

**SPECIAL ISSUE****Emotions and Science Communication****PRACTICE INSIGHTS**

Theatre and bipolar disorder: dealing with emotions

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Abstract

Theatre is a privileged medium for expressing and conveying emotions. Emotions play a significant role in audience engagement when communicating to create awareness and knowledge about a given subject. The Marionet Theatre Company has created a series of theatre performances related to health sciences over the past few years, to expand knowledge and reduce the stigma frequently associated with certain diseases. In this report on practice, we present the process of developing the theatre performance *Oxymoron, between Solstices and Equinoxes* exploring bipolar disorder and its consequences. The artistic team devised the performance after a series of interviews with both patients and mental health professionals. In this article, we discuss the process of its creation, identify dramaturgical connections between the performance and the interviews, and examine the emotional engagement it provoked in the audience. We conclude by assessing the effectiveness of theatre in communicating health-related subjects, most particularly by involving the audience emotionally.

Keywords

Science and technology, art and literature; Health communication

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1 • Introduction

1.1 ▪ *Theatre, health sciences and science communication*

It's widely acknowledged that emotions play a significant role in audience engagement when communicating to create awareness and knowledge about a given subject. Konstantin Stanislavski, the famous Russian actor and director of the early 20th century, seldom referred to what he considered veracious theatre as “the art of living the emotions” [Stanislávski, 2018]. That is one essential motive for using theatre to communicate scientific issues to broader audiences [Montenegro et al., 2023], particularly in health sciences and health-related subjects.

The identified spectrum of works interweaving medicine with performance is vast. It ranges from satirical representations of patients and doctors and their practices [Montenegro, 2017], to theatre as therapy or a tool for training health practitioners [Mermikides, 2021], and what Emma Brodzinski calls embodied pathographies [Brodzinski, 2016], where someone performs their illness. More recently, in the last two decades, several scholars have studied the presence of disease and medicine in contemporary theatre and performance. Kirsten Shepherd-Barr dedicates a chapter in her seminal work *Science on Stage: From Doctor Faustus to Copenhagen* to the subject, where she points to the emergence of “new plays treating the doctor-patient relationship in novel ways.” [Shepherd-Barr, 2006, p. 180] This author mentions the “cathartic element of these works” where we, as spectators, “are made to identify completely with these very human and universal predicaments: illness and death” [Shepherd-Barr, 2006, p. 181]. Alex Mermikides and Gianna Bouchard edited *Performance and the Medical Body* [2016], gathering a series of contributions that expand the performance of medicine and of illness beyond the theatrical stage, and, more recently, Mermikides, in *Performance, Medicine and the Human* [2021], deepens her reflection on what she calls “medical performance”.

There is also a significant body of knowledge about what is known as research-based theatre or research-informed theatre, theatre projects based upon collected data from interviews with patients, their relatives, and health professionals, who deal with a given health condition [Rossiter et al., 2008; Gray et al., 2014; Gray et al., 2020; Belliveau & Lea, 2016]. These projects have demonstrated potential to contribute to an enhanced understanding among healthcare practitioners of the emotional and psychological circumstances associated with specific diseases [Rossiter et al., 2008]. They also have a profound impact on patients, informal caregivers and practitioners, and have the potential to transform societal representations and stigma associated with some health conditions [Michalak et al., 2014; Rossiter et al., 2008].

Despite the relatively vast literature on the intersections of theatre and health, particularly in the areas of theatre studies and health sciences, there is a scarcity of research on this subject in the context of science communication. This scarcity extends to the study of emotions in this field when the vehicle used is theatre.

In a groundbreaking study that attempts to characterise science-theatre in the context of science communication, Weitkamp and Almeida [2022], following an extensive investigation in German-speaking theatres by Boerner and Jobst [2013], refer to three domains of audience outcomes in a performance: cognitive, emotional, and conative. They argue that theatre, “through its unique blend of art forms, prompts the spectator to make associations with their

lived experience” and that “a change of understanding or attitudes may arise.” [Weitkamp & Almeida, 2022, p. 184]. On an emotional level, it promotes identification and empathy with the characters of a play, and a conative reaction might be the will to alter behaviours.

