

Performance-based drama therapy: Autobiographical Performance as a Therapeutic Intervention

*Terapia dramática baseada no desempenho:
Desempenho autobiográfico como intervenção
terapêutica*

*Terapia dramática basada en la actuación:
La actuación autobiográfica como intervención
terapéutica*

Susana Pendzik

Tel Hai College and Hebrew University of Jerusalem

E-mail: pend@netvision.net.il

ORCID: <https://orcid.org/0000-0002-5458-799X>

ABSTRACT:

This paper articulates the basic features of Autobiographical Therapeutic Performance (ATP). Contextualizing it in drama therapy practice as a performance-based intervention, the paper describes ATPs roots in experimental theatre and grounds its features in psychotherapy concepts. The paper outlines the main therapeutic constituents of ATP: Narrating lived experience, shaping the material into aesthetic forms, embodying, and rehearsing personal stories that have been processed, performing in front of an audience, and integrating new insights in the post-performance reflection. Finally, a “warning” is voiced about the potential danger of using this intervention when it’s not adequate.

Keywords: *Autobiographical Therapeutic Performance. Drama Therapy. Therapeutic Theatre.*

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RESUMO:

Este artigo articula as características básicas do Desempenho Terapêutico Autobiográfico (ATP). Contextualizando-a na prática da terapia dramática como uma intervenção baseada na performance, o artigo descreve as raízes do ATP no teatro experimental e fundamenta suas características nos conceitos da psicoterapia. O artigo delinea os principais constituintes terapêuticos do ATP: narrando a experiência vivida, moldando o material em formas estéticas, incorporando e ensaiando histórias pessoais que foram processadas, atuando diante de um público e integrando novos insights na reflexão pós-execução. Por fim, um "aviso" é dado sobre o perigo potencial de usar esta intervenção quando ela não é adequada.

Palavras-chave: *Performance terapêutica autobiográfica. Terapia Dramática. Teatro Terapêutico.*

RESUMEN:

Este artículo articula las características básicas de la Performance Terapéutica Autobiográfica (ATP). Contextualizándola en la práctica de la dramaterapia como una intervención basada en la actuación, el artículo describe las raíces de la ATP en el teatro experimental y fundamenta sus características en los conceptos de la psicoterapia. El artículo esboza los principales componentes terapéuticos de la ATP: Narrar la experiencia vivida, plasmar el material en formas estéticas, encarnar y ensayar las historias personales que se han procesado, actuar frente a un público e integrar nuevas percepciones en la reflexión posterior a la actuación. Por último, se hace una "advertencia" sobre el peligro potencial de utilizar esta intervención cuando no es adecuada.

Palabras-claves: *Actuación Terapéutica Autobiográfica. Dramaterapia. Teatro Terapêutico.*

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Drama therapy can be broadly defined as the use of dramatic and theatrical forms for therapeutic purposes. This definition encompasses a wide variety of interventions, such as free playing and game playing, using projective tools,

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action techniques, and many other creative processes (BAILEY, 2007; LANDY; MONTGOMERY, 2012), which have their ability to create an island of imagination that is embodied in the here-and-now as a common denominator. This island is called *dramatic reality* and it functions like a parallel universe that we construct by means of our imagination and materialize as an “as if.” Within dramatic reality, many painful and sensitive issues that affect us in real life can be experienced, expressed, and worked through, without making us feel overwhelmed by them (PENDZIK, 2006). Children can voice their rage while playing monsters or allow themselves to express their fears while embodying a wounded little bird. Adults can use metaphors, images, and role-play to create a safe distance between themselves and their feelings, so that their traumatic or emotionally challenging experiences are easier to bear and to transform (PITRUZZELLA, 2017; PENDZIK; BRIK LEVY, 2018).

