

Performed Symptoms

Internal processes observed from the outside.



Source: <http://www.artenelweb.com/michelangelo/gallerie/immagini/michel003.jpg>

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Essay

Requirement for Leadership Class/ Playback Theatre/

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Preface

Through a coincidental experience made during a gehdicht.ch Playback Theatre rehearsal, the members of the company suggested playing symptoms within the parameters of standard forms used in Playback Theatre.

Symptoms are usually connected with a medical diagnosis and, therefore, symptoms confirming good times are much less common. In *Performed Symptoms*, the conductor's questions elicited symptoms that bore witness to pleasant and healthy experiences – in full awareness of the difficulty to talk about symptoms in front of a group of strangers.

Symptoms played on stage from an aesthetical distance can generate new impressions or useful insights for the person having the symptoms. Tellers thus create a condition that helps strengthen their personal health.

The gehdicht.ch company worked on this project in two rehearsals and four performances; the following report summarises the experiences made.

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1. Hypothesis

By watching a symptom being performed on stage within the parameters of Playback Theatre, the storyteller will change his or her perspective on it. The teller will obtain a new or different understanding of the issue at hand, receive a hint or two on how to deal with it, or put the symptom in a different context.

1.1. Reasoning

The four performances were enacted under the title of *Performed Symptoms* to which guests were invited personally. The procedure was based on a wish to empower individuals to make increasing use of their imagination as a helpful means of coping.

1.2. Summary

The *Performed Symptoms* project throws light on the nature of symptoms. It takes into consideration four dimensions of health: physical, mental, social and spiritual.

Descriptions of the project provide information concerning Playback Theatre's contribution toward increased personal wellbeing. The project was carried out from a salutogenic perspective by focusing on stories concerning personally experienced symptoms. A continuation of the project work could possibly concentrate even more on the potential effect of Playback Theatre and focus on a defined target group.

The assumption underlying this project implies that performing symptoms on stage makes a contribution toward strengthening an individual's resources of resistance, and it reminds individuals of their ability to take personal decisions. It is conceivable to introduce *Performed Symptoms* into a clinical setting and thereby strengthening interdisciplinary efforts concerning health promotion and prevention.

2. Definitions and theoretical references

This chapter provides a definition of the term “symptom”. Information concerning Playback Theatre and a summary of the consulting concept in psycho-oncology underline the significance which a performed symptom may hold for the storyteller.

2.1 Definitions

Symptoms are mental and physical signs that individuals notice with regard to themselves and confirmed by and shared with a third person. The root of the term symptom is ancient Greek and means accident, misfortune, that which befalls (syn-piptein, ptoma). It represents a coincidence or an occurrence, which in psychotherapy or medicine is considered a sign that indicates something. It can either be determined (by the medical fraternity, psychotherapists) or experienced (by the individual concerned). The sum of the symptoms resulting from a medical condition (or “chronic”) represents the clinical presentation, or “clinic”. Symptoms can be defined as either *subjective* (perceived by the individual concerned) or *objective* (perceived externally) signs of disease. Typical combinations of symptoms are also called syndromes, and are subdivided into *objective* and *subjective* symptoms:

- *Objective symptoms refer to individual pathological findings* made by the examining individual, or reports on the illness made by a third party (e.g. family). A distinction is made between a self-diagnosis and an external diagnosis.
- *Subjective symptoms* refer to pathological findings perceived by individuals themselves.

In everyday use of language, the term “finding” is often used synonymously with the word “symptom”. However, there is a difference between the two terms: “finding” comprises the empirical character (what could be found) of the characteristics, while “symptom” includes the symbolic nature of a characteristic and is considered as a sign of a disease. A “residual symptom” is defined as the remaining symptom following recovery. A “prodrome” is an unspecified early symptom of an infectious disease such as, for instance, rheumatic pains, weakness, or temperature.

2.2 Playback Theatre

Playback Theatre is a form of improvised theatre based on spontaneous stories and accounts of personal experiences as told by members of the audience.

Playback Theatre has spread across the globe since its establishment in the mid-1970s by Jonathan Fox and Jo Salas, the founders and pioneers of Playback Theatre. Playback Theatre companies have been established around the world and operate in a wide range of social contexts. Jonathan Fox considers this an attempt to create a form of theatre that draws and ritualises its dramatic performance from society and possesses an exemplary function. Jo Salas defines it as an art form coupled with an interactive, social experience.

Playback Theatre may be considered an integrated approach. The method provides individuals with a very effective and serious method to assist them in coping with their lives. In a lecture held in 2007 and entitled "Playback Theatre and Psychoanalysis", Professor Ralph Zwiebel of the University of Kassel (Germany) asserted that Playback Theatre contains a potentially spiritual dimension which can be experienced by both the storyteller and the performers.

