

Scarred dancer

Autobiographical performance with a woman in the psychiatric system

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Background: we explore the hypothesis that Autobiographical Therapeutic Performance (ATP) is effective to help traumatized people heal from their wounds, express their gifts and benefit their communities.

Methodology: we analyse an individual case study of ATP conducted by the two authors in the capacities of director (Miramonti) and performer (Millán). Miramonti is Community Theatre professor and drama therapist while Millán is a young woman diagnosed with chronic depression and anxiety, who attempted suicide and was in psychiatric care for four years. The two authors co-created an autobiographical monologue on the life of Millán, combining theatre, improvisational dance, puppetry and visual arts.

Results: this process of storytelling, embodiment and performance in front of an audience helped the re-framing on Millán's biography and enhanced her sense of being a purposeful person in a purposeful world. This case study qualitatively corroborates the hypothesis that ATP could be effective in supporting individuals in creating cohesive life narrative, enhancing their wellbeing and the one of their communities. Moreover, ATP could be effective in de-pathologizing the representation of people diagnosed with psychiatric conditions, making their gifts visible and inviting them to use their experience to serve the healing of other traumatized people. Finally, we stress how ATP redefines the role of audiences as active subjects who "bear witness" and collectively engage in social inclusion.

Conclusions: we recommend the intentional and systematic use of ATP at the individual and community level, both as a prevention and healing tool to build collective resilience and choral resignification of traumatic experiences.

Keywords: Autobiographic Therapeutic Performance, Drama Therapy, Theatre of Witness, depression, psychiatric system

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Introduction: Autobiographic Therapeutic Performance: a theoretical framework

*All sorrows can be borne,
if you put them into a story or tell a story about them*
Hannah Arendt

Recent research in drama therapy has shown the healing potential of Autobiographical Therapeutic Performance (ATP) to work with traumatized individuals and communities (Pendzik et al. 2016). ATP is broadly defined in the literature as “a therapeutic intervention that involves developing theatre pieces based on personal material and performing them in front of an audience” (Pendzik, Ray, 2021, p. 2). ATP is thus a particular form of drama therapy where the creation of a performance and its presentation to an audience constitutes the therapeutic setting. As Snow notes, in ATP healing “takes place within the special time and space of the creation of a performance which eventually has an audience and a post-performance review” (Snow, 2009, p. 117). Both clinical and community-based experiences with ATP have shown that this technique is particularly effective in healing the long-term effect of traumatic stress, because, as Siegel (2003) points out, toxic stress associated with trauma can alter the functioning of the brain, particularly in the orbitofrontal region, which has a key role in building a cohesive narrative of the subject’s life, including the creation of an integrated storyline of the past, present, and anticipated future. Based on evidence coming both from clinical practice and neuroscience research, Ray and Pendzik assume that ATP’s effectiveness is based on three theoretical assumptions:

1. Storytelling. The act of transforming the memories of an individual’s life into a “story” narrated to an audience through performative means helps the subject generate more coherent self-narratives, which could be useful to integrate and cope with traumatic life events (White and Epston, 1990; McAdams, 2008).

2. Embodiment. Transforming life *narratives* into live *performances* challenges the participants to embody the narrative through acting. These “embodied stories” have the potential to generate or strengthen constructive self-narratives (Emunah et al., 2014; Pendzik, 2016). Furthermore, Yaviv shows that this repaired experience gets consolidated in the long-term memory and transforms the subject’s self-perception in a durable manner (Yaniv, 2014).

3. Performance. Performing in front of an audience is a strong validation of the alternative narrative the subject (or the group) co-created, giving them a public recognition and inviting the audience to “bear witness”, express empathy, and

collectively engage for inclusion of diversities. Therefore, the active participation of the audience as “witnesses” intensifies the healing potential of the performance (Sajjani, 2012, 2016; Emunah, 2015, 2016).