Drama therapy is a process-oriented approach. Most drama therapy interventions are deconstructed dramatic techniques merged with established psychotherapeutic and psychological theories, in which the creative process is the compass guiding the therapeutic progress. However, there is a special brand of drama therapy, called the *performance mode*, in which the theatrical and performative features of the field become intensified (PENDZIK, 2021). In this approach, the performative frame is the therapeutic setting: Therapeutic performance is a time-limited intervention in which the development and the presentation of a performance constitutes the therapeutic process itself (SNOW, 2009; BAILEY, 2009). The modality involves all the phases that lead to the production of a performance – including its creation, the rehearsal phase, the performing event, and the post-performance reflection and integration (SNOW *et al.*, 2003; EMUNAH, 2020). All the elements pertaining to the performance, from the choice of the play, through the casting, aesthetic choices, dramaturgy, and presenting event details (such as, who will be the audience of the performance) are conceived and considered with a therapeutic purpose in mind (PENDZIK, 2014).

This form of drama therapy intervention is particularly intriguing, and sometimes even difficult to understand in therapeutic terms. For a start, the term *performance* is often identified with the public domain: “A performance exists in the moment of bodily co-presence of ‘actors’ and ‘spectators’” (FISCHER-LICHTE, 2014, p. 19). In contrast, the word *therapy* is usually associated with intimacy, emotional closeness, confidentiality, and containment – and is perceived as belonging to the realm of the private. Hence, the notion of *therapeutic performance* appears at first glance to be contradictory – an oxymoron that Richard Sennett (1974) clearly articulated when writing: “theatricality has a special, hostile relationship to intimacy; theatricality has an equally special, friendly relation to a strong public life” (p. 37).

Drama therapists Renée Emunah and David Johnson stated many years ago that a performance is “like a planned crisis: one knows when it is coming, but no matter what one does to prepare” (EMUNAH; JOHNSON, 1983, p. 236), its arrival intensifies our emotions and always entails a terrifying moment. Performers know from their own experience that the fear of failing to perform (or stage fright) can be overwhelming and even paralyzing (STANISLAVSKI, 1989). Often times, as the performance date approaches, fears and anxieties seem to take over a person, sometimes bringing people to “act-out” vulnerable, and potentially damaging aspects of themselves. How could this terrifying experience be therapeutic?

Performance-based drama therapy includes various therapeutic theatre forms. Classical plays or universal stories can be used or adapted to be performed by a group of people. Snow *et al.* (2003) describe the development of a performance based on the story of *Pinnocchio* with adults with developmental disabilities. According to them, “this story was chosen because of its deep mythological content and its beautiful central metaphor of the longing to become ‘real.’” (p. 76). Zeina Daccache (2016) created a play called *12 Angry Lebanese* based on Reginald Rose’s teleplay from 1954 *Twelve Angry Men*, with male inmates of the Roumieh prison in Beirut, in which personal monologues were interspersed in the text. She also performed the *Scheherazade’s Diary*, based on the character of the

One Thousand and One Nights, with women inmates of the Baabda Prison. In both cases, the therapeutic results were astounding. Kauder-Nalebuff (2018) worked on Aristophanes' *The Birds* in a nursing home with older adults, for whom the creative work and the sense of community that it generated were incredibly meaningful. Among other things, the play was chosen because it "touches profoundly on themes around displacement and hierarchy (p. 289). Ali *et al.* (2018) reports on the performance of Shakespeare's monologues to treat military veterans suffering from traumatic stress. According to them, many Shakespearean characters are war veterans or related to military veterans and their monologues represent the suffering of veterans "by an elevated language that serves to both capture and honour that suffering" (p. 156). In addition, the iambic pentameter that characterizes the Shakespearean monologues echoes the human heartbeat in its rhythm, thus aiding "the veterans in developing the stress-reducing grounding and breathing practices" (p. 156).

