not understand. Everything is hopeless without, well Hope. Terrible things always happen to me; because of me. *CRIES.*

CONT. The Black Dog comes in waves, each one more staggering than the last. It threatens, it breeds, it crawls under the skin, it nauseates, it asphyxiates, it gnaws from within. *PAUSE.* You cannot just storm its lair. I will have no part in your game of heroes. I would not be of any use to you anyway, I am a mess, a loss, a sinking ship, a failure. Look at me, I am not the knight in shining armour, I am the damsel in distress. *LOOKS AT SELF.* Quite literally.

JITTERS: But...

BLUE: I am broken. He plunged his claws deep, ripped my heart from the cavity and squeezed. 'You are nothing', he said. He was right. What am I good for? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT: Have you ever felt like a failure? That no matter what you do, nothing will ever be good enough? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

Immersive Theatre: An educational intervention for Mental Health

CONT: I want to believe in myself. PAUSE. If we are to do this, restore the Candle of Hope, we will need the others. This will not be an easy task. Let us make haste.

Scene Five – Helping Happiness

[MERRY is a personified representation of the emotion Happiness. Her internal conflict is stress and ultimately wants stability. Her external conflict is the loss of the Candle of Hope. The audience member will need to give MERRY the (item that symbolises stability) and agree to have her join the rescue party for the Candle.]

The sound of falling books can be heard.

MERRY: Damn it. How am I supposed to get anything done? I can't see a thing. Stupid...

BLUE: Merry?

MERRY: Who's there? *BUMPS INTO BLUE*. Good grief... Blue? Blue! You frightened me half to death. How did you... Jitters?! Oh, Jitters! I'm so glad you're both safe. Wait, who are you? *WAIT FOR RESPONSE*.

BLUE: Merry, this is (name) he/she is here to help us.

MERRY: Help us? I'm sorry I'm dreadfully flustered, and I'm finding it hard to concentrate. What was your name? *WAIT FOR RESPONSE*.

BLUE: Merry, (name) is going to help us retrieve the Candle of Hope. You must come with us.

Immersive Theatre: An educational intervention for Mental Health

MERRY: You want me to do what?! *BEGINS TO PANIC.* Oh my. *PAUSE.* It's hot in here. Is it hot in here? I'm sweating, are you sweating? Maybe I'm getting sick. No. I can't be sick. I don't get sick. This is worst possible time to get sick. I am feeling a little dizzy, the room just keeps spinning you know and my heart... it's pounding; feels like the little ticker is trying to escape. *LAUGHS HYSTERICALLY.* 'Calm down Merry, just stop' that's what people say isn't it? Like it's supposed to be helpful. It's fine, I'm fine.

BLUE: Merry we...

MERRY: No, Blue you know as well as I what it is you're asking me to do. The Black Dog is hyper-aware, it will sense the rhythm of our movements. I can't, I don't... what should I do? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

Merry calms down.

MERRY: Have you ever felt so overwhelmed you couldn't breathe? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT: I just want to feel balanced. *PAUSE.* Fine. Getting the Candle of Hope back will be our best shot. But we're going to need all of us. We'll have to take the callosum bridge. Come on.

Scene Six – Acknowledging Anger

[FURY is a personified representation of the emotion Anger. His internal conflict is self-blame and ultimately wants to be forgiven. His external conflict is the loss of the Candle of Hope.]

Immersive Theatre: An educational intervention for Mental Health

The audience member will need to give **FURY** the (item that symbolises forgiveness) and agree to have him join the rescue party for the Candle.]

A TV is blaring loudly.

MERRY: Fury? Are you here?

Bottles can be heard crashing.

FURY: DRUNK. Go away.

MERRY: It's us Fury, Jitters, Blue and Merry. We brought a friend.

FURY: Get out. I don't want you here.

MERRY: Fury, this is...

FURY: I said get out.

JITTERS: He's scaring me.

BLUE: Maybe we should go.

MERRY: We can't leave him, not like this. Fury, we're here for you. Just talk to us.

FURY: You shouldn't be here. *TORMENTED*. I shouldn't be here.

MERRY: *COMFORTING*. Hush it's okay, we're here for you.

