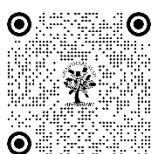


# EXPLORING THE ROLE OF APPLIED THEATRE AND EXPRESSIVE ART THERAPY IN VICTIM RECOVERY: A REVIEW

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## ABSTRACT

After experiencing trauma, individuals often face psychological distress that conventional talk therapy may not fully address. Alternative and complementary therapeutic approaches such as Applied Theatre (AT) and Expressive Art Therapy (EAT) have been explored for their potential to assist in healing, empowerment, and reintegration. These creative interventions focus on embodied expression, narrative reconstruction, and participatory engagement, providing individuals an opportunity to process their experiences through non-verbal and symbolic forms. This review aims to investigate the role of AT and EAT in recovery from trauma, particularly trauma caused by violence, abuse, displacement, and disaster. By synthesizing findings from interdisciplinary research, this paper evaluates the efficacy, methodologies, and outcomes of these interventions in various cultural and institutional contexts with special focus on transitional justice and gender based violence.

**Keywords:** Victim Recovery, Applied Theatre (AT), Expressive Art Therapy (EAT), Transitional Justice and Gender Based Violence

## 1. INTRODUCTION

In recent years, there has been increasing recognition of creative and participatory modalities in therapeutic contexts. Applied Theatre (AT) and Expressive Art Therapy (EAT) are two such approaches that combine aesthetic experience with psychosocial support, especially for individuals and communities impacted by trauma, oppression, and marginalization. Although their origins are historically different – AT from political and educational theatre traditions and EAT from psychotherapy and arts education—their combination provides holistic, non-verbal methods for emotional expression, healing, and identity reconstruction.

Through symbolic expression, Applied theatre and expressive art therapy allows survivors of traumatic events such as war, genocide, political repression, or gender-based violence to externalize experiences that may be too painful or risky to articulate verbally. Through visual art, storytelling, drama, movement, and music, individuals can construct counter-narratives that challenge imposed silences and social stigmas. These symbolic acts of creation facilitate individual catharsis and offer opportunities for collective witnessing, which is essential to trauma recovery and healing.

### Conceptual Foundation and Relevance

Applied Theatre (AT) involves using theatre in unconventional settings such as prisons, schools, and refugee camps. Inspired by Augusto Boal's Theatre of the Oppressed, AT employs theatre as a democratic tool to empower individuals.

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It combines actors and spectators to practice enacting social change together by blurring their boundaries. Boal's method empowers participants to rehearse real-life social change and reclaim their power through performance.

Expressive Art Therapy (EAT) combines psychodynamic, humanistic, and trauma-informed approaches. In Expressive Art Therapy, multiple art forms such as visual arts, music, drama, movement, and writing may be used as an expression of one's emotions and thoughts (Malchiodi, 2005). EAT benefits those who have difficulty with verbal expression, such as children, trauma survivors, and neurodiverse individuals as it links creativity to brain integration and emotional regulation (Kapitan, 2010).

AT and EAT are effective because they interact with the sensorimotor, emotional, and relational domains simultaneously. Using metaphor, story, movement, and image, participants can engage with trauma, explore new identities, and consider future possibilities. Jones (2007) describes "aesthetic distance" in drama therapy as a way for clients to address difficult material while maintaining emotional safety. Kapitan (2010) and van der Kolk (2014) further provides neuroscientific evidence indicating that expressive therapies stimulate the right hemisphere of the brain, which governs imagery, memory, and emotion. This hemisphere is often underutilized in traditional talk therapy. Consequently, the arts facilitate the release of trauma from the body and aid in the reintegration of dissociated aspects of the self.

## 2. REVIEW OF LITERATURE

The existing literature on Applied Theatre (AT) and Expressive Art Therapy (EAT) highlights a growing consensus regarding their therapeutic potential in trauma recovery. Emunah (1994), an early advocate of drama therapy, demonstrated how structured enactments can facilitate emotional expression and trauma resolution. Building upon these foundations, Johnson (2009) introduced the Developmental Transformations model, which incorporates improvisational play to assist clients in navigating psychological distress through fluid, embodied interactions. Snow and D'Amico (2010) conducted applied theatre interventions with incarcerated youth, observing significant improvements in emotional regulation, empathy, and social engagement. Furthermore, Jones (2007) made a theoretical contribution by emphasizing the concept of aesthetic distance—a mechanism that enables individuals to safely engage with traumatic content by maintaining a psychological buffer between themselves and their enacted experiences.