A particular form of performance-based drama therapy is the *autobiographical genre*. Autobiographical Therapeutic Performance (ATP) involves the development of a piece that is based on the performers' personal material. Psychotherapy often assumes that a person's lived experience contains the key to their current difficulties, therefore, the therapeutic treatment consists of revising a person's past. However, this is normally done in intimacy: The sharing of biographical material in psychotherapy is protected and confidential (even in a group setting) and exposing it in public is not part of the deal. ATP, instead, consists of revealing personal stories in front of an audience.

There are many potential benefits in performance-based drama therapy. In this section, I will refer in particular to the autobiographical genre. It is generally known that autobiographical or self-referential works (both in the theater and in other arts) often possess an enlightening aspect that illuminates personal contents and processes, allowing artists to aesthetically explore life events. Such is the work of Mexican artist Frida Kahlo (1907-1954), for example, who suffered from multiple surgeries, miscarriages and medical procedures that caused her to

remain bedridden for long periods of her life. Kahlo specialized in self-portraits that expressed her personal experiences, her traumas, her questions about identity and gender. In 1945 she declared: “I don’t really know if my paintings are surreal or not, but I do know that they represent the frankest expression of myself” (in PEREZ, 2019, n/p). Her self-portraits were a journey of self-discovery. She said: “I paint self-portraits because I’m alone most of the time. I paint myself because I’m the person I know best”¹.

The empowering effects of autobiographical performance has been acknowledged by many theatre people and can be partly understood through its theatrical roots. Inspired by the emancipatory social movements that characterized the western world during the decades of 60’s and 70’s of the 20th century, autobiographical performance was impregnated with a liberating, even cathartic, spirit. As a genre, it was an offspring of experimental theatre and it provided a voice to marginalized and oppressed people, such as people of color, minorities, women, LGBTQ, or those suffering from mental illnesses, among others. During these decades, performing personal material became a way of raising awareness and asserting self-representation (HEDDON, 2008). American actor and autobiographical monologue writer Spalding Gray (1941-2004) stated that after reading Winnicott, he understood that autobiographical monologues were for him “transitional objects.” He wrote that “...in order to live my life in a free and open way, I have to have a monologue going. That’s my way into the world. That’s my transitional object. If I have a monologue going, I can relax...” (SCHECHNER, 2002, p. 171). Likewise, in *A clean breast of it*, Linda Park Fuller’s narrates her experience as a breast cancer survivor, sharing some of her healing strategies with other people whose lives have been disturbed by this illness. As Park Fuller points out, telling her tale in public enabled her to reclaim her sense of power in the world, helping her to transform her subjective identity from the “prescribed... role of ‘patient-victim’” into that of an actor-agent... a survivor (PARK-FULLER, 2004, p.

215). Keeping this in mind, it is no wonder that autobiographical performance evolved into a drama therapy form, in which the therapeutic purpose stands out as much as the aesthetic (SNOW, 2016; EMUNAH, 2020).

However, “the intersection between self-referential performance as an art form and as a therapeutic method... is both a place of meeting and of departure” (PENDZIK *et al.*, 2016, p. 7). As Emunah (2015) explains, theatre based on lived experience not always seeks to transform or heal personal material. Moreover, a question emerges regarding the potential danger of re-traumatizing a person through the reenactment of traumatic events or experiences, over and over again, both in rehearsals and in shows, without integrative tools. In other words, when does telling one’s story have a liberating effect, and when does it become a mere recount of one’s victimization? These questions are particularly significant in the context of autobiographical performance, as rehearsals allow experiences to become more rooted in our bodies and brains, and exposure in front of an audience helps to legitimize them. What is required, then, for an autobiographical performance to fulfil the function of promoting psychological well-being, healing from trauma, or advancing personal growth?

There are five main elements that make autobiographical performance-based interventions therapeutic: Narrating lived experience, shaping the material into aesthetic forms, embodying, and rehearsing personal stories that have been processed, performing in front of an audience, and integrating new insights in the post-performance reflection.

