

Healing Mechanisms of Therapeutic Theatre for Adolescent Mental Health: A Dual Case Study

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Abstract

As adolescent mental health has risen to the top of the national policy agenda, interventions delivered through theatrical arts such as drama and musical theatre have been emerging rapidly in China, yet their healing mechanisms remain poorly theorized. Combining literature review with case analysis, this study examines two cases: the therapeutic musical theatre *Feier* and the stage play *This Is Not Child's Play*, China's first therapeutic production on adolescent mental health. Analysis proceeds along four dimensions: creation mechanism, narrative structure, healing mechanism, and social effect. Findings are fourfold. First, the two works achieve healing functions—emotional externalization, role reversal, the safe container, and cognitive restructuring—through a “narrative–music–interaction” framework and a strategy of “comedic narration, dual spatiotemporal settings, and clinical collaboration.” Second, music plays a key role in bypassing linguistic defenses and activating emotional channels, while comedic framing constitutes a “defense-bypassing” strategy for adolescent audiences. Third, deep involvement of professional expertise draws the critical boundary between therapeutic theatre and ordinary psychologically themed works. Fourth, moving from isolated “projects” to a replicable “model” requires resolving three bottlenecks: effect evaluation, talent training, and context adaptation. The study proposes a four-stage healing mechanism model of “emotional externalization–cognitive restructuring–relational connection–meaning making,” offering a theoretical basis for the locally grounded construction and standardization of therapeutic theatre.

Keywords: therapeutic theatre, drama therapy, musical theatre, adolescent mental health, arts in healing, flow

1. Introduction

Adolescent mental health has become a public and educational issue of widespread societal concern. The Ministry of Education and sixteen other departments jointly issued the Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work (2023–2025), elevating student mental health to a national strategic priority (Ministry of Education

of the PRC et al., 2023). On the clinical side, conventional talk-based psychotherapy faces multiple barriers—linguistic defenses, stigma, and cultural mismatch—so non-verbal, low-cost, community-accessible interventions are gaining attention. A meta-analysis covering 17 countries, 33 studies, and 4,587 children and adolescents shows that creative arts interventions (music, dance, visual arts, drama, etc.) significantly

reduce PTSD symptoms in young people. The pooled effect size of 0.85 is medium-to-large, with particularly pronounced effects in non-Western populations (Appelwhite et al., 2025). A systematic review of adults with anxiety and depression likewise supports the reliable improvements produced by group-based, active artistic interventions (Barnish & Nelson-Horne, 2023).

On the practice side, a number of “therapeutic theatre” works on adolescent mental health have emerged in China in recent years. One is the therapeutic musical theatre *Feier*, which integrates cognitive behavioral therapy (CBT) techniques with artistic emotional externalization through a “narrative–music–interaction” triadic framework, forming a replicable group treatment model (Zhang, 2026). The other is *This Is Not Child’s Play*, premiered in Chengdu in October 2025 as China’s first therapeutic stage play on adolescent mental health. Across six comedic acts, set in a dual spatiotemporal structure of “real life plus an other-world,” the play presents depression, academic pressure, and parent–child communication (Psychology China, 2025). Situated between “artistic performance” and “psychological intervention,” such works have outpaced scholarly discussion of their healing mechanisms, professional boundaries, and locally grounded pathways. Existing studies either focus on clinical techniques of drama therapy or remain at the level of media coverage, lacking mechanism-oriented analyses of specific works across the whole chain of “creation–performance–healing.”

Accordingly, this study poses three research questions: (1) Through what narrative and technical devices do therapeutic theatre works achieve healing functions? (2) What differences and complementarities exist between musical theatre and spoken drama in their healing mechanisms? (3) What structural conditions does therapeutic theatre need in order to move from individual practice to a generalizable model? Answering these questions can provide theoretical support for the local practice of arts in healing and inform cross-sector collaboration between university arts education and mental health services.