Bilandzic et al. [2020] developed a theoretical model, aimed at written science narratives, to identify their emotional effects on the audiences (EESN-Model). They distinguish several complex narrative emotions that make the reader get involved in a story: (1) empathy and sympathy with the characters, (2) emotional memories triggered by the text, and (3) responses to the affective discourse structure. Although not developed for theatre, it may be a valid reference for those theatrical components that rely on narrative. The “blend of art forms” that constitutes a theatre performance can introduce several layers of narrative that make up the discourse structure or, in theatrical terms, the dramaturgy — the way the story is told.

1.2 ■ *Health sciences at Marionet*

Marionet, an award-winning theatre company recognised for its work interweaving science and theatre, has been producing a series of theatre performances related to health sciences in recent years. The primary objective of these performances is to expand knowledge and reduce the social stigma associated with certain diseases. Some examples of health conditions explored artistically by the company are obstructive sleep apnea (*Morpheus and Apnea* [Marionet, 2022]), epilepsy (*The Algorithm of Epilepsy* [Marionet, 2023]), bipolar disorder (*Oxymoron, between Solstices and Equinoxes* [Marionet, 2024]) and rheumatic diseases (*Behind Happiness* [Marionet, 2025]). A common feature of these four projects is that each creative process was based on testimonies from interviews with patients and health professionals. Health conditions are delicate subjects to address on stage. The dangers of (mis)representation are real and may create unwanted tensions between artists and audiences [Kuhlmann et al., 2025]. Consequently, when addressing health themes in our performances, we feel the need to have a deeper understanding of the diseases and their impacts on patients, their relatives, healthcare practitioners, and society at large. For that purpose, we previously conducted a series of interviews to collect testimonies that served as primary sources about the addressed health theme.

1.3 ■ *Performing bipolar disorder*

In this paper, we focus on the development of the theatre performance *Oxymoron, between Solstices and Equinoxes*, around the subject of mental health and, particularly, bipolar disorder. This mental disease affects around 2–3% of people in the world. For many patients, this condition remains active for many years and may be chronic. It’s characterised by persistent humour oscillations, ranging from a profound sadness, typical of depression, to states of euphoria (mania), or even mixed states when agitation might combine with depression. These mood states, which may last weeks or months, go way beyond what might be considered “normal” alterations in humour. They frequently experience the deterioration of familial and affective relationships, as well as employment constraints. Unfortunately, as in mental disorders in general, this disease is connected to personal and social stigma that might lead to isolation and discrimination [Madeira, 2024].

1.4 ■ *Method of creation*

The writing of the playscript was preceded by a series of seven interviews with both patients and mental health practitioners (four patients, two doctors, one nurse), following a research-informed theatre method. The project was developed in close collaboration with researchers from the Centre for Neuroscience and Cell Biology of the University of Coimbra and health professionals from the Psychiatric Department of the University of Coimbra Hospitals, as well as patients under their care.

The interviews followed a semi-structured procedure, with a previously defined script. The sessions with practitioners took place on the psychiatric hospital premises, while the interviews with patients occurred outside the clinical environment. Two of them took place at Marionet premises, while the other two were held online via the *Zoom* platform. The interviews were sound-recorded, and the participants signed an informed consent allowing their use in the context of the project. We defined two distinct sets of questions for patients and healthcare practitioners (see supplementary material, Annexe I). We questioned the former about some disease-related issues, such as the symptoms, the moment of the diagnosis, the behavioural characteristics associated with it, its daily impact on their lives, the way they “dealt” with it, and their perception about other people’s reactions to it. We asked the health practitioners about their clinical tasks in general, how they reach a diagnosis and the way patients react to it, about the characteristics of the disease, the available treatments and the patients reactions to them, about the prevalence of the disease, about what they like and/or dislike in their profession, and if it includes a clinic research dimension.

The first interview with a patient led us to introduce slight changes to the previously defined script. The extreme importance of music in her life, reflecting her emotional state whether in an euphoric or a depressive state, made us question the following patients about their musical preferences and their relationship (if any) with the several phases of the disease. And it influenced the original soundtrack of the show, which was mainly composed of songs with lyrics that created emotional scenarios.