1) Narrating lived experience:

The act of narrating aspects of our lives is a known resource that helps us to make sense of our experiences. Psychotherapy acknowledges that by facilitating the client’s telling of their story, the therapist can support the generation of alternative narratives that will contribute to integrate the client’s lived experience (WHITE; EPSTON, 1990). Particularly in trauma, where the narrative is broken and

the events seem to make no sense at all, weaving the experience into a coherent narrative helps us to better cope with it (McADAMS, 2008). This aspect of the ATP process is akin to psychotherapy. Here the drama therapist helps the client to bring forth elements of their lived experience that need healing (EMUNAH, 2020).

2) Shaping the material into aesthetic forms:

Just as therapy is not only about listening attentively to a client's story, but also about helping the client to deconstruct unhelpful narratives and reframe them, the ATP facilitator works through the story, helping the client to elaborate the material by searching for aesthetic forms into which the experiences can be shaped. As Fischer Lichte (2014) claims, the aesthetic aspect is inherently transformative; so that the aesthetic search generates a powerful dialogue between the author of an ATP and the material to be presented. A charged therapeutic moment usually takes place when a meaningful issue encounters a suitable aesthetic shape to frame it (PENDZIK, 2016). As one ATP participant commented:

In this process, my cognition seemed to lag miles behind my intuition, and I could not even explain exactly what and why a movement or a scene were important to me. The contents I was dealing with found their place in the artistic form in mysterious ways... (...) I felt like a putting together a puzzle, finding a piece here and a piece there. At the beginning the pieces didn't make sense; but little by little, an interesting picture emerged [that became] my piece.

3) Embodying and rehearsing:

Current approaches in cognitive science assume that mental processes associated with cognition are fundamentally related to bodily processes (GJELSVIK *et al.*, 2018). Therefore, reminiscing and talking about autobiographical memories is not exactly the same as using the body to re-experience these memories or perform body postures or embodied actions (YANIV, 2014) – as is done while developing an ATP. Executive brain functions are activated when an embodied action is performed, and these processes become even more integrated when the actions

and behaviors are repeated, as in rehearsal procedures. A client presenting the story of a complex marital relationship has to rehearse a scene in which she tells her husband that she is leaving him. As she does so, she has to repeat an action, a movement, or a sentence. In the performance, she does not necessarily repeat the same actions or behaviors that were done in real life, but adds new insights and reflections, which may influence her perception of the situation. As Fischer-Lichte (2014) claims, transience and the bodily co-presence of performers and spectators “are constitutive of performance... [so that] meanings only emerge over the course of performance” (p. 38). This way, body re-enactments and repetitions may help the actress to process the experience, and facilitate the incorporation of a new vocabulary of the self. This is how ATP helps people to theatrically “work through” lived experiences (EMUNAH, 2020).

4) Performing in front of an audience:

As stated above, the performance event is a critical aspect of this particular drama therapy form. Entering the production phase has its own inertia, and often exacerbates the feelings of the performers about their ability to assert themselves in front of an audience that symbolically represents “the world” or “society at large.” Past experiences of failure, fear of being overwhelmed by feelings, of being judged or criticized tend to escalate – and many times people fall back on their familiar defensive responses or “act out” (PENDZIK, 2016). However, this emotional turmoil contains in itself the seed of a repairing experience; for “passing this test” with the support of the facilitator and/or the group usually grants the event the emotional status of a *rite of passage* (VOLKAS, 2016). One participant who’s never performed before stated: “I’m proud of myself for putting myself out there.”

As Figure 1 shows, in ATP the personal is inscribed in the collective. The individual gets the facilitator and (if applicable) other group members to bear witness of their experiences, moving then to a bigger circle (usually, a selected group that sometimes includes acquaintances and family, other times peers and staff). This

way, ATP has a powerful resonance not only for the performers, but also for the witnesses. Audience members often feel included just for being the designated witnesses of the event because of their closeness with some of the performers; but in addition, as Shea Wood (2018) claims, “watching someone else share their personal story appears to give the audience permission to think about, feel, and share their own stories (p. 28).

