

Co-creating Forum Theatre: Promoting Mental Health Literacy of Young Chinese Migrants

Yixian Guo

Thesis submitted for the fulfilment of the requirements for the degree of Doctor of Philosophy

**Victoria University, Australia
Institute for Health and Sport**

December 2025

Abstract

This PhD thesis examines the application of forum theatre as a culturally sensitive tool to explore understandings of mental health and promote mental health literacy among young Chinese migrants (aged 18-35) in Australia. The study addresses systemic barriers to promoting mental health and mental health literacy, such as cultural stigma, linguistic challenges, and limited healthcare access, faced by migrant communities, particularly during and after the COVID-19 pandemic. Framed by pragmatism and participatory theatre, the project comprises three phases: (1) a scoping review of theatre-based health interventions, (2) co-creation of a forum theatre piece with Chinese migrant actors, and (3) exploration of the participants' understandings of mental health issues among young Chinese migrants in Australia.

Phase One synthesises evidence from 40 studies on theatre's role in health promotion, identifying the gaps on interactive theatre and mental health-related topics among marginalised groups. Phase Two, drawing on Augusto Boal's Theatre of the Oppressed and Freirean critical pedagogy, engages 10 actors in co-creating a forum theatre piece addressing mental health-related topics among young Chinese migrants, explores 10 actors' understandings of mental health and how they fictionalise the lived experiences to the theatre piece called *Mingbi*. The results suggest that co-creating a theatre piece can empower participants to articulate their struggles by increasing dialogues in a culturally informed way. Phase Three, based on the performance of *Mingbi*, focused on 39 audience members' reaction and understandings, which encouraged reflections and communications on mental health in a creative and culturally safe space. Quantitative data including demographic information and current mental health literacy of the audience members were also collected in this phase to enhance a comprehensive understanding of the systemic barriers facing by young Chinese migrants regarding mental health. Qualitative data in both Phase Two and Phase Three demonstrated that participation in the forum theatre fostered dialogue, reduced stigma, and empowered participants to collectively explore mental health challenges in cultural lens.

This research underscores the role of participatory theatre in advancing social justice and health equity, advocating for policy and practice reforms that integrate community-driven approaches to address the mental health understandings and needs of culturally and

linguistically diverse populations. Limitations and future directions for theatre-based interventions are discussed, emphasising the need for more creative studies and broader cross-cultural applications of creative techniques.

Keywords: forum theatre, mental health, Chinese migrants, health promotion, participatory research.

Declaration of Authenticity

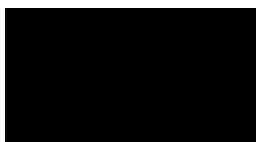
I, Yixian Guo, declare that the PhD thesis entitled *Co-creating Forum Theatre: Promoting mental health literacy of young Chinese migrants* is no more than 80,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

I have conducted my research in alignment with the Australian Code for the Responsible Conduct of Research and Victoria University's Higher Degree by Research Policy and Procedures.

Ethics Declaration

All research procedures reported in the thesis were approved by the Victoria University Human Research Ethics Committee (HRE23-172).

Signature:



Date: 02/12/2025

Acknowledgements

First of all, I would like to thank my supervisors for their support and guidance through this research journey. Professor Christopher Sonn, thank you for always bringing fresh and fascinating perspectives whenever I felt stuck or out of ideas. Your insights provided me a deeper and more creative understanding for both my project and my own cultural identity. Professor Mary-Rose McLaren, I'm so grateful for your active help in securing a venue for my theatre performance and for sharing your professional expertise in drama. It meant the world to me that you showed up on the day of the performance, even though the entire performance was in Mandarin which must have been challenging for you to follow. You offered the sense of security that was highly tied to the success of the performance. Dr. Amy Quayle, thank you for your prompt comments and feedback throughout my writing process. The literature you recommended, especially in the methodology section, became crucial theoretical foundations for my study. Last but certainly not least, Dr. Michaela Pascoe, you were the one who guided me into this research in the first place. Thank you for accompanying me through the Year One, which was my most confusing and insecure phase. It's because of you that I had the chance to work with such an incredible team of supervisors and complete these four meaningful years.

I also especially want to thank my research collaborators: Alina, Carol, Cynthia, Grace, Jo, Kugou, Ma, Qin, Terry, Ying and every audience member who attended *Mingbi*. Also, thanks to Eric, Gavin and Mike, who contributed to the setting and props for *Mingbi*. We created a dream together with our own voices in an incredible way.

At the end of this journey, perhaps the one I should also thank is myself. During the pandemic lockdown, I stumbled into joining JS Immersive Theatre as an actor. Through performing, I unexpectedly realised that when I became a character in a story, crying or laughing out loud became a release. Even though my acting and research journey may pause here, the experience has genuinely shaped who I am now. Just like the words I wrote for the audience at the end of my script: *I realise now, what drew the Mingbi and us here wasn't resentment, but hope. The hope is hidden deep within every dark and painful moment. Everyone faces moments of helplessness and collapse, but don't doubt the power to change fate—it always belongs to yourself who cry out in despair but never give up. I hope you never give up.*

Declarations of Publication in the Thesis

Chapter No.	Publication Title	Publication Status	Publication Details
Chapter 2	Using Theater as a Health Promotion Tool: A Scoping Review.	Published	Guo, Y., Sonn, C., & Pascoe, M. (2025). Using Theater as a Health Promotion Tool: A Scoping Review. <i>Journal of Health Communication</i> , 1–22. https://doi.org/10.1080/10810730.2025.2547052
Chapter 4	Co-creating “Mingbi”: Forum Theatre as a Mental Health Promotion Tool for Young Chinese Migrants in Australia	Under review	Co-creating “Mingbi”: Forum Theatre as a Mental Health Promotion Tool for Young Chinese Migrants in Australia, <i>Arts & Health</i> , Submission date: 22/09/2025

List of Abbreviations

ADHD: Attention-Deficit/Hyperactivity Disorder

AIDS: Acquired Immunodeficiency Syndrome

ATR: Applied Theatre as Research

CALD: Culturally and Linguistically Diverse

HIV: Human Immunodeficiency Virus

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), and the other sexual orientations and gender identities not included in the acronym (e.g., intersex, asexual, pansexual).

MHKQ: Mental Health Knowledge Questionnaire

PAR: Participatory Action Research

PDD: Perceived Devaluation and Discrimination Scale

PR: Permanent Residency (in Australia)

PUA: Pick-Up Artist

RTA: Reflexive Thematic Analysis

WHO: World Health Organisation

Table of Contents

ABSTRACT	1
DECLARATION OF AUTHENTICITY.....	3
ACKNOWLEDGEMENTS	4
DECLARATIONS OF PUBLICATION IN THE THESIS	5
LIST OF ABBREVIATIONS	6
CHAPTER 1. INTRODUCTION	10
1.1 RESEARCH CONTEXT AND PURPOSE	10
1.2 WHY THEATRE?	13
1.2.1 Theoretical Foundations.....	13
1.2.2 Methodological Approaches in Practices	14
1.2.3 Critical Debates and Limitations	16
1.2.4 Directions for the Current Research	16
1.3 RESEARCH PARADIGM: PRAGMATISM	17
1.4 THESIS STRUCTURE.....	19
CHAPTER 2. LITERATURE REVIEW: A SCOPING REVIEW OF THEATRE AND HEALTH PROMOTION	23
2.1 BACKGROUND.....	23
2.2 OBJECTIVES	25
2.3 METHODS	25
2.3.1 Protocol	25
2.3.2 Eligibility Criteria	26
2.3.3 Information Sources.....	26
2.3.4 Search.....	27
2.3.5 Selection of Sources of Evidence.....	27
2.3.6 Data Charting Process	28
2.3.7 Data Items.....	29
2.3.8 Synthesis of Results.....	29
2.4 RESULTS.....	30
2.4.1 Characteristics of the Theatre Used for Health Promotion	30
2.4.2 Designs of the Theatre Production/Project.....	35
2.4.3 Health-Related Topics addressed in the Theatre and Outcomes	41
2.4.4 Evaluations of the Impact of Theatre's Role on Health Promotion	47
2.4.5 Community-Based Theatre vs. School-Based Theatre: Differences in Theatre Types, Theatre Designs, Health-Related Topics and Evaluation.....	52
2.5 DISCUSSION	53
2.5.1 Theatre Types, Population and Settings	53
2.5.2 Health-Related Topics addressed in Theatre.....	54
2.5.3 Impacts on Health Outcomes and Theoretical Framework	55
2.5.4 Evaluation Tools to Assess the Health Outcomes.....	55

2.6 STRENGTHS AND LIMITATIONS	57
2.7 CURRENT GAP, FUTURE WORK AND GENERAL CONSIDERATIONS	57
2.8 SUMMARY	58
CHAPTER 3. METHODOLOGY AND RESEARCH PROCEDURES	59
3.1 PARTICIPATORY ACTION RESEARCH AND ARTS-BASED EMBODIED METHODOLOGY	59
3.2 THEORETICAL FRAMEWORK OF THEATRE MAKING: DEVISED THEATRE AND FORUM THEATRE	62
3.3 PEDAGOGICAL FRAMEWORKS OF THEATRE-CREATING AND ENGAGING	65
3.4 RESEARCH METHODS AND PROCEDURES: CO-CREATING AND ENGAGING IN THE THEATRE PIECE	67
3.4.1 <i>Co-creating a Theatre Piece with Participants as Actors</i>	67
3.4.2 <i>Engaging the Participants as Audience in the Theatre Piece</i>	70
3.4.3 <i>Culturally Safe “Space”: Language, Venue, and Leadership</i>	72
3.5 ETHICS, DATA MANAGEMENT AND SECURITY	74
3.5.1 <i>Managing Emotional and Psychological Risks</i>	75
3.5.2 <i>Ethical Concerns in Facilitation</i>	76
3.5.3 <i>Ethical Considerations for Inexperienced Actors</i>	76
3.5.4 <i>Ethical Considerations for Relationships</i>	77
3.5.5 <i>Broader Ethical Implications</i>	78
3.6 SUMMARY	78
CHAPTER 4. CO-CREATING THE THEATRE <i>MINGBI</i>	79
4.1 <i>MINGBI</i> : A THEATRE PIECE DEVELOPED BY YOUNG CHINESE MIGRANTS IN AUSTRALIA.....	79
4.1.1 <i>Who Were the Creators/Performers?</i>	79
4.1.2 <i>What Was the Theatre About?</i>	80
4.2 PROCESS OF THE CO-CREATION AND DATA ANALYSIS	83
4.2.1 <i>Group discussion: Generate the Ideas and Characters’ Portraits</i>	83
4.2.2 <i>Improvisation One: Creating Connected Storylines and Character-Based Monologues</i>	98
4.2.3 <i>Improvisation Two: Reading Draft Script and Finalising the Monologue</i>	102
4.3 THEMES GENERATED IN FICTIONALISATION: PARTICIPANTS’ NARRATIVES	107
4.3.1 <i>Expressions of Psychological Distress</i>	108
4.3.2 <i>Relational Isolation: Highlighting Loneliness and/or Lack of Others’ Understanding</i>	110
4.3.3 <i>Addressing Parents’ Impact</i>	113
4.3.4 <i>Emphasising Uncertainty, Loss and Helplessness</i>	113
4.4 SUMMARY	116
CHAPTER 5. STAGING THE THEATRE	117
5.1 INTRODUCTION: AUDIENCE IN PARTICIPATORY THEATRE.....	117
5.2 DEMOGRAPHICS, MENTAL HEALTH LITERACY AND HELP-SEEKING BEHAVIOURS OF AUDIENCE	118
5.2.1 <i>Measures</i>	118
5.2.2 <i>Results</i>	120
5.3 FINDINGS: AUDIENCE ENGAGEMENT FROM WATCHING, DISCUSSING AND PARTICIPATING IN THE STORIES	125
5.3.1 <i>Audience as Spectators when Watching</i>	126
5.3.2 <i>Audience as Participants in Discussions</i>	131
5.3.3 <i>Audience as Spect-Actors when Acting</i>	147
5.4 SUMMARY	152
CHAPTER 6. REFLECTIONS OF THE PARTICIPANTS: ACTORS AND SPECT-ACTORS	154
6.1 REFLECTIVE THINKING OF THE ACTORS	154
6.1.1 <i>How Participants Got Involved: Interests and Meaning-Making</i>	154

6.1.2 <i>Feelings During the Co-Creation Process: Interesting, Challenges and Surprises</i>	156
6.1.3 <i>Learnings During the Co-Creation Process</i>	159
6.1.4 <i>Culturally Informed Understandings of Mental Health</i>	161
6.1.5 <i>Cultural Concerns and Barriers</i>	164
6.2 REFLECTIVE THINKING OF THE SPECT-ACTORS	166
6.2.1 <i>Views on Characters and Stories: Small Problems Matter</i>	166
6.2.2 <i>Motivations for Participation: From “Rescue” to “Resonance”</i>	167
6.2.3 <i>Controversies and Tensions in the Performance Format</i>	168
6.3 PRACTICAL INSIGHTS AND DIRECTIONS FOR IMPROVEMENT OF FORUM THEATRE.....	170
6.4 SUMMARY	171
CHAPTER 7. DISCUSSION.....	173
7.1 THEATRE AND MENTAL HEALTH PROMOTION IN LITERATURE	173
7.1.1 <i>A Lack of Studies Focused on Mental Health Promotion: Therapeutic v.s. Promotional</i>	173
7.1.2 <i>Promoting Knowledge and Attitudes rather than Behaviours</i>	174
7.1.3 <i>An Underrepresentation of Marginalised Populations</i>	176
7.1.4 <i>Over-reliance on Quantitative Results</i>	177
7.1.5 <i>Summary</i>	177
7.2 CO-CREATION PROCESS THROUGH SHARING, FICTIONALISING AND REFLECTING STORIES	179
7.2.1 <i>Sharing Stories: Collective Acknowledgment</i>	179
7.2.2 <i>Fictionalising Stories: Characters, Storylines and Monologues</i>	181
7.2.3 <i>Reflecting on Stories: Social and Individual Meanings</i>	183
7.3 MENTAL HEALTH LITERACY OF YOUNG CHINESE MIGRANTS	184
7.3.1 <i>Demographic Profile and Its Implications</i>	184
7.3.2 <i>Knowledge Gaps: Understanding, Prevention, and Treatment</i>	186
7.3.3 <i>Stigma and Perceived Discrimination</i>	187
7.3.4 <i>Help-Seeking Behaviour and Service Awareness</i>	188
7.3.5 <i>Positioning Findings Within Applied Theatre and Health Promotion</i>	189
7.4 DIFFERENT IMPACTS ON ACTORS AND AUDIENCE MEMBERS: STORYTELLER VS. STORY-CONTROLLER ...	190
7.5 UNDERSTANDINGS AND REFLECTIONS ON MENTAL HEALTH THROUGH A CULTURAL LENS	193
7.6 PARTICIPATORY RESEARCH METHOD AND IMPLEMENTATION IN APPLIED THEATRE	194
7.6.1 <i>Shared Processes and Authorship of Theatre Production</i>	195
7.6.2 <i>Negotiating Power and Hierarchies of Knowledge</i>	196
7.6.3 <i>Improvements for Forum Theatre in Mental Health Promotion</i>	197
7.7 STRENGTHENS, LIMITATIONS AND FUTURE RESEARCH	199
7.7.1 <i>Strengthen: Insider/ Outsider Positionality and Researcher Reflexivity</i>	199
7.7.2 <i>Methodological Limitations and Sampling Constraints</i>	200
7.7.3 <i>The Scope and Venue of Theatre as a Mental Health Promotion Tool</i>	201
7.7.4 <i>Future Research Directions</i>	202
7.8 SUMMARY	204
CONCLUSION	205
REFERENCES	207
APPENDIX	231

Chapter 1. Introduction

Health is a positive concept that encompasses, physical, mental and social well-being (WHO, 1986). However, systemic health inequities, starkly exposed and amplified by the COVID-19 pandemic, disproportionately burden migrant populations worldwide. Culturally and Linguistically Diverse (CALD) communities, such as Chinese migrants in Australia, face significant barriers, including stigma, linguistic hurdles, and misaligned healthcare models, which limit their access to essential health promotion and services, especially for mental health (Kaur-Gill et al., 2023; Minas, 2021; Wohler & Dantas, 2017). This research addresses this critical gap by investigating the potential of theatre as a culturally appropriate tool to empower these communities and advance mental health literacy and equity. This chapter introduces the research background, context, and provides an overview of the research project.