The literature has shown that the combination of storytelling, embodiment and performance has significant therapeutic implications. Storytelling has been over millennia and across cultures an inherently human resource for integrating painful life experiences and healing from trauma (Haven, 2007; Lahad, 2019). Cognitive sciences have recently studied embodiment, highlighting that cognitive and bodily processes are fundamentally linked and this interaction informs the intra and inter-personal abilities of the individual (Kozziol et al., 2012). Thus, the literature has showed that ATP can help people to theatrically “work through” lived experiences (Emunah, 2020) and strengthen the self of the subject also through the controlled dissociation into a multiplicity of roles and characters (Thomson & Jaque 2011, Pagliarino 2017, Rossi Ghiglione 2011; 2015). ATP can therefore facilitate the integration of personal experiences in the social sphere and the positive *re-definition* (negotiation of *new boundaries*) of the subject’s self.

Methodology

Building on the Pendzik and Ray’s theoretical framework presented above, we jointly conduct and analyse an individual case study of ATP¹, where one of us (Millán) was the performer and main participant in the healing process and the other (Miramonti) was the creative director and drama therapist. The inadequacy of the terms “patient” or “client” and its reductionist and disempowering implications have been raised in drama therapy (Sajjani, 2018), so we decided to define the person who is intentionally seeking healing from painful experiences as a “participant”, implying the active participation of the person who works on their autobiographic materials with the intentional purpose of achieving a subjective and objective improvement of their “being in the world”, while also reducing patterns of behaviour the subject recognizes as self-destructive (substance abuse, suicidal attempts, engaging in exploitative and abusive relations, etc.). A relevant methodological aspect of this research is therefore the involvement of the participant/performer in the analysis of her own experience in the form of a self-reflection and after-action review. The participation of Millán in sharing her experience to unknown readers is a further component of her healing and integration process. Furthermore, our approach accompanies the participant to become an active vehicle of healing for others who share similar life stories, through

¹ This article is part of the ongoing “Arts for Reconciliation” research project carried out in the Departmental Institute of Fine Arts in Cali, Colombia. The overall theoretical framework of this project is presented in detail in Miramonti (2019). For an account of how Testimonial Theatre can help the healing of the traumatic effects of the COVID-19 confinement see Miramonti (2021).

the performance of Millan's monologue in front of a group of caregivers of youth diagnosed with psychiatric conditions and the invitation to the audience to actively "bear witness" of her search for healing and peace. We intentionally decided to write this article together to break the barrier between the person offering a healing space and the one demanding such space. Our intention is to reduce the one-way transitivity from the "healer" to the "healed" and turn it into a dialogical experience that heals both and invites the community to become witness and collectively act for change. Our purpose is to go beyond a representation of therapeutic knowledge based on the "monologue" of the therapist that tends to objectify the experience of the "patient" and to intentionally co-create meaning within the healing process, where we both acknowledge that we were deeply transformed by this encounter. We intend to go beyond the clinical gaze of the "author/therapist" that medicalizes the "patient" and their subjective experience, crystalizing it around the notion of "symptom" to be matched with a nosography of mental diseases. Millán does not define herself as a "patient" and Miramonti does not consider himself as a "therapist" in a traditional sense. The healing this process produced served us as individuals and served to transform the way the society experiences (cognitively and emotionally) mental suffering and responds to it. This process is therefore an ongoing search for meaning and purpose, which intends to go beyond the pathologizing idea of "treating a mental disease" and the dichotomic representation of "normal" and "mentally ill" person. For the purpose of this analysis, we do not adopt the definition of "mental health"², because we consider the dichotomies of "mind-body" and "healthy-unhealthy" too narrow and simplistic to account for the subjective experience of suffering and healing. We do not name the goal of this process "mental health", but rather "holistic wellbeing", implying the relations of the individual with the self, the others and the other species, recognizing that all of them are equally part of nature. In terms of epistemological demarcation, our approach is intentionally positioned at the intersection of Drama Therapy (Pendzik et al. 2016,), Self-Ethnography (Crapanzano 1980) and Collective Dramaturgy based on autobiographical materials (Lynn & Sides 2003, Grierson & Brearley 2009). This intersection constitutes a "liminal space" from where future research could deepen the exploration in different directions. For the purposes of this case study, we intentionally decided to stand on this threshold.