Another impactful consequence of the interviews was on the structure of the playscript. The diversity of experiences and manifestations of the disease influenced the playwright’s decision to use several separate scenes, featuring different characters and situations, rather than a single story with a defined set of characters.

From the collected testimonies, as well as from scientific literature, documentaries and scientific consultancy, the playwright wrote a set of scenes that represented, in different ways, possible circumstances related to bipolar disorder. The structure of the play consisted of the following sequence of 12 scenes: *Testimonies 1, Bipolarism, Forever, Tree 1, The Day After, Tree 2, Phone Call, Tree 3, Reference Person, Interview, Tree 4, and Testimonies 2*. The testimonies were a fundamental source of information and inspiration for the playwright. We analysed them to determine features in common, such as behavioural and emotional signs of the disease, individual and social circumstances and impact, or related medical procedures. These, along with the diversity of experiences described, informed the writing.

Next, with some examples, we present a description of some scenes and establish connections to the testimonies that inspired both their writing and their staging.

The scenes, *Testimonies 1* and 2 (Figure 1), which open and close the performance, are composed of real excerpts from the interviews, spoken by the performers amidst the audience. The intention was to create proximity between these discourses and the people attending, suggesting the described experiences with bipolar disorder are something that involved them, and not something external to them/society. On the other hand, uttering the testimonies amidst the audience emphasised its genuine character, in contrast to the fiction (even though anchored in reality) acted out on stage.



Figure 1. *Oxymoron, between Solstices and Equinoxes*. “Testimonies” scene. Performance photo. ©Francisca Moreira.

The four scenes titled *Tree* (Figure 2) are thematically connected. They portray the quest of a young girl to discover her genealogical tree. In each scene, she interrogates some relatives — her mother, her grandma, her great aunt and her deceased great-grandfather. The story suggests that one of her ancestors had a mental disorder passed down to future generations. The testimonies of the doctors inspired the writing of this scene when they mentioned investigating the clinical history of the family of the patient to search for previous cases of mental illness.



Figure 2. *Oxymoron, between Solstices and Equinoxes*. “Tree” scene. Performance photo. ©Francisca Moreira.

Bipolarism (Figure 3) depicts two friends at a Pilates class, chatting about the world and stuff. One of them has bipolar disorder, but her friend feels uncomfortable with the subject —

it's the elephant in the room. They end up having an argument and impersonating monsters. We can determine influences from the collected testimonies when, for instance, one of the patients mentions, "Sometimes it feels like there's a monster inside me that people don't always know how to deal with." (Interview 2, patient)



Figure 3. *Oxymoron, between Solstices and Equinoxes*. "Bipolarism" scene. Rehearsal photo. ©Francisca Moreira.

In *Forever* (Figure 4), an astronomer is inspecting the sky with a telescope, and a girl passing by asks if she can watch the stars. She has bipolar disorder, and the scene captures a moment of change in her mood, when she becomes more and more distant and introspective. Something external might have triggered that change. Again, the scene was influenced by the testimonies. One example: "Depressive periods have been decreasing, but I do remember, (...) I sometimes didn't even feel like getting out of bed, or...going to university" (Interview 2, patient). Several terms mentioned in the testimonies included "period" or "cycle", which inspired the movement in this scene when, at some point, the character with bipolar disorder starts circling the astronomer, much like a planet around a star.



Figure 4. *Oxymoron, between Solstices and Equinoxes*. "Forever" scene. Performance photo. ©Francisca Moreira.

The Day After (Figure 5) imagined the day following a violent episode of mania, where a man had argued violently with his partner about a minor subject. As he doesn't recall the episode entirely, she, in a moment of dramaturgical transformation, changes places with him and acts violently just as he had done the previous day. This "walking in her shoes" experience makes

him self-conscious and, eventually, willing to schedule a medical consultation. The crucial role medication has in preventing extreme emotional states, the importance of having a diagnosis, and the difficulty (sometimes it takes years) in adjusting medication inspired the scene.



Figure 5. *Oxymoron, between Solstices and Equinoxes*. “The day after” scene. Rehearsal photo. ©Francisca Moreira.