This research project seeks to provide an opportunity to encourage dialogues among particular groups of people (Chinese migrants in this study as a socially marginalised group) about culturally and socially sensitive topics (mental health-related), exploring how such participation contributes to producing collaborative knowledge, encouraging actions and reflections on participants' mental health-related everyday experiences. Based on these aims, this thesis is informed by the epistemology of pragmatism, requiring and employed a mixed-method design for different phases. There were three phases, including a scoping review (Chapter 2), co-creation of the theatre piece (Chapter 4), and exploration of the experiences of the actors as well as the audience (Chapter 4, Chapter 5 and Chapter 6). Using participatory theatre, the researcher collaborated with young Chinese first- and second-generation migrant people in Melbourne (Australia) who actively contributed to creating a theatre piece for mental health promotion.

1.1 Research Context and Purpose

The COVID-19 pandemic exacerbated systemic vulnerabilities among migrant populations globally, amplifying pre-existing disparities in health and social equity (Navarro-Román & Román, 2022; WHO, 2021). Migrants and refugees, according to a report by WHO (2023),

remain among the most vulnerable members of society who have challenges accessing public health services in the host countries due to discrimination, poor living conditions, and financial, linguistic and cultural barriers. These challenges, such as financial precarity, prolonged isolation, and heightened racism, significantly undermined migrants' physical and mental well-being during and after the pandemic (Kaur-Gill et al., 2023; Peñuela-O et al., 2023). For instance, border closures disrupted familial support networks, while pandemic-related xenophobia intensified feelings of alienation among culturally and linguistically diverse (CALD) communities (Abood et al., 2023). These stressors disproportionately affected migrants' health outcomes, with studies reporting increased rates of anxiety, depression, and unmet healthcare needs in this population (Minas, 2021; Shu et al., 2022). Previous studies have acknowledged and addressed the importance of the mental health of migrants, especially in countries with high migration, like New Zealand and Australia (Abbott, 1999; Abood et al., 2023).

As a country with many migrants, Australia has a legal and moral obligation, given its commitment to principles of human rights and health equity, to pay attention to the experiences of different cultural and social communities. For instance, Australia's Multicultural Statement (2017) addresses cultural barriers as a matter of equity, while the Racial Discrimination Act 1975 provides legal enforceability. However, structural and cultural barriers can further hinder migrants' access to health care services and promotion resources in Australia. For instance, linguistic limitations often restrict migrants' ability to navigate healthcare systems, while deep-seated cultural norms, such as stigma toward mental health in Chinese communities, discourage help-seeking behaviours (Shu et al., 2022; Yang et al., 2014). Additionally, divergences between Western biomedical models of health and non-Western holistic health models can create misunderstandings, reducing the relevance and acceptability of mainstream health interventions (Archibald & Kitson, 2020; Mansouri, 2023). For example, mental health literacy campaigns emphasising individual resilience often clash with collectivist values prioritising familial harmony, leaving many migrants underserved by conventional approaches (Fernando, 2004; Ungar, 2013). Despite Australia's multicultural ethos, CALD communities face disproportionate barriers to accessing timely and appropriate healthcare, especially mental health-related services (Henderson & Kendall, 2011).

With a population of 700,000 in 2024, Chinese migrants are the third-largest migrant group in Australia (Australian Bureau of Statistics, 2024). Chinese migrants face increased risks for physical and mental health issues, as do other immigrant groups in Australia. Research highlights that Chinese migrants, like other immigrant groups, encounter challenges linked to acculturative stress, including language barriers, socio-economic disparities, and cultural disconnection, which can exacerbate mental health conditions such as anxiety and depression (Minas, 2021). Additionally, systemic barriers, including limited access to culturally sensitive healthcare services, further compound these issues (Henderson & Kendall, 2011). According to Minas (2021), for instance, the poorly informed mental health policy and service design and delivery are due to a lack of prevalent information, which suggests limited studies exploring mental disorders in Chinese Australians. As a result, migrants from non-English-speaking backgrounds, including Chinese Australians, are less likely to utilise mental health services despite comparable needs, often due to stigma or lack of awareness (Wynaden et al., 2005; Youssef et al., 2006). Discrimination, particularly during the COVID-19 pandemic, has also been linked to worsening mental health outcomes, as evidenced by reports of heightened xenophobia targeting Asian communities (Kamp et al., 2023). Physical health risks are also pronounced, particularly due to lifestyle changes post-migration, such as shifts in dietary habits and reduced physical activity, which correlate with increased prevalence of chronic conditions like diabetes and cardiovascular diseases (Jin et al., 2017). These intersecting factors underscore the need for targeted public health interventions, especially mental health-related interventions, to address the unique vulnerabilities of Chinese migrants and other immigrant groups in Australia.

In such a context, cultural considerations are relevant to all aspects of health-related service design and delivery for CALD communities' health promotion. Health promotion, widely recognised as the strategy to enable people to increase control over and improve their health, provides individuals, groups and communities with the tools to make informed decisions about their health and well-being (Joronen et al., 2008; Lucas & Lloyd, 2005; WHO, 1986;). However, despite growing attention to cultural diversity in health systems, recent studies continue to highlight a lack of appropriate, culturally responsive training programs for practitioners working with CALD communities, as well as persistent gaps in policy frameworks regulating health promotion practice (Dawson et al., 2022; Henderson et al., 2011; Truong et al., 2014). These communities, on the other hand, were facing a higher risk of physical and mental health disorders, while few studies provided insights into these

challenges (Kaur-Gill et al., 2023; Peñuela-O et al., 2023). In light of these challenges, there is an urgent need for health promotion strategies, especially mental health promotion tools that centre the voices and lived experiences of CALD groups such as Chinese migrants. Traditional top-down interventions risk perpetuating inequities by overlooking cultural nuances and systemic barriers to seeking help. Instead, participatory methodologies, such as co-designed arts-based approaches, offer a pathway to bridge these gaps. By engaging migrants as active collaborators in designing interventions, researchers can cultivate culturally appropriate tools that value community-specific needs, understandings, and narratives (Boal, 1995; Morse et al., 2024; Quadros et al., 2021). This study responds to this imperative, positioning theatre as a medium to explore migrant voices, challenge stigmatising discourses, and foster inclusive dialogue around health, especially mental health.

1.2 Why theatre?

Theatre, particularly applied theatre, is uniquely positioned to address complex social issues through its dual capacity to engage audiences emotionally and cognitively (Baldwin, 2019). Unlike conventional theatre, applied theatre prioritises outcomes beyond entertainment, such as empowerment, education, and community-building (Heard et al., 2020). Forum theatre, a participatory method developed as part of Augusto Boal's *Theatre of the Oppressed* (1995), invites spect-actors to intervene in performances, rehearse solutions to real-life conflicts, and collectively produce narratives to show up the experiences of oppression. This interactive approach aligns with social cognitive theory (Bandura, 1986), which posits that observational learning and participatory engagement can reshape attitudes and behaviours. Its application within health promotion contexts has increasingly attracted academic and professional interest (Peerbhoy & Bourke, 2007; Rustveld et al., 2013; Swe et al., 2020).

1.2.1 Theoretical Foundations

As an art form that could engage the audience on both emotional and cognitive levels, some theatre productions are widely designed and used as educational and communication tools in education and health-related research, which are also called applied theatre (Heard et al., 2020). Applied theatre, according to Baldwin (2009), refers to using theatre, drama and

performance to achieve any outcomes beyond the artistic experience itself. As a result, applied theatre today is generally associated with empowerment, capacity-building and social transformation (Baldwin, 2009). Applied theatre encompasses practices like forum theatre (Boal, 1979), playback theatre (Fox & Salas, 1996), Epic theatre (Brecht, 1964) and community-based participatory theatre (Van Erven, 2002), all prioritising collective storytelling and critical reflection. Freire (1970), whose educational theories significantly influenced Boal, emphasised critical consciousness (“conscientisation”), which is a deepened awareness facilitating reflection and action upon oppressive structures affecting health and wellbeing. Grounded in Freirean pedagogy (Freire, 1970), forum theatre rejects passive knowledge transmission in favour of co-creation, positioning participants as “spect-actors” (Boal, 1979) who interrogate systemic inequities. Similarly, the Epic theatre, developed by Brecht (1964) to reject the dominant form of theatre at that time which encouraged audience’s empathy and emotional identifications with the characters, aimed to provoke rational and critical thought and inspire the audience to go out and change the world. Brechtian approaches, which makes the familiar seem strange rather than “real”, contribute to applied theatre’s distancing techniques, enabling audiences to critically reflect rather than emotionally immerse themselves, thus promoting rational discourse and social critique (Brecht, 1964).

Previous research has suggested that theatre could be an effective tool to promote health in terms of enhancing health communication (Sonke et al., 2021), improving health literacy and encouraging health-related knowledge translation for individuals in different communities (Archibald & Kitson, 2020; Massó-Guijarro et al., 2021; Pleasant, 2017). Theories and models such as social cognitive theory (Bandura, 1986) and health belief model (Conner & Norman, 1996) provide the theoretical base of how health-related decision-making and behaviours could be impacted by the environment and narrative that theatre create.

1.2.2 Methodological Approaches in Practices

Applied theatre methodologies in health promotion encompass Forum Theatre, Playback Theatre, participatory drama workshops, and interactive performance-based interventions. Forum Theatre, perhaps the most widely documented, involves the dramatisation of a scenario depicting a dilemma, followed by audience interventions to explore alternative

outcomes (Prentki & Preston, 2009). When applied in health contexts, this approach effectively promotes critical dialogue around health behaviours, such as HIV/AIDS prevention, mental health awareness, and substance abuse reduction (Taylor, 2003). Playback Theatre, developed by Fox (1986) and Salas (1983), emphasises narrative reconstruction through the spontaneous enactment of audience members' personal stories (Fox, 2007). This technique has proven effective in therapeutic contexts, particularly mental health promotion, facilitating emotional expression and validation (Rowe, 2007). Participatory workshops further democratise theatre-making by engaging participants in collaborative storytelling and collective problem-solving, strengthening community empowerment and cohesion (Nicholson, 2015). Participatory theatre, also known as interactive theatre, is particularly powerful at promoting creativity, resilience and generating new understandings of social and personal problems by engaging the audience to act and interact on the stage (Sappa & Barabasch, 2020).

To interpret or evaluate the effectiveness of applied theatre in health promotion, numerous studies have shown how theatre could facilitate health-related awareness, behavioural change, and community engagement through diverse research methods. For instance, Jackson (2007) documents successful interventions in HIV prevention programs utilising Forum Theatre in sub-Saharan Africa, noting increased participant engagement and sustained behaviour modification. Similarly, McCarthy et al. (2004) observe improvements in adolescent mental health literacy following participatory theatre interventions in schools, emphasising applied theatre's ability to transcend conventional didactic approaches. In these studies, specific evaluative frameworks were commonly employed. For instance, qualitative data from participant interviews and ethnographic observations could demonstrate theatre's capacity for emotional resonance and fostering empathy (White, 2013). Quantitative methods include pre- and post-intervention surveys assessing knowledge retention, attitudinal shifts, and behavioural intentions, contributing to evidence-based validation of applied theatre practices (Daykin et al., 2008).

While applied theatre is frequently studied as an intervention to evaluate its outcomes in health or social contexts, some studies fundamentally position it as a participatory methodology for knowledge generation and social inquiry (Cohen-Cruz, 2012; Nicholson, 2015). Moving beyond viewing theatre merely as a tool to be researched, Mackey (2016)

suggested applied theatre itself could be the primary research process, which is a form of participatory research methodology.

1.2.3 Critical Debates and Limitations

Despite notable successes, the application of theatre in health promotion faces critical limitations. One of the most prominent critiques is that applied theatre in health promotion risks inadvertently supporting neoliberal agendas. These critiques argue that theatre programs may implicitly place responsibility on individuals and marginalised groups to manage their health conditions and life circumstances without critically examining or challenging broader systemic factors such as poverty, racism, economic inequality, and political disenfranchisement (Freebody et al., 2018; Preston, 2016). The danger lies in theatre interventions potentially presenting health issues as individual deficits that can be resolved through personal behavioural change, ignoring the structural inequities underpinning these health disparities. For the limitations of using theatre for health promotion, studies often highlight difficulties in quantifying long-term behavioural changes attributable solely to theatrical interventions (Etherton & Prentki, 2006). Moreover, the complexity of isolating theatre's impact amidst broader social determinants of health remains problematic, prompting calls for more robust methodological designs incorporating mixed-methods approaches (Belliveau, 2015).