Playback Theatre performances do not use a script or a score, but rhythm and defined sequences. At a performance, following an introduction by the conductor, someone in the audience will be ready to tell a story or an occurrence. The members of the audience will experience trust if the performers create a safe atmosphere. In this kind of atmosphere, personal stories will be welcomed and valued appropriately.

The company is expected to respect the truth of the person telling the story while, at the same time, the company members perform the story at an artfully elevated level. This requires creativity, a repertoire of forms, intuition, a feeling for the other performers, and stage presence.

Rituals and art are significant in the context of Playback Theatre only if attention is given to everyone attending. The conductor interacts directly with the public in a respectful and warm manner while showing sensitivity for the Playback context.

Persons who share their experiences with others let go of their story to a certain degree. By recognising other strategies, all of the individuals witnessing this can expand their own ways of coping. At Playback Theatre events, members of the audience often experience a connection with others in the audience, especially in situations when the stories intensify and grow into a shared theme. An important

issue for the performers is their capability to free themselves of their own beliefs in order to serve the story and to react with their own, subconscious self to the storyteller's story.

In terms of the company's preparatory work for the *Performed Symptoms* project, we took a close look at *Ri-ken-no-ken*. We followed Yoshi Oida's guidance to examine the sincerity of each enactment and to continuously refine our perception of authenticity. The following chapter elucidates this demanding approach between inside and outside.

2.2.1 Ri-ken-no-ken

In "An Actor's Tricks", Yoshi Oida (2009), a Japanese actor and director, writes that, somewhere between subjects and objects, birth is being given to a new element. As an actor one can look at every aspect of one's own self, one's own thoughts, feelings and movements from the inside while at the same time observing one's own image from the outside. Only then will action become possible, accompanied by the emergence of a strange psychological state. According to Oida (2009), this phenomenon eludes logical explanation; it contains no logic, no words, and no intelligence; only experience can teach us to understand it.

In order to throw light on this process, Oida describes a situation from his professional life as an actor in Peter Brooks' international theatre company. During the daily improvisation training sequences, he participated wholeheartedly and put to use his imagination and his body to do certain things. As a result of being so close to the situation, Yoshi Oida forgot all about *ri-ken-no-ken*. When he tried to look at himself from the outside, he felt paralysed because he tried to control everything that he did, and it seemed impossible to harmonise the two perspectives.

How can a natural, dynamic flow between oneself and the audience be maintained? One day, a samurai warrior asked a Zen master what he should focus his perception and concentration on. The master replied: "Not on the tip of the enemy's sword and not on the tip of your own sword. Also, you should not focus on your enemy's hands or the movements of his feet. Instead, you should simultaneously concentrate on everything and on nothing and keep your perception in movement. Like a mirror that reflects everything but focuses on nothing."

When Yoshi Oida for the first time watched a video-recording of his stage performance, he was shocked and appalled. This experience is shared by individual members of the *gedicht.ch* Playback Theatre company. Oida suddenly discovered that he was able to view himself from the outside while simultaneously fully experiencing the improvised situation: he was able to see himself from behind and from far above. Verification was simple: if I saw myself on the screen and said “Yes, that’s exactly what I did”, I touched on this quality of *ri-ken-no-ken*. In other words, while acting, I subconsciously observed my actions and my words. This form of observation can also be practised in everyday life, and one can avoid constantly repeating the same actions.

For his visit to Europe, Yoshi Oida was given advice by his master: “When going to Europe, don’t think of your own success. Instead of trying to find ways to becoming a good actor, rather consider what you can do for others.”

There is no guarantee that all preparations will lead to a good performance. Good acting occurs when the god of acting enters the performing person on stage. Should this not happen, the *mise-en-scène* may still succeed, but it will not provide the same satisfaction. How, Yoshi Oida asked himself, can the god of acting be encouraged to appear every time?

Michelangelo painted his famous visualisation of the creation of Adam by God on the ceiling of the Sistine Chapel. The act of creation happens when the two extended fingers nearly touch each other.

How does a Playback company work at this juncture of disregarding the inner and the outer world? First, everyone has to learn to cooperate with other people and encounter them with genuine understanding. In breathing out, we try to feel how we really enter the other person. In breathing in, we try to allow the other person to enter us. Transferred to the setting of Playback Theatre, working with *ri-ken-no-ken* can be attempted by breathing in the story, or even the atmosphere in the room preceding the story, and resulting from that slipping into the skin of a figure with one’s own body and genuinely perceiving one’s co-actors and the storyteller as well as the audience. Conducting pays attention especially to the teller’s breathing while he or she is telling the story, and also to how the person breathes while watching the performance. Breathing is an important observation criterion for the continuation of a performance in Playback Theatre.

Truly serving the story represents a special challenge for Playbackers. Initially, Playbackers allow the perception of their own personal resonance concerning the told story and the connected circumstances without thinking of the effect of their acting, and with their senses wide-awake. For each of the participants, it takes courage to dare experience a moment of emptiness. Permitting this emptiness to take place without time pressure presupposes knowledge of one's own personal taboos and reactions. Only by means of this knowledge can one decide to accept the requirements of the moment and release long-held routines. In terms of acting this implies: an actor or an actress will not always act in the same manner but permit their own body to discover a suitable gesture thanks to the information acknowledged by their open awareness. This is the creative act that each story demands from a Playback actor or actress.

