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MANAGING MENTAL HEALTH AND STIGMA: THE ROLE OF DRAMA AND STAGE PERFORMANCES

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Abstract
Mental health stigma remains a persistent barrier to care, recovery, social inclusion, and human rights. Although education-based campaigns have improved public knowledge, evidence increasingly suggests that knowledge alone is insufficient to reduce prejudice, discriminatory conduct, and internalized shame. This article examines how **drama, theatre, psychodrama, and stage performance** can contribute to managing mental health and reducing stigma. Drawing on a narrative review of peer-reviewed studies, public health evidence, and applied theatre examples, the article argues that performance-based approaches are effective because they combine three mechanisms: **mental health education**, **embodied social contact**, and **collective reflection**. Evidence from a one-woman theatrical performance on bipolar disorder, a community-led theatre intervention in rural Uganda, systematic reviews of anti-stigma strategies, and psychodrama meta-analytic evidence suggests that drama can humanize mental illness, support help-seeking, create safe distance for difficult conversations, and model recovery. However, drama-based interventions require ethical safeguards, cultural adaptation, collaboration with people with lived experience, and rigorous evaluation beyond immediate attitude change. The article concludes that stage performance should be understood not as entertainment added to mental health programming, but as a potentially transformative public health, therapeutic, and community-engagement method.

Keywords: mental health stigma, drama therapy, theatre, stage performance, social contact, psychodrama, public health, lived experience.

Introduction

Mental health is not only a clinical concern but also a social, cultural, and communicative issue. People experiencing depression, bipolar disorder, psychosis, suicidal distress, trauma, or anxiety often face two burdens at once: the symptoms of distress and the social consequences of being misunderstood, feared, excluded, or blamed. The World Health Organization has emphasized that people with psychosocial disabilities frequently encounter stigma, discrimination, and rights violations, including within medical settings that should ordinarily provide care and protection (World Health Organization, 2022:paras. 1–4) [1]. This means that the management of mental health cannot be reduced to diagnosis and treatment alone; it must also address the meanings, stereotypes, silences, and social practices through which communities respond to mental distress.

Stigma is commonly expressed through negative attitudes, but it is also embedded in discriminatory actions, institutional practices, media images, and internalized beliefs. WHO Europe's account of the Lancet Commission notes that stigma includes misinformation and prejudice, but also **public stigma**, **self-**

stigma, and **structural stigma**, such as exclusion from employment, education, health care, and community life (World Health Organization Regional Office for Europe, 2024:paras. 11–18) [2]. The social impact is therefore broad. Stigma may delay help-seeking, reduce access to services, weaken recovery, and intensify shame. In this context, the central question for mental health promotion is not only how to inform people, but how to transform the emotional, relational, and cultural conditions that sustain stigma.

Drama and stage performances are especially relevant because stigma is often learned through stories, images, gestures, and repeated social scripts. Theatre can interrupt these scripts. It can place stigmatized experiences in public view while also protecting complexity, ambiguity, and emotional truth. Unlike many information campaigns, drama does not simply tell audiences what to think. It invites them to witness characters, conflicts, choices, suffering, recovery, and social response. As a result, performance can function as a bridge between **knowledge translation**, **social contact**, and **community dialogue**.

> ***Thesis statement:*** *Drama and stage performances can help manage mental health stigma by transforming private distress into shared narrative, by creating empathic contact between audiences and lived experience, and by opening culturally meaningful spaces for reflection, help-seeking, and social change.*

Conceptualising Mental Health Stigma

Stigma is best understood as a process rather than a single attitude. It begins when a socially marked difference is associated with stereotypes, such as dangerousness, incompetence, weakness, unpredictability, or moral failure. These stereotypes can become prejudice, and prejudice can become discriminatory behavior. In mental health, this process is particularly damaging because the label of mental illness may follow a person beyond the clinical setting into work, school, family, religious life, health care, and intimate relationships.

The Lancet Commission on ending stigma and discrimination in mental health identifies stigma and discrimination as global problems requiring coordinated action across governments, services, workplaces, schools, media, and community institutions (Thornicroft et al., 2022:1438–1480) [3]. WHO Europe's summary of that Commission stresses that awareness-raising is not enough, because factual correction does not automatically reduce prejudice or change behavior (World Health Organization Regional Office for Europe, 2024:paras. 24–31) [2]. This is a crucial point for the present article: if stigma is sustained by affect, fear, social distance, and cultural representation, then anti-stigma work must engage affect, proximity, and representation.