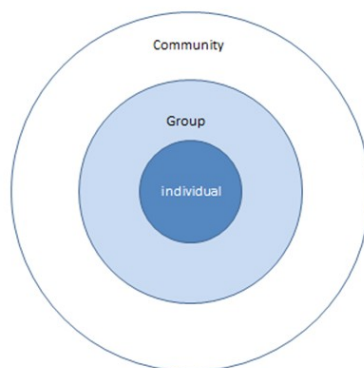


Fig. 1– ATP's Circle of Influence. Source: Personal archive.

In the words of a participant in an ATP:

[In ATP] the audience has the task of witnessing the unique experience of the performance. [...] Their personal... resonances may emerge, resulting in a connection between the performers and the witnesses. Through this... emotional involvement... a strong sense of community... is generated during the performance. Those witnesses who come from the personal environment of the performer carry on the transformation into the everyday life of the protagonist, whereby it remains present, thus supporting a long-term change.

5) Reflecting and integrating:

A performance is a potent tool that is usually marked by an emotional “high”, which contrasts with the post-performance tone – the “low”. As drama therapist Renée Emunah points out:

The theatrical performance is a climatic event, bringing forth a tremendous sense of release, exhilaration, and fulfillment. But treading on the heels of this intense rush of excitement is a feeling of emptiness... [...] When a performance ends, the product ceases to exist, etherealizing the actor’s sense of accomplishment. Moreover, the collaborative process inherent in the theatre, fostering intimacy and emotional bonding with one’s fellow actors, makes the loss at the conclusion of the performance all the more formidable (EMUNAH, 2020, p. 301).

This point is really crucial and often marks one of the differences between autobiographical pieces that are non-therapeutic and ATP’s (SNOW *et al.*, 2003). As many theatre people know, the post-performance phase can be naturally depressing. Schechner (2013) writes about “cooling down” and “aftermath” processes as natural phases in performance, pointing out that, for the most part, they are rather done informally. When working therapeutically, it is psychologically too risky to leave a client without a proper processing stage, and these procedures become crucial. As Kauder-Nalebuff (2018) states about the performance of *The birds* in the nursing home, “after the run was over, we had a post-mortem. We mourned the play like we were mourning a person” (p. 292). In ATP, this phase is not only about processing the sense of community, of belonging, of empowerment that were generated throughout the process and the event, but it is also about incorporating pieces of our lives and new insights about ourselves, so that a renewed sense of self can emerge in real life. The post-performance process needs to be accompanied by therapeutic reflection.

Therapeutic benefits and limitations of ATP

As many participants of Autobiographical Therapeutic Performances would attest, this drama therapy intervention can be a powerful therapeutic tool that may help people to reframe lived experience, integrate traumatic events, and develop positive living skills. The application of ATP has been reported as extremely helpful with many populations, from people suffering from psychiatric conditions (EMUNAH, 2020), to women who experienced childhood sexual abuse (GOPALAKRISHNA; RAO, 2017), war-veteran soldiers (ALI *et al.*, 2019), families struggling with alcoholism (WOOD, 2018), or older adults in old-people's houses (HAREL, 2016).

I recently participated in a study that investigated the effects of ATP on ten traumatized adults with histories of personal and family mental illness and maladaptive coping, which resulted in legal/court involvement and placement of their children into state custody (RAY; PENDZIK, 2021). The project *Shadows and Light: Untold Stories* was carried out by clinical psychologist and theatre artist Paula Ray, from Nebraska, USA, and was conceived as a model community partnership between an agency supporting families and a theater company committed to community engagement. The project was carried out in two phases: Phase 1 involved working with assigned theatre coaches in the group as well as individually, leading to the performance of a piece by each participant, which was presented to the group and to a small audience; Phase 2 entailed the development of an aesthetically enhanced piece based on the participants' stories by the community theatre performers. The original authors were discretely involved in the rehearsals, and finally witnessed the performance as part of a larger audience. Pre and post-interviews and self-report standardized measures of executive functioning showed an improvement in the executive functioning of the participants, suggesting that involvement in ATP may help people to enhance adaptive living skills and increase people's job readiness.