1.2.4 Directions for the Current Research

Emerging trends indicate a growing interdisciplinary collaboration between theatre practitioners, health professionals, and community members to enhance applied theatre's impact on health promotion (Asante, 2016; Grundy et al., 2023; Snyder-Young et al., 2022; Torrisen & Stickley, 2018). Future research directions advocate integrating collaboration in theatre interventions, robust mixed-methods, and expanding cross-cultural studies to explore theatre's universal versus context-specific health promotion potentials (Reason, 2010). The forum theatre, widely used as an effective interactive theatre form, could be a culturally appropriate approach to creating spaces for dialogues, knowledge building and experience sharing, especially for sensitive topics in different cultural backgrounds (e.g. mental health-related issues in Chinese culture). The collaboration between various stakeholders, rooted in

the principles of Playback Theatre and Participatory workshops, would be a pragmatic approach to collecting voices and experiences from targeted cultural groups for a culturally acceptable theatre piece.

In such a context, this research aims: 1) To explore the use of different forms of theatre as health promotion tools in the previous literature; 2) To co-create a culturally appropriate theatre piece exploring participants' lived experiences about health-related topics; 3) To explore how participants make sense of their experiences with the theatre piece, and how these experiences shape their understandings within broader social and cultural contexts.

1.3 Research Paradigm: Pragmatism

Based on these research aims, a pragmatist research paradigm underpinned the research design and methodologies. Unlike postpositivist and constructivist research, this research, as participatory action research, is conducted with an agenda of reform and empowerment. As with most participatory action research, it undertakes a collaborative approach in which participants are involved at each step, with the aim of transforming the lives of socially marginalised populations (Kaushik & Walsh, 2019). A major underpinning of pragmatist epistemology, as Creswell (2009) pointed out, is that knowledge is always based on experience. Much of this knowledge is socially shared as it is created from socially shared experiences. Therefore, all knowledge is social knowledge (Morgan, 2014).

Hence, in navigating epistemological frameworks, the pragmatic paradigm distinguishes itself from competing philosophical approaches. Positivist researchers, for instance, assert that objective knowledge is attainable through empirical evidence and hypothesis testing, prioritising measurable truths. Conversely, constructivists argue that knowledge is inherently relative, shaped by contextual and subjective interpretations of a multifaceted reality.

Pragmatism, however, transcends this binary by conceptualising knowledge acquisition as a dynamic continuum rather than a rigid dichotomy between objectivity and subjectivity (Goles & Hirschheim, 2000). By rejecting the notion of mutually exclusive poles, pragmatism occupies an intermediate position on the paradigm continuum, integrating elements of both empirical rigour and interpretative flexibility (Morgan 2007; Pansiri 2005; Yvonne Feilzer 2010). This mode of inquiry emphasises practical outcomes and adaptability, positioning

itself as a versatile lens for addressing complex research questions where fixed methodologies may fall short.

The principles of the pragmatic paradigm, with their emphasis on practical solutions and context-dependent knowledge, find a natural and robust expression in the methodology of Participatory Action Research (PAR). PAR extends pragmatism's commitment to experiential learning by placing the community itself at the centre of the inquiry process. This approach transforms the research endeavour from a detached investigation into a co-created cycle of planning, acting, observing, and reflecting (Kemmis et al., 2014). By doing so, PAR ensures that the research is not only about solving a problem but is a democratic and empowering process that generates actionable knowledge directly applicable to the participants' real-world context. The details of a combination of PAR and arts-based embodied methodology addressed in this study is outlined in Chapter 3.

This research recognises the researcher as an active participant in the co-construction of knowledge rather than a detached observer. The researcher occupies a hybrid insider–outsider position in relation to the study's context and methodology of PAR. This positionality informed every stage of the research process, shaping access, rapport, and interpretation. Specifically, the insider dimension afforded cultural sensitivity, linguistic familiarity, and a shared understanding of the sociocultural norms influencing participants' experiences of mental health and migration. These affinities facilitated trust and open dialogue during the co-creation and discussion phases, allowing for the exploration of complex and often stigmatised topics. However, this proximity also required continuous reflexive awareness of how shared cultural assumptions might influence data interpretation, participant interactions, and the framing of narratives. At the same time, the researcher's academic training and practice-based orientation positioned them as an outsider to participants' lived experiences. This dual perspective provided both empathy and critical distance, enabling engagement with participants' stories through the lens of applied theatre theory, public health discourse, and Reflexive Thematic Analysis (Braun & Clarke, 2024). The interpretive process thus relied on reflexive dialogue, through journaling, supervision, and iterative analysis, to identify how the researcher's perspectives shaped theme development and theoretical insights. This hybrid positionality, which was culturally embedded yet methodologically analytical, was central to the study's ethical and creative integrity. The researcher's position, therefore, is a constitutive

part of the research design, contributing to the depth, authenticity, and interpretive coherence of the study.

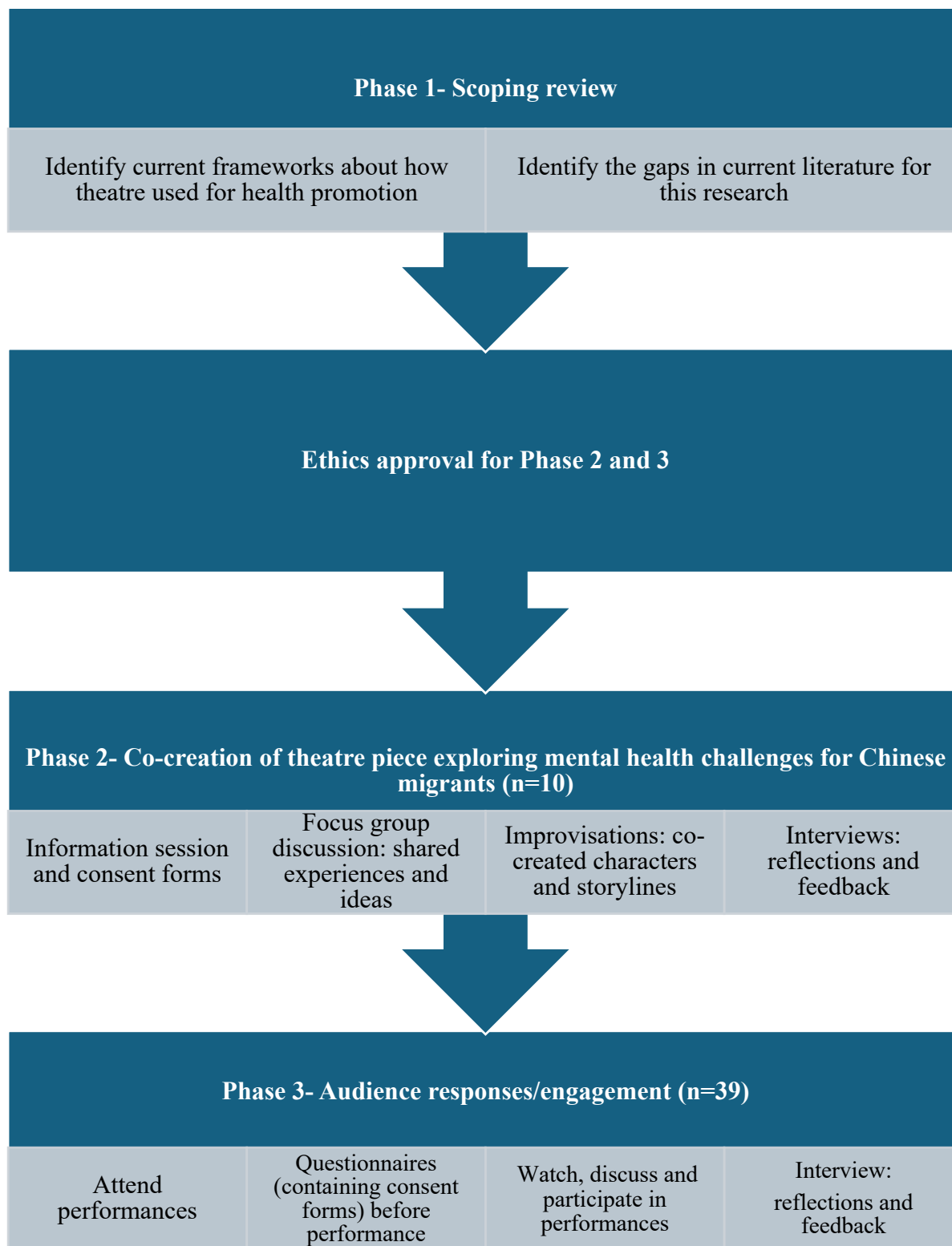
1.4 Thesis Structure

This thesis is structured in a manner that first contextualises the interdisciplinary research space for theatre and health promotion, and then develops the current research design, including the stages of creating the theatre and performing the theatre. Through the participatory theatre co-designed with young Chinese migrants, the researcher explores the potential of co-creating a theatre piece for collective knowledge production, attitude shifting and critical self-reflexivity on mental health-related topics. This thesis represents the development of the research project chronologically, highlighting methods and results from each of the phases separately.

Overall, there were three phases in the project. Phase one aims to identify the impacts of theatre as a health promotion tool and the gaps in the current studies for future study design, which was achieved by a scoping literature review (Chapter 2). Phase two focuses on the co-creation of the theatre piece, exploring: 1) the actors' understanding and related experiences of mental health-related topics; 2) the process of fictionalising the lived stories targeting audience from young Chinese migrant groups; and 3) potential impact on actors' mental health literacy. Phase three explores the audience engagement and reflections, which are the experiences and perceived impacts when watching and participating in the theatre piece. Besides that, study three also explores the participants' background about immigration, current mental health literacy, and attitudes toward Australia's mental health care through questionnaire. This information, combined with participants' experiences during and after the performance, have explained the main concerns when young Chinese migrants make decisions regarding mental health issues. An overview of the study procedure is provided in Figure 1.1.

Figure 1.1

Summary of the Research Procedures



Chapter 2 synthesises evidence from current literature on the intersection of theatre and health promotion. Based on the findings of the scoping literature review, this research is designed to focus on marginalised populations' mental health promotion, using participatory theatre methods to explore participants' experiences and the co-creating process. Inspired by frameworks developed by Boal (1979), developing and performing a forum theatre piece is chosen to encourage the engagement of actors and audience members in collaboratively producing knowledge, increasing dialogues and practising self-reflexivity in a socially and culturally safe space.

Chapter 3 outlines the general methods of using PAR to co-create and deliver the theatre piece. This chapter describes how this research project developed through generating ideas, co-creating the theatre piece and exploring participants' experiences in practice. The main approach to analysing the qualitative data collected throughout the research is thematic analysis. Additionally, each of the specific methods used for data collection in different phases is addressed. As an essential aspect of conducting participatory research, ethical considerations are outlined in detail, advocating transparency, accountability, and reflexive practice in this study.

As the key findings' parts, Chapter 4 and Chapter 5 represent the detailed research process and outcomes through working collaboratively with young Chinese migrants, including actors and audience members. Chapter 4 focuses specifically on the co-creation of the theatre piece, analysing how these actors engaged with fictionalising their everyday knowledge and reflecting on the co-creating process as well as the topics involved in the theatre piece. Using a combination of embedded research, focus group discussion, improvisational workshops and semi structured interviews, this chapter explores how actors' culturally informed understandings and attitudes shift regarding mental health-related challenges, through co-creating the theatre. Chapter 5 focuses on the audience members' perspectives and explores the impact of the co-designed theatre piece on shaping understanding, attitudes and perceived behaviours of mental health on participants. Chapter 6, based on the interviews in co-creation and performance process, synthesises the reflections of participants, including both actors and spect-actors.

In Chapter 7, the researcher discusses the key findings in the research project, highlighting the power of participation in an applied theatre practice in voicing marginalised populations' experiences, shaping their culturally informed understandings of mental health-related challenges, and encouraging peer education through meaningful dialogues. Through summarising the contributions and limitations, this chapter also advocates for clearer interactive processes, greater professional collaboration, and more nuanced knowledge integration to enhance the efficacy of theatre-based health interventions.

Chapter 2. Literature Review: a Scoping Review of Theatre and Health Promotion

In this chapter, scoping review synthesising evidence from 40 studies on theatre's role in health promotion is presented. Key findings indicate that non-interactive theatre (e.g., traditional scripted performances) predominates and is used widely across contexts. Interactive theatre (e.g., forum theatre) is primarily employed for healthy lifestyle promotion. Community-based interventions target broad age ranges (7–94 years) and emphasise disease prevention (e.g., HIV/cancer), while school-based projects focus on children/adolescents and social health (e.g., bullying). Theatre consistently improves health-related knowledge, attitudes, intentions, and behaviours. The gaps in current literature include underrepresentation of marginalised populations (e.g., immigrants, LGBTQI+), limited focus on mental health, and over-reliance on quantitative evaluation methods. Longitudinal impact assessment is rare. The review findings underscore theatre's versatility in addressing health topics and highlight the need for culturally tailored frameworks, mixed-methods evaluation, and inclusive co-design approaches. These findings guide health practitioners, artists, and policymakers in developing effective theatre-based health promotion. Findings from the scoping review highlighted important gaps in how participatory theatre has been applied, and these insights guided the development of the current study.

2.1 Background

Health is a positive concept emphasising physical, mental and social well-being (WHO, 1986). Health promotion, widely recognised as the strategy to enable people to increase control over and improve their health, provides individuals, groups and communities with the tools to make informed decisions about their health and well-being (Joronen et al., 2008; Lucas & Lloyd, 2005; WHO, 1986). The Ottawa Charter (1986) defines five action areas in the field of health promotion, which are: 1) strengthening community actions, 2) developing personal skills, 3) creating supportive environments, 4) reorienting health services, and 5) building healthy public policies. Health promotion, specifically, could include promoting physical fitness, healthy lifestyles, good nutrition, prevention of diseases, and reducing

unintentional injuries and risky behaviours (Hayman et al., 2002). For health promotion, changes in health-related knowledge, attitudes and behaviours come from the interactions between personal factors, human behaviours, and social contexts.

The arts have been shown to be effective as a tool to enhance health communication (Sonke et al., 2021), improve health literacy and encourage health-related knowledge translation for individuals in different communities (Archibald & Kitson, 2020; Pleasant, 2017). A scoping review conducted by Bunn et al. (2020) indicates that arts-based approaches are widely used as intervention and entertainment education tools to promote health in sub-Saharan Africa. Sheppard et al. (2020) also reviewed contemporary literature addressing the effectiveness of performing arts, specifically music and dance participation, and found these to be effective in maintaining and enhancing a population's good health and well-being.

Theatre, one of the most popular art forms, is widely defined as a presentation or activity that tells stories to engage and entertain the audience through gestures, speech, music and dance (Hall et al., 2019). Because of the ability to engage the audience on both emotional and cognitive levels, theatre productions have been commonly used as an educational and communication tool in education and health-related research (Heard et al., 2020). The theatrical theory of liminal space refers to a potential space for growth and critical reflection within socio-cultural learning created during theatre, where people can explore new ways of being and approaching their worlds (Heikkinen, 2002; Turner, 1969). In this process, the audience can internalise the messages and information conveyed in the theatre. For instance, Boal (2000), using his *Theatre of the Oppressed* as a platform to break down barriers between spectators and the dramatic action of the performance, encourages the audience to participate in theatre as a reactor rather than as an observer. Such practice suggests a theatre production can generate social change by increasing communication, creating new connections and encouraging reflective thinking based on messages conveyed by actors on the stage (Boal, 2000).