2. Literature Review and Theoretical Foundation

2.1 From Psychodrama to Drama Therapy: The Theoretical Tradition and Recent Evidence

Drama therapy and psychodrama belong to a continuum of drama-based psychological intervention, with action and role-play as their core methods. Psychodrama transformed isolated individual therapy into “treating the individual in the group,” emphasizing spontaneity and creative process over creative product. An integrative systematic review of psychodrama psychotherapy confirms steady growth in research output and consistent intervention effects in recent years, providing continuing empirical support for drama-based intervention (Orkibi & Feniger-Schaal, 2019). Since psychodrama was introduced to China in the 1980s, it has spread from hospitals and schools to communities, and domestic research literature has continued to accumulate (Chen, 2017). In practice, localized schools have taken shape: Yi Shu psychodrama, founded by the Chinese American psychologist Gong Shu; spiral psychodrama, derived from the trauma-oriented Therapeutic Spiral Model (TSM); and campus psychodrama, created by Chinese psychodramatists (Sang et al., 2018). An integrative systematic review of drama therapy further summarizes the field’s shared mechanisms: individuals gain psychological distance by playing the roles of others and develop the flexibility to move among multiple roles. Performance-oriented drama work, moreover, transforms inner issues into aesthetic expressions of public significance (Feniger-Schaal & Orkibi, 2020). This mechanism chain of “role-play–role distance–performance integration” offers a direct theoretical anchor for understanding publicly oriented therapeutic theatre works such as *Feier* and *This Is Not Child’s Play*.

2.2 Common Mechanisms of the Creative Arts Therapies and the Therapeutic Role of Music

A scoping review of mechanisms of change in the creative arts therapies (including art, dance/movement, drama, and music therapy, psychodrama, and bibliotherapy) identifies nineteen domains of therapeutic factors, among which “embodiment,” “concretization,” and “symbolism and metaphors” are unique to the arts therapies. Together they support the bypassing of verbal defenses and the externalization and symbolization of emotion through artistic media (De Witte et al., 2021). Regarding depression intervention, psychodrama works through establishing safety, catharsis, and cognitive improvement, with

techniques such as mirroring and role reversal directly supporting cognitive restructuring (Chen et al., 2019). Music further widens the channel of drama therapy. In musical theatre, sung passages carry emotional externalization, giving voice to emotions that defy verbal expression, so that emotional expression and cognitive processing unfold together within the musical structure (Zhang, 2026). These studies jointly suggest that the therapeutic potential of theatrical arts arises not from “watching a play” per se, but from specific configurations of narrative, music, body, and group interaction.

2.3 Therapeutic Theatre: Evidence and Conceptual Definition

In recent years, “therapeutic theatre” has gradually crystallized as a branch of drama therapy. Tailored therapeutic musical theatre projects designed for community engagement have emerged internationally, connecting mental health services with public education through staged performance (Windle, 2024). A systematic review shows that drama therapy yields positive symptom relief for depression, anxiety, and trauma-related symptoms, though the overall evidence base remains thin (Feniger-Schaal & Orkibi, 2020). In Chinese scholarship, a case study of *Feier* has analyzed its “narrative–music–interaction” triadic treatment framework and the challenges of standardization (Zhang, 2026). Synthesizing the literature, this study defines therapeutic theatre as a form of theatrical practice that takes theatre arts (spoken drama, musical theatre, etc.) as its medium and is oriented toward specific psychological intervention goals. It involves structured participation or review by professional mental health expertise, and produces emotional regulation, cognitive improvement, and relational support for participants or audiences. It differs from ordinary psychologically themed works in three respects: explicitness of intervention goals, structural involvement of mental health expertise, and an evaluative orientation toward healing effects.

2.4 Introducing the Flow Perspective

Flow theory holds that when the challenge of an activity matches individual skill, with clear goals and immediate feedback, a person enters a state of optimal experience marked by total

concentration and dissolution of self-consciousness. A recent conceptual analysis confirms that high enjoyment and deep absorption distinguish flow from ordinary task involvement (Abuhamdeh, 2020). Flow is naturally akin to artistic activity: the immersive quality of the arts makes artistic engagement a natural setting for flow, and flow experience is closely associated with positive emotion and enhanced self-efficacy. A large-sample empirical study in dance education has verified the central role of flow in learning gains and its moderation by teacher–student interaction (Gang, 2021).¹ Introducing the flow perspective into therapeutic theatre analysis answers a key question: why “watching” and “performing” in non-therapeutic settings can produce effects resembling psychological intervention. The mediating mechanism is precisely the deeply immersive flow experience. Accordingly, this study constructs a four-dimensional analytical framework of “creation mechanism–narrative structure–healing mechanism–social effect,” with flow as the theoretical lens for understanding how healing experience is generated.