Research question and data definition

The aim of this pilot case study is to investigate how ATP could help the healing of individuals and groups diagnosed with psychiatric conditions. Our key research question is: *how the integrated use of Storytelling, Embodiment and Performance*

² For a critique to the concept of "mental health" from a clinical and psychopathological point of view, see Martín López-Andrade & Colina 2018 and *La Revolución Delirante* 2022.

in ATP can promote subjective well-being and integration of traumatic experiences in persons diagnosed with psychiatric conditions? We chose to adopt a specific form of autobiographical and testimonial performance: Theatre of Witness, a process developed by Teya Sepinuk since 1985 in the USA, Poland and Northern Ireland (Sepinuk, 2011 & 2013; Grant, 2016). Our creative process started in August 2019 and continues in the present date. The key steps in the creation and presentation of the monologue were:

1. Miramonti conducted two open ended interviews with Millán, focusing on her life history;
2. Based on the interview, Miramonti drafted a script with annotations and proposed it to Millán;
3. Millán made some changes in the script and we started the rehearsals and memorization of the script;
4. Miramonti tasked Millán to bring some significant objects she had mentioned in the interviews (dolls, watercolours, a red dress, a big rope) and to choose one or two recorded songs that were particularly meaningful for her;
5. We jointly integrated the objects and music in the script and did final rehearsals
6. Millán presented her 20-minute monologue to a selected audience (three young women chosen and invited by Millán) with the direction of Miramonti;
7. After the performance, the three witnesses were invited to react to the performance writing short letters to the performer;
8. Miramonti and Millán had a follow up conversation a few days after the performance.
9. One year later, Millán was invited by a psychiatric institution to perform in front of an audience of about twenty-five caregivers of youth diagnosed with psychosis. She presented her monologue and dialogue with the audience after the performance.
10. A few days after her presentation in a psychiatric institution, Millán wrote a long self-reflective letter, where she recounts the key moments of her creative experience.
11. Some months later (September 2021) we jointly presented the monologue in an international gathering of social artists (PPLG 2021)
12. Following this presentation, in November 2021, we decided to jointly write this article to reflect on our ongoing healing process and to propose it as a case study.

During the above process, we collected the following empirical evidence:

1. Transcript of the interviews;
2. Field notes of both authors, based on their participatory observation of the process from the specific point of view of the director and performer;
3. Videos of the rehearsals and of the final presentation of the monologue;

4. Transcript of the follow-up conversation;
5. Self-reflective letters written by Millán to Miramonti.

We analysed this empirical evidence in light of the research question, as follows:

1. Read the written evidence and watch the videos, identifying the verbal and non-verbal behaviours of both authors and analyse how they were expressing the emotions, memories and insights and how they were being embodied and integrated.
2. Identify key recurring themes in the verbal and non-verbal production (anger, guilt, shame, self-aggressive behaviours, reconnecting with the female ancestors, the healing power of arts, etc.).
3. Analyse if/how the embodiment and performance in front of a small audience of stories of suffering, resilience and spiritual growth were helping Millán re-signify her traumas, turning these stories into an opportunity for self-discovery and transformation.

Results

*Our wounds are often the openings
into the best and most beautiful part of us.*
David Richo

The monologue presents the life of Millán from her conception to her 23 years of age. In the first scene, Millán enacts the story of how she was conceived and born in violent circumstances and had convulsions when she was born. In her childhood she developed isolation and aggressive and self-destructive behaviours. The third scene presents the crisis, a breaking point in Millán's life, when she attempted suicide, was diagnosed with chronic depression, anxiety and paranoid tendencies and eventually admitted in psychiatric care. The last scene presents the slow rebirth of Millán, nourished by arts and a deep re-encounter and resignification of her own biography. Millán chose to wear a dark red dress and started the monologue dancing with a big rope representing her umbilical cord, that connected her story to the sexual violence other members of her lineage suffered. The last lines of her monologue recognize her story as part of a "broader story" of ancestral wounds and gifts she is slowly recognizing in herself:

I feel that these violent stories are flowing into me.
I'm still searching, I'm still discovering what's beyond all this pain,
because I have barely started to see it.