The main forms of stigma relevant to drama-based intervention are summarized below.

Form of stigma	**Meaning**	**How drama can intervene**
Public stigma	Negative stereotypes, fear, and discriminatory attitudes held by members of the public.	Theatre can challenge stereotypes by presenting complex characters who are neither reduced to symptoms nor idealized as symbols.
Self-stigma	Internalization of public stereotypes by people experiencing mental illness.	Drama therapy and participatory performance can support voice, agency, role exploration, and re-authoring of identity.
Structural stigma	Policies, institutional practices, and cultural systems that restrict opportunity.	Community theatre can expose institutional injustice and stimulate public dialogue about services, rights, and inclusion.

Form of stigma	Meaning	How drama can intervene
Professional stigma	Stigmatizing attitudes among health-care providers, educators, or social workers.	Performances based on lived experience can challenge diagnostic overshadowing and promote empathy in professional training.

Corrigan and colleagues' meta-analysis of anti-stigma interventions provides a useful theoretical foundation. Their review of 72 studies involving 38,364 participants from 14 countries found that both education and contact reduced public stigma, but **contact was more effective than education for adults**, and face-to-face contact was more effective than video contact (Corrigan et al., 2012:963–973) [4]. Theatre is not identical to direct interpersonal contact, but live performance can approximate some of its strengths because audiences encounter embodied presence, voice, emotion, and narrative immediacy. When performers have lived experience and choose to disclose it, theatre may become a form of direct or semi-direct social contact.

Drama, Stage Performance, and Mental Health Management

Drama-based approaches occupy several overlapping domains. **Drama therapy** and **psychodrama** are therapeutic practices facilitated by trained professionals. **Applied theatre**, **community theatre**, and **forum theatre** are often used for education, advocacy, and social change. **Stage performances based on personal testimony** may function as knowledge translation, public health communication, and stigma reduction. These forms differ in setting and purpose, but they share the use of role, embodiment, story, enactment, audience witnessing, and reflection.

Psychodrama, developed from the work of Jacob L. Moreno, uses techniques such as role reversal, doubling, mirroring, soliloquy, and enactment to help participants explore relationships, conflicts, and possible responses. A recent systematic review and meta-analysis of psychodrama interventions in Chinese samples found significant benefits across seven randomized controlled studies, with an overall standardized mean difference of 0.768 for mental health outcomes (Wang et al., 2024:Abstract) [5]. The authors reported significant effects for both illness reduction and health promotion, suggesting that drama-based methods can contribute to both treatment and prevention (Wang et al., 2024:Abstract) [5]. While psychodrama is a clinical or counselling intervention rather than a public performance, its evidence base supports the broader claim that dramatic enactment can facilitate psychological change.

Stage performance contributes differently. A performance may not treat symptoms directly, but it can reshape the social environment in which mental health is understood and managed. This matters because stigma can prevent people from seeking help, disclosing distress, adhering to care, or receiving support from family and community members. When a theatre piece shows a character moving from crisis to care, or from shame to connection, it models pathways of recognition and recovery. When audiences discuss the performance afterwards, theatre becomes a catalyst for collective mental health literacy and social reflection.

Mechanisms Through Which Drama Reduces Stigma

Drama reduces stigma through mechanisms that are cognitive, emotional, relational, and political. Its cognitive mechanism is education: a play can provide accurate information about symptoms, treatment, recovery, and the harms of discrimination. Its emotional mechanism is empathy: performance allows spectators to feel with a character while maintaining enough aesthetic distance to reflect. Its relational mechanism is contact: live performance can reduce social distance by placing lived experience before an audience in embodied form. Its political mechanism is public witnessing: theatre can make private suffering visible as a social issue rather than merely an individual deficit.

The following table synthesises these mechanisms.

