Safety, Danger and Playback Theatre

By Steve Nash and Nick Rowe

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Introduction

One of the most contentious issues concerning Playback Theatre is related to the way it elicits personal stories. Unlike most theatrical practices which distance personal material through the text, or therapeutic practices which carefully construct safe spaces to receive autobiographical material, playback theatre asks for personal stories to be told in public places. This has led to a questioning of the form by both members of the audience and playback practitioners themselves. For example, Elinor Vettraino, (Autumn 1999) having attended the International Playback Theatre Conference, writes, in *The Prompt*:

‘I found myself questioning the safe nature and validity of this form of theatre’

She goes on to wonder about whether there is the ‘safe container’ of dramatherapy present in the playback theatre practice and asks important questions about the form. In the same article Maggie Morgan raises similar concerns:

‘In certain ‘contained’ contexts, Playback could have a most effective role. Questions need to be asked, however, about boundaries and even
accountability. It is an artistic form worth much more than being an up-market Oprah Winfrey show’

In addition, we have heard from audience members who have expressed their concerns about issues of safety and containment in Playback Theatre. Without exception, these comments have been made by professional therapists.

We wish to look closely at this issue of ‘containment’ and make claims for the ‘containing devices’ employed in Playback Theatre. Playback Theatre does ‘transgress’ some notions of boundary however, and in so doing, it questions certain therapeutic assumptions, and challenges the trend towards the privatisation of the autobiographical. As will be seen, it is extremely difficult to begin to address such concepts without also exploring where it is that therapy and art meet – an exploration with much significance to Playback Theatre in particular, and the arts therapies in general.

**About Boundaries and Containment**

As dramatherapists we wish to state our recognition of the importance of rigorously created boundaries in therapy and therapeutic work. In such contexts, through the careful use of space, time, role definition and statements of intent, therapists aim to create a safe space for the emergence of personal story and the creation of an effective therapeutic relationship. The absence or blurring of these boundaries may lead to a sense of disorientation. If we do not have sufficient clarity about where we are, who we are and whom
we are talking to, we may not be sufficiently playful enough to engage fully in a process that must, if it is to be successful, include the taking of risks.

It would be difficult to argue that such a model of containment is immediately apparent in Playback Theatre. As performing members of Playback Theatre York, we know the remarkable effects that can occur when personal stories are told and enacted in public spaces. We have been deeply moved on many occasions when a playback teller has shared their traumatic experience of mental health services or told us of their personal pain and grief. These stories have, on many occasions, enabled others in the audience to speak of their own experiences and often to contribute a story that responds in some way to a previous one.

The process of a Playback Theatre performance enables an audience to become a community, and individuals can begin to speak to each other in a way that tests and transcends our usual notions of the boundaries between public and private, and between therapy and art. As such, the tendency to think of containment only in formal psychotherapeutic terms (e.g. tight adherence to regularity of place and time, confidentiality) becomes unhelpful and limiting. It is also worth pointing out that anecdotally at least, clients and trainees regularly report 'therapeutic benefit' from other kinds of containing structures, such as one-off workshops, or formats that borrow more from social traditions (eg ritual) than psychoanalytic ones.
The Privatisation of the Personal

Playback Theatre does cross boundaries. In so doing it questions some of the familiar constructs used to define what is therapy, and queries fondly held assumptions about the conditions necessary for the beneficial disclosure of autobiographical material. It is our contention that Playback Theatre challenges the ‘privatisation of the personal’ which is a characteristic of modern western European culture. Ours is a culture in which stories of personal distress have been increasingly colonised by the expert, the counsellor and the therapist. The experience of distress is thus not only segregated from the everyday, but it is also separated from the collective by the overwhelming emphasis on the necessity for individual personal growth. Together with the privatisation of the railways has arrived the privatisation of personal pain and distress.

This seems an odd statement to make in these days of the Jerry Springer Show, Oprah Winfrey and confessional television. However, are these not the signs of the very privatisation that we are suggesting? Are they not the visible signs of repression? The personal has become pornographic precisely because it has gone underground. Are we not titillated by T.V’s seedy revelations because we no longer have the real thing? The sentimental and the voyeuristic are replacing emotion and intimacy and in their place we have an ersatz experience.
Along with bereavement, personal pain and perhaps even joy have gone behind the closed doors of the consulting room, where only suitably qualified professionals dare to tread. Little wonder that when Princess Diana died, so many took the opportunity to express so much, irrespective of the fact that the object of their grief was knowable only via the mass media. Are we, as therapists, failing to distinguish between the proper use of boundaries to allow personal revelation, and the use of boundaries to protect professional status and identity? Rather like the ‘Enclosures’, which denied common access to the land and conferred privileged identity to the landowners, therapeutic boundaries may be used to exclude and deny.

**Safety and Danger**

In *The Prompt*, Elinor Vettraino (Autumn 1999) wrote:

“…..anyone can do Playback – its accessibility is the wonderful thing about it, but therein lies the danger”

Relationships between therapy, therapeutic activity, and concepts of safety and danger are crucial and contentious. When Moreno decided to experiment with groups that mixed drama and psychotherapy at the beginning of the last century, he received considerable criticism from contemporaries who passionately held that this type of work was too difficult and dangerous to attempt.
Is danger always to be avoided? Is safety always a prerequisite for all that is seen to be good in therapy or art or life? Is it reasonable for powerful individuals (like therapists) to equate accessibility with dangerousness, or is there a risk that such concerns may say more about our need to be in control?