In *Phone Call* (Figure 6), a patient attempts to contact his doctor by phone, but keeps bumping into a bureaucratic and inefficient system. This difficulty progressively makes him increasingly anxious. This incapacity to reach the doctor creates an extreme emotional state of desperation and makes the audience feel anguish at his suffering. Eventually, he manages to speak with the doctor and is reassured with a reinforcement of the prescribed medicine. One thing that triggered the idea for the scene were the testimonies of the interviewed doctors, when they say “If you feel you’re getting worse, if you want to talk to me for any reason, if you think you’re having any adverse effects from the medication, get in touch first and either we’ll talk on the phone, or we’ll arrange to come round at some point.” (Interview 4, doctor)



Figure 6. *Oxymoron, between Solstices and Equinoxes*. “Phone Call” scene. Performance photo. ©Francisca Moreira.

Reference Person (Figure 7) also addresses the impact of the illness on the patient’s relatives. Here, a doctor is having a conversation with the partner of a person with bipolar disorder while the latter sits in the waiting room. His wife describes their daily life with the disease, his changes in mood and behaviour when in the emotionally extreme phases. Eventually, pushed by the doctor, she ends up speaking about herself and the impact her husband’s condition has on their relationship. This scene highlights the broader implications

of the illness, extending beyond the patient's physical well-being. It relied, as inspiration, on statements such as: "It's crucial to have the outside view, not just the part that the patient tells us, but the outside view, it's super important. Collateral information is one of the most important things in our field; we always have to ask." (Interview 4, doctor)



Figure 7. *Oxymoron, between Solstices and Equinoxes*. "Reference person" scene. Rehearsal photo. ©Francisca Moreira.

In *Interview* (Figure 8), a young girl is getting ready to attend a job interview. She rehearses her speech in the mirror and starts getting increasingly nervous as time passes. The idea that they might ask her about her bipolar condition makes her extremely anxious, and she eventually starts diminishing and taking pity on herself until the final breakdown. This scene explores the impact bipolar disorder might have on the professional life of the patient. Some examples drawn from the testimonies: "[And at work, do they know?] No, no, no, no. I don't want to be labelled" (Interview 2, patient), or "As I take medication morning and night, in the morning I had to get up at half past five, and then I had to catch the bus, then when I got there I was asleep, then in the afternoon I was asleep too, and it was...not compatible with my illness." (Interview 3, patient)



Figure 8. *Oxymoron, between Solstices and Equinoxes*. "Interview" scene. Rehearsal photo. ©Francisca Moreira.

The scenography used grey cubes and rectangular prisms to define different spaces and as set props. In the background, a large video displayed varied images from film excerpts,

manipulated in real-time using a magnifier. The costumes for the three actors were in three complementary colours — green, orange and purple — and each had a harness that they used to connect to the others using climbing ropes. Throughout the play, the moments when they connected or disconnected from each other introduced additional layers of meaning. The physical bond with a rope would interfere with the characters' movements, but it also introduced the idea of emotional bonds between them.

All these components — scenery, video, costumes, and props — contributed to an overall sense of coherence, connecting the several scenes as a whole.

1.5 ■ *Evaluation of audience engagement*

The performance ran for five days at the Blackbox of Convento São Francisco venue in Coimbra, Portugal, from March 20th to 24th, 2024, in a total of six presentations. After each performance, we presented the audience with a questionnaire, comprising both open-ended and closed-ended items, to evaluate various aspects related to their engagement with the performance. We aimed to assess their prior knowledge about the disease, identify which performance components enhanced their understanding, and determine which aspects contributed most to raising their awareness and emotionally engaging them. We also asked the audience if and why they considered the performance helped in reducing the stigma associated with bipolar disorder, and their opinion on using theatre to communicate health-related subjects (see supplementary material, Annexe 2).

The questionnaire was hosted on the Google Forms platform, and the audience had access to it through a QR code printed on the performance's leaflet and displayed at the entrance of the theatre venue. We also shared the link for the questionnaire via our social media and newsletter, immediately after the performance season, to collect additional responses from people who attended the show. There were a total of 316 people attending, and we collected 54 valid questionnaires (17% of the audience).

In the supplementary material, Annexe 3, we present the excerpts of the participants' responses referred to in the following sections.