FURY: Hatred is burning. Everything is a nauseating kaleidoscope of colour; a penetrating, dissonant cacophony of sound. Laughter is too loud. Joyous shouts are menacing. My

Immersive Theatre: An educational intervention for Mental Health

heart races, beating louder and quicker as though it might soon combust. I attempted to wish it all away — the stark brightness and blaring chatter bearing down on me, but my thoughts became so blurred they were indistinguishable. Only one nagging thought remains. It's my fault. *PAUSE*. I'm the reason we're at the mercy of The Black Dog. I lost the Candle of Hope. I brought about this plague of darkness. *PAUSE*.

CONT: Who are you? *WAIT FOR RESPONSE*.

MERRY: Fury this is (name) he/she is here to help us.

FURY: Help us do what?

JITTERS: Get Hope back.

BLUE: Retrieve the Candle.

FURY: No. You're mad. That's what they call us isn't it? 'Irrational, unstable, mental, insane.' The Candle is lost. Hope is gone. The Black Dog has won, can't you see that? And I am to blame. *PAUSE*. Have you ever believed that you are the sole cause of everything terrible that happens? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER*.

CONT: I don't want to punish myself anymore. *PAUSE*. Well, I guess it's now or never. Onward.

Scene Seven – Dealing with Depression

[THE BLACK DOG is a personified representation of Depression. Her internal conflict is low self-esteem. Her external conflict is hope. She steals the Candle of Hope to extinguish its light because she feels living with it is too difficult. The audience, together with the help of

Immersive Theatre: An educational intervention for Mental Health

JITTERS, **BLUE**, **MERRY**, and **FURY** must convince **THE BLACK DOG** to return the Candle of Hope and restore its light.]

A thick mist fills the space.

JITTERS, **BLUE**, **MERRY** & **FURY**: You feel a familiar pain pierce your heart. Without warning, it swells within you, catching your breath, caging your stomach with a dull intensity, relentlessly suffocating your heart. It feels like the ache of days gone by — the pain of the past arriving to haunt you.

A sinister figure steps out from the dark.

THE BLACK DOG: Who dares to enter here? You, come forward. What is your name? *WAIT FOR RESPONSE.*

CONT: What brings you to my lair? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT: You dare to trespass in my hemisphere and demand I return the Candle of Hope to these fools.

JITTERS: Hope is comforting.

BLUE: Hope is a true friend.

MERRY: Hope is a wish, a dream, an adventure.

FURY: Hope allows us to accept tragedy, face adversity and rise above hardship.

Immersive Theatre: An educational intervention for Mental Health

THE BLACK DOG: Hope is disgusting, a sick feeling in the pit of my stomach. It is repulsive. Hope is nauseating, abhorrent and hostile. The light, it tortures me. Hope is the enemy. I am in a constant state of mourning – mourning the loss of my ability to be rational, mourning the loss of myself, mourning the loss of my identity. Wondering whether I possessed any of those things in the first place. I feel disconnected from my own body. I wander aimlessly, purposelessly. Without Hope I can finally drown.

JITTERS, BLUE, MERRY & FURY: Hope is what makes us human.

JITTERS: When I'm scared, Hope calms my worries. It gives me strength.

BLUE: When I'm sad, Hope soothes my pain. It gives me esteem.

MERRY: When I am happy, Hope offers me opportunity. It gives me inspiration.

FURY: When I am angry, Hope helps me find peace. It gives me clarity.

THE BLACK DOG: Hope fights. It fights me. I am forced to fight because Hope exists. Without it I can be free.

JITTERS, BLUE, MERRY & FURY: But at what cost?

THE BLACK DOG: I won't listen, you're just trying to trick me. (Name), what is the true reason you have come? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

THE BLACK DOG: I do not belong, but I cannot leave. What will you have me do? *WAIT FOR RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

Immersive Theatre: An educational intervention for Mental Health

THE BLACK DOG: Very well, take your precious Candle of Hope. But I will not be stopped, I will always be here, festering...

JITTERS: You can come with us.

BLUE: Yes, together we can support each other.

MERRY: You don't have to be alone.

FURY: Yes, together we can manage our problems.