Boal (1995) redefined theatre as a democratic practice, empowering marginalized individuals through storytelling and performance. The Theatre of the oppressed, reframed theatre as a democratic and empowering practice, enabling victims and marginalized individuals to reclaim agency through collective storytelling and performance. Supplementing this, Malchiodi (2005) promoted a multimodal approach in expressive therapies, combining visual art, music, movement, and drama for trauma recovery. In the later years, Kapitan (2010) explained how creative expression activates brain regions for emotional regulation and cognitive flexibility, aiding neural plasticity and healing. In the context of collective trauma, Levine and Levine (2011) documented arts-based initiatives in post-conflict societies, showing how they foster resilience, communal bonds, and psychological reintegration.

The theoretical landscape were further expanded by Kaptchuk and Miller (2015) by examining placebo and symbolic meaning in therapeutic encounters, asserting that the performative and symbolic aspects of art therapies possess clinically significant power. Similarly, Schaeffer (2003) addressed child trauma and provided empirical evidence supporting the efficacy of play therapy, illustrating its capability to help children process complex emotional experiences through metaphor and symbolic action. In the context of its impact on victims of trauma, Huss and Cwikel (2005) focused on war-affected populations in Israel and discovered that visual art-based interventions significantly reduced symptoms of post-traumatic stress disorder (PTSD), thereby demonstrating the modality's effectiveness in high-intensity trauma contexts.

The role of expressive arts in grief work was further explored by Thompson and Neimeyer (2014) highlighting their usefulness in trauma recovery through constructing meaning and fostering emotional coherence. These findings were further supported by Dunphy et al. (2009) through their systematic review that recognized the clinical value of arts-based interventions in mental health treatment and recommended their wider application within therapeutic frameworks. The narrative aspect of both Art Therapy (AT) and Expressive Arts Therapy (EAT) is based on the work of White and Epston (1990), whose narrative therapy model encourages individuals to re-author their life stories, moving from victimhood to agency. Kalmanowitz and Ho (2016) studied the application of art therapy in humanitarian crises, emphasizing cultural sensitivity, ethical responsibility, and practitioner reflexivity when working with diverse communities affected by trauma.

### 3. APPLICATIONS OF AT AND EAT

Both Applied Theatre and Expressive Art Therapy have been found to be highly relevant across domains, specifically in mental health and trauma recovery, education and youth development, conflict resolution and peace building, gender based violence and feminist praxis, refugees and migrant support and lastly in palliative and medical care.

In clinical psychology, both Active Therapy (AT) and Expressive Arts Therapy (EAT) are utilized to treat post-traumatic stress disorder (PTSD), depression, anxiety, and grief. Snow and D'Amico (2010) demonstrated that role-playing and dramatic improvisation can mitigate aggression and cultivate empathy within incarcerated youth. Further, the effectiveness of play therapy for children experiencing abuse and neglect is highlighted by Schaeffer (2003). These therapeutic interventions enable participants to externalize complex emotions and regain control over their internal narratives.

In educational settings, Applied Theatre (AT) is a method to develop critical thinking, empathy, and emotional literacy. It allows young individuals to examine identity, conflict resolution, and social norms (Neelands, 2009). Arts-based interventions have shown to improve school attendance and engagement among at-risk students (DICE Consortium, 2010). By utilising music sessions, group mural projects or visual journals, EAT can be utilized to assist children with learning difficulties and socio-emotional challenges in schools.

Levine and Levine (2011) and Kalmanowitz and Ho (2016) document the use of arts-based interventions in post-conflict zones such as Kosovo, Rwanda, and Palestine. These approaches promote resilience, cultural memory, and collective mourning. Applied theatre has also been employed in truth and reconciliation processes, where community storytelling fosters empathy, witness, and accountability.