2 ■ **Results**

2.1 ■ *Sociodemographic characterization*

The sociodemographic section of the questionnaire revealed that the majority of respondents identified as female (68.5%), with more than half (53.7%) falling between 31 and 50 years old, and more than one-third (35.2%) being under 31 years old. The vast majority (85.2%) had a university degree.

2.2 ■ *On the previous awareness about bipolar disorder*

All but one of the respondents said they already knew about the disease, and a high percentage had the disease or were in contact with someone who has it (25.9% have a mental illness, 16.7% are in contact with someone who has it, 13% work with people who have mental illness).

Among those who were aware of the disease, 55.6% reported that this knowledge influenced their attendance. Some mentioned they were interested in watching an artistic approach, considering they had the disease; others manifested a general interest in the theme or a professional motivation to attend.

2.3 ■ On the consequences of the disease

When asked if they knew the symptoms of bipolar disorder, 94.4% answered affirmatively; nevertheless, 64.8% said they got to know more through the performance.

Regarding the impact of the disease on the patients and their families, 55.6% mentioned they better understood this impact through the performance, and 13% said they were previously unaware of it (see Figure 9).

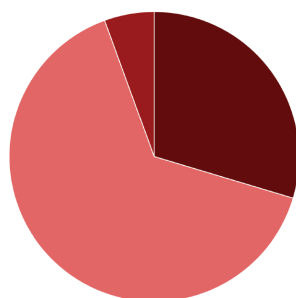
We also asked the audience about the components of the performance that contributed to their knowledge about the consequences of the disease. The respondents mentioned the props, acting, script and also the performance as a whole. They also highlighted the dramaturgy on the experiences, difficulties and emotions of the patients and/or their relatives, “such as anxiety, anguish, frustration, fear” (R8), as well as the representation of associated stigma.

The scenes most frequently referenced in relation to this impact were ‘Reference Person’ and ‘Phone Call’.

I found the addition of the ropes and harness especially interesting to demonstrate the connections and their impact (in both directions) between those suffering from bipolar disorder and those close to them. Sometimes what is not expressed by words or larger gestures is easily represented with the tension (or mere presence) of the rope. (Excerpt 3, R7)

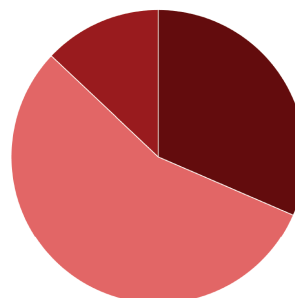
The way feelings/emotions were conveyed, such as anxiety, anguish, frustration, and fear, among many others, made us feel what the characters were feeling. (Excerpt 4, R8)

Did you know the symptoms that characterise bipolar disorder?



● Yes - 29,6%
● Yes, but I learnt more through the show - 64,8%
● No - 5,6%

Were you aware of the impact bipolar disorder can have on the lives of patients and their families?



● Yes - 31,5%
● Yes, but I learnt more through the show - 55,6%
● No - 13%

Figure 9. Knowledge about the disease.

2.4 ■ On raising awareness

The components of the performance most frequently mentioned as contributing to creating awareness about the disease were the acting, the script, the recorded testimonies, and the scenes '*Phone Call*' and '*Interview*'. Several additional factors contributed to this awareness, such as the representation of the stigma and the lack of comprehension felt by the patients, the empathy triggered by the performance, and the recognition of similarities between mental illnesses, among others.

I'd just like to offer you my warmest congratulations because you've succeeded in showing the mind of a bipolar person and the people who accompany them. I would say that it would also be essential to convey to the public that many people with bipolar disorder are oriented and living a 'normal' life; I'm living proof of that. If there are real testimonies, I believe we'll encourage those who are at the beginning of the illness, who may feel like the world is over. And with the testimonies, employers will be less panicked about employing people with bipolar disorder. You've done an excellent job. (Excerpt 5, R28)

Even though I don't know what it's like to live with bipolar disorder, I felt the anguish and frustration of it. The actors and the texts honoured the people. (Excerpt 6, R31)

These two comments reveal an emotional and conative engagement from these audience members with the subjects, and corroborate the potential change of attitude or understanding mentioned by Weitkamp and Almeida [2022] that a theatre performance may produce. The cathartic reaction described by R31 is a typical outcome of this type of work, as alluded to by Shepherd-Barr [2006].