Although the impact of some forms of theatre on health outcomes has been explored (including theatre of the oppressed, community theatre, verbatim theatre, and participatory theatre) (Madsen, 2018), little literature has combined and compared the impacts of these different types of theatre on health promotion among different types of audience in a comprehensive way. In previous reviews, for instance, the target groups were normally focused on children, adolescents and people in developed countries and areas (Heard et al.,

2020; Joronen et al., 2008). The types of theatre also concentrated on applied theatre (Baldwin, 2009; Heard et al., 2020) and community theatre (Sandhu et al., 2021). Therefore, while health promotion through arts has been explored, limited studies have comprehensively explored the role different theatre forms play in promoting health in different social and demographic contexts.

2.2 Objectives

This scoping review aims to establish a comprehensive understanding of how different theatre forms have been used and evaluated as a health promotion tool in different social and demographic contexts. Specifically, this study aims to synthesise the current evidence to generate an overview of how theatre-based tools address health-related topics, in terms of what forms of theatre are used, what types of health-related issues are addressed, what health outcomes are impacted and how theatre-based tools are evaluated in different contexts and populations.

This review addressed the following four research questions:

1. How has theatre been used for health promotion in terms of: a) country; b) settings; c) target participants; and d) theatre type?
2. How are the theatre productions/projects designed?
3. What are the: a) health-related topics addressed and b) outcomes?
4. How have the impacts of the theatre-based tools been evaluated?

To generate wide coverage, the parameters within the research question were purposefully broad (Arksey & O'Malley, 2005).

2.3 Methods

2.3.1 Protocol

The methodological framework of this review is built on the scoping review framework developed by Arksey and O'Malley (2005). Based on the framework of Arksey and O'Malley (2005), this review follows five stages: 1) identifying research questions; 2) identifying relevant studies; 3) study selection; 4) charting data; and 5) collating, summarising and reporting results. This review was also conducted in line with the PRISMA-ScR guidelines (Tricco et al., 2018).

A scoping review generally focuses on mapping all types of evidence available with the aim of obtaining an overview of current studies, rather than answering certain specific questions. As Snoke et al. (2021) conclude, a scoping review rapidly maps key concepts, sources and all types of evidence through systematic literature searching, screening and analysis. Therefore, a scoping review is deemed to be the most appropriate approach to address the research questions.

2.3.2 Eligibility Criteria

This review was designed to capture relevant studies and findings. To achieve this goal, the eligible literature did not have a year or location limitation. Eligible studies included the following requirements: 1) Intervention should be theatre-based, 2) health-related issues have been addressed in theatre production, 3) the theatre production is intended to promote health, 4) there is an evaluation of the outcomes regarding the effectiveness of theatre-based interventions on health promotion, 5) studies are published in English. In the current study, health promotion was defined as a strategy to enable people to increase control over and improve their health, which includes promoting physical fitness, healthy lifestyles, good nutrition and prevention of diseases, unintentional injuries and to reduce risky behaviours.

2.3.3 Information Sources

Searched databases were APA PsycInfo, Communication & Mass Media Complete, CINAHL, and MEDLINE. The limiters were publication type (Academic journal/review) and language (English), and the search terms were Theat* OR Drama OR "Performing Arts" OR "Arts-based Strategies" AND Health Promotion OR Health Education AND Evaluation OR

Assessment, which were based on title and abstract words. The search strategies were guided by two independent librarians.

2.3.4 Search

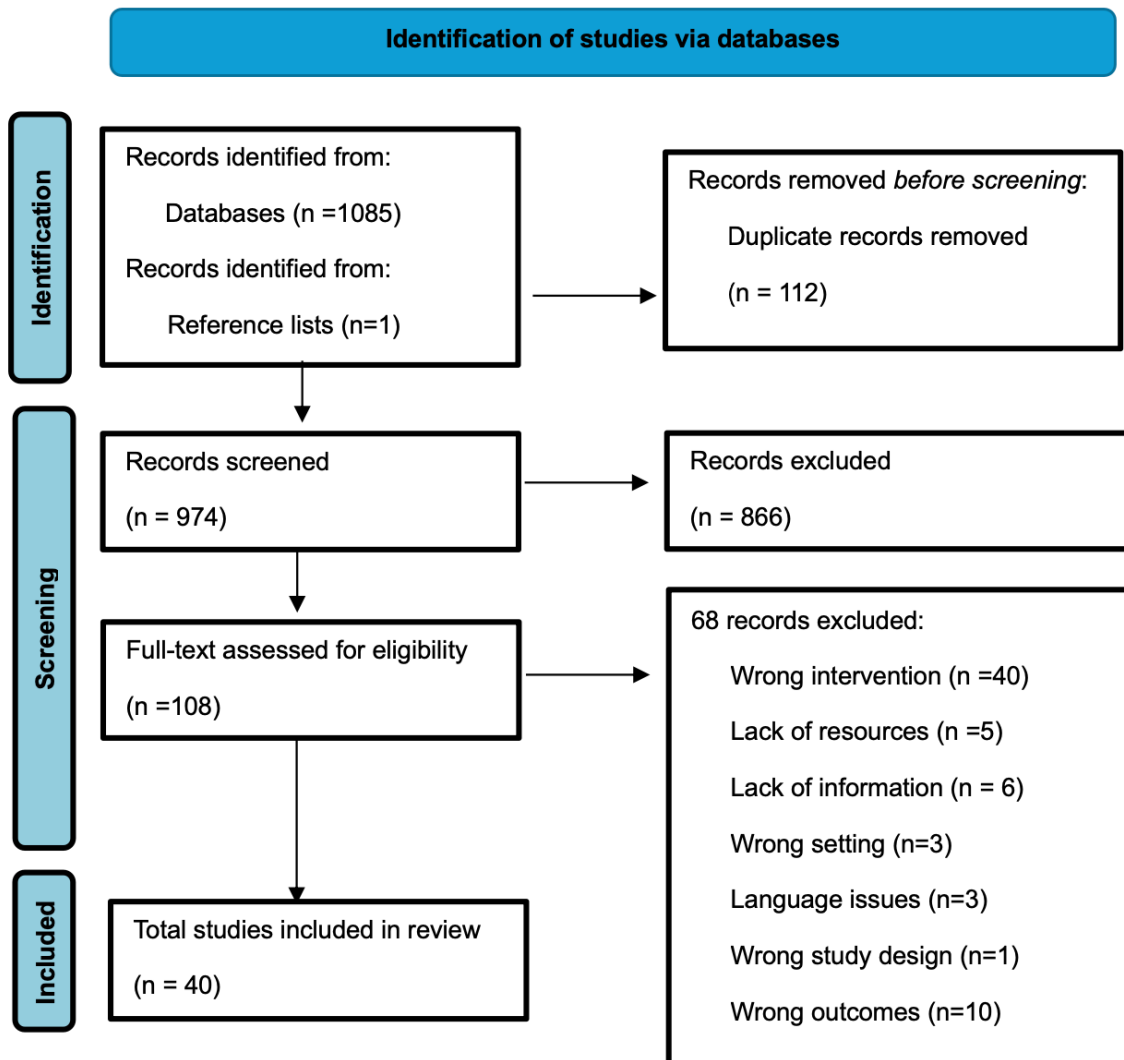
The preliminary search was conducted in November 2023 by a single researcher, and 1085 studies were returned, with 112 duplicates.

2.3.5 Selection of Sources of Evidence

The titles and abstracts of all relevant records were double screened by two independent researchers. These two independent researchers also conducted full-text screening of the remaining studies to assess study eligibility. Regular meetings were held for the agreements on the outcomes of selection every week. There were no conflicts requiring a third independent researcher. Overall, a total of 1085 records were returned from initial database searches. One additional study (n=1) was identified and included by searching reference lists. With the removal of duplicates (n=112) and ineligible records (n=934), the current scoping review included 40 studies. The main reasons for the exclusion included wrong intervention (theatre is not the tool for health promotion), wrong outcomes (not for health promotion), lack of key information, and lack of full-text resources online. All the review and selection processes were conducted through Covidence online. The PRISMA diagram reflecting this process is present in Figure 2.1.

Figure 2.1

PRISMA flow diagram



2.3.6 Data Charting Process

Preliminary data extraction was completed using Covidence (Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia. Available at www.covidence.org). Microsoft Excel was used to document a set of standardised elements including the year of publication, study location, setting, target health outcome, target participants group, theatre types, intervention, methodology/methods, frameworks and evaluative approach. One researcher generated the data and input the information from each of the 40 articles into the Excel Spreadsheet. Another researcher checked the accuracy of the Spreadsheet.

2.3.7 Data Items

Table 2.1, Table 2.3, Table 2.4 and Table 2.5 present the characteristics of selected papers. Table 2.3, specifically, using a TIDieR (Template for Intervention Description and Replication) presents detailed information about the theatre productions. In accordance with PRISMA-ScR guidelines, included sources of evidence were not critically appraised (Tricco et al., 2018).

2.3.8 Synthesis of Results

To obtain an overview of how theatre has been used to promote health in selected literature, a descriptive-analytical method was applied to generate and analyse the key findings (Arksey & O'Malley, 2005; Creswell & Creswell, 2018). The key topics were generated by one individual researcher, and they were reviewed by another individual researcher.

The categories in Table 2.1, for instance, were generated based on the first research question, which was based on country, settings, targeting participants, and theatre types. The category “settings” included school-based and community-based settings. Community projects emphasised broad accessibility and social dialogue among diverse groups (e.g. African-American, Farm workers, American male adolescents in Juvenile justice, etc.), whereas school interventions focused on development and reinforcement through classroom activities (see Table 2.1 and Table 2.4). The category “theatre type” was generated based on audience engagement/participation among eleven specific performing types involved (Table 2.1 and Table 2.2), including presentational (traditional) and participatory theatre. The explanation of specific performing types was also addressed in Table 2.2.

2.4 Results

2.4.1 Characteristics of the Theatre Used for Health Promotion

As shown in Table 2.1, the characteristics of current evidence showed diverse study designs. The years of published studies ranged from 1991 to 2023. Most of the studies were based in the USA (n=20), followed by the UK (n=5). Community-based theatre (n=24) was more common than school-based theatre (n=20), targeting community-dwelling members aged from 7-94 and students aged from 2-16 years, respectively. Presentational (traditional) theatre was the most common theatre type (n=28). The explanation of the eleven performing types is addressed in Table 2.2.

Table 2.1

Characteristics of the Theatre Used for Health Promotion

Studies	Country	Settings	Participants	Theatre type
Ahmed et al. (2020)	UK	School, Community	General members (17-94yrs)	Presentational (traditional theatre)
Buitrago et al. (2013)	Columbia	Community	General members (10-85yrs)	Presentational (traditional theatre)
Bush et al. (2018)	Australia	School	Students (2-5yrs)	Presentational (school-based educational theatre)
Cheadle et al. (2012)	USA	School	Students (third or fourth grade)	Participatory (interactive plays)
Cheney et al. (2006)	USA	Community	African-American women (adults)	Presentational (traditional theatre)

Creel, A.& Franca-Koh, A. (2008)	Honduras	Community	Garifuna; men who have sex with men (15-24yrs)	Presentational (traditional theatre)
Crisp, B. & Taket, A. (2022)	Australia	Community	General members (18-60yrs)	Presentational (non-interactive conversational direct address)
Cueva et al. (2005)	USA	Community	General members	Presentational (traditional theatre)
Elkind et al. (2002)	USA	Community	Farm workers; Spanish-speaking, Mexican and Latino	Participatory (sociodrama)
Essler et al. (2006)	UK	School	Students (13- 14yrs)	Presentational (school-based educational theatre)
Fleckman et al. (2023)	USA	School	Students (college)	Presentational (traditional theatre)
Friedman et al. (2019)	USA	Community	African-American	Presentational (liturgical drama)
Guzmán et al. (2003)	USA	School, Community	Students; Latino youth (6-16yrs)	Presentational (school-based educational theatre)
Haleem, D. M. & Winters, J. (2011)	USA	School	Students (college)	Participatory (sociodrama)

Holloway et al. (2009)	Nepal	School, Community	Household with children (under 5yrs) with ARI	Presentational (street theatre)
Jaganath et al. (2014)	Sub-Saharan Africa	School, Community	General members (15-60yrs)	Participatory (participatory community theatre)
Joronen et al. (2012)	USA	School	Students (fourth or fifth grade)	Presentational (school-based educational theatre)
Kurscheid et al. (2018)	Indonesia	Community	General members (7-87yrs)	Presentational (Javanese shadow puppetry)
Lauby et al. (2010)	USA	Community	American male adolescents in Juvenile justice (12-18 yrs)	Presentational (traditional theatre)
Lightfoot et al. (2015)	USA	School	Students (ninth grade)	Participatory (interactive plays)
Livingston et al. (2009)	USA	Community	African-American Adults (18-60yrs)	Presentational (traditional theatre)
McMahon et al. (2015)	USA	School	Students (college)	Presentational (traditional theatre)
Mitschke et al. (2010)	USA	School	Students (12-15yrs)	Participatory (interactive plays)
Nichols et al. (2022)	Canada	Community	Veteran	Presentational (traditional theatre)
Oldfield et al. (1996)	USA	School	Students (5-12yrs)	Presentational (school-based)

				educational theatre)
Peerbhoy, D.&Bourke, C. (2007)	UK	School	Students (12- 15yrs)	Participatory (forum theatre)
Perry et al. (1999)	USA	School	Students (6-12yrs)	Presentational (school-based educational theatre)
Perry et al. (2002)	USA	School	Students (5-12yrs)	Presentational (school-based educational theatre)
Pleasant A. (2017)	Perú	Community	General members	Participatory (participatory community theatre)
Plourde et al. (2016)	USA	School	Students (high school)	Presentational (non-interactive conversational direct address)
Rustveld et al. (2013)	USA	Community	African-American; Hispanic; Vietnamese	Participatory (forum theatre)
Sharma et al. (2021)	India	Community	General members	Presentational (street theatre)
Skinner et al. (1991)	South Africa	Community	General members (15-45yrs)	Presentational (street theatre)
Starkey, F. & Orme, J. (2001)	UK	School	Students (sixth grade)	Participatory (interactive plays)

Stephens- Hernandez et al. (2007)	USA	Community	General members (adults)	Presentational (traditional theatre)
Swe et al. (2020)	Myanmar	Community	General members (7-87yrs)	Participatory (forum theatre)
Taylor, K. (2000)	UK	School	Students (14- 15yrs)	Presentational (school-based educational theatre)
Underwood et al. (2017)	Nepal	Community	low-income members (18- 59yrs)	Participatory (participatory community theatre)
Valente et al. (1994)	Perú	Community	General members	Presentational (traditional theatre)
Williams et al. (2018)	Indonesia	Community	General members (7-87yrs)	Presentational (Javanese shadow puppetry)

The category “theatre type” was generated based on audience engagement/participation among eleven specific performing types, which are explained in Table 2.2.

