

THE CONCEPT OF DRAMA AS EXPLORATORY PARADIGM IN LOCK-UP INSTITUTIONS: CASE STUDY OF THE NEUROPSYCHIATRIC HOSPITAL, ARO, ABEOKUTA, NIGERIA

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Abstract

It is delightful to note that the practice of Theatre for Development (TfD) has moved beyond education, enlightenment/propagation as experimented by Augusto Boal and Paulo Freire. It is equally on record that several scholars of drama/theatre have now devoted substantial attention to TfD as a potent tool of awareness creation and information dissemination on topical issues like HIV/Aids, Cancer, Hepatitis B, Maternal Mortality etc. This has achieved tremendous success probably as a result of many donor agencies coming on the scene, which invariably led to the emergence of several Non-Governmental Organizations. (NGOs). The commitment to inform and enter-educate a wider audience probably geared Nollywood to churn out several home videos based on the aforementioned themes. However, the therapeutic use of TfD in lock-up institutions, especially psychiatric hospitals, has suffered both practical and scholastic neglect in Nigeria in respect of both stage and screen media. The academia and Nollywood are guilty of this neglect in different degrees. This paper, therefore, investigates and demonstrates the efficacy of therapeutic drama as employed in the neuropsychiatric hospital, Aro, Abeokuta, Ogun State, juxtaposing the performance of drama therapy on the stage and screen, while emphasizing the inter-relationship between drama and therapy, through practical engagement with the patients.

Introduction

Since inception, the entertainment values of theatre have never been in contention. However, the art has undergone evolutionary changes over the years from ritual to entertainment and its contemporary concern with social issues. The theatre has been discovered to be not only entertaining and educative, but also therapeutic in nature, while serving as a very potent tool of information dissemination. Boal (1979) Abah (1980), Hagher (1980), Epskamp (1989) and Freire (1989) have in their various submissions attested to this fact. Little wonder then that many international organizations, donor agencies and non-governmental organizations (NGOs) have resorted to the use of this medium to reach their target audiences.

In the same vein, Kid (1980), submits that theatre should change from being

a monologue fostering passivity or pseudo-therapy into dialogue in which the audience are actively engaged in the production of meaning. It converts the audience from passive recipients of received truth to active protagonists in creating a theatrical efficiency, criticizing it and using this analysis in working out political strategies and engaging in struggles.

Succinctly put, Kid is of the opinion that theatre should be an end to a means and not a means to an end. Sharing Kid's opinion, Yerima and Okwori (1980), postulate more vividly that "theatre, apart from serving all the other functions of entertainment and information, must also educate and, in education, create awareness for socio-economic and historical developments." Therefore, from Kid, Okwori and several other theatre scholars, there is a common view that theatre should be socially, politically and therapeutically relevant to the developmental wishes, yearnings and aspirations of the people. This type of theatre goes beyond satisfying their hunger

for entertainment as it brings to the fore certain topical problems facing the community and proffers a communal solution.

The type of theatre being advocated for here is popularly referred to as Theatre for Development (TfD). It is also variously known as Community Theatre (CT), Theatre for Integrated Rural Development (THIRD), or Community Theatre for Integrated Rural Development (CTHIRD). No matter the nomenclature, the underlying objective of this form of theatre is to effect positive development and social change in any target society or community. For the purpose of this paper, the nomenclature we shall adopt is Theatre for Development (TfD).

This paper advances the view that theatre, as a work of art, ought to be more purposeful, needs to expand its roles and be more therapeutically and socially focused in order to contribute positively to both individual and societal development. In the process, it explores the use of Creative Arts Therapy (CAT) which is subsumed in Theatre for Development (TfD). The focus is on the narcotic patients of the neuropsychiatric hospital, Aro, Abeokuta. This is due to the fact that in recent times, there has been an increase in the intake of patients for substance abuse, especially tobacco, and this is rampant among the youths. Also, a comparative analysis of a stage drama and screen presentation shall be attempted with a view to determining the medium that is more beneficial to the patients.

Right from the onset, creative arts therapy is not ambiguous about its set objectives which is, using various forms of arts as part of the cure to the psychological development for special people such as psychiatric patients, prison inmates, people afflicted with various disorders, traumatized people, etc. This, in turn, will aid their progression to physical development which is the ultimate aim of any therapy. This idea is akin to Emile Zola's revolution of 1880, which resulted in the birth of naturalist theatre, whereby, theatre played more significant roles in people's lives. Failure to do this, Sembene Ousmane posited, would reduce theatre to the

level of other pastimes and this would seriously threaten its sustainability.