2.5 ■ On reducing stigma

A theatre performance about bipolar disorder is a relevant way to reduce the stigma associated with this condition, according to 96.3% of the audience members who answered the questionnaire. When asked to elaborate on their answers, some referred to the impact theatre has on the audiences by bringing them closer to the disease or by educating them about it. Others mentioned the importance of reaching out more to people through the play, or even pointed out some factors contributing to the persistence of the stigma in society.

Yes, [it helps reduce stigma], as long as you take the show to populations beyond those who already suffer and/or live with someone who has bipolar disorder. And I know that you presented the show to schools, which I think is a great initiative. I think it would be good if it could be taken to more adult populations because bipolar disorder is often not diagnosed so early. (Excerpt 7, R35)

2.6 ■ On the effects of the performance on the audience

We also asked the audience which components of the performance engaged them the most and why. They highlighted the acting, the script, the directing and the props. The acting had a central role in engaging the audience emotionally. The respondents emphasised the performers' ability to convey emotions and show the patients' experiences. For example: "The touching acting was what brought all the other elements to life and allowed me to get involved with the play." (R9) One respondent felt personally identified with the performance: "I saw myself in the mirror" (R28). The script was also considered a relevant component in the show. R38 categorised it as "well accomplished" and contributing to raising awareness, while R37 commented: "The text had me hooked from start to finish!" Other highlighted elements were the props, especially the harnesses and ropes. Some referred to them as elements that "united the characters", but also as "restraints". According to respondent R46, "the connecting prop emphasised the connections emotionally".

I'd like to single out the staging, interpretation and accessories (especially the strings) as a whole, because of the impact they have. (Excerpt 8, R7)
Representation of people on stage, the way they conveyed their feelings.
(Excerpt 9, R30)

Acting, the ropes, scenic stripping and sound. (Excerpt 10, R31)

Some respondents highlighted certain scenes that engaged them more intensely, both emotionally and cognitively. R8 mentioned that, when the actress looked in the mirror in the *Interview* scene, "I identified with her inner dialogue, which made me emotional". R3 commented on the scene *The Day After*, that it "reflected exactly the situations that I have witnessed in people with bipolar disorder." This comment reinforces personal and emotional identification through a lifelike experience.

Realistic circumstances are combined with symbolic resources to translate the diversity of situations related to the illness. For instance, R35 highlights the use of symbolism in the setting and acting: "I like a feature that is common in Marionet's plays, which is that the setting or acting is symbolic of the text and doesn't have an immediate reading". Seemingly ordinary situations, such as the actress's circular movement around the actor "when there's a dialogue about planets and orbits", or a pilates session with balance exercises, acquire a more profound meaning when related to bipolar disorder.

2.7 ■ On communicating health sciences subjects

All respondents considered that theatre can be helpful when communicating subjects related to health sciences. They referred to its ability to communicate effectively with a general audience in an accessible way. R15 uses the expression "to put it in a nutshell" to exemplify the way the play translates scientific information into simplified and understandable language for the general public. Theatre can be considered a mediator in the process of transmitting knowledge. R30 characterises theatre as informative and formative and recognises that this experience influenced his understanding of the subject. In a similar tone, R33 tells us how the combination of multiple experiences conveyed by theatre contributes to emotional identification and reinforces the transmission of knowledge: "[Theatre] has a great

communicative power". As a final example, R18 comments that the representation of experiences and emotions related to the disease allows spectators to "experience them", and this enhances the assimilation of knowledge and triggers a learning experience that is different from reading, for example. In general, respondents also mentioned the theatre's ability to transmit knowledge, promote empathy, raise awareness and demystify the disease, as well as its ability to reach diverse audiences, as in the following excerpt:

Drama combines what is said with what is seen, felt and interpreted. It communicates with the voice, the body, interaction and even the imagination. It enables us to identify and empathise with others, and it can serve as a vehicle for transmitting knowledge and information, facilitating pedagogy. It has great communicative power. (Excerpt 11, R33)