3. Research Design

3.1 Method

This study adopts a qualitative design combining literature review with case analysis. The literature review serves two purposes: to construct the analytical framework from core literature on drama therapy, the creative arts therapies, and flow theory; and to gather all accessible textual materials on the two cases. These materials include play scripts, official promotional materials, interviews with the creative teams, performance information, and prior studies. Literature searches covered CNKI, Wanfang Data, PubMed, Web of Science, and Google Scholar. Search terms included “drama therapy,” “therapeutic theatre,” and “musical theater intervention,” together with their Chinese equivalents.

Case analysis adopts an embedded dual-case design following the principles of typicality and maximum variation: *Feier* represents the “participation-oriented therapeutic musical theatre” form, emphasizing group interaction and musical intervention; *This Is Not Child’s Play*

¹ Gang (2021) is the doctoral dissertation from the author’s research team, in which the 24-item Dance Flow scale was developed and validated; it is cited here as the empirical source of the flow construct applied in this study.

represents the “spectator-oriented psychologically themed spoken drama” form, emphasizing public performance and comedic narration. The two cases differ systematically in art form, performance–audience relation, and mode of professional involvement, satisfying the structural conditions for cross-case comparison.

3.2 Data Sources and Analytical Procedure

Case materials are all publicly available: for *Feier*, an existing academic case study (Zhang, 2026), a topic-incubation seminar report (Music China, 2026), and public reports; for *This Is Not Child’s Play*, interviews with the creative team (Chengdu Business Daily, 2025), premiere reports (Sichuan Observer, 2025), and official introductions (Psychology China, 2025). It should be noted that this study involves no first-hand field data; all case information was cross-verified across multiple sources, and conclusions are limited to the practices documented in public materials. The analysis proceeds in three steps: first, internal descriptive analysis of each case along the four dimensions of “creation mechanism–narrative structure–healing mechanism–social effect”; second, structured cross-case comparison to identify differences and complementarities between the two theatrical forms; third, explanatory discussion drawing on drama therapy and flow theory to distill an integrative mechanism model.

4. Case Analysis

4.1 *Feier: Group Healing Under the “Narrative–Music–Interaction” Framework*

Creation mechanism: authenticity grounded in fieldwork. *Feier* was created through a systematic fieldwork mechanism: the creative team collected materials from adolescents’ real-life situations, rooting the plot in lived experience rather than imaginative projection (Zhang, 2026). At the project’s incubation seminar, experts characterized its paradigm as “scientific intervention—artistic transformation—social empathy” (Music China, 2026). This mechanism is significant in two respects. Methodologically, it ensures the fit between plot and the target group’s psychological experience, avoiding the stereotyped writing common to mental health themes. Therapeutically, authentic material constitutes the premise of participants’ “being seen”: when onstage dilemmas closely match one’s own experience, emotional involvement and identification occur naturally.

Narrative structure: role reversal and symbolic

agency. The play’s core narrative device is “narrative role reversal”: participants symbolically exchange positions with their roles, turning from passive experiencers into active agents, thereby gaining a sense of control within a safe dramatic frame (Zhang, 2026). This is highly consistent with the drama therapy mechanism of “role-play–role distance” (Feniger-Schaal & Orkibi, 2020): role reversal creates the psychological distance needed to observe one’s own predicament while expressing, through the protective shell of the role, emotions suppressed in reality. Notably, the work also converts traditional cultural elements into therapeutic tools, giving the healing process cultural resonance and making psychological intervention feel less alien (Zhang, 2026).

Musical dimension: pairing emotional externalization with cognitive restructuring. The most distinctive feature of *Feier* as a musical is the pairing of CBT’s cognitive restructuring with music’s expressive function: sung passages carry emotional externalization, while narrative progression embeds the thread of cognitive adjustment, so that emotional expression and cognitive processing unfold together in the musical structure (Zhang, 2026). This “dual-channel” design echoes research on the mechanisms of the creative arts therapies: emotion moves first and cognition follows, with “concretization” and “symbolization” making implicit experience tractable (De Witte et al., 2021; Chen et al., 2019).