Ri-ken-no-ken opens the door to personal spontaneity, permitting a creative figuration within recognised acting forms. Spontaneity lets an actor or an actress say YES to an offer made by a colleague on stage. Knowledge and skills, and regular rehearsals and transfers are a prerequisite for returning to the state of Rikennoken. This also implies that the entire company focuses its thoughts on the topic of a performance. For the *Performed Symptoms* project, for instance, it was helpful to know that some company members have knowledge of physiological and pathophysiological processes. This knowledge and ability provides a measure of freedom to simultaneously permit both structure and chaos in an individual performance.

This quality can easily be overlooked by the actors and musicians in Playback Theatre. Often, as an actor, one deceives oneself, one is seducible, because the audience likes something one does, or one follows a set idea. As a result, one may play for a little longer, or in a more accentuated fashion. And this may mean that the co-actors will lose their focus. As a result, they may either be forced to react, or they manage to refocus by finding silence on stage.

As soon as an actor or an actress on stage follows his or her own structure and tries to force it on the co-actors, serving the story is no longer guaranteed. In such a situation, the audience witnesses the team dynamics, which is definitely undesirable. If a Playback company therefore manages to secure presence on stage by means of ri-ken-no-ken, the story will enjoy space to breathe and may take surprising new turns. Such moments are precious, especially when symptoms are being enacted, as then new recognitions can be obtained and, following from that, action deduced.

2.3 Suitable questions

This chapter explicitly takes a look at possible questions that a conductor can put to the audience during a *Performed Symptoms* performance. Some of the questions were reviewed, corrected and expanded during the course of the performances. In principle, the questions reflect the company's openness for stories. In connection with the *Performed Symptoms* project, this implies especially a lack of anxiety and value neutrality concerning symptoms, for instance, symptoms of cancer or signs pointing toward a tabooed infectious disease. If questions are well formulated, the effect of the story on the audience will be ensured. In principle, the openness shown by the actors through their personal statement given at the start of the performance will create the space for the audience to describe their own symptoms.

Only questions that are suitable for the enactment of symptoms will be reviewed below. Conducting asks only a few introductory questions. One of the tasks of the conductor is to obtain a feeling for the audience and to sense its impact before deciding on which questions to ask.

Who is attending a PBT performance for the first time?	Questions concerning sociometry following the welcome and introduction of the Company <i>Guiding thought: necessary for large and unspecified audience</i>
Who knows symptoms that signalise the flu?	Flu symptoms are socially unproblematic <i>Guiding thought: applicable depending on the season, coughing and sneezing may be audible</i>
Who knows symptoms that stay for longer than necessary	This question focuses on the duration of a symptom to remind the teller of the challenges of an illness <i>Guiding thought: Many people know that patience is necessary when dealing with symptoms</i>
Who has experienced situations that seemed to be hopeless?	This question should remind the audience of the capacity to re-evaluate a situation <i>Guiding thought: The fact is that</i>

	<p><i>these individuals are sitting in the audience and, therefore, they must have experienced a desperate situation, and standing up reminds them of their strength to have achieved something.</i></p>
<p>Who remembers a situation in which you experienced great relief?</p>	<p>This introductory questions aims at the relief of an individual felt after receiving a medical report, if the result of a check-up was positive, something could be averted, etc. <i>Guiding thought: concurrence of health and illness. Putting the focus on the possibility that something may turn to the positive</i></p>

It became clear that following the introduction, one open question was sufficient to elicit first stories.

Question: Which symptoms come to mind that you would like to see enacted? Which stories may we listen to? What is of interest to you?

Example of one story: ***The story of anticipation of a trip to Mount Rigi***

A sixty-five year-old man recounted the memory of a school excursion to Mount Rigi, the Queen of the Mountains, when he was eleven years old. The evening before, his mother allowed him to buy a chocolate bar for his backpacking food. That was something special. In overwhelming anticipation he jumped on his bicycle and sped to the store; on his return, filled with enthusiasm, he misjudged a corner.

He fell off his bike and scraped his knee. As he was ashamed of the accident, he hid the wound from his mother and went to bed. He remembered the pulsing pain experienced during the night. In the morning, his pyjama pants stuck to his knee. His mother dressed the wound and sent him off on the excursion all the same. She was sure he would manage. Everything went well, mother packed the chocolate bar in his backpack, and he was happy.

I remember, as the conductor, having been challenged by this story in several ways. On the one hand, we knew the teller from previous performances, and on the other hand, I observed how in the audience his wife mimicked a lack of understanding of his story. My interpretation was that she considered his story to be inadequate. A kind of embarrassment spread across the room. The more she hid her face, the more detailed he seemed to tell his story. This teller did

not have to be cheered on by further questions. On the contrary, by means of a closed question (“So, the piercing pain you experienced then is the symptom which you remember until this day?”) I was able to advance the story and contribute toward relaxation in the audience.