At the end of 2019, Millán performed for the first time in front of an audience of three significant persons she invited and a few days later she orally shared with Miramonti the impact this experience was having on her.

I feel this experience split my life in two: before and after the monologue. Doing it was to finally be able to let go what I had inside, to be able to throw out what I had buried. It was very valuable. Now I feel like I've been split in two. During these days after the monologue, I have not wanted to be with people, I feel in a tense mood, but calm, I am trying to be alone and calm. During the play, I felt I was in a conversation with trusted people. I knew that there was no judgment there. I felt like I was in a conversation with them and that they made sense of what I was saying. As I told you, during the rehearsals some parts of the play and the script really hurt me, they gave me headache. Performing was like telling my story, like talking to a person. It was like when you need to say a lot of things, you call someone and tell them everything. During the performance I felt much more connected to the words I was saying. I feel I was looking at them from outside and telling them, it was a liberating conversation. Regarding the dance I did at the beginning of the monologue [improvisational dance with a rope], it was very valuable that it was improvisation, I feel that it made me more nervous, it helped me connect with the images, the narration that I had in my head. The dance for me is like the text itself, but without saying it. When we were alone rehearsing, I connected more, because I had no one observing me; especially my fight with the rope at the beginning of the monologue is an image that hurts me. When I perform, I like to make this fight real, to make it serious, to feel on my skin that the rope is really hurting me. At this moment of the dance, I was very nervous. I concentrated only on the rope and myself. It's hard for me to show myself dancing, to be seen by others while I move. The image of me struggling with the rope is very strong for me.

After the play, I received messages of admiration and other beautiful comments regarding me from the audience. I also realize that for the audience this monologue was also an opportunity to see themselves reflected in my story. One of the three friends in the audience wrote to me that the play reminded her a lot of her same story and she felt confronted a lot by my performance to meet her own story. I felt that it was valuable to generate in the other that "I also feel in this way", to make them resonate with the genetics of some stories they also lived, stories of violence. This friend escaped from home, she suffered violence from her aunt. My story made her look at her story too, it reminded her that she also needed to start working and healing that. My story is an invitation for others, for us, to heal. In all three stories of the friends I invited, there is an absence of the father. In all three cases there are painful stories with the father, a point that will resonate a lot with every Colombian audience.

I was struck by what you told me at the end: I hadn't thought about it. You reminded me that in the theatre workshop where we first met, I had rejected the images of sexual violence the other participants were rehearsing, those images hurt me. I simply left the room when they were rehearsing stories of sexual violence. I feel that during this long process with you I decided to face myself and to face those images.

The performance in a psychiatric institution

*The ancestors choose who is going to break
an intergenerational circle of violence and abuse.
That person is you.*
Teya Sepinuck

One year after the performance, a psychiatric institution in Cali (Colombia) invited Millán to perform in front of a group of 25 caregivers of youth diagnosed with psychosis. This experience represented for Millán a return in the psychiatric system with a new role of performer/witness. The caregivers dialogued with Millán and urged the institution to organise similar ATP programmes for their patients. A few days later, Miramonti invited Millán to write a self-reflective letter to revisit her whole experience up until her first re-encounter with a psychiatric institution.

My testimony. Today, here, in the “new normal” [the Covid-19 pandemic], after a complex year, full of fear, tremors in the legs and emptiness in the centre of the stomach, I recount my own testimony built with three voices, the Karla who went to a course of Community Theatre where she met Angelo, the Karla of today and her teacher [Miramonti] who was always there.

We met a number of acquaintances and strangers in the Community Theatre course conducted by Angelo, who received me with a smile and a warm greeting, being one of the first to arrive. An intense week of social theatre was coming, but I had no idea what was waiting for me.