Mechanism	Description	Mental health relevance	Anti-stigma effect
Narrative humanization	A person is represented as a full human being with history, relationships, humour, conflict, and hope.	Counters reduction of people to diagnoses.	Reduces stereotypes and increases empathy.
Embodied contact	Audiences encounter voice, gesture, presence, and affect rather than abstract information alone.	Makes lived experience emotionally legible.	Reduces social distance, especially when linked to lived experience.
Role experimentation	Participants rehearse alternative responses, identities, and relationships.	Supports self-efficacy and coping in therapeutic settings.	Weakens self-stigma by expanding possible identities.
Community dialogue	Performances generate post-show discussions, workshops, or public reflection.	Connects individuals to resources and shared understanding.	Moves stigma reduction from private attitude change to collective action.
Cultural translation	Local idioms, humour, symbols, and community concerns are built into performance.	Makes mental health messages meaningful in context.	Increases credibility and reduces resistance.

The importance of lived experience is especially clear in WHO's account of Ahmed Hankir's *Wounded Healer* presentation. The presentation blends performing arts, storytelling, and psychiatry to debunk myths and humanize people living with mental health conditions (World Health Organization, 2022:paras. 16–20) [1]. Hankir's claim that lived experience can become a "superpower" reframes mental distress not as shame but as insight, empathy, and professional strength (World Health Organization, 2022:paras. 11–15) [1]. Such reframing is central to anti-stigma theatre because it contests the assumption that mental illness permanently negates agency, competence, or contribution.

Evidence from Theatre-Based Anti-Stigma Interventions

One of the most direct examples is Michalak and colleagues' mixed-methods study of *That's Just Crazy Talk*, a one-woman theatrical performance developed by a playwright and actress living with bipolar disorder. The study involved people with bipolar disorder and health-care providers, using a prospective, longitudinal, sequential mixed-methods design (Michalak et al., 2014:Abstract) [6]. Quantitatively, health-care providers showed significantly improved attitudes immediately after the performance, although the change was not maintained over time; qualitatively, both people with bipolar disorder and providers reported broadly positive and enduring effects (Michalak et al., 2014:Abstract) [6]. The study is important because it shows both the promise and limitation of performance-based intervention: theatre may generate immediate affective and reflective impact, but long-term change may require repeated exposure, institutional reinforcement, or integration into broader anti-stigma programs.

A second example comes from Lee and colleagues' evaluation of a community-led mental illness destigmatization theatre intervention in rural Uganda. The researchers first surveyed residents and conducted focus groups to identify local misconceptions and stigma; then village health team personnel developed and performed a culturally adapted play addressing those beliefs (Lee et al., 2022:Abstract) [7].

Among 57 attendees, both the Broad Acceptance Scale and Personal Acceptance Scale showed significant increases after the performance, with p values below .001 (Lee et al., 2022:Abstract) [7]. Qualitative responses also indicated reduced stigma and increased recognition of the importance of seeking treatment (Lee et al., 2022:Abstract) [7]. This study demonstrates the value of local co-creation. The theatre intervention did not import a generic message; it responded to locally documented beliefs, languages, and social conditions.

The Uganda study is especially significant for low-resource settings. Mental health systems in many low- and middle-income contexts face workforce shortages, underfunding, limited infrastructure, and service access barriers (Lee et al., 2022:Background) [7]. In such contexts, stigma reduction cannot depend only on specialist clinics. Community-led theatre can bring mental health dialogue to public spaces where people already gather, using familiar narrative forms and local authority figures. It can also involve families, elders, religious leaders, health workers, and young people in a shared interpretive event.

The evidence base for arts interventions among youth also supports cautious optimism. Gaiha and colleagues conducted a systematic review and meta-analysis of arts interventions to reduce mental-health-related stigma among youth, including interventions using theatre and dance-drama (Gaiha et al., 2021:Title and abstract) [8]. Although arts interventions vary widely in quality and design, the review indicates that creative methods are increasingly recognized as part of youth stigma-reduction strategy. This matters because young people often learn stigmatizing language and social exclusion early, but they may also be highly responsive to participatory, expressive, and peer-led methods.

Drama, Self-Stigma, and Recovery

Public stigma is damaging, but self-stigma can be equally restrictive. When people internalize beliefs that they are weak, dangerous, incapable, or permanently broken, they may avoid education, employment, relationships, or treatment. WHO Europe describes this as a "why-try" pattern in which people disengage from life opportunities because they expect failure or rejection (World Health Organization Regional Office for Europe, 2024:paras. 17–18) [2]. Drama therapy and psychodrama can address this problem by allowing participants to experiment with roles beyond the stigmatized identity.

