Annexe 1
Script for the interviews

Questions for the patients
1. How long ago were you diagnosed with bipolar disorder?
2. What made you go to the doctor?
3. How does the disease manifest itself?
4. Are extreme states frequent?
5. Can you tell when you're entering an extreme period? What are the signs? What do you feel?
6. How do you deal with crises? [What do you do when you are in each of these states?]
7. How does the illness interfere with your daily life?
8. How do you feel other people perceive your illness?
9. Do you like music and listen to it often?
10. Do you relate the music you listen to in any way to the psychological state you're in at any given time?
11. Do you think bipolar disease is bipolar?

Questions for health practitioners
1. General:
1.1. Where do you work?
1.2. What kind of pathologies do you deal with in your work?
1.3. What duties are you responsible for in your professional practice?

2. About bipolar disorder patients:
2.1. When they arrive, do patients already come with an indication of their illness?
2.2. If not, how do they react to the news?
2.3. Are there different types of patients (with recent symptoms, old symptoms, young, old, women, men, children, etc.)?
2.4. How many patients are there in Portugal? And how many are treated at the Coimbra Hospital and University Centre?
2.5. What drives a person with depression to commit suicide? What kind of thoughts do they have?
2.6. Do you think bipolar disease is bipolar?

3. On clinical methods and hospital organisation:
3.1. How is the diagnosis made?
3.2. What follow-up care is given to patients?
3.3. Do treatments vary? Do they always involve medication? Can you give examples?
3.4. How do patients react to treatment?
3.5. How do patients react to medication? Willingly? Reluctantly?

3.6. Is there a possibility of a cure? And is it possible to ‘predict’ these cases (for example, by a certain way in which the symptoms develop)?
3.7. What do you find most difficult about working with these people?
3.8. How do you organise the distribution of services for these patients?
3.9. Are they always seen by the same doctor? Do you get to know them closely?
3.10. Is bipolar disorder an ‘individual’ disease from a clinical perspective, in the sense that each case is unique?
3.11. What do you like about your profession?

4. About research into the disease and methods of treatment/prevention of crises:
4.1. Do you incorporate a research component into your daily practice? If so, in what way(s)?

Annexe 2
Oxymoron, between Solstices and Equinoxes | Post-show questionnaire

PART 1 - In this part of the questionnaire, we want to find out the impact on the audience of *Oxymoron, between Solstices and Equinoxes*.

1.1 - Did you already know about bipolar disorder? (Required question)
- Yes
- No *(go to question 1.4)*

1.2 - Do you have a mental illness, or are you in regular contact with someone suffering from a mental illness? (Required question)
- Yes
- No *(go to question 1.4)*

1.3 - Would you like to share your experience with the illness?

1.4 - Did this influence your attendance at the performance? (Required question)
- Yes
- No

1.5 - Would you like to comment on your answer to the previous question?

1.6 - Did you know the symptoms that characterise bipolar disorder? (Required question)
- Yes
- Yes, but I learnt more through the show
- No

1.7 - Were you aware of the impact bipolar disorder can have on the lives of patients and their families? (Required question)
- Yes
- Yes, but I learnt more through the show
- No

1.8 - What components of the performance were most important in realising/understanding this impact?

1.9 - Do you think the performance made you more aware of bipolar disorder? (Required question)
- Yes
- I already considered myself aware *(go to question 1.11)*
- No *(go to question 1.11)*

1.10 - What components of the performance made you more aware of bipolar disorder?

1.11 - Would you like to comment on your answer to the previous question?

1.12 - Do you think theatre helps to communicate health science issues? (Required question)

- Yes
- No

1.13 - Why?

1.14 - Do you think that the combination of theatre and science in the performance made it easier to understand bipolar disorder and its consequences? (Required question)

- Yes
- No

1.15 - Would you like to comment on your answer to the previous question?

1.16 - Do you think that creating visibility to bipolar disorder through a theatre performance helps to reduce the stigma associated with it? (Required question)

- Yes
- No

1.17 - Would you like to comment on your answer to the previous question?

1.18 - Would you like to leave any other comments about the performance?

PART 2 - In this part of the questionnaire, we want to find out a little about the audience's socio-demographic profile.