At a specific moment in the workshop, in a Forum Theatre scene, the participants enacted a [symbolic] scene of the rape of a girl by her uncle. The story was represented through a children's round of Little Red Riding Hood and the Wolf. My immediate reaction was to scream and run away. It was an hour of crying, eternal minutes submerged in a bathroom, hitting tin walls. I felt the pain suffocate me. The ground rule of the course was “take care of yourself”; the teacher understood I needed to take a break and asked another participant to be with me. When I returned, he gave me a hug and offered to listen to me. At the end of the class we talked, but I insisted, literally: “I'm not going to see this type

of scene, I'm not going to see or represent a rape, I don't feel capable". The teacher understood.

I remember that the most evident problems within the Forum Theatre exercises were stories of oppression of men against women, rape, mistreatment, parental abandonment and abuse of power.

At the end of the course, the teacher approached me and made, perhaps, one of the most important proposals for my life, both for my healing path and for my artistic work. He told me about his current studies in something called "Theatre of Witness", he was interested in my story and, if I felt ready to it, we could do something with it, for me, and for others. He presented to me some ideas of what we could do and what it consisted of. I accepted without knowing much, everything I experienced the previous week had confirmed that my greatest wish in the world was to be able to create paths of healing and reconciliation through theatre. I accepted, even knowing that it was going to be an undoubtedly difficult path.

In our first meeting for the creation of the monologue, I began by telling him about my life, my depressive crises, of me going to study outside the city and my "return to my mother's arms" two years later. I told him about the self-harm, the drugs, the noise, the crying, the anxiety attacks, the suicide attempts and finally, I told him about my rejection and deep pain I feel towards rape or any abusive act of a man towards a woman. I told him: "I am the result of a violation, of an unsatisfactory relationship in both lives, of the imposition of love". It was a conversation in which the teacher only commented to ask me to clarify one thing or another, to speak a little slower [because he was taking notes], or remind me that it was not necessary to say what caused deep pain, and to always take care of myself.

Days later, the teacher presented me with a draft script [based on the interview] and we officially begun the adventure. We spent two to three hours a week staging and rehearsing. Each meeting was a challenge, there were tears, stress, frustration, but always a lot of creation. Without knowing it, I was transforming my story.

At the end of the semester, the meetings became more intense in terms of schedule and work, my life was also being intense, and precisely at that time, the conflicts with my mother escalated, sharpened and blocked the way. Once again, my body was full of wounds and scars, my mood indecipherable, I was prone to breaking at any moment, for any word, gesture, event, absence or silence. I was walking on a tightrope over an abyss and all I saw were memories of a past that still hurt, but now it was scripted. "Every day you are going to move away from the text, and you are going to tell your story as if it were not yours, you are going to know it so well, that you are going to get bored and you are going to get out of it" the teacher was repeating to me in

each meeting. I saw that as magic. My life expectations were reduced to that daily encounter during an intense week, from morning to night.

The first presentation of my monologue was going to be in front of three people I chose as my first audience, it was not a conventional presentation. They were not asked to clap at the end; rather, the director handed them a piece of paper and a pen and invited them to silently retreat for a few minutes and write a letter to me, before leaving. On the day of the presentation, we would also record the final video of the result of this creative research, every detail made it a much more special day.

After the first filming of the entire monologue without an audience, I looked in my teacher's eyes and couldn't believe I had gotten to that point. After running out of the room and refusing to watch a rape scene a few months before, now there I was: on a hardwood floor, telling my own story: the magic was happening. My audience were three special and beloved women who were as grateful as I was for being there. In the end they handed me their letters. There were many hugs and tears.

I feel I stood up, felt and told my pain: the story of my suffering. It all started when my mother was pregnant of me. I had convulsions in my stomach, it was the rejection of life from the very first moment on earth, the feeling of guilt. It was a generation of violated women who clogged my throat and made me feel angry, anguished and sad. Fear, guilt, pain, overwhelm, anxiety, suffocation: all this was told with my voice. Theatre and the presence of the director and the audience were once again there, making this process possible. All I wanted was to be able to do something with it, and I was getting more than I bargained for. Although I didn't know what would happen next, I was sure that with it I was dying and being reborn. That's how it went.