In drama therapy, the individual does not need to begin by making direct autobiographical disclosure. A fictional role, mask, scene, or metaphor can create safe distance. This distance can make it possible to explore shame, anger, grief, fear, and hope without being overwhelmed. The therapeutic value lies not only in expression, but in transformation: the participant may move from being an object of judgment to an agent who can speak, choose, revise, and witness.

Psychodrama's techniques are especially relevant here. Role reversal can allow a participant to experience a conflict from another perspective. Mirroring can help a person observe patterns from outside the immediate self. Doubling can give voice to feelings that are difficult to articulate. These techniques can be used to explore internalized stigma and to rehearse alternative self-narratives. In this sense, drama-based practice manages mental health not simply by reducing symptoms, but by expanding identity, relational possibility, and agency.

Ethical Considerations in Mental Health Performance

Theatre about mental illness can reduce stigma, but it can also reproduce harm if poorly designed. Sensationalized representations of psychosis, suicide, self-harm, or hospitalization may reinforce fear. Performances that expose lived experience without adequate consent, preparation, or support may exploit performers. Simplistic recovery narratives may unintentionally shame those whose recovery is nonlinear. Therefore, mental health performance requires an ethical framework.

An ethical performance model should include co-creation with people with lived experience, collaboration with mental health professionals, trauma-informed rehearsal processes, content guidance where appropriate, post-show support or referral information, and careful evaluation. The strongest anti-stigma approaches are not performances that speak for people with mental health conditions, but performances that enable people with lived experience to shape meaning, representation, and audience engagement. This

aligns with the Lancet Commission's emphasis on including people with lived experience in anti-stigma work (Thornicroft et al., 2022:1438–1480) [3].

Ethics also require cultural humility. A drama intervention that works in one setting may not work in another. Local beliefs about spirit, family honour, masculinity, religion, disability, medicine, or community responsibility can shape how mental distress is interpreted. The Uganda theatre intervention is instructive because the play was developed from local survey and focus group data rather than imposed as an external script (Lee et al., 2022:Abstract) [7]. Cultural adaptation should not mean reinforcing harmful beliefs; rather, it means beginning from community realities in order to create credible, respectful, and transformative dialogue.

Implications for Practice and Policy

Drama and stage performances should be integrated into mental health promotion through partnerships among health systems, schools, universities, theatres, community organizations, and service-user networks. In educational settings, performances can be paired with facilitated discussion and mental health literacy modules. In clinical training, theatre based on lived experience can challenge professional stigma and diagnostic overshadowing. In community health, locally developed theatre can address myths, encourage help-seeking, and connect audiences to services. In therapeutic contexts, drama therapy and psychodrama can support self-expression, relational learning, and self-stigma reduction.

The following practice framework summarises how drama can be used responsibly.

Setting	Recommended drama-based approach	Primary objective	Evaluation indicators
Schools and universities	Peer theatre, forum theatre, scripted performance with discussion.	Reduce stereotypes and improve help-seeking literacy.	Attitude scales, help-seeking intention, referral uptake, qualitative reflection.
Health-care training	Lived-experience performance and post-show dialogue.	Reduce professional stigma and improve empathic care.	Provider attitudes, communication behavior, patient feedback.
Community mental health	Locally co-created theatre in public venues.	Address myths, increase treatment acceptance, mobilize support.	Acceptance scales, service inquiries, community leader engagement.
Therapy and rehabilitation	Drama therapy or psychodrama facilitated by trained clinicians.	Reduce self-stigma, support coping, build agency.	Symptom measures, self-esteem, social functioning, recovery narratives.
Public advocacy	Testimonial performance, documentary theatre, arts festivals.	Shift public discourse and challenge structural discrimination.	Media analysis, audience surveys, policy dialogue, inclusion outcomes.

Policy makers should avoid treating arts-based interventions as optional extras. If stigma is a major barrier to care, and if social contact is among the strongest anti-stigma strategies, then performance-based social contact deserves serious investment. However, investment should be tied to evaluation. Studies should measure not only immediate attitude change but also medium- and long-term outcomes, behavioral change, help-seeking, discrimination, and structural inclusion.