JITTERS, BLUE, MERRY, FURY and THE BLACK DOG say thank you and bid fair well to Olivia's (family member).

Scene Eight – Descendance

Colourful lights begin to oscillate and the (family member) is greeted by Daisy.

DAISY: Welcome back. I assume your journey was successful? *WAIT FOR A RESPONSE.*

CONT: If you'd like to take a seat I just need to make a few observations. Firstly, can you tell me how you're feeling? *WAIT FOR A RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT: Mm hm. And are you experiencing any of the following: cold sweats, a heavy heart, a hissy fit, bad news or being on thin ice? *WAIT FOR A RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT: Okay. If it's alright, I'd like to perform the Descendance Aura massage to ensure optimum health. Would you like me to do this for you? *WAIT FOR A RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

Immersive Theatre: An educational intervention for Mental Health

CONT: Alright, if you'd like to follow me back to the consultation room, Dr Anderson will be with you in just a few moments.

Scene Nine – Doctor's Office

After a short time, DR ANDERSON enters.

DR ANDERSON: Ah, (name). It's good to see you back in one piece. I trust you were able to complete your task? *WAIT FOR A RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

CONT: Perfect, I would be ever so grateful if you could fill out this questionnaire. *PAUSE.* Oh, and one more thing, there is someone who would like to see you.

Olivia enters.

OLIVIA: Hello, it's so good to see you. I cannot begin to describe how thankful I am for what you have done for me today. I truly appreciate your support and understanding. This has been very difficult for me to manage but with your help I believe I can do it. *WAIT FOR A RESPONSE. IMPROVISE DEPENDING ON ANSWER.*

DR ANDERSON: Come now Olivia, it's time for some rest. You can see your (family member) again soon. Thank you again for all your help today.

END

FIGURE 6 – RESEARCH SURVEY

1. Based on your experience of being inside Olivia's mind, what is your understanding of The Black Dog?
 - a) Feelings of sadness and low-mood.
 - b) Feelings of severe self-doubt and despair.
 - c) A long and severe recession.
 - d) The condition of being unhappy.

2. In terms of brain maladies such as The Black Dog, what is a cause?
 - a) A principle, aim or movement.
 - b) A person or thing that gives rise to an action or condition.
 - c) The reason or motive for human behaviour.

3. What was the cause behind Jitter's feeling unloved?
 - a) Being a liar.
 - b) Being forgetful.
 - c) Losing her shoe.
 - d) Feeling abandoned.

4. In terms of brain maladies such as The Black Dog, what is a trigger?
 - a) An act, experience or sensation that initiates a reaction.
 - b) A chain of events that precipitates a psychological process.
 - c) A mechanism, device or lever that releases a spring.

5. What triggered Blue to make her feel like a failure?
 - a) A lack of ukulele skills.
 - b) A broken relationship.
 - c) Terrible things happening.
 - d) Swallowing pills.

6. In terms of brain maladies such as The Black Dog, what is a reaction?
 - a) Something done, felt or thought in certain situations.
 - b) The instantaneous response of a system to an applied force.
 - c) An action or behaviour in response to an experience or event.

Immersive Theatre: An educational intervention for Mental Health

7. What was Merry's reaction to stress?
 - a) Sweating.
 - b) Breathlessness.
 - c) Heart palpitations.
 - d) Losing control.

8. In terms of brain maladies such as The Black Dog, what is a resolution?
 - a) Determining a course of action, method or procedure.
 - b) The mental state or quality of being resolved.
 - c) The settling of a problem.

9. What was the solution to Fury's self-blame?
 - a) Realising he's only human.
 - b) Remembering that mistakes do not define him.
 - c) Becoming clear on his morals and values.
 - d) Clearing his conscience.

10. Why did The Black Dog take the Candle of Hope?
 - a) It was nauseating, abhorrent and hostile.
 - b) She was forced into it by an external source.
 - c) It set an expectation she felt she couldn't live up to.
 - d) She wanted to inflict pain on those around her.

11. Thinking about the emotions you encountered, which one surprised you and why?

12. Based on the work you have conducted as a Junior Researcher, what insights do you feel would be useful to combat The Black Dog?