I consider this kind of situation to be very challenging. How do I protect the teller, and what is the significance of reactions by the audience?

I had considered further questions in order to trigger a reaction to symptoms that had been experienced. The following questions focus on the term “Symptom” and are taken as an aide-memoire.

<p>A symptom that you experienced yourself? (nausea, pain)</p>	<p>This question invited contributions about symptoms that are well-known: shoulder pain, backache, headache . . .</p>
<p>A symptom that you recognised in others? (paleness, stoop)</p>	<p>This question addressed the influence exerted by symptom holders and, therefore, personal boundaries. Stories of imagined symptoms came up both in the rehearsals and in one performance.</p>
<p>A symptom recognised by other individuals? (grinding teeth)</p>	<p>This question generated stories about symptoms (e.g. hurt) that should have been kept secret. It is a question concerning social relationships. Who keeps a caring eye on the person?</p>
<p>Have you ever had mixed feelings concerning a symptom?</p>	<p>This question often generates stories about mental signs, such as anger about experienced limitation, mourning the loss of freedom by the symptom, inner conflict about one’s life situation.</p>
<p>Which physical or mental symptoms make you happy?</p>	<p>This question reminded the audience of hope, joy, luckiness that became visible and noticeable through symptoms.</p>

As far as possible, the number of interview questions for long forms is limited to precisely formulated questions which refer to the story told. Following open

questions about When, Where and Who, they focus on dealing with the symptoms, the feelings and perceptions with regard to the symptoms, possible solutions assumed by the storyteller, the expertise of the storyteller.

Asking the joker question – about “butterflies in the stomach” – directs the audience’s attention to symptoms of vitality and health. In this way, the audience’s thoughts are connected with strengthening aspects, positive contacts or wonderful experiences from which fortitude can be drawn.

The decision to ask this question is based on the Magic Question, a solution-oriented brief therapy developed by Steve de Shazer in the 1970s. Before the closing finalizes *Performed Symptoms* in Playback Theatre, this question focuses the audience’s thoughts on strengthening connections, positive contacts, and wonderful experiences that radiate strength.

The questions below are suitable to prepare the Company for a *Performed Symptoms* performance. The formulation of the questions was developed following indepth study of O. Carl Simonton’s concept (1999). The aim of the questions is to take on a perspective. In other words, should a distressing story come from the audience, I as the conductor must ask a suitable question to direct the audience’s focus on the simultaneousness of health and disease.

Further possible questions:

- Which circumstance triggers what kind of symptom in you?
Intention: learning to recognise favourable and unfavourable related circumstances
- What visions do you have?
Intention: confer strength to images, or remove some of their scare
- In which part of your body do you feel stress or pain?
Intention: the body region could be performed as a role and given a voice
- Which activities in your life bring you joy?
Intention: create space for the joy experienced in the teller’s life and ask for possibilities of enactment
- What is of significance to you?
This is a difficult question, it could also be formulated as a closed question: “I see, that is of significance to you.”
- What are your hopes?
Remind the audience of possibilities. Could be formulated as a closed question: “Do I hear you correctly, these are your hopes?”

- What is the difference between hope and illusion?
This question is to be asked only if the story is suitable. For instance, a teller who has survived an illness has hopes, but she says to herself that hope is nothing more than an illusion, although there is justification for hope.
- When you sense hopelessness and feel anxious, what do you do?
This question allows hearing both sides of a story and reminds the teller of suitable strategies and actions to deal with the situation.
- What is the effect of your treatment?
To strengthen the power of imagination concerning the effect of the treatment. Concepts such as the placebo effect in the back of the mind.
- How do you expect to feel when your health issue will be solved?
Create a perspective. Someone with allergies cannot leave home in early summer. To provide the teller with a possibility, the question could be formulated as: "How would you enjoy the month of May if allergies did not restrict you to your home?"
- How can we assist you?
This question is suitable if the teller has preconceived ideas and predicts the development
What would you like to see most?
This question can be used when there is a lack of understanding or the story is longwinded. Instead of continuing with questions as described in 3.3.3 below, conducting could ask this question and get a clearer impression of the concerns.

Regardless of the story told, we as a company must show genuine interest in the stories about symptoms. Playing is often one of the first things to disappear in the life of persons suffering from an illness. Within the parameters of Playback Theatre, something significant in the life of the teller can be enacted creatively and thus given importance. By playing back the symptoms, the teller of the story obtains a concrete image which may make him or her recognise a bridge to own powers of imagination. Overall, the performers must show trust in the storyteller's inner wisdom as well as in their own. At best, a certain degree of effortlessness may accompany performed symptoms, which in turn may open doors for hope to enter and to provide strength.