A year later, the teacher asked me if I wanted to show my monologue to a group of psychiatric caregivers. I accepted. I had spent an entire year without ever watching the video of my monologue. A few days before the performance, I watched the video for the first time. When I did it, I felt that this was not me, although that was my story. I saw a woman full of pain and courage, I saw a sad look in that woman's eyes, but I saw she was eager for change, I saw a beautiful and conscious woman. Sure, the way I narrated that story more than one year ago, I would not narrate it now, perhaps the courage I had there I would never have now... It was really beautiful.

The day I presented my monologue to the caregivers, I heard sighs and words of encouragement from them, I mostly saw the faces of women with hope in their eyes. One of them told me between tears that she had felt like me when she was a girl, another saw her daughter in me and asked me how I could help lessen her pain. All these questions got to the bottom of

my wound. I answered honestly. I didn't want to shout any truth about pain management or "psychiatric disease". I didn't want to discredit any other kind of therapy, I just wanted to show how art saved me and how maybe it could save other lives. For me, salvation does not occur as a divine illumination, it is a path of courage, it is embracing the truth, and rejecting that this truth is immovable or defining.

When he invited me to write this letter, my teacher told me: "If you want to write a poem about your experience, do it". Here is my answer, teacher: poetry is what we do. We metaphorize the pain, we build another reality. I chose this path for myself, and in order to help others to write their own testimonies, I chose art, and I choose poetry to build new presents.

Six months after the presentation with the caregivers, we jointly applied to present the monologue in an online gathering of socially committed artists (PPLG 2021) and we were accepted. Finally, in October 2021 we decided to write this article and Miramonti invited Millán to read again the letters she received from her first audience and write a reflection, two years after performing for the first time and receiving those letters. In January 2022, Millán wrote:

The agreement between the audience and the actor is sealed with the applause. The more heartfelt the performance, the louder the applause. The sound turns into rain and the stage is renewed and hearts prepare to re-green. But sometimes it seems that the applause is not enough. Sometimes it's petty, or it gets lost, it fades completely. In my monologue, the agreement was sealed differently... A hug delivered in a letter acts as an applause: the actor/witness deserves a response that lasts. The audience is not watching a show, even if it is something that is essentially beautiful, they are facing the nudity of the other, facing her courage. This act deserves a dialogue, a verse.

When I presented my monologue before three important persons for me, I received from them their thanks through written words. I felt like I was in a safe place, that I was handing over my story in responsible hands, who not only took seconds to bump into each other, but dared to express themselves.

I keep these letters as a testimony of my story, they are part of the geography of my healing, the letters of my close ones go from the paper directly to my soul. The letters are the language of the sensible, of the pure. My voice was heard, my voice was cared for between verses and lyrics that others wrote for me, in an empathetic, pure and selfless exercise.

Reflections

*In tensile strength and ability to absorb pressure,
a scar is stronger than skin.*

Clarissa Pinkola Estés

In this paper we explored how the synergic interaction of storytelling, embodiment and performance could help healing traumatized persons and engage communities in prevention and integration of trauma. We tested our hypothesis in a specific case study that corroborates the hypothesis that ATP can be effective to heal the long-term effects of trauma and promote constructive narratives of the self, while also fostering empathy and solidarity in communities. Furthermore, our case study showed that ATP can help de-pathologizing psychiatric conditions “finding the blessing in the centre of the wounds” (Sepinuk 2013 p. 229) and making the interior “gifts” of the performer visible. Sepinuck stresses the idea of tapping into the unique “medicine” each person brings in the world: “I believe that we all have our own medicine, sometimes hidden even from ourselves, that, once tapped, can truly initiate a powerful, transformative journey of healing”. (Sepinuk, 2013, p. 47). Reframing the experience of suffering and loss as an opportunity for self-discovery and transformation is thus “finding the medicine” in the story and making visible how, at the very centre of a person’s wound, can lay an undiscovered blessing.