Table 2.2

Explanation of the Specific Theatre Types Used in Selected Studies

Form of Theatre	Brief Description
Traditional Theatre	Conventional scripted performances (e.g., Greek tragedy, Shakespeare) focused on storytelling, often in formal venues.
School-Based Educational Theatre	Theatre created for or by students to teach academic, social, or moral lessons, often in classrooms or school productions.

Form of Theatre	Brief Description
Interactive Theatre	Performances where the audience directly influences the narrative, often through improvisation or guided participation.
Conversational Direct Address (Non-Interactive)	A performer speaks directly to the audience without interaction (e.g., monologues, stand-up comedy).
Sociodrama	Role-playing focused on exploring social issues (e.g., discrimination, power dynamics) to foster group discussion and solutions.
Liturgical Drama	Medieval religious plays performed in churches, reenacting biblical stories (e.g., Easter “Quem Quaeritis?” dramas).
Street Theatre	Performances in public spaces, often politically or socially themed, using minimal props to engage passersby.
Participatory Community Theatre	Theatre created with and for a community, addressing local issues through collaborative storytelling and performance.
Javanese Shadow Puppetry (Wayang Kulit)	Traditional Indonesian puppet theatre using leather figures, accompanied by gamelan music, often depicting Hindu epics.
Portray Dramatic Performance	A broad term for performances where actors embody characters in scripted or improvised scenarios (could include many forms above).
Forum Theatre	An interactive form where audiences suggest solutions to social problems enacted on stage, pioneered by Augusto Boal.

2.4.2 Designs of the Theatre Production/Project

Table 2.3 summarises the designs of the theatre production and/or theatre-based project as interventions in selected studies. Most of the theatre productions were professionally produced (n=28), by theatrical experts, health professionals or both. More than half of the studies did not address any theories or frameworks for theatre-making (n=23). The theatre scripts were mostly designed by a collaboration of people with different backgrounds, such as artists, educational experts, researchers, the theatre industry, health professionals and people

with relevant lived experience (n=20). With a duration ranging from 20 minutes to 90 minutes, the theatre production was normally part of a multi-disciplinary project or co-design approach with the aim of promoting health-related topics among different audiences. Such projects were normally delivered together with other types of activities, such as discussions (n=13), follow-up activities (n=9), and workshops (n=4).

Table 2.3

Summary of Production and Participatory Features of Theatre Productions Included

Studies	Production Type	Actors	Duration	Theory-informed	Co-design Elements
Ahmed et al. (2020)	Professional	Professional	N/A	No	Yes (dialogue)
Buitrago et al. (2013)	N/A	Professional	Short	No	Yes (discussion)
Bush et al. (2018)	Professional (joint)	Not mentioned	Long	Yes	Yes (competition)
Cheadle et al. (2012)	Professional (joint)	Professional / Student	Medium	No	Yes (workshop /follow up activities)
Cheney et al. (2006)	Professional	N/A	Long	No	Yes (question response)
Creel, A.& Franca-Koh, A. (2008)	N/A	Community	N/A	Yes	Yes (discussion)
Crisp, B. & Taket, A. (2022)	Professional	Professional	Medium	Yes	Yes (discussion)
Cueva et al. (2005)	Professional	N/A	Medium	No	Yes (discussion)
Elkind et al.	Professional	Community	Medium	Yes	No

(2002)						
Essler et al. (2006)	Professional (joint)	N/A	Medium	No	Yes (follow up activities)	
Fleckman et al. (2023)	N/A	Community	Long	No	No	
Friedman et al. (2019)	Professional (joint)	Community	Long	No	Yes (discussion)	
Guzmán et al. (2003)	Professional (joint)	Community	Medium	Yes	No	
Haleem, D. M. & Winters, J. (2011)	Professional (joint)	N/A	N/A	Yes	No	
Holloway et al. (2009)	N/A	Community	N/A	No	Yes: (discussion/ follow up activities)	
Jaganath et al. (2014)	Professional (joint)	Community	N/A	Yes	No	
Joronen et al. (2012)	Professional (joint)	Teachers	Medium	Yes	Yes (follow up activities)	
Kurscheid et al. (2018)	N/A	N/A	Short	No	No	
Lauby et al. (2010)	Community	Professional	N/A	No	Yes (discussion/ role-play)	
Lightfoot et al. (2015)	Professional	N/A	N/A	Yes	Yes (discussion /workshop)	

Livingston et al. (2009)	Student	Student	Long	No	Yes (discussion)
McMahon et al. (2015)	Professional	N/A	Long	No	Yes (question response)
Mitschke et al. (2010)	Professional (joint)	N/A	N/A	Yes	No
Nichols et al. (2022)	Professional (joint)	N/A	Medium	No	No
Oldfield et al. (1996)	N/A	N/A	Medium	No	Yes (question response)
Peerbhoy, D.&Bourke, C. (2007)	N/A	N/A	N/A	Yes	Yes (workshop)
Perry et al. (1999)	Professional (joint)	N/A	Medium	No	Yes (follow-up activities)
Perry et al. (2002)	Professional	N/A	Medium	Yes	Yes (follow up activities)
Pleasant A. (2017)	Professional (joint)	Health professionals	Medium	Yes	Yes: (discussion)
Plourde et al. (2016)	Professional (joint)	Professional	Medium	Yes	Yes (pre- and post-show activities)
Rustveld et al. (2013)	Professional	Community	N/A	Yes	No
Sharma et al.	Professional (joint)	N/A	N/A	No	No

(2021)					
Skinner et al. (1991)	N/A	N/A	N/A	No	No
Starkey, F. & Orme, J. (2001)	Professional (joint)	N/A	N/A	No	Yes (workshop and take-home activities)
Stephens-Hernandez et al. (2007)	Professional (joint)	N/A	N/A	No	No
Swe et al. (2020)	Professional (joint)	Professional	Medium	Yes	Yes (discussion)
Taylor, K. (2000)	Professional (joint)	Professional/ Students	Medium	No	Yes (workshop)
Underwood et al. (2017)	Professional (joint)	Professional	N/A	Yes	Yes (discussion)
Valente et al. (1994)	N/A	N/A	Short	No	Yes (question response)
Williams et al. (2018)	N/A	N/A	Short	Yes	No

Notes. Production type was coded as *Professional*, *Student/Community*, or *N/A (not mentioned)*. Duration was categorised as *Short* (<30 minutes), *Medium* (30–60 minutes), or *Long* (>60 minutes). “Theory-informed” indicates explicit reference to theoretical frameworks guiding the design. “Co-design elements” includes audience discussion, workshops, collaborative script development, or forum-based interventions. Where information was not reported, it was coded as *No*.

As shown in Figure 2.2, even though most theatre productions identified in the scoping review were professionally produced (n = 28), professional production did not consistently correspond with the use of co-design projects. While 18 professionally produced studies reported professional productions incorporated dialogue, workshops, or collaborative elements, 10 did not. In contrast, all student- or community-led productions (n = 3)

incorporated co-design approaches. A substantial proportion of studies did not clearly specify production designs, and among these, participatory practices were inconsistently reported.

Figure 2.2

Distribution of Production Types and Use of Co-design Approaches across Theatre Productions Reported

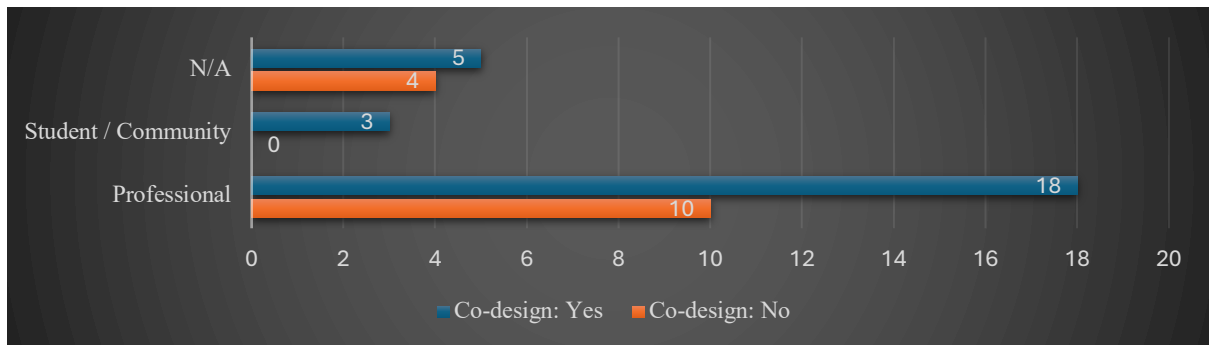
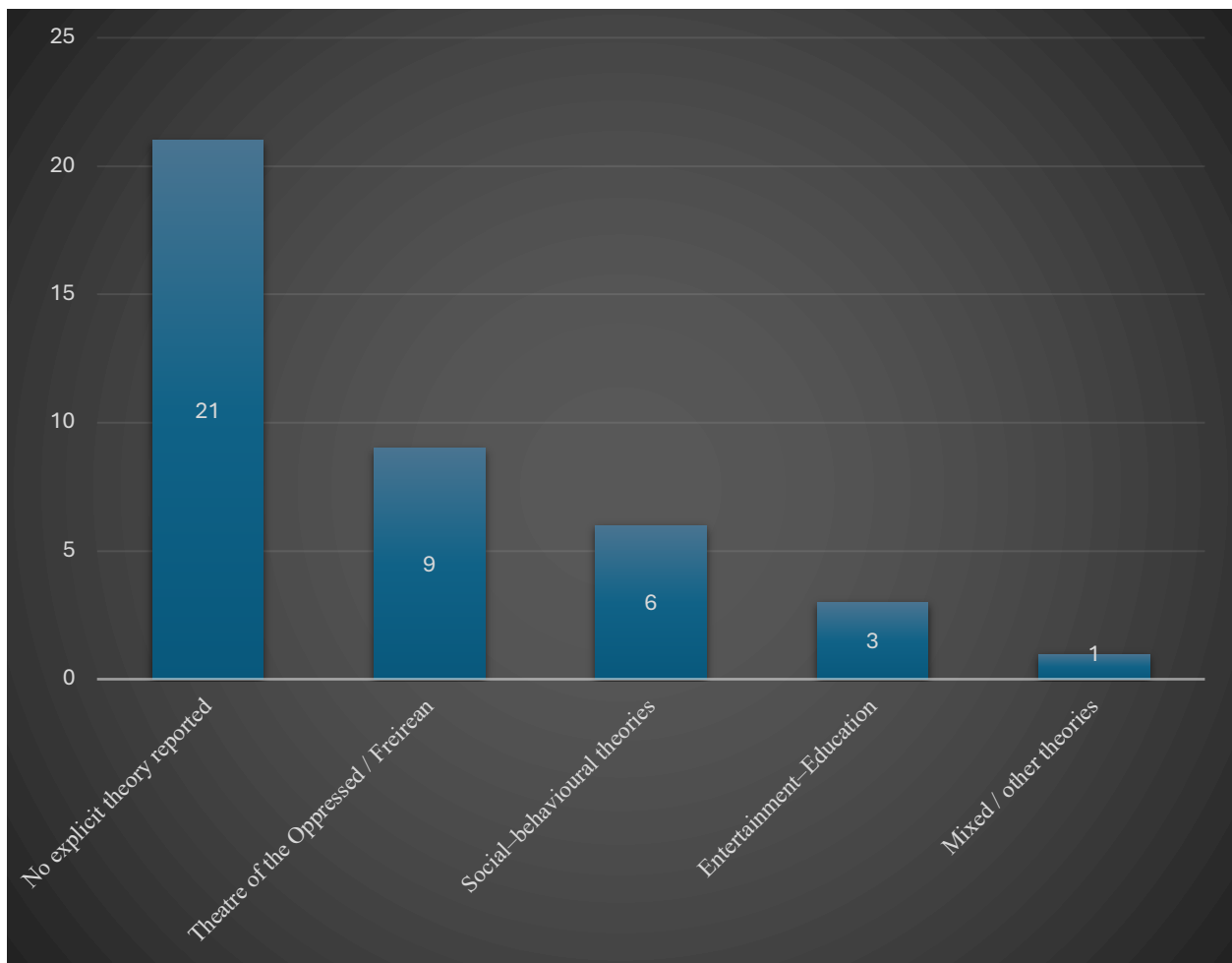


Figure 2.3, on the other hand, shows the distribution of theoretical frameworks underpinning theatre productions identified in the scoping review. Over half of the studies ($n = 21$) did not explicitly report a guiding theoretical framework. Among theory-informed interventions, Theatre of the Oppressed and Freirean approaches were the most frequently cited ($n = 9$), followed by social-behavioural theories such as Social Cognitive Theory and the Theory of Planned Behavior ($n = 6$). Fewer studies drew on Entertainment-Education models ($n = 3$), and only one study reported a mixed theoretical framework.

Figure 2.3

Distribution of Theoretical Frameworks Reported across Theatre Productions



2.4.3 Health-Related Topics addressed in the Theatre and Outcomes

There were four main topics addressed in theatre, including promoting healthy lifestyles (n=23), prevention of diseases (n=10), social health (n=7) and mental health (n=3). The health outcomes included changes in health-related knowledge (n=33), attitudes (n=24), behaviours (n=13) and intentions (n=20). All these results were summarised in Table 2.4.