Recognizing the importance of Tfd, Professor Jerry Gana, the director of the defunct Mass Mobilization for Social and Economic Research (MAMSER) during the Babangida regime, employed it as a medium of conscientizing the general public about government policies. While Tfd has been used to develop many communities and get messages across to many others, it is on record that the therapeutic aspect of this form of theatre has enjoyed little or no scholarly attention. The sparse attention it receives is in form of information dissemination and educating the public about certain topical health issues, such as HIV/AIDS, Female Genital Mutilation (FGM) Harmful Practices (HP), Maternal Mortality (MM), Expanded Programme on Immunization (EPI), among others.

A typical example is the touring of all the local government areas of Oyo State by an Ibadan-based non-governmental organization (NGO) called Action Against Aid's, Drug Abuse and Social Vices (Triple A) now known as Creative Arts Initiative for Development. (CRAID). Nasir (2007:125) reported that this organization made use of drama to inform the people across all local government areas of Oyo State about the dangers inherent in HIV/AIDS. Employing all the paraphernalia of theatre: set, light, costume etc, the organization developed a play which captured the confusion, supportive suggestions of do's and don'ts for patients, families, and friends of the patients. It equally answered the audience's questions through interactive sessions that followed each live performance. This, as revealed by the follow up, was partly responsible for the low prevalence of the HIV/AIDS in the State.

While this is a welcome development as it contributes towards the reduction of the epidemic and harmful practices, some other equally important areas of human development have received little or no attention from theatre practitioners. Such areas include

the 'physically challenged' who stands to benefit from this therapeutic process as it is capable of transforming their disability into ability and making them feel wanted and loved.

Ann Cattanach (1996:77) opines that virtually nobody is useless in the field of drama including people with special needs. In her submission, she informs that "people with special needs have often developed a high degree of skill in a specific area which can be harnessed in drama." She explains further that abused children from violent backgrounds are often described as 'hyper vigilant', forever watching to ward off the anticipated blows. In drama, this capacity to observe detail can be used to great advantage. Being vigilant and sensitive for creativity instead of through fear is a transformation in itself, and this can begin the healing process for the affected children. Also, the elderly within the community can benefit from therapy relevant to their day-to-day challenges and well being. According to Gray (2006:36):

The elderly as a group are plagued by many physical, sociological and psychological problems. Some of these may limit the scope of their participation in drama, but it is because of these problems that drama has particular therapeutic value for the elderly. It is particularly exciting for them to find that they can succeed in drama with some realistic adaptations. It can open them to emotions which they have not allowed themselves to experience in real life. It can teach them to work and play with other persons and give them something to look forward to. Most importantly, it gives them a feeling of self-achievement and shows that an elderly person can learn new things.

This is an important aspect of theatre therapy which deserves a fuller investigation.

Substance abuse: an overview

Substance abuse, especially cigarette smoking, to many people, is a fad, a fashion especially among the youths. To them, it means having a sense of belonging. Most of them are not aware of the addictive danger of nicotine, and that it could be a ladder to more dangerous ones the moment they are unable to derive maximum satisfaction from cigarette alone. Initially, the population of those who abused substance was relatively low. Dr. Peter Onifade, a consultant, informs that there was an unprecedented rise in the prevalence of alcohol and drug related problems in the country by the mid-nineties. This was evidenced by the increase in the number of drug-related admissions in many of the treatment hospitals and by the phenomenal rise in the number of drug-related offences, particularly, tobacco intake.

Recent reports reveal that tobacco use is the single most preventable cause of death in the world today, and is estimated to kill more than five million people every year – more than tuberculosis, HIV/AIDS and malaria combined. By 2030, the death toll is expected to exceed eight million a year, unless urgent preventive action is taken. Implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) can reverse this devastating epidemic if it is made a top public health priority especially for countries' political leaders. Recent research further indicates that the rate at which Nigerians are now consuming drugs is alarming. Records from the streets, hospitals, and government offices confirm that many Nigerians are now heavily into drugs. On the streets of major cities in Nigeria, drugs are hawked like every other item. From Lagos to Port-Harcourt, Abuja to Calabar, and Enugu to Sokoto, a drug like heroin with street names such as 'smack', 'skag' and 'junk' usually sells for between 1,600 and 3,200 naira per shot. Cocaine, code-named 'snow', 'flake', 'coke' and 'blow', sells for a little higher, about 4,800 to 5,000 per dose. There are also barbiturates, a.k.a.