2.4 Beneficial beliefs

In processing the first three performances of *Performed Symptoms*, the list of questions for our Playback Theatre performance grew steadily longer. The extension was preceded by renewed reading of papers received during a course in psycho-oncology run by Carl Simonton and Jeane Achterberg and attended by the present author in 1999. At that time, the author developed an approach for cancer patients entitled: "Moving Images – Healing Concepts". Many people find it difficult to positively accompany a symptom with their own possibilities of imagination. Playing promotes the healing power of imagination. For many people, inhibitions to play something themselves initially seem insurmountable. In a Playback Theatre performance, the company puts itself at the disposal of the story. It is important for the players to consciously discard the roles they played and return the story to the teller. This happens by means of an acknowledgement, which directly follows the performance, and by the team reviewing and evaluating the entire performance once it is over.

The objectives of the pioneers of psycho-oncology, O. Carl Simonton and Jeanne Achterberg, included supporting healing processes, strengthening self-healing powers, improving quality of life, and so on. In the meantime, the Simonton Cancer Center (SCC) has grown into an international organisation that develops internationally accepted consulting standards especially for cancer patients, and awards certificates in this field.

The present author re-focused the following thoughts with regard to the *Performed Symptoms* project after reviewing the measures studied at the time relating to coping with a life-threatening disease: Simonton (1999) asked which belief system is triggered by emotional pain? This question implies a potential for change. An image performed on stage – for instance, by means of Playback Theatre – is capable of contrasting established belief systems and bring to mind impulses supporting a healthier lifestyle. This can result in a higher commitment to matters that give us with joy. O. Carl Simonton (1999) believes that very often emotional fears inhibit us and get in the way of allowing healthier belief systems. His recommendation is to simply accept the fact and to recognise the consideration of change.

Performed Symptoms aims to recognise a symptom in another way. New approaches could be developed by creating a distance and by telling and playing. The necessity for the teller to deal with facts, symptoms and syndromes does not change. Through the performance on stage, it may become clear that personal thoughts should be considered carefully. A

performance can help to solve confusion and strengthen the ability to be a subject rather than an object.

Simonton and Achterberg (1999) consider imagination to be a vital strategy in support of the healing process. Playback Theatre helps to expand one's power of imagination. For instance, seeing one's own fear personified on stage suddenly puts a face on what previously seemed vague. One's inner, invisible emotions become visible on stage, thereby expanding our capacity to understand complex emotional processes.

It is helpful to imagine that an illness can be healed, a treatment method is effective, and one's body has the capacity to heal itself.

At this point, the question of understanding the concept of healing arises. What is healing? Which dimension of health asks for healing? Does the term healing only apply if the physical syndromes have disappeared? Does healing also apply if the physical symptoms lead to death and an agreement has been reached on the mental-spiritual level?

Life is worth living owing to its finite nature. Acceptance of finiteness, or the awareness of having to die one day, strengthens the will to live. The members of a Playback Theater company must also keep this attitude in mind. As a company, we must believe in our own abilities in order to reflect on stage those of the tellers. By means of external presentation of internal processes, tellers acquire the ability to channel their awareness into their body. The most important experience in connection with imagination is to channel the spirit into the bodily processes. The term visualisation is based on vision. Some people are unable to see images clearly, they are better at imagining a tone, a scent, or a movement. A Playback Theatre performance offers this universe of perceptions accompanied by musical accents and spacial perceptions.

Healthy attitudes represent a significant resource. Inner attitudes influence our feelings. The attitude, for instance, that help is available, presupposes a certain amount of openness and the ability to ask for help. Emotions, on the other hand, can be influenced by our determination. Personal resolve is the most important factor in taking the decision to permit a change in attitude. To pause for a moment offers the possibility to request guidance and to open up for support. If I suffer emotionally, I have to introduce change. Health supporting thoughts provide us with inner contentment, while unhealthy thoughts cause emotional pain. One way of dealing with emotional pain,

such as fear, is to give it a name. The experience of esteem empowers a teller to tell a story as it is. With regard to this project, belief systems are of interest only if they have a healthy or an unhealthy effect.

3 Implementation

In this chapter, three stories from the first three performances will be analysed. A structured evaluation of the performed stories was not possible for time reasons. The Patient Generated Index (PGI) of Quality of Life was envisaged, and a continuation of the project may include answers to the questions supplied by the tellers. The *Performed Symptoms* project was not conducted with a therapeutic aim in mind. Feedback was requested only from the individuals who described their symptoms. A crossroads or turningpoint in the project was experienced after the first three performances. This report was written up during that period, in order to have sufficient leeway for incorporation of findings in the fourth and final performance.

3.1 Rehearsals

Initial trends began to emerge as early as initial rehearsals, during which symptoms described by members of the company were performed. In one story, physical backpain was personified by an actress. By means of her physical presence, the actress created interpersonal dynamics on stage and confronted a counterpart. Emerging emotions, such as anger and mourning, pointed toward emotional pain and provided leads for a continuation of project work.