Finally, 98.1% of the respondents considered that interweaving theatre and science made the subject of bipolar disorder and its consequences more comprehensible. When asked to elaborate, some of the answers indicate a strong emotional involvement. One respondent (R20) mentions she "saw a lot of people wiping their tears during the show" and that her children, who also attended, "got the message". Another comment, from R50, refers that some of the "more aggressive" scenes, representing extremely emotional circumstances triggered by the disease, were recalled "even 15 days after seeing the show", and that these scenes "made it easier to articulate the knowledge of the disease" previously held. These testimonies seem to corroborate that the emotional response of the audience to the performance contributed to their embodiment of knowledge about the emotional states that characterise bipolar disorder. They are clear examples of cognitive and emotional outcomes referred to by Boerner and Jobst [2013] and Weitkamp and Almeida [2022].

On a different note, among the 51 very positive responses to the performance, we received one in a more critical tone, from a person with bipolar disorder (R48). It criticised a "standardisation" of the behaviours related to the disease and an excessive focus on its manic/hypomanic phase.

Behaviours are as different as people's personalities. Standardising them, as was the case with the symptom of excessive spending, is reductive and far removed from the variety of other behaviours of the manic/hypomanic phase. This show focused excessively on this phase. This staging, therefore, ran the risk of being more disinformative than educational. (Excerpt 12, R48)

The performance focused on presenting a diversity of situations and behaviours, taking into account the heterogeneity of manifestations related to the disease. Additionally, the show programme, freely distributed to the audience, included technical information about the disease. Nevertheless, this testimony reminded us that the way each person receives a performance is unique and connected to a series of different factors, such as life experiences or a momentary state of mind. And we can not control the way each member of an audience interprets and emotionally reacts to a performance. In the words of another respondent, "drama combines what is said with what is seen, felt and interpreted" (R33).

3 - Conclusions

In this study, we analysed the effectiveness of theatre to communicate health-related subjects. Initially, we traced how the artistic team transposed content from interviews with patients and healthcare practitioners for the stage, and subsequently, we evaluated the audience's reactions to the performance.

An analysis of the collected testimonies from the interviews reveals that they had a significant impact on the play's structure and content. We can observe, in several scenes, how the performance incorporated those statements and handled them dramaturgically. Some of them contributed to defining the circumstances of a given scene or the content of the characters' discourses. Others were effectively introduced in more symbolic ways, through props or stage movements.

The fact that the play was grounded in real testimonies contributed to a sense of identification from the audience with the events happening on stage. Based on the responses to the questionnaire, we conclude that there was a strong emotional engagement of the audience with the performance, which triggered a closer understanding of the disease, itself characterised by extreme emotional states. We also realised that there was a deeper engagement of the audience with some of the specific theatrical components, such as the text and the actors' performances.

We confirmed, through the analysis of the audience's reactions, the three outcomes mentioned by Weitkamp and Almeida [2022] — cognitive, emotional, and conative modes of engagement. These are not separate instances, but rather intermingled reactions. Feeling emotional in response to a specific scene is connected to the reasoning and a potential consequent will to act or change. Boerner and Jobst [2013] defined three determinants of the conative response: thought-provoking impulses, stimulation for communication and the need for further information. Our results suggest we could include a fourth determinant: the will-to-act impulse.

The performance contributed to raising awareness, improving knowledge and reducing stigma about bipolar disorder, showing that theatre can be an effective medium to communicate science and, in particular, health-related subjects. Moreover, this effectiveness is related to the emotional response it provokes in the audience, whose effects can endure long after the performance's end, as stated by one of the respondents (R50). This attribute of involving affect makes theatre, arguably, an excellent medium to communicate science-related subjects effectively.

From the audience's testimonies, it was possible to identify every complex emotional reaction mentioned in the EESN model [Bilandzic et al., 2020]. However, further research is needed to develop a model specifically designed to study the emotional effects of theatre performances on science communication. The multi-component nature of theatre performances requires a model which considers every layer of communication and also the interplay among several components of a performance. It activates a cognitive reaction when audience members attempt to establish relationships between components, while also evoking emotional responses.

In a subsequent study, it would also be interesting to investigate the long-term consequences of the performance, extending the evaluation beyond the immediate post-performance period, with a focus on the audience's conative transformations.