'yellow jackets', 'reds', 'blues', etc., which is not very common less costly. Others are street methadone, alcohol and ketamine. There are also powerful hallucinogens considered as a family of sedative drugs. Amphetamine, known as tobacco, is more common in shops. Marijuana is another destructive herb when taken in excess. All these drugs are available in every nook and cranny of Nigeria once you have the cash.

A report by the United Nations Office on Drug and Crime (UNODC) confirmed Nigeria's rising profile as an international route for drug trafficking. According to the agency, there has been a rise in the consumption of hard drugs in the country. Nigeria is said to be an active player in the \$6.8 billion West Africa cocaine market serving as a major route from Columbia, to other centres of distribution and consumption around the world. According to the UNODC, the international drug market is burgeoning, no thanks to a network of suppliers, couriers and consumers spread across the globe but found mostly in the ever-rising market in Europe. On the increase in the number of Nigerians consuming drugs, Ofoyeju Mitchell, Head of Public Affairs, Nigeria Drug Law Enforcement Agency (NDLEA) observes that "tobacco and cannabis are the most abused drugs in Nigeria. And the drug abuse here cuts across age, sex and socio-economic status." A research conducted by the NDLEA reveals that drug abuse in the country is mainly a youth problem. Most hard drug users were exposed to the drugs even in their teens. If, indeed, the youths are the leaders of tomorrow as the saying goes, then it becomes imperative to enlighten these youths on the dangers of substance abuse which is fast gaining ground, in order to have a better tomorrow.

Drama as therapy: basic principles

The first written theoretical account of drama therapy can be found in connection with Greek theatre. In his *Poetics*, Aristotle says the function of tragedy is to induce catharsis – a release of deep

feelings (specifically pity and fear) to purge the feelings and purify the souls of the spectators. These cathartic feelings are experienced empathically for the characters in the play by the individuals watching the performance and they share that theatrical/cathartic experience with others in the audience magnifying the release and allowing for an adjustment in the community's attitude as a whole. According to Aristotle, drama's purpose is not primarily for education or entertainment, but to release harmful emotions which will lead to harmony and healing in the community.

In his analysis of Aristotle's work, Augusto Boal (1985) suggests that this cathartic release helped preserve the status quo in Greek society; for, a populace that is content and at peace will not rebel against the rulers in power. Aristotle's ideas about catharsis have influenced many psychotherapy models from Freudian psychoanalysis onward by focusing psychotherapeutic work on the idea that insight into troubling emotional issues and healing can occur only after the patient has achieved catharsis. This process is disputed as unrealistic and unnecessary by cognitive-behavioural therapists, rational-emotive therapists, and others who are of the opinion that catharsis and insight are not enough to induce healing or change. They premise their argument on the fact that new thoughts and behaviours must be learned to replace the old, and that change does not automatically follow emotional release and understanding.

R. Courtney (1981:200) and G. Schattener (1981:236) identify drama therapy as a means of helping to understand and alleviate social and psychological problems, mental illness and handicaps, and of facilitating symbolic expression through which man may get in touch with himself both as individuals and groups, and by means of creative structures involving vocal and physical communication. Drama therapy is further defined by the National Association for Drama Therapy as "the systematic and intentional use of drama and/or theater processes, products, and associations

to achieve the therapeutic goals of symptom relief, emotional and physical integration and personal growth (<http://www.nadt.org>).

Ancient practice of drama as therapy

In the pre-historical past, people dealt with problems through the performance of ritual ceremony and dance. The therapist or healer in the community was the *babalawo*, *dibia*, *shaman* (among other local names) who, it is believed, gained his insight through an experience of personal self-enlightenment. The study of tribal rituals reinforces the significance of symbolism and the dramatic act. It also implies an understanding of the human process by the shaman or therapist who, through the use of dramatic performance, ensures the well-being of the tribe and individuals within it.

Ancient physicians recognized the value of drama as a therapeutic tool. Soranus, a second century Roman, believed that the way to cure mentally ill patients was to put them into peaceful surroundings and have them read, discuss, and participate in the production of plays so as to create order in their thinking and offset their depression. Jones (1996:102) reports that, in the fifth century, another Roman, Caelius Aurelius, took this a step farther. He states in his treatise "On Acute Diseases and on Chronic Diseases" that, in order to achieve emotional balance, patients should go to the theatre and watch a performance that expresses the emotion contrary to their condition. For depression, see a comedy; for mania or hysteria, see a tragedy.