3.1 - What is your age? (Required question)

3.2 - What gender do you identify with? (Required question)

- Feminine
- Masculine
- Non-binary
- I prefer not to answer

3.3 - Nationality: (Required question)

- Portuguese

- Other

3.4 - Municipality of residence: (Required question)
- Coimbra
- Other:

3.5 - What are your academic qualifications? (Required question)
- Primary education (9th grade)
- Secondary education (12th grade)
- Technical specialisation courses
- Graduated
- Postgraduate
- Master
- PhD
- Other

3.6 - What is your academic and/or professional background? (Required question)

3.7 - What is your employment situation? (Required question)
- Student
- Self-employed
- Employed
- Retired
- Unemployed
- Other:

3.8 - What is/was your profession?

Annexe 3

Excerpts from participants' responses that were used throughout the text to illustrate the following points:

On the previous awareness about bipolar disease

R14	‘I wanted to discover a more “artistic” perspective of the disease and take my boyfriend to learn even more about it.’
R47	‘I'm interested in the topic because I think it could be or become relevant to any of us or anyone we relate to.’
R33	‘Related to my professional experience, and because I am particularly interested in the development of the theme in the artistic field.’

On the consequences of the disease

R7	‘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.’
R8	‘The way feelings/emotions were conveyed, such as anxiety, anguish, frustration, fear, among many others, made us feel what the characters were feeling.’

On raising awareness

R7	‘I believe that the way the show began and ended, with the actors (representing people with bipolar disorder) in the middle of the audience, helped to create a normalisation about them.’
R28	‘I'd just like to offer you my warmest congratulations because you've really 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.’
R30	‘I have an illness myself, which has mental implications, so I identified a lot with

	certain situations, especially the feelings that arose’
R31	‘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’

On reducing stigma

R9	‘By being exposed to examples of situations related to this disease, people can understand it better and change preconceived ideas related to this stigma’
R35	‘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.’
R26	‘For various reasons, the stigma surrounding psychological illnesses is often maintained by blind government choices in relation to socially deprived groups, such as the fact that state budgets don't provide for psychological consultations.’

On the effects of the performance on the audience

R7	‘I'd like to single out the staging, interpretation and accessories (especially the strings) as a whole, because of the impact they have.’
R9	‘The touching acting was what brought all the other elements to life and allowed me to get involved with the play.’
R28	‘The acting. I saw myself in the mirror.’
R30	‘Representation of people on stage, the way they conveyed their feelings.’
R31	‘Acting, the ropes, scenic stripping and sound.’
R37	‘The text had me hooked from start to finish!’
R38	‘The text and the performance were both very well accomplished, and it made me even more aware of bipolar disorder.’
R46	‘The connecting prop emphasised the connections emotionally.’

R3	‘The sweater-sharing scene, because it reflected exactly the situations I have witnessed in people with bipolar disorder.’

R8	‘The moment when the patient looked in the mirror and spoke to herself, as I identified with her own inner dialogue, moved me to tears.’
R35	‘I really 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. For example, when there's a dialogue about planets and orbits, and the actress revolves around the actor. Or in the pilates scene, where at first it seems like a random choice, but then this relationship between pilates, balance and bipolar disorder emerges. I was also struck by the moment of the swallow when the actress changes character within the scene, very good.’

On communicating Health Sciences subjects

R15	‘It can help to put it in a nutshell and make it easier to digest topics that otherwise wouldn't reach so many people.’
R33	‘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 makes it possible to identify and empathise with others, and it can be a vehicle for transmitting knowledge and information, for pedagogy. It has a great communicative power.’
R30	‘It's informative, broadens horizons and provides knowledge on the subject, which makes me more sympathetic to the situation in question.’
R18	‘By showing the symptoms, anxieties and disorders we can almost experience them in a way that, when we read, we don't feel the same impact.’

R20	‘I took my children, who asked me lots of questions about what they saw. They understood the message. My 10-year-old son said that he ‘almost cried three times’ and that he got scared one of the times (the scene of the phone call to Dr Silvia). I saw a lot of people wiping their tears during the show...’
R50	‘I think this show was very well staged and had a very strong impact on me. Some of the more ‘strong’ or aggressive scenes, for example, those involving arguments or moments of despair, were ‘engraved on my retina’ and have been on my mind even 15 days after seeing the show. These moments, as well as the ‘calmer’ ones, made it easier to articulate the knowledge of the disease that I already had beforehand.’
R48	‘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.’