During rehearsals, the performers discussed the disambiguation of symptoms. The company members reflected on the simultaneousness of health and disease. A theoretical explanation of this simultaneousness was found in the health-disease continuum as defined by Aaron Antonovsky (1987). Further discussions focused on our attitude toward symptoms: If an individual recognises the fact that he or she is not fully and completely diseased and, therefore, does not feel at the mercy of symptoms, the holders of symptoms are empowered and remain or become capable to act. This recognition makes demands on the tellers to understand the symptoms they want to deal with and to integrate – in a comprehensive sense, bearing responsibility for their physical, spiritual, social and emotional welfare.

3.2. Public performances

At each performance, the company welcomed about 10 individuals in the audience with the Spider Murphy Gang song: "Ich hab' so Herzklopfen. Mir tut mein Herz so weh! Ich hab' so Herzklopfen. Mir tut mein Herz so weh!" (My heart throbs, my heart throbs so hard), making a claim that symptoms enacted on stage can be interpreted differently and may give rise to a different context.

The welcome included a short explanation of Playback Theatre and a definition of the term "symptom". All guests had previously received an invitation and the covering letter and were thus fully informed about the experiment. The performances were filmed on video, and the films served exclusively for the review and transcript as required for the present report, and then erased. Subsequently, one to two stories told at each event were noted down anonymised. In reflection, a single thread runs through each of the 25 stories told.

3.2.1 Event, 21 February 2014

Story Fear of Cancer

A woman in her mid-fifties told the story of her neighbour, who was a palliative-care patient. She suffered from breast cancer and was about to die. It made the storyteller angry that the neighbour did not put up a fight. The storyteller mentioned that she herself had suffered from breast cancer and returned to health. However, she was unable to successfully distance herself and felt as if she were living beneath a glass dome of fear and was already noticing physical symptoms, such as swelling and pulling. All of this contributed to her insecurity concerning a repeated outbreak of the disease.

Performance: tellor's actor, fear, 2 ninjas, music

In an email message sent off three days following the performance, she formulated the effect of the performance on her. Quote:

"It is now three days ago that I aired the glass dome, and this feeling continues on. Therefore, my experience that evening seems to endure. In retrospect I notice that two things impressed me. Naturally, in advance I had considered how I was going to tell my story. However, I did not plan to say "... and today I am healthy." Then you repeated it, and with hindsight I feel that that was very effective. I said in front of all those people: "today I am healthy." As far as I am concerned, the audience accepted that as a fact and confirmed it in quiet agreement. That was a confirmation of my feeling.

Then, when the performance started, tears began to fill my eyes, and to see W. perform my fear triggered an inner about-turn. There was a real click. I considered the fear as it was enacted on stage to be absolutely ridiculous. I was able to laugh about what went on, and I suddenly felt liberated of this fear of cancer that had clung to me for weeks. That was a great experience."

Five weeks later, the teller mentioned that in the meantime her neighbour had passed away, and – thanks to the experience made at *Played Symptoms* – she was able to adequately maintain her boundaries for the entire period.

3.2.2 Event 7 March 2014

Inside – Outside

A woman in her mid-twenties told of allergies experienced during the second phase of spring. When vegetation grows, when it's best to be outside, her eyes begin to tear and itch. She then loves to rub and scratch her eyes all the time. Her face grows red and she sneezes constantly. As a result, she cannot appreciate the beauty outside as much as she'd like to because she has to remain inside the house and observe everything from behind windows. It is unfortunate that then she cannot breathe fresh air.

Pairs:

- On the one side: itchy, watery eyes, I have to protect myself
- On the other side: What a pity, I cannot go outside

Story: A woman in her mid-forties tells a story that occurred 25 years ago. She had a very, very close friend who was like a little sister, and rather shy. She herself was the assertive one. This constellation continued until the present. She always pushed her friend so she would achieve something. The friend was very shy with regard to men. One day, the friend went on a vacation, enjoyed a sexual experience with a man, and returned with an HIV infection: "One-time and bull's eye"! For the storyteller, a perfect world fell apart. She did not think that her friend's fate was possible. After all, her friend sat at home crocheting in the evenings, had very few experiences, was extremely reserved, and returned with such an infection. The storyteller began taking on so much responsibility for her friend that in the end she thought she was infected herself. She suffered from sleep disorder, night sweat, and so on. Having worked as a nurse herself, she knew very well what the HIV symptoms were and, in order to obtain certainty, she took an HIV test herself.

Only then did she believe that she was not affected. She said that by carrying so much, by feeling so responsible, she did not do her friend a favour.

The storyteller had taken on abysmal panic. At that time, the early stages of the HIV and AIDS crisis, one was not sufficiently informed about the course of the disease. She was unable to distance herself. The storyteller mentioned that today she knew her limits.