In most cases, however, people with mental illness were not treated by taking trips to the theatre or by reading and performing plays. Cockerham (2000:79) and Whitaker (2001:107), in their different submissions, inform that they were locked away in horrible prisons and asylums where they were either forgotten or attempts were made to cure them through acts of exorcism and treatments which could only be described as torture. It was not until the late 18th century, at the beginning of the "Moral Treatment" movement, that some mental institutions provided

occupational, horticultural, and artistic activities as part of their treatment regimens. This approach to treatment continued in enlightened institutions in Europe and America into the 20th century and this opened the door to the practice of drama therapy (www.dramatherapy.org).

Subsequently, occupational therapists at many psychiatric hospitals began involving patients in the rehearsal and performance of plays, pageants, and puppet shows. Interestingly, the genre of plays performed was limited to comedy, so as not to upset the patients. M. E. Phillips (2004:122) informs that T. D. Noble, a psychiatrist at Sheppard-Pratt Hospital in the Baltimore, MD area, noticed that patients in his psychotherapy sessions who had acted in the hospital plays were able to understand and identify emotions better than other patients, could link their present emotional state and behaviour to their earlier trauma more easily, and were able to experiment with alternative modes of behaviour with greater flexibility. He further states that he found drama was a vehicle for the discovery and expression of conscious and unconscious conflicts. Playing other characters in the plays, he observed, helped patients release repressed emotions so that they could later deal with them directly in therapy. He also noted that drama was a useful diversion and it encouraged socialization among patients.

There are, however, two individuals whose relentless efforts led to the emergence and development of drama therapy. They are Constantin Stanislavsky and Jacob Levy Moreno. Before Stanislavsky, theatre was not considered a psychological art. His work at the Moscow Art Theatre (1900-1938) set the stage, not just for actor training in the 20th century, but also for the use of his methods as tools for connecting with the emotional mind by other educators and psychotherapy professionals. As reported by Blair (2002: 97), his intuitive utilization of the imagination (the brain's natural ability to create imagery and metaphor), the unconscious (as a gateway to connecting with true emotion), and given circumstances (embodying the actor in the physical and

psychological details of the moment in which the character is) mesh with research that has been done on neurology and brain processes in the past fifteen years. The body-mind is essentially one, as Antonio Damasio explains in Descartes' "Error and The Feeling of What Happens", and as Stanislavsky's methods demonstrate. Stanislavsky's methods deeply influenced not just the Russian drama therapists, but also theatre artists from the West, most notably, Viola Spolin and the American theatre educators who belong to the first set of drama therapists.

Jacob Levy Moreno, the father of psychodrama, sociodrama and sociometry, was born in Bucharest in 1889, grew up and studied medicine in Vienna where, as an attending physician at a refugee camp at Mitterndorf at the end of World War I, he developed sociometry, a method of assessing the social choices made within a group by its members and then intervening in a systemic way to create social change. According to Johnson & Lewis (2000: 217), he applied these new measurements and intervention tools to create order and improve living conditions in the displaced residents' lives and it was a success. Later, he started what amounted to a support group for Viennese prostitutes, using role play and improvisation to help them find solutions to social problems with which they were faced.

From 1920-24 Moreno led The Theatre of Spontaneity, an improvisational theatre in which professional actors created spontaneous drama based on current events. This work developed into sociodrama and, later, to psychodrama as the focus changed from the community and social issues to personal and psychological ones. Moreno emigrated to the U.S. in 1925 where he continued developing his methods with the general public through the Impromptu Theatre at Carnegie Hall and by consulting at prisons, psychiatric hospitals, and residential treatment centres. In these latter institutions he helped individuals who had serious personal, emotional or social problems learn how to function better.

Psychodrama and drama therapy purists would argue that Moreno's work is not a subset of drama therapy, but there is a truth to the idea that Moreno was the "first drama therapist," as he identified role and social relationships as important therapeutic issues through his writing and work with clients long before American or British drama therapists became organized or began publishing. Blatner (2000) argues that, at base, drama and psychology are both the study of human behaviour, like two sides of the same coin. While psychology is the study of thoughts, emotions and behaviour; drama actively analyzes and presents the thoughts, emotions and behaviour of characters for an audience to see and understand. Much of dramatic literature addresses the psychological, social, and cultural conditions of humanity and, thus, serves as a natural vehicle for actually helping real people with problems to address those problems, more consciously.