This experience showed that storytelling, embodiment and performance synergically create a “symbolic time-space” where therapeutic changes can happen. The therapeutic power of symbolic spaces was already noted by Lévi-Strauss, who, in the chapter of *Structural Anthropology* (1967) dedicated to “symbolic effectiveness”, wonders why *symbolic* interactions like rites of passage seem to have the power to produce *real* and durable changes in intra and inter-personal human relations. In the specific case of ritual performances and dances, this author wonders why a symbolic act embodied by the subject and witnessed by the community is effective in producing changes in the self-perception and interior well-being of the performer, and why such changes seem to persist when the person leaves the “symbolic space”. On this same issue, Hannah Arendt raised the question of “why telling our story is healing” (Arendt 1970, Lynn & Wilkinson 2004), while White and Epston (1990) stressed how narrative means can lead to therapeutic ends. Moreover, recent neuroscience research highlights that embodiment and performance can be effective in reshaping and rewiring neuronal architectures of the subject (Siegel 2003, Yaniv, 2014). The self-reflective letter of Millán shows that storytelling and embodiment were key in “reframing” her story in a narrative of bravery and resilience, while the empathy received from the audience (through the letters and other interactions after the performance) further reinforced and validated the new way of “being in the world” (Csordas 1994b) she had created. It is therefore important to stress the fundamental contributions played by “having an

audience” and “seeing themselves being seen by others” in the ATP healing process, where also audiences are invited to transform themselves, moving from passive spectators to the new role of “witnesses” who becomes co-actor of the transformation performed on stage³.

Finally, we argue that our case study was effective in transforming the often hyper-medicalized and over-diagnostic approaches of traditional psychiatry, turning “mental disease” into “existential suffering”, humanizing the experience of the subject and reweaving their irreducible unicity in the textile of human history and immersing it in specific power relations. This paper showed how the use of creative and art-based methods in health (Kimberly 2011) do not need to adopt the “protocolization” of healing procedures⁴ and do not apply “similar therapies to similar cases”, because our approach acknowledges that there is no such thing as a “case” similar to another. The ATP approach we applied assumes that the product of the creative interaction is unique, not repeatable and constantly open to the risk of failure and to the opportunity of radically new outcomes. These considerations are not meant to undermine that our approach followed an intentionally adopted sequence of actions, attitudes and prescriptions, nor we deny that these procedures are teachable and could be consciously learned and intentionally and systematically applied by “mental health” professionals. On the contrary, we consider this article a deliberate effort to make the benefits of this approach visible and accessible to a wide audience of beneficiaries.

Conclusions

*Be proud of your scars.
They have everything to do with your strength, and what you've endured.
They're a treasure map to the deep self.*
Clarissa Pinkola Estés

While writing this article, we often discussed how the monologue would be if we had created it today, more than two years after scripting and staging it. Millán has moved on in her Performing Arts undergraduate course and she is now considering to prepare her dissertation on theatre and psychiatry. Over these last years, she feels she had the courage to become, to let go the shame of her scars and show her gifts. How would she tell the tale of this becoming if she had to re-create her monologue today? The script - like Millán's life - is constantly being re-invented in the present moment, imagination becomes the “symbolic space” where Millán can share the deep beauty

³ For an in-depth discussion of the resignification of “spectators” as “witnesses” in Testimonial Theatre see Wake 2010, 2013.

⁴ For a discussion and critique of protocol-based approaches in psychiatric diagnosis and care, see Martín López-Andrade, Colina 2018 and the overall approach of the Spanish research group *La Revolución Delirante*.

that lies in her own scars and the wisdom she acquired through the encounter with her personal and ancestral wounds.

We would like to conclude this journey making an analogy between Millán's monologue and the autobiography of Gabriel García Márquez titled *Living to tell the tale* (*Vivir para contarla*). In this journey, narrating has been reinventing the present creatively assembling aspect of the past in a new significant constellation that provided meaning to our "being in this world" here and now. The act of re-creating Millán's biography through storytelling, embodiment and performance created purpose and motivation to shape our future. We live our life to tell the tale of how we chose to be in this world, and - in telling this tale - we learn how to share our gifts, deeply honour our wounds and proudly wear our scars.

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