Table 2.4

Summary of Changes in Health-Related Knowledge, Attitudes, Behaviours and Intentions

Studies	Health-related topics	Health-related			
		Knowledge	Attitudes	Behaviours	Intentions
Ahmed et al. (2020)	Promoting healthy lifestyles	Yes	Yes	N/A	Yes
Buitrago et al. (2013)	Promoting healthy lifestyles	N/A	N/A	N/A	Yes
Bush et al. (2018)	Promoting healthy lifestyles	Yes	Yes	Yes	N/A
Cheadle et al. (2012)	Promoting healthy lifestyles	Yes	N/A	N/A	N/A
Cheney et al. (2006)	Prevention of diseases	Yes	Partly yes	Yes	Yes
Creel, A.& Franca-Koh, A. (2008)	Prevention of diseases	Yes	Yes	Yes	Yes
Crisp, B. & Taket, A. (2022)	Social health	Yes	Yes	N/A	Yes
Cueva et al. (2005)	Prevention of diseases	Yes	Yes	N/A	Yes
Elkind et al. (2002)	Promoting healthy lifestyles	Yes	Yes	Yes	Yes
Essler et al. (2006)	Mental health	Yes	Yes	N/A	N/A

Fleckman et al. (2023)	Social health	N/A	Yes	N/A	N/A
Friedman et al. (2019)	Promoting healthy lifestyles /Prevention of diseases	Yes	Yes	N/A	Yes
Guzmán et al. (2003)	Promoting healthy lifestyles	Yes	Yes	N/A	Yes
Haleem, D. M. & Winters, J. (2011)	Promoting healthy lifestyles	N/A	N/A	Yes	Yes
Holloway et al. (2009)	Promoting healthy lifestyles	N/A	N/A	Yes	N/A
Jaganath et al. (2014)	Promoting healthy lifestyles; Prevention of diseases	Yes	Yes	Yes	Yes
Joronen et al. (2012)	Social health	N/A	N/A	No	N/A
Kurscheid et al. (2018)	Prevention of diseases	Yes	N/A	Yes	N/A
Lauby et al. (2010)	Prevention of diseases	Yes	Yes	No	N/A
Lightfoot et al.	Prevention of diseases	Yes	Yes	N/A	N/A

(2015)					
Livingston et al. (2009)	Prevention of diseases	Yes	N/A	N/A	Yes
McMahon et al. (2015)	Social health	N/A	N/A	N/A	Yes
Mitschke et al. (2010)	Promoting healthy lifestyles	Yes	N/A	N/A	Yes
Nichols et al. (2022)	Mental health	Yes	Yes	N/A	N/A
Oldfield et al. (1996)	Social health	Yes	No	N/A	N/A
Peerbhoy, D.&Bourke, C. (2007)	Social health	Yes	N/A	N/A	N/A
Perry et al. (1999)	Promoting healthy lifestyles	N/A	Yes	N/A	Yes
Perry et al. (2002)	Promoting healthy lifestyles	Yes	N/A	N/A	N/A
Pleasant A. (2017)	Promoting healthy lifestyles	Yes	N/A	Yes	N/A
Plourde et al. (2016)	Social health	Yes	Yes	N/A	Yes

Rustveld et al. (2013)	Promoting healthy lifestyles	Yes	Yes	N/A	Yes
Sharma et al. (2021)	Promoting healthy lifestyles	Yes	Yes	N/A	N/A
Skinner et al. (1991)	Prevention of diseases	Yes	Yes	Yes	Yes
Starkey, F. & Orme, J. (2001)	Promoting healthy lifestyles	Yes	Yes	N/A	N/A
Stephens-Hernandez et al. (2007)	Promoting healthy lifestyles	Yes	Yes	Yes	Yes
Swe et al. (2020)	Promoting healthy lifestyles	Yes	N/A	Yes	N/A
Taylor, K. (2000)	Promoting healthy lifestyles /Mental health	Yes	Yes	N/A	N/A
Underwood et al. (2017)	Promoting healthy lifestyles	Yes	N/A	Yes	N/A
Valente et al. (1994)	Promoting healthy lifestyles	Yes	N/A	N/A	N/A
Williams et al. (2018)	Promoting healthy lifestyles	Yes	N/A	Yes	Yes

Promoting Healthy Lifestyles

Topics related to healthy lifestyles were most mentioned in the selected studies (n=23), including nutrition (n=4), alcohol/tobacco prevention (n=4), substance use (n=4), and other general health-related knowledge promotion in daily lives (n=13).

Among these studies, changes in knowledge (n=19) were the most obvious, highlighting knowledge such as nutrition facts (Bush et al., 2008; Cheadle et al., 2012; Perry et al., 2002; Underwood et al., 2017), use of substances (Starkey & Orme, 2001), and hygiene practices (Williams et al., 2018). Changes in attitudes and intentions (n=12) were also reported, such as shaping children's attitudes and influencing their future intention to smoke or use drugs through theatre (Perry et al., 1999; Starkey & Orme, 2001). Behaviours were also improved (n=10), including reducing alcohol use (Taylor, 2000; Haleem & Winters, 2011), improving healthy eating (Bush et al., 2018), and hygiene adoption (Pleasant, 2017).

Prevention of Diseases: HIV, Cancer and other Diseases

The prevention of specific diseases included HIV (n=5), breast cancer (n=2), colorectal cancer (n=1), acute respiratory infection (n=1), and gastrointestinal and helminth-related disease (n=1). Among diverse diseases, HIV and cancer were the most common topics (n=10).

The studies that addressed HIV, cancer and other diseases were all commonly focused on the knowledge of the diseases (90%), including symptoms, the pathway to spread and impacts. For HIV-related studies specifically, the attitudes toward persons living with HIV/ AIDS were also important issues to be assessed and improved. Both HIV-related studies paid attention to participants' perceptions of HIV-related stigma (Lauby et al., 2010; Lightfoot et al., 2015). Second, all HIV and cancer-related studies addressed the importance of getting a test as the prevention strategy, such as HIV/ AIDS testing (Lauby et al., 2010; Lightfoot et al., 2015), colorectal cancer screening (Friedman et al., 2019), and breast cancer screenings and mammograms (Livingston et al., 2009). Third, for the remaining diseases, studies focused more on prevention and behavioural changes, rather than knowledge and attitudes, to reduce related health issues compared to HIV and cancer-related studies. For instance, Holloway et

al. (2009) looked at health check attendance and the use of prescribed antibiotics as the focused outcome of theatre-based interventions.

Social Health

Social health was also addressed in selected studies. As shown in Tables 2.1 and 2.4, social health topics addressed were gender-based violence, social relationships and bullying/abuse (n=7). In the two studies addressing gender-based violence, the theatre called You the Man was applied in cities located in the United States and Australia, respectively. The target groups were students from high school in the United States and adults aged 18 to 60 in the Australian study. The gender-based violence topics were explored in terms of the severity of abusive and coercive behaviours, as well as the participants' capacity to intervene as bystanders (Crisp & Taket, 2022; Plourde et al., 2016). For social relations and bullying victimisation topics, the target groups were children as well as the students from fourth or fifth grades (Joronen et al., 2012; Oldfield et al., 1996). Even though significant changes were observed in knowledge (n=4), attitude (n=3) and intentions (n=3), there were no effective behavioural changes reported in social health-related research.

Mental Health

Mental health was also addressed in three studies in this review. The mental health study focused on the general knowledge and attitudes (n=3) of students aged 13-14 (Essler et al., 2006). The changes in behaviours and intentions, however, were rarely measured.

2.4.4 Evaluations of the Impact of Theatre's Role on Health Promotion

Table 2.5 summarises the methods to evaluate the impacts of the theatre in the reviewed studies. The most used study design was a pre-post survey (n=36), which assessed outcomes before and after exposure to the theatre production. Sample sizes in selected studies ranged from 12 to 4311. In terms of research design, quantitative (n=19) and mixed methods (n=18) were the most common approaches. Common evaluative tools used to measure outcomes

were questionnaires (n=35) and multiple types of surveys (n=9). Qualitative methods used in selected studies were interviews (n=11) and focus group discussions (n=7).

Table 2.5

Evaluation of the Impacts of Theatre's Role in Health Promotion

Studies	Evaluative Tools			
	Sample and Sample Size	(outcomes/data reported)	Assessment time point	Data analysis approach
Ahmed et al. (2020)	General members (n=105)	Questionnaire	Pre-post	Quantitative
Buitrago et al. (2013)	General members (n=1038)	Survey	Pre-post	Quantitative
Bush et al. (2018)	Students (n=212)	Survey, photographs (present the children's food box as an outcome)	Pre, post (4 weeks), FU (6 weeks)	Mixed method
Cheadle et al. (2012)	Students (T1: n=2915; T2: n=2806)	Questionnaire	Pre, post, FU (3 weeks)	Quantitative
Cheney et al. (2006)	African-American women (T1: n=170; T2: n=72)	Questionnaire	Pre, post, FU (6 months)	Quantitative
Creel, A. & Franca-Koh, A. (2008)	Garifuna; men who have sex with men (n=208)	Questionnaire, interview	Pre-post	Mixed method
Crisp, B. & Taket, A. (2022)	General members (n=41)	Questionnaire	Pre-post (4 weeks)	Mixed method

Cueva et al. (2005)	General members (n=327)	Questionnaire, focus group	Pre-post	Mixed method
Elkind et al. (2002)	Farm workers; Spanish- speaking, Mexican and Latino (n=301)	Questionnaire, interview	Pre, post, FU (2 months)	Mixed method
Essler et al. (2006)	Students (T1: n=71; T2: n=61)	Questionnaire	Pre, post, FU (1 month)	Quantitative
Fleckman et al. (2023)	Students (n=272)	Questionnaire	Pre-post	Quantitative
Friedman et al. (2019)	African- American (n=110)	Survey	Pre-post	Quantitative
Guzmán et al. (2003)	Students; Latino youth (n=1613)	Questionnaire	Pre-post	Quantitative
Haleem, D. M. & Winters, J. (2011)	Students (n=79)	Questionnaire	Pre-post	Quantitative
Holloway et al. (2009)	Household with children (under 5yrs) with ARI (n=2231)	Survey, interview	Pre-post (1 year)	Mixed method
Jaganath et al. (2014)	General members (n=45)	Questionnaire, interview	Baseline, FU (1 year)	Mixed method
Joronen et al. (2012)	Students (n=134)	Questionnaire	Pre-post (8 months)	Quantitative

Kurscheid et al. (2018)	General members (T1: n=109; T2: n=96)	Questionnaire, interview	Pre-post (3 months)	Mixed method
Lauby et al. (2010)	American male adolescents in Juvenile justice (n=289)	Questionnaire, interview	Baseline, FU (6 months)	Mixed method
Lightfoot et al. (2015)	Students (n=317)	Survey, focus group	Pre-post	Mixed method
Livingston et al. (2009)	African-American Adults (n=448)	Questionnaire	Pre-post	Quantitative
McMahon et al. (2015)	Students (T1: n=4311; T2: n=2021)	Questionnaire	Pre, post, FU (3 months)	Quantitative
Mitschke et al. (2010)	Students (n=2660)	Survey, focus group	Pre-post	Mixed method
Nichols et al. (2022)	Veteran (n=467)	Questionnaire, focus group; observation of audience throughout the performance	Baseline, FU (6 months)	Mixed method
Oldfield et al. (1996)	Students (n=1269)	Questionnaire	Baseline, FU (3 months)	Quantitative
Peerbhoy, D.& Bourke, C. (2007)	Students (n=3000)	Questionnaire, observation of audience reaction throughout the performance	Pre-post	Mixed method
Perry et al. (1999)	Students (T1: n=1730;	Questionnaire	Pre-post (1-2 months)	Quantitative

	T2: n=1181)			
Perry et al. (2002)	Students (n=4093)	Questionnaire	Pre-post (3 weeks)	Quantitative
Pleasant A. (2017)	General members (n=240)	Interview, observation of audience reaction observation during discussion	Pre, post, FU (3 months)	Qualitative
Plourde et al. (2016)	Students (n=1061)	Quasi-experimental survey, focus group	Pre-post (1-2 years)	Mixed method
Rustveld et al. (2013)	African-American; Hispanic; Vietnamese (n=662)	Questionnaire	Pre-post	Quantitative
Sharma et al. (2021)	General members (n=486)	Quasi-experimental survey, focus group, interviews	Pre-post	Mixed method
Skinner et al. (1991)	General members (n=208)	Questionnaire, interview	Pre-post	Mixed method
Starkey, F. & Orme, J. (2001)	Students (T1: n=297; T2: n=253)	Questionnaire (draw and write; problem solving exercise)	Pre-post (4 weeks)	Mixed method
Stephens-Hernandez et al. (2007)	General members (n=700)	Questionnaire	Pre, post, FU (3 months)	Quantitative
Swe et al. (2020)	General members (n=1175)	Focus group; interviews	Pre-post	Qualitative
Taylor, K. (2000)	Students (n=1600)	Questionnaire	Pre-post	Quantitative

Underwood et al. (2017)	low-income members (n=1200)	Questionnaire	Pre-post (3 months)	Quantitative
Valente et al. (1994)	General members (n=30)	Questionnaire, interview	Pre-post	Mixed method
Williams et al. (2018)	General members (n=96)	Interviews	Pre-post (3 months)	Qualitative

Note. T1=Time point 1; T2=Time point 2; FU=Follow up study.

2.4.5 Community-Based Theatre vs. School-Based Theatre: Differences in Theatre Types, Theatre Designs, Health-Related Topics and Evaluation

Based on the results above, a comparison of community-based and school-based theatre interventions (Table 2.6) indicated distinct patterns in theatre types, health-related topics, and evaluation. For theatre types, both community and school projects employed more non-interactive theatre (75% in community vs. 65% in schools). Besides promoting healthy lifestyles, community projects prioritised disease prevention (33% of studies vs. 5% in schools) while school-based interventions (n=20) focused more on social health (30% vs. 4% in communities). Evaluation approaches also diverged: school-based studies relied more on quantitative tools (60% vs. 38%), while community-based studies favoured mixed methods (50% vs. 40%). Notably, qualitative evaluation was exclusive to community settings (13% of studies).

Table 2.6

Comparison of Community-Based Theatre and School-Based Theatre

	Community-based theatre (Aged 7-94, N=24)	School-based theatre (Aged 2-15, N=20)
Theatre type		
Non-interactive theatre	18 (75%)	13 (65%)
Interactive theatre	6 (25%)	7 (35%)
Health-related topics		
Promoting healthy lifestyles	15 (62.5%)	12 (60%)
Prevention of diseases	8 (33.3%)	1 (5%)

Social health	1 (4.2%)	6 (30%)
Mental health	1 (4.2%)	2 (10%)
Evaluation		
Quantitative method	9 (37.5%)	12 (60%)
Mixed methods	12 (50%)	8 (40%)
Qualitative method	3 (12.5%)	0

2.5 Discussion

2.5.1 Theatre Types, Population and Settings

This scoping review examined the extent and range of studies that assessed the impact of theatre-based interventions on health-related outcomes. Presentational theatre, such as traditional theatre, school-based educational theatre, street theatre, and other presentational forms, was the most commonly used theatre type. Traditional theatre and school-based educational theatre were the two forms used most successfully to promote health. Based on the target populations and settings, community-based theatre (targeting community members aged 7-94 and performed in community settings) was employed more than school-based theatre (targeting students aged 2-16 years and performed in school or classroom settings).