We would contend that art or therapy that is entirely without danger is likely to be severely limited. We would argue that in art and therapy, as in life, concepts of what constitutes danger are not an absolute constant or quality. Instead such concepts arise from personal experience and cultural narratives, and are frequently idiosyncratic and unpredictable. What is dangerous for me may be exciting for you. Like any other human activity, Playback Theatre contains within it the potential for stimulating complex and distressing feelings and thoughts, but so does watching East Enders or going to an art gallery. Should we insist that psychotherapeutic notions of safety and containment be somehow applied to such endeavours? Danger can only ever be mitigated against. Risk (currently a big word in the world of mental health policy and practice) can only be reduced, never eradicated.

**Playing Safely with Danger**

So far in this article we have argued that Playback Theatre challenges some fondly held concepts about what is necessary for the safe, beneficial expression of personal distress. We have also questioned the way in which notions of safety and models of containment have become entangled with matters of professional expertise and control. This is not to say that we are
unconcerned about issues of psychological safety. Neither do we intend to imply that playback as a form is without its own containing devices.

This brings us to a discussion of the means through which we would argue that Playback Theatre is contained and boundaried.

**The Playback Actor**

It is not necessary to be a trained therapist to be a Playback Theatre practitioner, and we support the reluctance of the movement to professionalise. Indeed, the founder of playback theatre, Jonathan Fox, has argued against full time playback practitioners, preferring that performers remain working members of their communities. This does not mean to say that performers in established Playback Theatre companies are not carefully selected. All the companies of which we are familiar have a rigorous set of procedures to incorporate and train new performers and will ‘screen out’ potential members whom they feel are unsuitable or are not ready for the challenges of playback performing and company life.

There are three ‘containing devices’ of Playback Theatre practice, which we suggest are the primary means through which psychological safety is maintained. These are the ensemble, the discipline of the form and the role of the conductor.
The Ensemble

Like most improvised theatre, playback depends upon a high degree of ensemble playing. The work requires close, deeply co-operative and sustained relationships between company members. In rehearsal, the playback form is used to tell and re-tell the company members’ own stories and a great deal of time is spent on addressing the group’s internal dynamics and relationships. This essential, though sometimes painful, process enables the conditions for effective performance, sensitising the actors to each other and, crucially, to the audience. It is our suggestion that the ensemble is capable of ‘holding’ the teller’s story, rather as the psychotherapeutic group does. There is certainly a sense in the York playback company that tellers get a feeling of how much to trust us, how much they can safely reveal to us and to the audience. This sense of trust grows through a performance, as the audience becomes aware of our ‘range’ and capabilities. The work done in rehearsal on personal material and group dynamics increases the emotional range of the company and allows it to hold the audience.

The Form

The International Playback Theatre Conference in 1999 demonstrated the stability of the Playback Theatre form. Despite there being practitioners from 26 different nations, there was clear agreement as to the formal structure of a performance. Of course there were differences in style and quality but, by and large, the basic structure was common to all. It is our suggestion that the formal structures that provide containment and boundary in a Playback
Theatre performance enable a deeper engagement of actors and audience. Another way of putting this is that a Playback Theatre performance is a ritualised event. Careful observance is made to the ‘rules’ and roles in the performance. The actors do not usually speak directly to the teller, for example, leaving that to the conductor.

In a Playback Theatre performance considerable attention is given to moments of transition. For example, the beginnings and endings of enactments are clearly marked and the reception of the tellers’ story is well defined. These formal structures give shape and frame to the ‘chaos’ of improvisation and allow a passage into and out of the dramatic metaphor.

The Conductor

The conductor in Playback Theatre has the role of managing the relationship between the stage and the auditorium. It is her task to create clear boundaries between the differing frames of the performance. The conductor introduces the performance, identifying its purpose and its limitations, she invites audience members to contribute their stories, guides them in the telling, briefs the actors and manages the return of the teller to the body of the auditorium. In doing this, the conductor needs to have highly developed group work and listening skills as well as a theatre director’s appreciation of the aesthetic properties of the story. A skilled conductor will appreciate the ‘holding function’ of Playback Theatre’s formal structures and maintain these while facilitating the spontaneous engagement of performers and tellers within them.
Conclusion

In conclusion, Playback Theatre facilitates the telling and enactment of personal stories in public places. It should not be seen as a therapy or indeed as a ‘performative therapy’, but like many other things, it is capable of providing therapeutic benefit. It stands between the established boundaries of theatre and therapy on the one hand, and the personal and the public on the other, and it is this which, we suggest, sometimes causes disquiet.

Interestingly enough, in an early article about the struggle to achieve identity and recognition for dramatherapy, Sue Jennings quotes I.M. Lewis, who was at the time writing about ‘simple societies’

‘Conceptually what does not fit neatly into existing experience is anomalous and apt to seem mystically dangerous’ (Lewis 1976)

As we have suggested there clearly are carefully observed ‘containing devices’ in the practice of playback which help to maintain a sense of psychological safety, both personally and communally. The ‘disciplines’ of ensemble playing, formal structure and conducting create a space for the autobiographical. We acknowledge that Playback Theatre blurs boundaries and understand that such blurring may be seen as unorthodox, given the prevailing discourse that tends to marry safe with private, and dangerous with public. However in doing so it creates new opportunities for challenging established narratives, identities, and roles. In a small way Playback Theatre
offers possibilities for the healing power of art to no longer simply be exclusively dispensed by the private practitioner, but to be once again present in and owned by the public domain.