Robert Landy (1986: 63), a drama therapist, educator, practitioner and researcher refers to drama therapy as a "dialectic between the actual everyday reality and the imaginative one...(in play); the former context can be explored through the latter. A core concept in drama therapy is this exploration of real life via the fictional mode of drama. Acting or playing out a situation as if this situation were real while at the same time knowing it is in fact make-believe, is the primary mode of dramatic play of children as well as the process of drama therapy. A dual leverage of consciousness, which humans are capable of, exists simultaneously in the imaginary realm and the objective realm. In the *Art of Play*, Adam and Allee Blatner (1981:29), attribute the pleasure of drama therapy to the dual level of consciousness described above "the mind seems to experience a kind of pleasure in being able to encompass (the) seemingly irreconcilable opposites (the real and the not real); it's a form of mental juggling." The Blatners add that the experience inherent in play, of overcoming apparent paradox, may be an expression of Freud's pleasure principle. Noting that adult have as much of a capacity and need as children

do for the kind of pleasure that dramatic play provides, the Blatners prescribe play for people of all ages and offer excellent guide for reclaiming the imagination and spontaneity of childhood.

Drama at Aro Mental Hospital: Between screen and stage

Since the debut of Lola Fani-Kayode's soap opera, *Mind Bending*, in the 1980s, there have been very few screen presentations whose thematic preoccupation is on therapy. However, this may be due to the fact that most of the practitioners lack deep knowledge in this area or simply lack motivation, believing that there is limited interest and thus low patronage in the area. However, if there is lack of screen presentation on therapeutic plays, then stage scripts or productions is even worse. Very few scripts on this topic could be found and even where found and produced, they are not often performed for the audience that really needs them. This perhaps made Jamal Apena, in 2002, stage a play at the neuropsychiatric hospital Aro, Abeokuta for his practical Theatre for Development course. That happened to be the very first dramatic presentation at the hospital. Even then, he had to make use of the migratory approach as the authorities of the hospital were sceptical of the behaviours of the patients towards an outsider. After that production, there was a lull until 2005 when the present writer initiated a therapeutic drama series in the institution which he has managed to sustain every year till date. Of note is the use of the inside-out approach where the patients of the hospital are also part of the actors. This effectively marked the beginning of drama therapy in the institution. It should be stated that the only contact the patients have with anything dramatic is whatever is shown to them, whether local or foreign movies.

While it must be acknowledged that the presentation on screen was enjoyed by the patients given its ability to use all the visual effects the screen could offer, it is pertinent to point out that a major ingredient necessary in the rehabilitation of the patients while using drama as part of a therapy was conspicuously absent.

This is the question and answer session that usually follows a Tfd presentation. While a psychiatrist or medical personnel is usually at hand to explain certain things to the patients, the absence of the dramatists who performed beautifully well created a wide gap which he could not fill. In the stage presentation, apart from the advantage of physical proximity, the patients felt honoured and elated to mingle and interact with the performers and were able to ask them questions on their role, the play, how they felt, and so on. The patients equally related their experiences which was necessary for their psychological well being. The artists also benefited from these interactions as they gained more experience from the questions posed and the interaction with the patients. In the same vein, the artists could gauge the immediate impact of their performance from the reactions of the audience.

Between stage and screen: *Across the Border & Iwogbe*

Across the border is a six-character play woven round two principal characters named 'substance' and 'psychiatrist'. The substance complains of being abused on a daily basis by all and sundry while the psychiatrist promises to live up to the Hippocratic oath by curing them till the end of his days. Other characters such as 'student', 'girl', 'old man' and 'woman' then demonstrate the various ways by which people get hooked into drug taking. Several factors such as peer group influence, lack of adequate parental care, and societal factors, are presented by these people as their reasons for going into drugs to relieve them of their depression. Eventually, the psychiatrist vows never to be deterred by the recalcitrant youths who persist in substance abuse, even as drug promises to continue sending them to psychiatric hospitals.