The finding that children/students in developed countries were the most targeted group is consistent with previous literature showing that arts and health promotion studies are mainly focused on children, adolescents and people in developed countries and areas (Heard et al., 2020; Joronen et al., 2008). Further, in the current study, all studies targeting African American groups mentioned how social and cultural factors of African American groups impacted their health-related behaviour and health outcomes, which could be affected through theatre and other art-based tools (Friedman et al., 2019; Lauby et al., 2010; Livingston et al., 2009). This, and previous work, highlight how health can be influenced by significant structural factors such as social, cultural, economic and political barriers (Thebault et al., 2020). Different social and cultural traditions could impact audience preferences for theatre and interest in health-related topics. Considering culturally and linguistically diverse (CALD) groups in global settings, Shahariman (1996) pointed out that community theatre could break up the sociocultural distance for different groups of people, such as people from non-English speaking backgrounds in Australia, and promote their health by determining

their health needs, involving the community in planning and facilitating actions that change health outcomes.

The finding that community-based theatre was effective when used in low-income areas is consistent with previous work showing that theatre is popular and successful in low- and middle- income countries and communities, as it is often more feasible than other forms of media in low-income areas (Hall et al., 2019). In the current review, however, only five studies focused on these areas and no studies identified how the productions were developed to suit low-income areas and how the community might have been engaged. In future work, theatre-based health promotion approaches should be explored in terms of the framework, available settings and design strategies that most engage and promote health in low- and middle- income countries and communities.

2.5.2 Health-Related Topics addressed in Theatre

The most common topics were related to knowledge and prevention regarding certain diseases, namely HIV and cancer. The findings of this review suggest that theatre-based tools have been widely and successfully used to promote health in terms of knowledge, attitudes, behaviour and intentions in both children and adults. This review found that theatre successfully increased awareness of gender-based violence, which is consistent with previous literature showing that theatre raises awareness of social and health-related issues such as gender violence (Crisp & Taket, 2022) and sexual health issues (Baldwin, 2009; Joronen et al., 2008; Sharma et al., 2021; Sheppard & Broughton, 2020), and provides an avenue for knowledge translation (Archibald & Kitson, 2020) while fostering public empathy (Madsen, 2018). However, in the previous studies focused on social and mental health-related issues, the main target was children, and the number of studies was limited. Therefore, future work might consider exploring more about the impact of theatre on social and mental health among adult populations.

This review also found that non-interactive theatre was selected more in all kinds of health-related topics, while interactive theatre was more often employed to promote healthy lifestyles. This divergence likely reflects distinct communication objectives and contextual constraints. Non-interactive methods (e.g., traditional scripted theatre, school-based educational theatre) offer logistical efficiency for delivering standardised health messages—

particularly valuable for knowledge transfer in disease prevention (e.g., vaccine education) or mental health stigma reduction. Conversely, interactive theatre (e.g., forum theatre, participatory community theatre) dominated addressing lifestyles because its dialogic nature actively engages spectators in co-creating solutions to behavioural challenges (e.g., dietary habits, substance use). Such methods align with empowerment models like Theatre of the Oppressed (Boal, 2000), enabling participants to rehearse behavioural changes in psychologically safe spaces—a critical feature when addressing socially embedded practices. Notably, institutional settings influenced adoption: schools chose interactive formats for peer-led skill-building (e.g., refusal skills), while communities used them for grassroots mobilisation. Yet resource barriers—professional actor costs, facilitator training needs, and time-intensive facilitation—likely constrained interactive theatre’s broader implementation, favouring more scalable non-interactive approaches where deep engagement was less mission-critical.

2.5.3 Impacts on Health Outcomes and Theoretical Framework

This review also identified that some theatre productions could be non-impactful even when following a framework (Crisp & Taket, 2022; Joronen et al., 2012; Williams et al., 2018). It suggested current frameworks, including Social Cognitive theory and the Theatre of the Oppressed, may not be appropriate enough to impact health behaviour and intentions in all studied groups and circumstances. Therefore, the selected framework and theatre productions developed should be carefully selected and trialled in the relevant settings before rolling out large-scale health promotion interventions.

2.5.4 Evaluation Tools to Assess the Health Outcomes

According to this review, current theatre-based projects were mostly evaluated through pre-post surveys and quantitative assessment tools, with larger samples recruited from school settings. Few included studies included qualitative analysis, indicating a gap in existing research approaches. Qualitative methods are advantageous when exploring feelings, expectations and reasons underlying behaviours in depth (Pleasant, 2017; Williams et al.,

2018). Current evaluation tools, however, focused on the outcomes of changes in a numerical fashion, ignoring the individuals' experiences and feelings as an outcome of changes. Using more qualitative methods could help to identify the social and cultural factors limiting the efficacy of theatre as a health promotion approach in different settings, such as in different cultures.

Beyond methodological considerations, this reliance on standardised and quantitative evaluation tools also reflects deeper assumptions about how “value” and “impact” are defined within health promotion research. As scholars in cultural policy and arts evaluation have argued, value is not an objective or universal construct, but is socially and culturally produced, shaped by power relations and dominant epistemological frameworks (Belfiore, 2020; Crossick & Kaszynska, 2016; Meyrick et al., 2018). From this perspective, the significance of artistic engagement lies not only in measurable results, but in the experiential, dialogic, and often unpredictable processes that unfold through participation. When applied to theatre-based health interventions, conventional evaluation models may privilege outcomes that are easily measurable, individualised, and aligned with biomedical or behaviourist paradigms, while ignoring the relational, process-based, and culturally situated forms of value generated through participatory arts practices. This limitation is particularly salient in culturally diverse contexts, where understandings of wellbeing, participation, and meaningful change may not align with dominant Western evaluation frameworks. Theatre-based interventions may produce outcomes such as collective reflection, shifts in social norms, increased cultural safety, or strengthened relational capacities, which are difficult to capture through quantitative evaluation alone. Combined the current international conversations about culture value and arts-based interventions, evaluating arts-based interventions requires awareness of how value is negotiated within specific contexts, rather than assumed in advance.

Greater integration of qualitative and culturally responsive evaluation approaches could therefore provide a more appropriate understanding of how theatre functions as a health promotion tool across different social and cultural settings and help to identify the contextual factors that shape its perceived efficacy. For theatre-based health promotion, this implies that evaluation frameworks must remain sensitive to local cultural meanings of wellbeing, participation, and change, and cautious about imposing externally defined criteria of effectiveness that may not resonate with participants' own understandings of what matters.

2.6 Strengths and Limitations

This scoping review was conducted and reported following PRISMA-ScR guidelines. The systematic selection of the studies helped to identify the related literature effectively. The synthesis of current evidence, following Arksey and O'Malley's framework (2005), presented evidence of how theatre-based projects had been used in diverse health-related studies comprehensively.

There are several limitations acknowledged. First, there are representation gaps in the selected studies. Most notably, non-English language papers were not accessed, which may have excluded relevant studies conducted in other languages and cultural contexts. Many significant groups, such as immigrant, global south regions, CALD groups, were not well represented in selected literature. Furthermore, while the search strategy aimed to be comprehensive, it is possible that relevant theatre-based programs were not captured due to current search term selection focused on theatre-specific formats. Some broader terms like "entertainment-education" (EE) that did not focus on live, in-person performances might have been excluded.

2.7 Current Gap, Future Work and General Considerations

Overall, the main gaps of current literature include underrepresentation of marginalised populations (e.g., immigrants, LGBTQI+), limited focus on mental health, and over-reliance on quantitative evaluation methods.

A future challenge is to develop a framework combining theatrical, educational and health-related theories with valid and effective measurements to examine the effects of theatre on health outcomes, especially for mental health-related topics. The aims of this framework are to appeal to the audience, encourage knowledge transmission and enable the audience to modify their attitudes, behaviour and intention to change health-related behaviours in an effective way. As Shahariman (1996) stated, the group methods for health promotion are normally didactic and experiential, including transmitting knowledge using words and visual material as well as training skills for behaviour change respectively.

As studies in the current review focused only on certain cultural groups as a community, there are also many groups, especially marginalised people and groups who have fewer chances to get involved in public health services, that need to be considered. Such groups could be immigrant people, CALD groups, the community of lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) and Indigenous people. Another challenge for CALD and other groups is combining social and cultural traditions with theatre production, which should be based on a comprehensive understanding of the history, backgrounds and current lifestyles of these groups. Therefore, consideration of the backgrounds and concerns of the target population is important and requires collaborative or co-design approaches to designing theatre-based interventions.

Finally, the current scoping review showed that the evaluation of theatre-based health promotion tools relied mostly on quantitative methods. It is also important to focus on an individual's experiences, feelings and understanding to obtain a comprehensive understanding of the impacts and the factors that may influence the effectiveness of theatre-based tools for health promotion. Qualitative approaches could be more integrated into future assessment approaches.

2.8 Summary

This chapter synthesised evidence from 40 studies on theatre's role in health promotion, identifying the gaps that a lack of interactive/participatory theatre and mental health-related topics among marginalised groups. This finding highlighted the need for this research, which could fill the gap through exploring how an interactive/participatory theatre addressing mental health could contribute to mental health promotion among marginalised groups. Combining the research context in Chapter 1, this research focused on mental health promotion through a participatory theatre among young Chinese migrants, as the mental health-related issues and barriers for seeking help have been expressed as vulnerabilities for Chinese migrants. In the next chapter, the methodology and research procedures involved in developing the theatre piece are outlined, which is based on the findings and gaps in this scoping review, including targeted population, theatre-making types and research methods in such projects.

Chapter 3. Methodology and Research Procedures

Based on the key findings about the current gaps of theatre used in health promotion, including less focus on marginalised groups, mental health and limited qualitative methods in the scoping review (Chapter 2), this chapter focuses on articulating the research procedures and methods for the next stage of the project, which is the participatory development of a theatre piece with young Chinese migrants in Australia. The research aim was to explore a framed process of co-creation of the theatre piece addressing mental health-related topics and the how this process contributes to promoting the mental health literacy of targeted groups (young Chinese migrants in Australia). To achieve this, the research questions for the coming stages of this project were: 1) How can a theatre production be co-created to reflect the target group's experiences and understandings of mental health? and 2) To what extent does the theatre production affect actors' and audiences' experiences and understandings of mental health?

3.1 Participatory Action Research and Arts-based Embodied Methodology

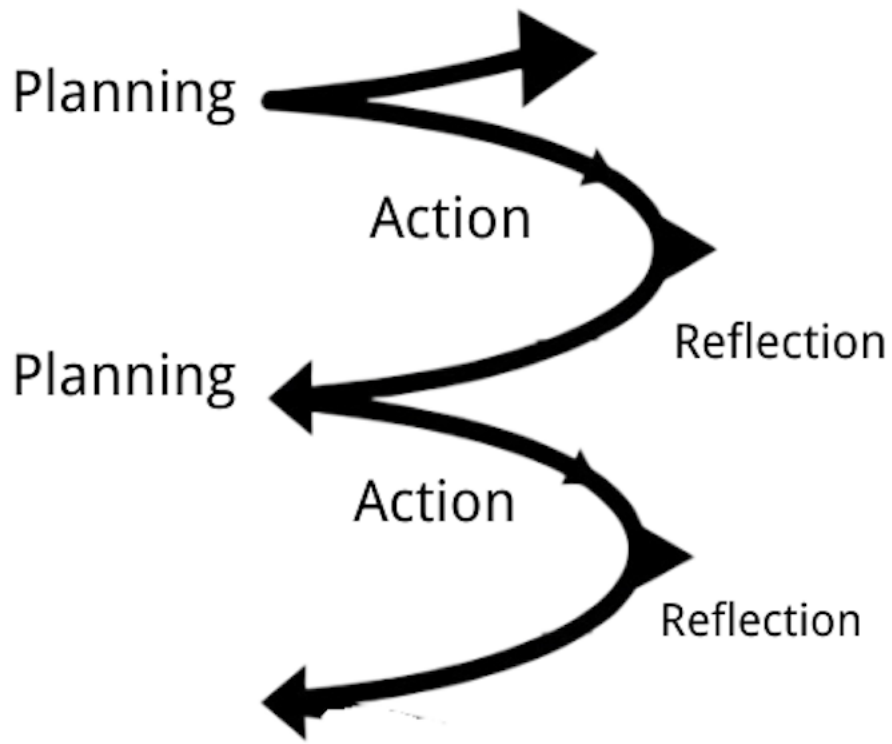
Participatory Action Research (PAR) is a collaborative, iterative, often open-ended and unpredictable research approach that brings community members and scholars together to co-create knowledge and new insights (Cornish et al., 2023; Kemmis et al., 2014; Kindon et al., 2007). Rather than a research process motivated by the pursuit of scientific progress or knowledge for its own sake, PAR is oriented toward producing knowledge-for-action and knowledge-through-action, directed toward the goals and priorities of specific communities. It suggests that in a PAR, researchers should not dominate the research process, as they are considered as the subject of the research as well (Fox, 2015). Through recognising a plurality of knowledge within communities and shifting researchers' traditional roles as the sole experts, PAR challenges hierarchical relationships between researchers and research participants, supporting a collective and democratic praxis of knowledge production (Reuter, 2021).

Informed by Paolo Freire's (1970) education approaches, Kurt Lewin's (1946) action research and critical research theories, PAR in social science became established during the 1970s and

1980s in the context of anti-colonial movements in the Global South (Cornish et al., 2023; Kindon et al., 2007). As a response to symbolic and epistemic injustices, such as those caused by the authority of Western science about knowledge, the development of PAR approaches focused on engaging marginalised (e.g., Indigenous, Latin American, African, Black feminist, etc.) communities to matters related to power, domination and representation with their own knowledge production (Crenshaw, 2013; Fox, 2015; Freire, 1970; Mama, 2002; Smith, 2021). Drawing across the diverse origins of PAR, Cornish et al. (2023) characterised four key principles of PAR in practice, including: 1) values the authority of direct experience; 2) generates knowledge in action; 3) considers research as a transformative process and 4) encourages collaboration through dialogues. Based on such principles, the research process of PAR centres the interdependence of the process of participation, action and research, which tends to be a nonlinear, iterative process (Frisby et al., 2005). A typical PAR process repetitively follows the key stages of planning, action/observation and reflection on change (Kemmis et al., 2014). Specifically, teams work together in the planning stage at the beginning, aim to identify an initial collaborative idea of their social problem. Subsequently, suitable action is developed, during which the information is observed and gathered as results. Then the reflection on the actions is conducted to learn and modify participants' understanding, which also informs the next iteration of the research-action cycle. The spiral diagram in Figure 3.1 captures this process.

Figure 3.1

The Participatory Action Research Spiral in Practice



Through the participatory nature, PAR provides an opportunity for people to act and reflect collaboratively, which enables participants to generate and share knowledge on their own terms (Reuter, 2021). In such a context, the methods can be creative, such as arts-based methods focused on storytelling. According to Fox (2015), bringing arts-based approaches together with PAR has the potential for generating new forms of knowledge that can inform personal and collective transformation, which is co-created, situated and grounded in lived experience. Arts-based embodied methodologies are based on the idea that the embodiment process is about meaning-making through art, which connect and value diverse ways of knowing and storytelling (Fox, 2015; Salas, 1996; Sonn et al., 2015). The creative process, for instance the co-creation of theatre piece, can be considered as an analytic process, and any embodiments within the PAR are strengthened through the experiences (Torre et al., 2012).