Applied Theatre (AT) and Expressive Art Therapy (EAT) effectively address the psychological and cultural displacement of refugees and migrants as well. Role-play and image theatre help explore themes of identity, memory, and longing among refugees and migrants, facilitating emotional expression and healing (Alkazi, 2011). Similarly, modalities such as drawing and storytelling was found to significantly reduce PTSD symptoms among war-affected populations (Huss & Cwikel, 2005). Group interventions foster social bonding and reconnect participants with cultural traditions and shared experiences, ultimately supporting a sense of belonging and resilience in communities that are displaced.

In medical humanities, applied theatre and expressive art therapy are used to aid patients in palliative care, chronic illness, and rehabilitation. Thompson & Neimeyer (2014) claims that art-making helps process existential concerns, loss of autonomy, and grief. Narrative theatre shares cancer patients' experiences, while visual arts support expression for those with aphasia and degenerative disorders.

### 4. CONFLICT RESOLUTION, PEACEBUILDING AND TRANSITIONAL JUSTICE

The implications of applied theatre and expressive art therapy in post-conflict areas such as Kosovo, Rwanda, and Palestine was examined by Levine and Levine (2011) and Kalmanowitz and Ho (2016). Such arts-based interventions aim to enhance resilience, preserve cultural memory, and facilitate collective mourning. Applied theatre has been utilized in truth and reconciliation processes, where community storytelling promotes empathy, witnessing, and accountability thereby establishing itself as an alternative for traditional practices of recovery. Additionally, this may be looked at as a means of transitional justice as well.

Transitional justice includes judicial and non-judicial measures to address human rights abuses in post-conflict or post-authoritarian societies. These measures, such as truth commissions, reparations, and institutional reforms, aim to promote healing and reconciliation. Legal frameworks are necessary, but transitional justice also requires culturally sensitive and emotionally restorative processes. Art Therapy (AT) and Expressive Art Therapy (EAT) are important psychosocial tools for community healing, truth-telling, and restoring dignity to victims.

In conflict zones, expressive art interventions help document memory, foster intergenerational dialogue, and rebuild communities. Kalmanowitz and Ho (2016) describe how art therapy in places like Kosovo and Sri Lanka aids survivors in reconstructing narratives of loss and resilience, maintaining cultural specificity. The participatory nature of these interventions helps communities process trauma, reclaim agency, and co-author historical memory, which is vital for reclaiming victim agency and a sense of justice.

Artistic engagement in transitional justice offers non-punitive ways to address harm. It promotes restoration, truth-telling, and emotional recovery for individuals and societies. Thompson and Neimeyer (2014) stress that expressive arts help people reconcile grief and loss, aiding psychological recovery and fostering empathy across conflicts.

## 5. GENDER-BASED VIOLENCE AND FEMINIST PRAXIS

Expressive therapies support survivors of sexual and domestic violence. AT helps survivors to challenge existing narratives rooted in victimhood and view themselves as empowered agents (Gallagher, 2007). Through non-verbal trauma processing, EAT proves to be beneficial in situations where verbal disclosure feels retraumatizing. These approaches align with methods that emphasize embodiment, relationality, and the importance of personal narratives.

Feminist praxis provides a powerful framework for understanding and addressing gender-based violence (GBV) by integrating critical feminist insights, theory and practice by basing itself on social justice, intersectionality, and reflexivity, emphasizing transformative action (Crenshaw, 1989). For GBV, this involves analyzing the roots of violence against women vis-à-vis patriarchy, sexism, power imbalances and empowering survivors while challenging oppressive systems through participatory and therapeutic interventions.

Thus, Applied Theatre (AT) and Expressive Art Therapy (EAT) have become essential and critical tools in addressing GBV. These approaches enable survivors of Gender-Based Violence (GBV) to assert narrative control, convey trauma through non-verbal means, and participate in collaborative interpretation. Utilizing embodied techniques such as role-play, storytelling, movement, and visual expression, AT and EAT provide safe, symbolic environments for survivors to examine their experiences without the risk of retraumatization (Emunah, 1994; Malchiodi, 2005).