However, in a context like ours today, where numerous selfies are taken and immediately uploaded, and the widespread exposure of personal material in the social media is so pervasive, it is really important to consider whether sharing lived experience inexorably has a therapeutic effect. What, when, how, why, and who are questions that need to be taken into account when “prescribing” ATP to a person or a group. Not every aspect of our lives is ready or suitable to be exposed at any given time. It is not unusual when working with charged personal material for people to lose perspective and get carried away about the right dosage of exposure. I recall an ATP participant who had a miscarriage in the middle of the process and wondered whether she should include this experience in her piece. Both the facilitators and the group advised her not to do it. It was pointed out to her that one way or another, her feelings about the miscarriage would be present as a subtext in her piece, but that bringing this painful experience bluntly to the fore may be detrimental, as the performance date was too close, and the experience, too raw to present it. As a subtext, her experience had a chance to be better processed. She accepted the advice and was grateful to everyone that she did it.

As to the “how” question, the aesthetic form chosen should be a good container for the experience, as it creates a safe distance for the performers themselves as well as for the audience (LANDY, 1996). The aesthetics of a piece is like a “safety valve” that protects all of the involved. Often the audience of an ATP is composed of family members, friends, or other close people, who may overidentify with the protagonists or feel overwhelmed by the contents exposed and the power of the performance (EMUNAH, 2020). For instance, an ATP participant wanted to end his piece, which dealt with his suicide attempts, by painting his body with red gouache, falling to the ground, and staying there, lying on the floor, as the stage lights dim... The image was so up-front that it was more like a recreation of the traumatic event than an artistic representation of it. Some pieces that are non-therapeutic may have these characteristics, as their purpose could be to shock or disturb the audience. In fact, theatre itself has a tradition of aesthetically attemp-

ting to “shock”, “startle”, “assail” the audience (ARTAUD, 2010; LEHMANN, 2006). In ATP dramaturgy, it is assumed that such a blunt presentation could be retraumatizing, and that further work on achieving aesthetic distance should be done.

Drama therapy is a user-friendly approach that can be adapted with many populations. However, the performance-based style is not always a recommended intervention. For some people or in some circumstances, the exhaustive preparation, the emotional turmoil, and the level of commitment and responsibility involved in a performance project may not be appropriate as an intervention. If put through the “test” they will fail – and there is no therapeutic value in that. The same people that successfully participated in the *Shadows and Light* project (RAY; PENDZIK, 2021), for instance, may not have been suitable to do it at another stage in their lives.

Provided that it is done under appropriate conditions, ATP can be a powerful accelerator of processes. The process I refer to here is explicitly conceived for therapeutic purposes and is framed in a context that includes a therapeutic accompanying of the person. Although a healing transformation may happen spontaneously in any autobiographical artistic creation, this is not always the case. Expressing a personal experience on stage does not automatically ensue a therapeutic result – which is marked by a change or transformation with respect to the contents expressed. As mentioned above, ATP brings out the most theatrical attributes of drama therapy, which are less in focus in other drama therapy forms, illustrating the difference between *drama* (an action, a “thing done”) and *theatre* (“a place for viewing”). Theatre is a powerful medicine and should be administered as such. In this sense, it is always good to remember that Dionysus, the Greek god of theatre, wine, fertility, religious ecstasy, and ritual madness, was believed to have the power of healing people as well as of bringing madness onto them.

REFERÊNCIAS

ALI, A.; WOLFERT, S.; LAM, I.; RAHMAN, T. Intersecting modes of aesthetic distance and mimetic induction in therapeutic process: Examining a drama-based treatment for military-related traumatic stress. **Drama Therapy Review**, v. 4, n. 2, p. 153-165, 2018. doi: https://doi.org/10.1386/dtr.4.2.153_1.