Performance: tellor's actor, symptom, clarification, ninja, music

Conducting: Who has ever felt another person's symptoms?

From her seat, the storyteller spoke up again and referred to an interaction between two individuals. On the one hand, you take on something because you feel stronger, and on the other, you prevent the other person from making progress, and you take away a potential opportunity from this person. By taking over, you may spare the other person conflict, but conflict can only come about if each person maintains their own position. After her friend's HIV infection she was able to re-focus on herself only because she experienced psychological strain. She gave birth to a child and was occupied with child-rearing. The young and fresh life left no space for disease and destruction. Although she felt sorry for her girlfriend, she was unable to make a contribution to her life.

The mood in the room demanded another performance.

The audience was very impressed with the "weight" of the story. As the moderator, I sensed a strong resonance in the audience, and I asked, what inspiration did the performance elicit? We then performed the story in Transformation, guided by the following metaphors: "Closely connected with the destiny of another person; Release and orientation toward something new".

The actor in the third position said: "It's all muddled up, where am I, where are you?" And in gesticulation she folded her arms.

Two weeks later, the teller reported orally that this presentation seemed to pursue her. There was nobody today with whom she lived such a symbiotic relationship. Her children had left home, and she did not have such a close relationship with anyone anymore. On a psychological level, she had long ago put an end to that story.

3.2.3 Event 28 March 2014

At home and yet far away

A man in his mid-sixties told of an experience he had had that morning. He walked over to his dormobile, unlocked the door with a key, and wanted to take out a piece of paper. The smell in the dormobile was very special and triggered a desire to travel to far-away places. It was a desire to travel far away while at the same time experiencing homesickness. You are at home, but you are also in a distant place. Of all places on this earth, he thought he slept the best in a dormobile, nowhere as well as there. "And - yes - one day, if I could leave this world, that would be the best" (quote). One day, in 10, 20 or 30 years, perhaps; sometimes he imagined this. Should he ever be living in a retirement or nursing home, he would remember this smell and submerge into the interior of the dormobile whenever things would get difficult.

Feedback for fluid sculpture: He recognised that the actors saw the sea. He had forgotten to mention how important a view of the sea is for him.

Questions, other symptoms, thoughts concerning symptoms

A woman in her late fifties began telling her story by uttering single words. This was her first experience of a Playback Theatre performance.

Key: E: Storyteller; C: Conductor

- E: Stressed out.
C: Stressed out, does that, for instance, mean too much work? What type of stress is it?
E: The symptoms are on the physical level.
C: How? What can we perform?
E: Deceleration.
C: Of what?
E: Of what is happening, of the demands. My body asks for deceleration.
C: Does your body ask for deceleration, or does your body decelerate and the outside is very demanding?
E: Also, also, and also in the form of pain.
C: What type of pain forces you to decelerate?
E: Oh! In my mobility; I have to walk slower.
C: But from outside there is a call for you to go faster. Is that correct?
E: Not only from the outside, also from the inside.

- C: You must!
- E: Not only you must, but do it! I am in the midst of it all, but I recognise the limits.
- C: Two to three words concerning your activity?
- E: I am working on a project, the project is running, it has to be brought to an end, I cannot help it, I have to bring it to an end, but I notice that it is getting too much for me.
- C: Let's take a look at this in *pairs*.
On the one side: I have to complete something.
On the other side: I feel it is too much for me.

After the performance

- C: Does that fit?
- E: No, I do not perceive it that way.

Later, she told an actor that the smell of the dormobile mentioned in the previous story had appealed to her very much.

The teller did not agree with the enactment. From the transcript it becomes clear that communication between the conductor and the teller was handicapped. Further questions annoyed her: mention of her body demanding deceleration should have been sufficient information concerning feelings. While the actors performed an actual situation, they did not take into consideration her request to see the inside from the outside.

4 Reflection as a personal process

Guests attending *Performed Symptoms* events were invited personally and informed of the event's context by means of a covering letter and an invitation. These two documents were distributed to the members of gehdicht.ch who then passed them on to their contacts. Upon arrival, the audience was curious and looked forward to participating in this experiment. This created the space and the permission to try out something unusual. Some members of the audience felt under pressure to tell a story.

The wish to project certain symptoms in a non-pathogenic light and – by means of corresponding questions and enactments – to focus perception on signs of wellbeing proved to be a difficult undertaking.

I reflected on the *Performed Symptoms* project on the basis of video recordings and a transcript of the audience's stories. Writing down a performance from beginning to end proved to be extremely revealing. On the one hand, it showed that performing fewer stories would have been more: at some stage the measure of absorption had been reached. On the other hand, the stories reviewed on video provided deeper insight into the story behind the story. Do the performers protect themselves if they are unable to capture everything profoundly at that specific moment? Would it be desirable to think of all possibilities during the interview, both in terms of conducting and performing? Or, would a counter-balance cease to apply? At the same time, in Playback Theatre, our aim is not to provide a re-enactment of a story that happened in the past, but to allow the teller to open up to a richer experience (Lämmle, 2014).