AT, therefore, helps participants reenact oppression to find catharsis and practice real-life resistance (Boal, 1995) as truly intended by encouraging them to act out and recreate the ending to their lived experiences of victimization. Similarly, EAT uses body and imagination for therapeutic healing, benefiting survivors who don't respond well to traditional talk therapy, especially in diverse cultural and linguistic settings (Kalmanowitz & Ho, 2016).

These arts-based interventions align with the goals of healing, empowerment, and collective transformation in alignment with feminist perspectives of justice. They acknowledge lived experience as legitimate knowledge, promote an intersectional understanding of trauma, and foster community solidarity, which is important for addressing the systemic nature of gender-based violence (GBV). As a result, arts therapy (AT) and expressive arts therapy (EAT) do not simply treat symptoms of trauma—they participate in the reconstruction of identity, safety, and justice.

Applied Theatre and Expressive Art Therapy offer transformative possibilities for healing, empowerment, and community restoration. Their application spans mental health, education, gender justice, humanitarian aid, and medical care. As interdisciplinary and culturally adaptable modalities, they respond to a growing need for creative, holistic, and inclusive forms of recovery. Future research should focus on long-term impact studies, scalability, and integration into public health and education systems.

## 6. DISCUSSION

Research indicates that Applied Theatre (AT) and Expressive Art Therapy (EAT) are beneficial in trauma recovery. These approaches help with emotional expression and regulation. According to Malchiodi (2005) and Snow and D'Amico (2010), AT and EAT provide safe ways for individuals to express their emotions, utilizing symbols, colours, roles, and metaphors to communicate their trauma and achieve emotional release. Thus, these modalities are highly effective in facilitating emotional expression and regulation.

Both AT and EAT enhance personal agency and empowerment. Inspired by Boal's participatory methods, these interventions help individuals reclaim control over their narratives, challenging feelings of powerlessness. This is especially impactful for marginalized groups like refugees, survivors of gender-based violence, and incarcerated individuals. The creative aspects of these therapies provide outlets for expression and platforms for resistance and self-determination.

A third recurring theme is the reconstruction of narrative and identity. Drawing from the narrative therapy principles developed by White and Epston (1990), numerous studies highlight how victims can reframe and re-author their life stories through role-play, metaphorical expression, and visual storytelling. These practices facilitate a process



of meaning-making that enables individuals to integrate fragmented or disrupted identities, thereby fostering psychological coherence and a renewed sense of self.

Based on the principles of narrative therapy developed by White and Epston (1990), studies show that victims can reshape their life stories through role-play, metaphorical expression, and visual storytelling. These methods help individuals integrate fragmented or disrupted identities, promoting psychological coherence and a renewed sense of self, there by facilitating a reconstruction of narrative and identity.

Community and social reconnection are key outcomes of group-based AT and EAT practices. Arts-based interventions in communal settings foster empathy, mutual recognition, and collective healing (Levine & Levine, 2011). Participatory theatre encourages shared reflection and dialogue, reducing isolation and rebuilding trust. These processes are crucial for trauma survivors, helping them regain a sense of safety and belonging.

## 7. CONCLUSION

Applied Theatre and Expressive Art Therapy present significant opportunities for healing, empowerment, and community restoration. These modalities are utilized across various sectors including mental health, education, gender justice, humanitarian aid, and medical care. As interdisciplinary and culturally adaptable approaches, they address the increasing demand for creative, holistic, and inclusive recovery methods. They demonstrate considerable promise in aiding victim recovery as well. They offer alternative ways to process trauma, especially for those who do not respond well to talk-based methods. These approaches emphasize creativity, embodiment, and community, making them suitable for addressing complex trauma. However, more long-term studies and cross-cultural evaluations are necessary. By integrating AT and EAT into transitional justice frameworks, policymakers and practitioners can promote a more inclusive, trauma-informed, and culturally grounded approach. Such interventions do not replace legal mechanisms but rather complement them, ensuring that justice is not only administered, but also felt. Future research should concentrate on long-term impact studies, scalability, and integration into public health and educational systems.

## CONFLICT OF INTERESTS

None.

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