ALI, A.; WOLFERT, S.; HOMER, B. In the service of science: Veteran-led research in the investigation of a theatre-based posttraumatic stress disorder treatment. **Journal of Humanistic Psychology**, Apr. 2019. doi:[10.1177/0022167819839907](https://doi.org/10.1177/0022167819839907).

ARTAUD, A. **The theatre and its double**. Richmond: Oneworld Classics, 2010 [1964].

BAILEY, S. Drama therapy. In: BLATNER, A. (ed.). **Interactive and improvisational drama**. New York: iUniverse, Inc., 2007. p. 164-173.

BAILEY, S. (2009). Performance in drama therapy. In: JOHNSON, D.; EMUNAH, R. (ed.). **Current approaches in drama therapy**. Springfield, IL: Charles C. Thomas, 2009. p. 374-389.

EMUNAH, R. **Acting for real**. New York, NY: Routledge, 2020.

FISCHER-LICHTE, E. **The Routledge Introduction to Theatre and Performance Studies**. Abingdon, UK/New York,US: Routledge, 2014.

GJELSVIK, B.; LOVRIC, D., WILLIAMS, J. Embodied cognition and emotional disorders: Embodiment and abstraction in understanding depression. **Journal of Experimental Psychopathology**. July 2018. doi:[10.5127/pr.035714](https://doi.org/10.5127/pr.035714).

GOPALAKRISHNA, M.; RAO, S. Performance, revelation and resistance: Interweaving the artistic and the therapeutic in devised theatre. **Indian Theatre Journal**, v. 1, n. 1, p. 83-90, 2017. doi: https://doi.org/10.1386/itj.1.1.83_3.

HAREL, D. Autobiographical therapeutic theatre with older people with dementia. In: PENDZIK, S.; EMUNAH, R.; Johnson, D. (ed.). **The Self in Performance**. New York: Palgrave Macmillan, 2016. p. 213-226.

HEDDON, D. **Autobiography and performance**. Hampshire/New York: Palgrave Macmillan, 2008.

KAUDER-NALEBUFF, R. The Birds: A writer learns from therapeutic theatre. **Drama Therapy Review**, v. 4, n. 2, p. 287-293, 2018. doi: [10.1386/dtr.4.2.287_7](https://doi.org/10.1386/dtr.4.2.287_7).

LANDY, R. The use of distancing in drama therapy. In: _____. **Essays in drama therapy: The double life**. London: Jessica Kingsley, 1996. p. 13-27.

PENDZIK, Susana. **Performance-based drama therapy: Autobiographical Performance as a Therapeutic Intervention**.

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Disponível em <<https://eba.ufmg.br/revistapos>>

LANDY, R.; MONTGOMERY, D. **Theatre for change**: Education, social action, and therapy. New York: Palgrave Macmillan, 2012.

LEHMANN, H. T. **Postdramatic theatre**. Abingdon, UK/ New York, US: Routledge, 2006.

McADAMS, D. Personal narratives and the life story. *In*: JOHN, O. P.; ROBINS, R.; PERVIN, L. (ed.). **Handbook of personality**: Theory and research. New York/London: Guilford Press, 2008. p. 242-262.

PARK-FULLER, L. A clean breast of it. *In*: MILLER, L. C.; TAYLOR, J.; CARVER, M. (ed.), **Performing women's autobiography**: Voices made flesh. Madison: University of Wisconsin Press, 2003. p. 215-236.

PEREZ, L. **Eros Ideologies**: Writings on art, spirituality and the decolonial.

Durham/London: Duke University Press, 2019. Disponível em:

[https://books.google.co.il/books?](https://books.google.co.il/books?id=WH66DwAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false)

[id=WH66DwAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false](https://books.google.co.il/books?id=WH66DwAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false). Acesso em: 21 set. 2021.