Interaction dimension and boundaries of effect. *Feier* is delivered in group form; group interaction constitutes a “safe container”: witnessing and resonance among members lower the psychological risk of expression and amplify collective healing effects. Yet the case also exposes common bottlenecks of therapeutic theatre: no established effect evaluation system, shortage of professional therapists, and the difficulty of adapting to new contexts when scaling from single projects to replicable models (Zhang, 2026).

4.2 *This Is Not Child’s Play: Spectator Healing Through Comedic Narration and Dual Spacetime*

Creation mechanism: full-process clinical review. *This Is Not Child’s Play* originated in the chief producer’s real-life experience of registering a child at a psychiatric outpatient clinic, and narrates the story of a ninth-grade girl developing depression under intense family

pressure (Sichuan Observer, 2025; Chengdu Business Daily, 2025). Its most prominent mark of professionalism is full-process medical review: experts from the Sichuan Provincial Health Commission and senior clinical psychologists reviewed the script throughout, ensuring professional representation of depression and related clinical features (Chengdu Business Daily, 2025; Psychology China, 2025). This “clinical collaboration” mechanism remains rare among psychologically themed works. It upgrades the work’s professional credibility from “theme sensitivity” to “medical endorsement,” and constitutes the structural boundary separating therapeutic theatre from ordinary artistic performance.

Narrative structure: six comedic acts and the dual spacetime of “reality plus other-world.” The play transforms heavy issues—depression, academic pressure, intergenerational communication—into six acts of comedic dramaturgy (Psychology China, 2025). Comedic framing does not dissolve the seriousness of these issues; rather, it is a “defense-bypassing” strategy toward adolescent audiences: comedy lowers resistance and stigma around psychological concerns, allowing audiences to approach difficult experiences through laughter. The dual spacetime of “real life plus an other-world,” uses symbolic scenes to concretize psychological pressure, rendering

invisible inner states visible on stage (Psychology China, 2025). This treatment is isomorphic with the “externalization” and “symbolization” mechanisms of the creative arts therapies. Implicit emotional states are translated into observable, discussable objects, granting audiences psychological distance to examine their own situations (De Witte et al., 2021).

Performance–audience relation: healing transmission from “watching” to “being moved.” Unlike *Feier’s* participatory group intervention, *This Is Not Child’s Play* achieves healing transmission mainly through public performance: audience feedback indicates significant emotional resonance for both parents and adolescents (Psychology China, 2025). Its target audience in fact comprises two groups: adolescents obtain emotional compensation through role identification, while parents reconstruct their understanding of their children’s predicament by watching the play, indirectly influencing the family interaction system. This “dual-audience” design suggests that spectator-oriented therapeutic theatre, though not delivering direct group intervention, may generate spillover effects by changing the cognitive environment of the family system.

4.3 Cross-Case Comparison: Differences in Healing Mechanisms Between Two Theatrical Forms

Table 1.

Dimension	<i>Feier</i>	<i>This Is Not Child’s Play</i>
Art form	Therapeutic musical theatre	Psychologically themed spoken drama
Performance–audience relation	Participation-oriented, group intervention	Spectatorship-oriented, public performance
Role of music	Core healing channel (externalization + restructuring)	Background and atmosphere
Core narrative device	Narrative role reversal	Comedic framing + dual spacetime
Professional involvement	Fieldwork mechanism + CBT framework	Full-process clinical medical review
Healing pathway	Direct intervention (participants)	Indirect transmission (audiences / family system)
Key bottlenecks	Evaluation, talent training, context adaptation	Audience positioning, effect generalization

Note: dimensions are derived from this study’s four-dimensional analytical framework.