Limitations of the Current Evidence

The evidence for drama and stage performance is promising but uneven. Some studies use small samples, short follow-up periods, or self-report measures. Many interventions demonstrate immediate attitude

improvement, but fewer show sustained behavioral change. Theatre interventions are also difficult to standardize because their strength often lies in cultural specificity, live presence, and local adaptation. This creates a methodological tension: the more culturally responsive a performance is, the less easily it may be replicated across settings.

Another limitation is that drama-based interventions are sometimes grouped with broader "arts interventions," making it difficult to isolate the specific contribution of theatre, psychodrama, music, dance, or film. Future research should specify the intervention model, duration, performer characteristics, use of lived experience, post-performance facilitation, and follow-up design. Mixed-methods research is particularly appropriate because quantitative scales can capture measurable attitude change, while qualitative interviews can capture meaning, emotional impact, and narrative transformation.

Conclusion

Managing mental health and stigma requires more than clinical treatment and public information. It requires transforming the stories through which societies define distress, difference, recovery, and belonging. Drama and stage performances are uniquely positioned to do this work because they combine knowledge, embodiment, emotion, and public dialogue. Evidence from anti-stigma meta-analyses, theatre interventions in bipolar disorder, community-led performance in Uganda, WHO-supported examples of performative storytelling, and psychodrama research suggests that drama can reduce stigma, support help-seeking, challenge professional prejudice, and strengthen agency among people with lived experience.

The role of drama is not to replace mental health services but to make care more reachable, humane, and socially supported. When ethically designed and culturally grounded, performance can turn silence into speech, fear into recognition, and isolation into shared responsibility. In this sense, drama and stage performance are not peripheral to mental health management. They are powerful tools for changing the social conditions in which mental health is understood, supported, and lived.

References

[1]: World Health Organization. (2022, December 2). *Speaking out on the stigma of mental health*. https://www.who.int/news-room/feature-stories/detail/speaking-out-on-stigma

[2]: World Health Organization Regional Office for Europe. (2024, June 26). *The overwhelming case for ending stigma and discrimination in mental health*. https://www.who.int/europe/news/item/26-06-2024-the-overwhelming-case-for-ending-stigma-and-discrimination-in-mental-health

[3]: Thornicroft, G., Sunkel, C., Alikhon Aliev, A., Baker, S., Brohan, E., el Chammay, R., Davies, K., Demissie, M., Duncan, J., Fekadu, W., Gronholm, P. C., Guerrero, Z., Gurung, D., Habtamu, K., Hanlon, C., Heim, E., Henderson, C., Hijazi, Z., Hoffman, C., ... Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet, 400*(10361), 1438–1480. https://doi.org/10.1016/S0140-6736(22)01470-2

[4]: Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services, 63*(10), 963–973. https://doi.org/10.1176/appi.ps.201100529

[5]: Wang, X., Ding, R., & Luo, R. (2024). Effectiveness of psychodrama on mental health outcomes based on Chinese samples: A systematic review and meta-analysis of randomized controlled studies. *Cambridge Prisms: Global Mental Health, 11*, e116. https://doi.org/10.1017/gmh.2024.89

[6]: Michalak, E. E., Livingston, J. D., Maxwell, V., Hole, R., Hawke, L. D., & Parikh, S. V. (2014). Using theatre to address mental illness stigma: A knowledge translation study in bipolar disorder. *International Journal of Bipolar Disorders, 2*, Article 1. https://doi.org/10.1186/2194-7511-2-1

[7]: Lee, Y. J., Rauben, K., Liu, C., Kim, R., van der Velde, N., Musinguzi, P., & others. (2022). Evaluation of a pilot, community-led mental illness de-stigmatization theater intervention in rural Uganda. *BMC Psychiatry, 22*, Article 794. https://doi.org/10.1186/s12888-022-04441-w

[8]: Gaiha, S. M., Salisbury, T. T., Usmani, S., Koschorke, M., Raman, U., Petticrew, M., & Henderson, C. (2021). Effectiveness of arts interventions to reduce mental-health-related stigma among youth: A

systematic review and meta-analysis. *BMC Psychiatry, 21*, Article 364. https://doi.org/10.1186/s12888-021-03350-8