PENDZIK, S. On dramatic reality and its therapeutic function in drama therapy. **The Arts in Psychotherapy**, v. 33, n. 4, p. 271-80, 2006.

PENDZIK, S. The poiesis and praxis of autobiographic therapeutic theatre. *In*: SUMMER ACADEMY CONFERENCE OF THE DGFT (GERMAN ASSOCIATION OF THEATERTHERAPY). 2013, [s. l.]. Proceedings... [German]. [S.l.: s.n.], 2014. p. 112-132.

PENDZIK, S. Dramatherapy and the feminist tradition. *In*: JENNINGS, S.; Holmwood, C. (ed.), **The international handbook of dramatherapy**. London: Routledge, 2016. p. 306-316.

PENDZIK, S. Autobiographical therapeutic performance in drama therapy. *In*: JOHNSON, D.; EMUNAH, R. (ed.), **Current approaches in drama therapy**. 3rd ed. Springfield, IL: Charles C. Thomas, 2021. p. 338-361.

PENDZIK, S.; Brik Levy, L. **Dramaterapia**: un enfoque creativo para el trabajo terapéutico. Madrid: Síntesis, 2018.

PENDZIK, S.; EMUNAH, R.; JOHNSON, D. The self in performance: context, definitions, directions. *In*: _____. **The self in performance**: Autobiographical, self-revelatory, and auto-ethnographic forms of therapeutic theatre. New York: Palgrave-Macmillan, 2016. p. 1-18.

PITRUZZELLA, S. **Drama, creativity and intersubjectivity**: The roots of change in dramatherapy. Abingdon, UK: Routledge, 2017.

SCHECHNER, R. My art in life: Interviewing Spalding Gray. **The Drama Review**, v. 46, n. 4, p. 154-174, 2002.

PENDZIK, Susana. **Performance-based drama therapy: Autobiographical Performance as a Therapeutic Intervention**.

PÓS:Revista do Programa de Pós-graduação em Artes da EBA/UFMG. v. 11, n. 23, set-dez. 2021

Disponível em <<https://eba.ufmg.br/revistapos>>

SCHECHNER, R. **Performance studies**: An introduction. 3rd ed. Abingdon, UK: Routledge, 2013.

SENNETT, R. **The fall of public man**: On the social psychology of capitalism. New York: Vintage, 1974.

SNOW, S. Ritual/theatre/therapy. *In*: JOHNSON, D. R.; EMUNAH, R. (ed.). **Current approaches to drama therapy**. Springfield, IL: Charles C. Thomas, 2009. p. 117-144.

SNOW, S. Influences of experimental theatre on the emergence of self-revelatory performance. *In*: PENDZIK, S.; EMUNAH, R.; JOHNSON, D. (ed.). **The self in performance**. New York: Palgrave Macmillan, 2016. p. 21-35.

SNOW, S.; D'AMICO, M.; TANGUAY, D. Therapeutic theatre and well-being. **Arts in Psychotherapy**, v. 30, n. 2, p. 73-82, 2003.

STANISLAVSKI, K. **An actor prepares**. New York: Routledge, 1989 [1936].

WHITE, M.; EPSTON, D. **Narrative means to therapeutic ends**. New York/London: W. W. Norton & Company, 1990.

WOOD, S. M. Transforming families using performance: Witnessing performed lived experience. **Drama Therapy Review**, v. 4, n. 1, p. 23-37, 2018. doi: 10.1386/dtr.4.1.23_1.

YANIV, D. Don't just think there, do something: A call for action in psychological science. **Arts in Psychotherapy**, v. 41, n. 4, p. 336-342, 2014. doi: <https://dx.doi.org/10.1016/j.aip.2014.03.005>.

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1 <<https://quotepark.com/quotes/869867-frida-kahlo-i-paint-myself-because-i-am-so-often-alone-and-bec/>>