The comparison reveals three findings. First, music plays an irreplaceable role as an emotional

channel. *Feier* assigns emotional externalization and cognitive restructuring directly to sung

passages, whereas *This Is Not Child's Play* must rely on dialogue and acting. The former conforms to evidence that embodiment and symbolism bypass linguistic defenses (De Witte et al., 2021); the latter compensates with comedic forms that lower defenses. Second, the "safe container" is constructed by different yet convergent paths. Participatory theatre builds the container through group norms and therapeutic facilitation (Zhang, 2026); spectator theatre relies on the "theatrical frame"—the darkened auditorium, the implicit contract of spectating, and the psychological permission of comedy—to make heavy issues discussable. Third, professional expertise occupies different positions. In *Feier*, professionalism is embedded in the creation method (fieldwork, CBT framework); in *This Is Not Child's Play*, it is attached to the review mechanism (clinical medical review). The former is deeper but costlier; the latter is more scalable but limited in intervention depth.

5. Discussion

5.1 A Four-Stage Model: Emotional Externalization–Cognitive Restructuring–Relational Connection–Meaning Making

Synthesizing the dual-case evidence with existing theory, this study proposes a four-stage model of the healing mechanism of therapeutic theatre. Emotional externalization is the starting point: theatre translates implicit emotion into perceivable external objects through roles, music, and symbolic scenes. Cognitive restructuring is the pivot: narrative progression and role switching lead individuals to reinterpret their own experience. Relational connection is the amplifier: the resonance of group witnessing or family co-viewing embeds individual experience into relational networks. Meaning making is the destination: when personal predicament is narrated, responded to, and aestheticized in the theatre, the individual can reset the self-narrative within a larger framework of meaning. The four stages are not strictly linear but spiral forward within the immersion of flow experience (Abuhamdeh, 2020). Deep immersion suspends self-defenses, allowing the stages to operate with little resistance. This also explains the divide between therapeutic theatre and ordinary psychologically themed performance: the former consciously designs and orchestrates these mechanisms; the latter encounters them only by chance.

5.2 Implications for Local Development: Three

Pathways

First, institutionalizing clinical collaboration. The clinical review mechanism of *This Is Not Child's Play* should be upgraded from individual practice to industry standard, specifying the division of labor among mental health professionals in script development, performance implementation, and on-site support. This would prevent therapeutic theatre from sliding into unprofessional "healing marketing." Second, conscious cultural translation. *Feier's* conversion of traditional cultural elements into therapeutic tools suggests that China's rich cultural resources—traditional opera, folk music, seasonal customs—are themselves a matrix of healing narrative. Combined with meta-analytic evidence of stronger effects in non-Western populations (Applewhite et al., 2025), therapeutic theatre rooted in local culture may hold distinctive advantages. Third, building evaluation systems. Both cases lack systematic effect evaluation—the greatest constraint on the field's development. Future work may introduce standardized psychological measures before and after performances, combined with qualitative observation, to form a dual framework of "aesthetic effect plus psychological effect" and provide the evidence base for moving from "project" to "model" (Zhang, 2026; Feniger-Schaal & Orkibi, 2020).

5.3 Limitations

Three limitations must be stated. First, case materials derive from public texts and reports without first-hand experience of performances or participants; the analysis of healing mechanisms combines theoretical inference with material analysis, and its ecological validity awaits verification. Second, the two cases are not fully equivalent in scale, duration, and audience; cross-case conclusions should be read as analytical generalization rather than statistical generalization. Third, the effect boundaries of therapeutic theatre (indications, contraindications, ethical boundaries) lack clinical evidence. The mechanism model proposed here is a theoretical construction requiring subsequent empirical testing.

6. Conclusions

Feier and *This Is Not Child's Play* represent two exploratory forms of therapeutic theatre in China: the former achieves direct intervention through the participation and collectivity of

musical theatre; the latter achieves spectator healing through the public reach and communicative power of spoken drama. Together they demonstrate that the healing potential of theatrical arts arises from the organic configuration of narrative, music, body, and interaction, while the structural involvement of professional mental health expertise delineates the boundary between therapeutic theatre and ordinary artistic works. As arts in healing moves toward formal disciplinary status, therapeutic theatre is positioned to become a key hub connecting arts education and mental health services—offering adolescents a low-threshold channel of psychological support—“healing without diagnosis”—and opening new avenues of social service for university arts programs. Future research should proceed on three fronts—evidence-based evaluation, talent training, and cultural translation—moving therapeutic theatre from scattered “works” toward a mature “model.”

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