Finally, this study reminded us that we can not control the emotional response of an audience to a performance. It reinforced our conviction in the importance of handling health-related subjects with utmost care, particularly when discussing them in public. However, this discussion is essential for creating knowledge and reducing stigma.

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[<https://marioneteatro.com/en/productions/oximoro-entre-solsticios-e-equinocios>].

References

- Belliveau, G., & Lea, G. (2016). *Research-based theatre: an artistic methodology*. Intellect.
<https://doi.org/10.2307/j.ctv36xvrhx>
- Bilandzic, H., Kinnebrock, S., & Klingler, M. (2020). The emotional effects of science narratives: a theoretical framework. *Media and Communication*, 8, 151–163.
<https://doi.org/10.17645/mac.v8i1.2602>
- Boerner, S., & Jobst, J. (2013). Enjoying theater: the role of visitor's response to the performance. *Psychology of Aesthetics, Creativity and the Arts*, 7, 391–408.
<https://doi.org/10.1037/a0034570>
- Brodzinski, E. (2016). The patient performer: embodied pathography in contemporary productions (A. Mermikides & G. Bouchard, Eds.). <https://doi.org/10.5040/9781472570819.ch-006>
- Gray, J., Baer, P., & Godstein, T. (2014). Shaping research-informed theatre: working beyond an “aesthetic of objectivity”. *UNESCO Observatory Multi-Disciplinary Journal in the Arts*.
<http://hdl.handle.net/1807/87263>
- Gray, J., Dupuis, S. L., Kontos, P., Jonas-Simpson, C., & Mitchell, G. (2020). Knowledge as embodied, imaginative and foolish enactment: exploring dementia experiences through theater. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 21.
<https://doi.org/10.17169/FQS-21.3.3444>
- Kuhlmann, N., Kontos, P., Christensen-Strynø, M. B., & Blain-Moraes, S. (2025). Convergence of neurodegeneration and the arts: a conversation between researchers about stigma, co-creativity and transformation. *Research Involvement and Engagement*, 11.
<https://doi.org/10.1186/s40900-025-00696-1>
- Madeira, N. (2024). Oxímoro, entre solstícios e equinócios [Show programme] [Marionet Theatre Company].
- Marionet. (2022, March 18). *Morpheus and Apnea*.
<https://marioneteatro.com/en/productions/morfeu-e-apnea>
- Marionet. (2023, June 28). *The algorithm of epilepsy*.
<https://marioneteatro.com/en/productions/o-algoritmo-da-epilepsia>

- Marionet. (2024, March 20). *Oxymoron, between solstices and equinoxes*.
<https://marioneteatro.com/en/productions/oximoro-entre-solsticios-e-equinoxios>
- Marionet. (2025, March 12). *Behind happiness*.
<https://marioneteatro.com/en/productions/atras-da-felicidade-espetaculo>
- Mermikides, A. (2021). *Performance, medicine and the human*. Methuen Drama.
- Mermikides, A., & Bouchard, G. (2016). *Performance and the medical body*. Methuen Drama.
- 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. <https://doi.org/10.1186/2194-7511-2-1>
- Montenegro, M. (2017). *A emergência da Ciência Moderna e a sua Representação no Texto Dramático* [Ph.D. thesis]. University of Coimbra. <https://hdl.handle.net/10316/32399>
- Montenegro, M., Oliveira, F. M., Cruz, M. T. G. d., Amaral, S. V., & Moreira, F. (2023). *Theatre about science. Theory and practice*. Imprensa da Universidade de Coimbra.
<https://doi.org/10.14195/978-989-26-2507-2>
- Rossiter, K., Kontos, P., Colantonio, A., Gilbert, J., Gray, J., & Keightley, M. (2008). Staging data: theatre as a tool for analysis and knowledge transfer in health research. *Social Science & Medicine*, 66, 130–146. <https://doi.org/10.1016/j.socscimed.2007.07.021>
- Shepherd-Barr, K. (2006). *Science on stage: from doctor Faustus to Copenhagen*. Princeton University Press.
- Stanislávski, K. (2018). *Preparação do ator*. TNDMII & Bicho do Mato.
- Weitkamp, E., & Almeida, C. (2022). *Science & theatre: communicating science and technology with performing arts*. Emerald Publishing Limited.

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Supplementary material

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Annexes



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