BIBLIOGRAPHY

- Biggin, R. (2017). *Immersive Theatre and Audience Experience: Space, Game and Story in the Work of Punchdrunk*, Hampshire: Palgrave Macmillan.
- Burtinshaw, K. & Burt, J. (2017). *Lunatics, Imbeciles and Idiots: A History in Nineteenth-Century Britain and Ireland*, Barnsley: Pen and Sword.
- Coleridge, S.T. (2005). *Biographical Sketches of My Literary Life and Opinions*, Montana: Kessinger Publishing.
- Farmer, D. (2011). *Learning Through Drama in the Primary Years*, London: Drama Resource.
- Harpin, A. & Foster, J. (2014). *Performance, Madness and Psychiatry: Isolated Acts*, Hampshire: Palgrave Macmillan.
- Heathcote, D. & Bolton, G. (1995). *Drama for Learning: Dorothy Heathcote's Mantle of the Expert Approach to Education*, London: Pearson Education.
- Jackson, A. & Vine, C. (1993). *Learning through Theatre: New Perspectives on Theatre in Education*, London: Routledge.
- Jung, C. (1968). *The Archetypes and The Collective Unconscious*, London: Routledge.
- Jung, C. (1995). *Memories, Dreams, Reflections*, London: Fontana Press.
- Machon, J. (2009). *(Syn)aesthetics: Redefining Visceral Performance*, Hampshire: Palgrave Macmillan.
- Machon, J. (2013). *Immersive Theatres: Intimacy and Immediacy in Contemporary Performance*, Hampshire: Palgrave Macmillan.
- McCaslin, N. (1990). *Creative drama in the classroom*, 5th Edition, Studio City: Players Press Inc.
- Neumann, E. (1995). *The Origins and History of Consciousness*, New Jersey: Princeton University Press.
- Nicholson, H. (2009). *Theatre and Education*, Hampshire: Palgrave Macmillan.
- Porter, R. (2002). *Madness: A Brief History*, New York: Oxford University Press.
- Richards, V. (2005). *The Who You Dream Yourself: Playing and Interpretation in Psychotherapy and Theatre*, London: Karnac Books Ltd.
- Taylor, T. (2016). *A Beginner's Guide to Mantle of the Expert: A Transformative Approach to Education*, Norwich: Singular Publishing Limited.
- Tuke, S. (1813). *Description of the Retreat, an institution near York, for insane persons of the Society of Friends*, Philadelphia: Isaac Peirce.

OTHER RESOURCES

Immersive Theatre: An educational intervention for Mental Health

Jack, R. (2014). *All human behaviour can be reduced to 'four basic emotions'*, [online] Available at: <https://www.bbc.co.uk/news/uk-scotland-glasgow-west-26019586> [Accessed 2 Mar. 2019].

Mental Health Foundation. (2016). *Fundamental Facts About Mental Health*, London: Mental Health Foundation.

Mind. (2018). *How common are mental health problems?* [online] Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#.W5zA8ej27IU> [Accessed 8 Sep. 2018].

National Alliance on Mental Illness. (2018). *What Can I Do?* [online] Available at: <https://www.nami.org/Get-Involved/What-Can-I-Do> [Accessed 8 Sep. 2018].

Neill, C. (2018). *Understanding Personality: The 12 Jungian Archetypes*, [online] Available at: <https://conorneill.com/2018/04/21/understanding-personality-the-12-jungian-archetypes/> [Accessed 2 Mar. 2019].

The Guardian. (2015). *Inside Out Review*, [online] Available at: <https://www.theguardian.com/film/2015/jul/26/inside-out-review-pixar-emotional-rollercoaster> [Accessed 8 Sep. 2018].

The Metacritic. (1999). *The Matrix Review*, [online] Available at: <https://www.metacritic.com/movie/the-matrix> [Accessed 2 Mar. 2019].

The Telegraph. (2010). *Inception Review*, [online] Available at: <https://www.telegraph.co.uk/culture/film/filmreviews/7892057/Inception-review.html> [Accessed 2 Mar. 2019].

World Health Organization. (2017). *Depression and Other Common Mental Disorders: Global Health Estimates*, Geneva: World Health Organization.