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## Applied theatre: performing health and wellbeing — [Source link](#)

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**‘Applied Theatre: Performing Health and Wellbeing’ edited by Veronica Baxter and Katherine Low, London, Bloomsbury Methuen, 2017, 315 pp., £20.39 (paperback), ISBN: HB 978-1-4725-8456-4**

The global dimension of this book, together with its subject, health, makes it a valuable if not unique contribution to the field of applied theatre. Part 1 provides an overview of the global field of health, wellbeing and health inequities and a history of Applied Theatre and performance concentrating on ‘arts for health’ (i.e. interventionist theatre for ‘effect’) by editors Katherine Low and Veronica Baxter respectively. Part 2 is a collection of research essays and interviews promoting understandings of ‘theatre-making in specific health contexts’ (5). These include practitioners, academic researchers, medical doctors and sociologists from all over the world. Each section has a brief but well informed introduction by one of the editors framing the field in question (namely ageing, death and dying, communicable diseases, non-communicable diseases, sexual health, cancer, women’s health and gender equality, and mental health) followed by 2 or 3 contributions from different countries. The work discussed is as various as tuberculosis prevention in South Africa to (my personal favourite) ‘Kicking the Bucket: A Festival of Living and Dying’ in Oxford UK, a conversation between Sue Mayo and festival director Liz Rothschild.

Low uses startling and frightening statistics to open this book, in case we should be in any doubt as to the urgent problem that health- or ill-health- presents on a global scale. Importantly Baxter and Low problematise the whole notion of ‘health’ and what it means to be ‘healthy’. Throughout the book they make use of a ‘Global South’ and ‘Global North’ division which roughly corresponds (not entirely geographically) to the poor world and rich developed

world: but this is a field that is ever changing, with for example growing numbers of old people (currently seen as Global North problem) in the Global South. One of the strengths of the book is Baxter and Low's continual refusal only to medicalise disease: the authors stress the socio-political dimension of health and the implication for arts in health. Grinding poverty, political powerlessness and apathy is not in everyone's interest to change, and it is these factors that often fundamentally affect health of citizens. The arts can be a necessary force of agency and affect as well as simple effect: effect is often compromised by the absence of both- and this is carefully uncovered in the course of the two opening chapters of the book by Baxter and Low respectively, and vividly illustrated by the studies that follow. The editors are deeply suspicious of the neo-liberal agenda that has seized upon wellbeing as an indicator of economic success. They moreover rightly point out that creative human process is a human right. In addition Low points out how far the world is from reaching the Millenium Development Goals.

The subject of health and wellbeing, and the role that the arts and theatre might have to play within them is therefore both topical and urgent. Theatre (as for example in addressing women's health) should play at least a partial role in raising political awareness and encouraging autonomy- where such choices even exist.

In Part 1, authors define applied theatre as 'theatre making with and/or for a particular group of people' (5). The differentiation between 'arts in health' and 'arts for health' is important and useful (5); they define arts in health as having direct interventionalist and/or pedagogical intentions, whereas arts for health has the art-making as its 'primary intent' with 'any health benefits or education emerging as a welcome outcome' (5). There are cross overs of course, but this division is none the less a very useful compass in the edited chapters that follow and which

form the bulk of the book. In both approaches, the quality of the art is rightly seen as crucial to success.

Whilst refusing to conflate health with wellbeing, the book argues for a more ‘holistic’ definition of health (17) and of wellbeing (19) ‘responsive to both societal input and individual desires and intentions’(18)- in other words health and wellbeing are subject to flux and change, and are not normative and/or rigid concepts. Viewed like this, performance and theatre are rich and flexible modes to engage with health in different contexts and different countries. For example, amongst First Nation youth in Canada, the suicide rate is 5 times higher than that of the rest of the population. Robbins, Linds, Goulet, Episkenew and Schmidt describe how elders are brought in as consultants and guides to the theatre workshops, since they consider health in a holistic way intimately connected, in this community, with wellbeing, social connectedness and lifestyle. Baxter and Low demonstrate the importance of a creative and aesthetic focus in applied theatre work to avoid the commodification of art and its being commandeered to serve the purposes of non-arts organisations, whether well intentioned or not: some are just plain ignorant in their approaches, as is illustrated by Zindaba Chisiza describing theatre practices within Tfd (Theatre for Development) trying to prevent malaria spread in Malawi. The need to communicate through a better quality product more sophisticated messages that reflect the complexities and realities of people’s lives is especially apparent in teaching about sexual health and Aids.

These writings give an insight not only of the diversity of work taking place in the field but also insights into successes and (with commendable honesty), a few failures. Each project is revealed as existing in a complex nexus of competing tensions, often raising ethical questions about the work which are squarely faced by Baxter in her essay. I would have welcomed more discussion around the problems of evaluation of applied theatre work especially in Global South

communities, where often (as in the Global North) evaluation relies upon comments by participants or the testimony of the practitioner(s); but overall this is valuable and much needed global insight into the field of arts in health.

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