In self-reflection, I was able to watch myself in the video recording across longer stretches (e.g. ri-ken-no-ken), thinking that I managed rather well; however, there are other stretches in which I, as the conductor, gave the actors supplementary information and comments with the intention of supporting the teller. Consequently, a more economical and to-the-point use of words would have been more helpful. Using considerate words serves as an interruption of generalisations in a story, prompting the teller to remain concrete in his or her narration. The author considers this to be an important development step. How do I find access to the world of the storyteller so that a story can be told – and performed? How can growth orientation be heard? What is the underlying message? What is the substance of the story?

Since a Playback Theatre performance holds neither an advisory function nor does it have therapeutic aims, we stick to verbal statements. The art of conducting an interview is to motivate the teller to describe concrete circumstances. The limits of a Playback Theatre performance are staked out by the position that the tellers are responsible for making decisions, for what they say and how they say it, and the mere fact that they bring up the necessary courage to say something in front of a group of strangers strengthens their ego. The performers act in the affirmative, in other words, they immerse themselves in the perception underlying the story. On stage, the performers only pretend that they are able to enter into an extremely complex world. Whether the tellers accept this is theirs to decide. Getting impulses is sufficient. The performers are simply “stirrup holders” (Lämmle, 2014) for very individual solutions.

5 Conclusion

Five weeks after a *Performed Symptoms* event, one teller wrote: “I remember “my” sculpture very well. What I keep in mind is that I felt well understood by the performers. This fact and the possibility to let go of the pain in me, to wipe it away, did me a world of good.”

After three *Performed Symptoms* events it became clear that a warm and trusted atmosphere creates the space for sharing stories concerning personally experienced symptoms.

One central theme runs through all of the 25 stories concerning symptoms performed in the three events. Playback Theatre allows us to talk more deeply with one another and in ways not always revealed on first sight (Chesner, 2013). All of the stories dealing with symptoms, be they physical or psychological, were concerned with a limitation experienced by the teller. Each of the stories mentioned boundaries in some dimension, for instance, using a window pane as an allergy protection, being captivated in a decision-making process, or being fully absorbed in another person’s symptoms.

In each of the stories, an internal or external power helped to escape an experienced closeness. In addition to remedies, such as pain killers, the stories mentioned relief following physical discharge (throwing up), a strengthening sense of humour as a belief system, helpful knowledge and information, and recourse to cultural wisdoms.

The teller was required to tap an ability to maintain own boundaries and those of others and, if necessary, to draw up new ones. If this happened in connection with an event of loss, the teller had to re-evaluate the situation.

During the performance, nearly all of the tellers faced the performance directly. Emotional expressions, such as tears or a smile, were considered a sign of relief. The performance valued the stories told and provided impulses for continued exchange with other people. The tellers were given the opportunity to watch inner processes from the outside. This process generated deeper communication in a special way among the members of the audience. It is expected that this process contributes toward confidence building by an individual, namely through a better understanding of symptoms, through being able to deal with them in a better way, and through gradually comprehending them in their own context.

In summary, the performers considered the clarity of the invitation to have successfully prepared the guests and motivated them to join the evening with stories already in their minds. The performers felt that a significant task on stage was to successfully bridge the gap between an ending in misery and one in lightness connected with a sense of humour. At the beginning of a performance it is worth mentioning that imagined symptoms are a fact. One company member mentioned experiencing a higher degree of complexity and density during the enactment of a symptom than for other kinds of stories. Exhaustion after a performance did not occur. In fact, the performances gave her emotional strength. The performers experienced new possibilities of playing on stage, such as personification of a virus.

To see one's own symptom performed on stage is an experience that makes an inner process visible in the exterior without "having to" go on stage oneself. The performance should always remind the teller of his or her own capabilities of dealing with the symptom, or show how it was dealt with. Mooli Lahad (2013), in his BASIC Ph model for coping and resiliency, identified six types of natural coping mechanisms: beliefs, emotions, social, imagination, cognition und physiology. Naturally, people react in more than one of these mechanisms, and each individual is potentially able to cope on all six levels, but in the course of their life they will develop their very own configuration. When applying this model in advisory situations, I have repeatedly noticed that imagination connotes the weakest.

When dealing with challenges, cognition and physiology are usually the most common. Imagination is being increasingly discovered by individuals as a possibility. Our life skills grow if we are able to use imagination. Playback Theatre could provide help to develop the strengthening capacity of imagination and, in addition, to cope with the challenges from symptoms.

We are now looking forward to the fourth and last performance scheduled for 27 June 2014. The project made positive demands on the members of *gedicht.ch*, and it inspired them to engage in constructive discourse.

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Downloads

<http://de.wikipedia.org/wiki/Symptom> Download 16.2.2014

Appendix

- I Invitation
- II Covering letter
- III Schedule of events for *Performed Symptoms*