Iwogbe (Mirror), written by Funmi Leye Omoniyi and directed by Yemi Amodu, on the other hand, is a screen play which equally emphasizes the importance of psychiatric hospital as against the practice of unorthodox traditional treatment and the usual stigmatization of psychiatric inmates. It focuses on the

necessity for mentally-ill patients to be looked after and given prompt medical attention. The use of unorthodox treatment is frowned at because most of the affected patients eventually end up in psychiatric hospitals, after their cases might have worsened.

At the end of the two presentations, via two different media, there were interactions with the patients where they freely bared their minds on both presentations. While the patients thoroughly enjoyed both, most of them preferred the stage drama to the screen one for obvious reasons. According to one of them, there were many questions he would have loved to ask the screen actors, which he could not because of lack of physical access to them. In the same vein, a psychiatrist confirmed that screen presentations could only offer the inmates sheer entertainment which fell short of what they needed for their well being. The stage, on the other hand, proved to be more beneficial because, apart from the entertainment value, the inmates were able to interact with the artists and learn directly from them. Besides, some of them were also able to participate physically, which had far more therapeutic effects than merely watching the screen action.

Summary and Conclusion

Over the past half century, the creative arts have gradually become recognized as vehicles for healing in psychiatric treatment. Archeological audience suggests that early humans began to make art paintings, sculpture, music, dance and drama between 45,000 and 35,000 years ago. At the same time, they became capable of symbolic metaphoric thoughts. As part of this creative explosion, shamans, or spiritual leaders, incorporated the arts into their religious and healing practices. Dance and drama, in particular, were used in rites to create sympathetic and contagious magic and to embody myths and rituals.

The fact that the arts have been connected to healing and meaning-making from inception shows how vital they are to health

and to civilization. Fundamentally, drama and psychology are both concerned with the study of human behaviour, like two sides of the same coin. While psychology is the study of thoughts, emotions and behaviour, drama actively portrays and presents those thoughts, emotions and behaviour of characters for an audience to see, understand and derive valuable experience. Just as psychotherapy treats people who have difficulties with their thoughts, emotions and behavior, drama therapy uses dramatic means (game, improvisation, storytelling, role-play) and formats (puppets, masks, plays/performances) to help people understand their thoughts and emotions better or to improve their behaviour. However, unlike most types of therapies which rely on talking (psychoanalysis was called "the talking cure") drama therapy relies on taking concrete action or doing meaningful things. In view of the fact that theatre assumes many forms, drama therapy can be considered as a very broad field, indeed. In the end, the drama therapist is able to facilitate the client's experience in a way that keeps the client emotionally and physically safe while benefitting from the dramatic process.

The overriding principle behind art therapy generally, and drama therapy in particular, is that the arts have always existed to communicate those things which otherwise cannot be expressed. Therefore, arts therapy makes use of the arts as raw material and a means to an end, in promoting individual health and corporate well-being. It is a sobering thought that if, as a society, we were more aware of the role of arts in preventative mental health, there would be far less patients in our psychiatric homes today. The current curricular imbalance between arts and sciences at the expense of the former may soon attain a state of equilibrium, where ritual, theatre and the arts will resume their necessary psychological roles in the society.

Drama therapists work with people on the direct experiences of their own lives that are painful or unresolved, establishing a theatrical distance from their immediate experience

in order to free other aspects of the self for effective therapeutic communication. Drama therapists focus on dramatic action and work within both clinical and non-clinical settings. Their techniques are "eclectic" using variants of sociodrama or theatre or other media as a positive force for learning personal growth and healing. The role of a drama therapist then, in Landy's (1997: 103) view, is that of a liberator – one who liberates the client from impulsive acting out and compulsive withholding, to achieve the needed aesthetic distance for treatment. According to him, the drama therapist helps the client attain spontaneity by accessing the unconscious giving form to repressed feelings without being overwhelmed by them. The therapist allows the client to release unconscious imagery.

Our conclusion is that the therapeutic use of theatre is of high benefit to the patients of psychiatric institutions. Many inhabitants of the neuro-psychiatric institutions found themselves there, in the first place, largely due to some precipitating factors, including stress, family problems, breakdown in/of relationship, lack of parental care, and several others. In most cases, the curative treatment for these patients goes beyond the doctor's prescription, that is, beyond the administration of drugs and injections. This is the basis of the query raised elsewhere by Nasir (2006:160) that "if the daily dressing of the wound can be done by the nurse, what about the emotional wound? Who dresses the psychological wound? If analgesic takes care of the physical pain, what is the prescription for psychological pain?"

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