In addition to being grounded in Participatory Action Research and arts-based embodied methodologies, this study can also be understood as an example of Applied Theatre as Research (ATR). As articulated by O'Connor and Anderson (2015), ATR positions theatrical practice not merely as a tool for dissemination or engagement, but as a primary mode of inquiry through which knowledge is generated. In this study, the processes of devising, rehearsal, performance, and audience interaction functioned simultaneously as research methods, sites of data generation, and forms of analysis. The embodied and relational nature of forum theatre enabled participants to explore, negotiate, and re-imagine mental health meanings through action, reflection, and collective dialogue, aligning closely with core principles of ATR.

3.2 Theoretical Framework of Theatre Making: Devised Theatre and Forum Theatre

Devised theatre is a term used to address the process in which a group of artists participate in the co-creation of theatre. Heddon and Milling (2006) defined devised theatre as a mode of work with no script existing before the work's creation by the company, which focuses more on the process of the creation. However, "unsatisfied with current 'genealogies' for devising", Rosemary Parsons (2010, p.12) defined devised theatre based on the countercultural collectives of the 1960s within the UK:

Devised theatre refers to the process of creative collaboration by a group of performers to generate and assemble a performance through improvisation, discussion and rehearsal, inclusive of the resultant production. This is a very specific definition describing the process of the practical devising project I undertook as part of the research. It may also be applied to other examples of democratic performer-led devising, although these have become less frequent since the 1990s when devising re-emphasised ‘specialisation, specific roles, increasing division of responsibilities ... and more hierarchical company structures (Parsons, 2010, p.12).

Arendell (2022) explored the development from earlier non-commercial forms of devised theatre to contemporary devising practice that emphasises collaborative creation and, in some applied contexts, may also extend collaboration to include spectators. Devising practice is widely used in applied theatre, Theatre-in-Education programs, community theatre, Theatre of the Oppressed, and Theatre for Change (Arendell, 2022). Through the very specific practice of theatre-in-education, the devising process of theatre-making often involves groups of artists to devise educational programmes rather than solely plays. Based on Parson’s work about co-creating words in devised theatre, Arendell (2022) also pointed out four steps to create a collective forum theatre that could encourage the community members to share enough similar experiences. They are: 1) identify a group; 2) listen to the group opinions and experiential knowledge; 3) use the collective input to create a devised piece that addresses the concerns; and 4) perform the piece and get feedback (Arendell, 2022).

Modernism’s avant-garde set the stage for devised theatre, which shifts the dynamics of theatrical production towards performer-oriented theatre (Parsons, 2010). From the 1960s and 1970s through 2021, Vanden Heuvel (2021) temporally organised three distinct waves within devised theatre. The main shift was the role of performers, from scenic elements to contributors and then to co-creators in devising. According to Heathfield (2001), this approach set out to increase the negotiation of intentions and knowledge through collaborative practice. Based on Arendell’s work (2022), the pioneers of this collaborative devised theatre include Becks (The Living Theatre), Joan Littlewood (Theatre Workshop) and Luiz Valdez (El Teatro Campesino). For instance, Luiz Valdez wrote the devised play *Los Vendidos* based on improvisational work in response to the Delano, California grape strikes in 1967. The actors played stock characters through improvisations, and they changed slightly every time they came together to perform them. The theatre, with long-term development,

became a mouthpiece by creating a stage space to voice the discontent experienced. The whole farmworker strike scenario in this play is called “character-based devising”, which relies on external stimulus and the contribution of personal experience (Arendell, 2022; Parsons, 2010). Personal experience, which reflects shared social realities, is the input that devising relies upon. For the audience member, discovering the meanings through the dual lens of shared and individual experiences may generate resonance. However, such engagement does not necessarily entail direct participation in the devising process itself. In some contexts, the expansion of collaboration to spectators is characteristic of particular participatory forms. The creation of spect-actors marks the arrival of forum theatre techniques developed by Augusto Boal (2000), a Brazilian theatre practitioner, drama theorist and political activist.

Boal’s (2000) ideation, suggested in the *Theatre of the Oppressed*, encouraged the breakdown of barriers between spectators and the dramatic action of the performance. As his most popular theatre style, forum theatre requires direct input from the audience to enact what Boal considers simultaneous dramaturgy: discussions of what needs to change and the creation of new dialogue. In his book *The Rainbow of Desire: The Boal Method of Theatre and Therapy*, Boal (1995) suggests that theatre is a space created by actors and can be switched to empower individuals to break down internalised oppressions. The process of creating space and meanings within a space also reflects on and impacts the idea of actors in terms of some social issues. As a series of practical theories, Boal’s idea provides the framework for drama therapy and Theatre in Education practice. For Boal (2000), the human being is alterable and in process, which suggests artists can reflect, interpret and change reality through theatre pieces. In such a context, theatrical performance and drama workshops can be used to explore moral, social and cultural issues for an educational function. Storytelling, in Boal’s (2000) framework, is a critical pedagogy that provides a way for people to discuss what needs to change and create new dialogue regarding social issues. The method to encourage actors to share their own experiences and co-create the ‘space’ used in the current study is informed by Boal’s theory and method. Jan Cohen-Cruz (2005) suggests that forum theatre is a story-based approach that engages audiences in discussions about what they want to do. Using the stories as building blocks, the audience will identify with the problem and social oppression. Through replaying the scenes and asking the audience to come on stage to play the role of any protagonists, they become spect-actors, providing new stories to complete the devising process to some extent.

Based on the frameworks of theatre-making above, the methodological choices in this study were informed by the researcher's practical training and experience in forum theatre and applied theatre facilitation. Prior engagement with forum theatre workshops and immersive theatre practices shaped the researcher's understanding of facilitation, audience engagement, and the ethical responsibilities associated with participatory performance. This experiential knowledge was critical in recognising both the strengths and limitations of Augusto Boal's forum theatre framework when applied in culturally diverse contexts.

While Boal's approach offers powerful tools for critical dialogue and collective action, it has also been critiqued for assumptions about participation, power, and spectators' willingness to intervene, which may not translate seamlessly across cultural settings. Acknowledging these limitations, this study did not adopt forum theatre as a fixed or universal method, but rather as a flexible framework requiring contextual and culturally responsive adaptation. Such adaptations included adjustments to modes of audience intervention, facilitation strategies, and the use of culturally resonant theatrical devices, ensuring that participation remained ethically grounded and culturally safe. In this sense, the researcher's positionality and practical expertise were integral to the methodological design, shaping how forum theatre functioned as both a research method and a site of knowledge production.

3.3 Pedagogical Frameworks of Theatre-Creating and Engaging

The pedagogical framework of participatory theatre is deeply rooted in the principles of experiential learning and critical pedagogy. These frameworks provide a theoretical foundation for understanding how the actors' and audience's engagement in a forum theatre contribute to promoting their mental health literacy.

Experiential learning, as proposed by Kolb (1984), is a cyclical process that involves four stages: concrete experience, reflective observation, abstract conceptualisation, and active experimentation. Co-creating theatre from lived experience navigates this entire cycle, transforming personal material as a means of exploring mental health and in turn potentially increasing their mental health literacy. The process begins with concretising experience, which is the raw material of the participants' lived experiences, whether their own or observed in

others. In the safe space of the ensemble, these personal stories are shared. When the participants collectively discuss these experiences, they are engaged in reflective observation through considering the facts and potential reasons related to the mental health issues. This reflection is deepened and made safer through the crucial step of fictionalisation, which provides the necessary psychological distance to observe the emotions and events without being overwhelmed by them (Soderberg et al., 2015). This reflection leads to the abstract conceptualisation, where the group begins to draw out characters and build storylines. They structure their observations into a narrative, assign motivations to characters, and decide how to represent them. This process contributes to creating a dialogue about mental health issues, that has the potential to increase their mental health literacy. Finally, they test their conceptual understanding by embodying it, trying out different ways of expressing the story, and ultimately presenting it to the audience. The audience's reaction and the post-show discussion then become a new concrete experience, starting the cycle for both performers and audience members.

In the context of participating in a forum theatre piece, the audience member engages in an experiential learning process as they interact with the performance. Specifically, the audience experiences the performance firsthand, engaging with the characters and their struggles. This direct engagement creates a powerful emotional connection that may enhance the audience's understanding of mental health issues. After the first-round performance, the audience has a chance to discuss and reflect on their experience, considering the characters' struggles and how these struggles may relate to their own lives. This reflection is facilitated through post-performance discussions and interviews. Following this stage, the audience begins to conceptualise the underlying social and cultural factors that contribute to mental health issues mentioned in the theatre production. This process is guided by the actors and "joker", who encourage the audience to critically analyse the characters' struggles. Finally, the audience member is encouraged to apply their learning to their own lives, experimenting with new ways of thinking and behaving in relation to mental health. This cyclical process of learning ensures that the audience not only watches the performance but also develops their thinking and awareness of the mental health issues in their own lives.

Critical pedagogy, as articulated by Freire (1970), further informs the participatory theatre process. Freire's concept of "problem-posing education" encourages learners to critically analyse their social reality and take action to transform it. In forum theatre, the actors create

the scenario where the audience is invited to critically engage with the characters' struggles, identify the underlying social and cultural factors that contribute to mental health issues, and propose alternative solutions. This process fosters critical consciousness and empowers both the actors and audience to challenge stigmatising attitudes and advocate for change (Boal, 2000; Freire, 1970). The combination of experiential learning and critical pedagogy could create a powerful educational framework for promoting mental health literacy through forum theatre.

This research project, based on the arts-based PAR methods, principles of ATR and theatre-making theories, explored participants' understandings and experiences relating to mental health including mental health challenges, and help seeking as part of the process of co-creating a theatre piece, with the ultimate goal being to create a dialogue and promote mental health literacy.

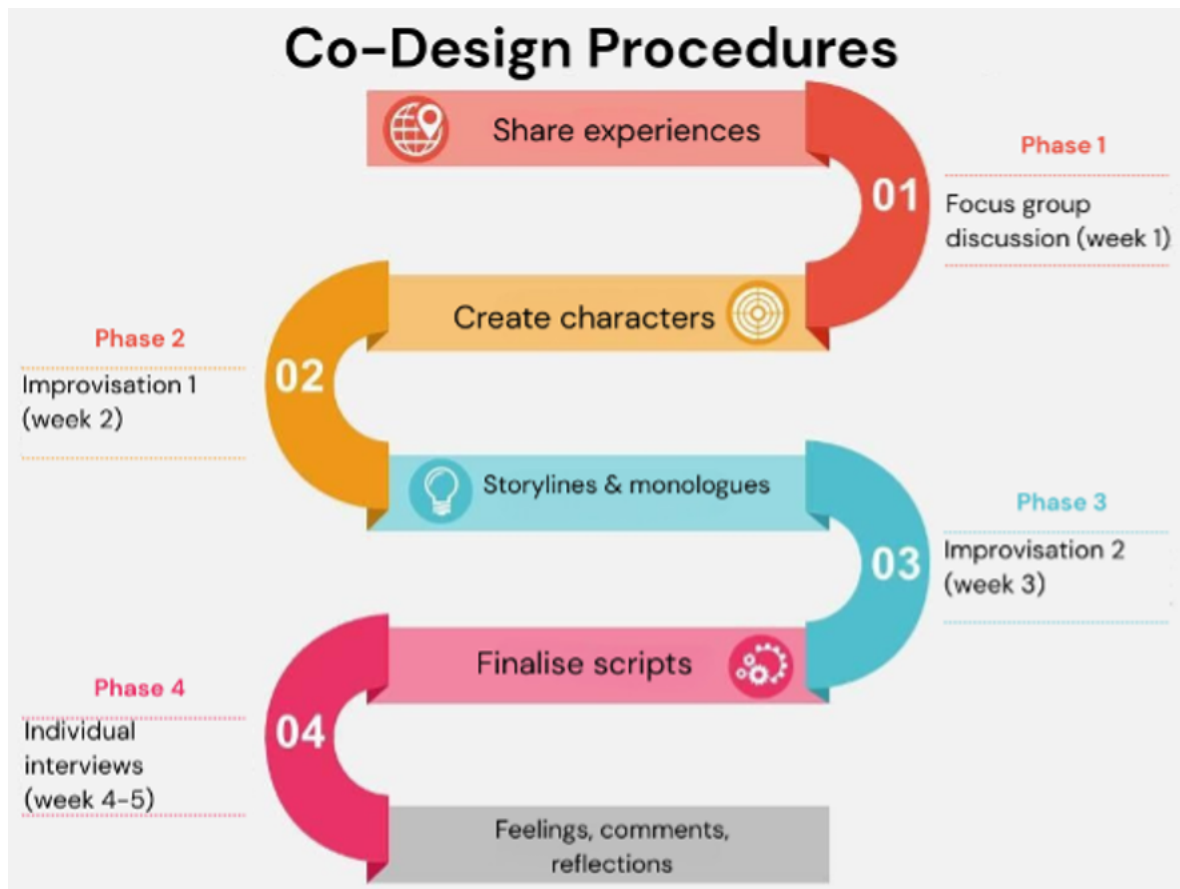
3.4 Research Methods and Procedures: Co-creating and Engaging in the Theatre Piece

3.4.1 Co-creating a Theatre Piece with Participants as Actors

Following the scoping review (Chapter 2), Phase two in this project was designed to answer the research questions about how to co-create a theatre piece addressing the target group's experiences and how this process affects actors. Framed by Parson's (2010) devised theatre, Boal's theory (1979,1995) of Theatre in Education Practice and Theatre of the Oppressed, the process of co-creating the theatre included 1) identifying a group and conducting information sessions; 2) listening to the group opinions and experiential knowledge by group discussion; 3) using the collective input to create a devised piece through group discussion and improvisations; 4) performing the piece and getting feedback. This process is also based on the PAR process (Kemmis et al., 2014), which is presented in Figure 3.2.

Figure 3.2

The participatory Action Research Spiral in practice



In this process, participants were both creators and actors of the storylines. In such a context, theatre is a “space” created by actors, within which the narratives and ideas reflect actors’ experiences. This process can be engaged to empower individuals to recognise and break down internalised oppressions (Boal, 1995).

Participants for Phase Two were 10 actors from the Chinese migrant community in Australia aged between 18 and 35. Migrants in this age group most commonly face diverse mental health issues because of a transition from schooling age to establishing enterprise and social reputation (Kaur-Gill et al., 2023; Peñuela-O et al., 2023). This design is also guided by the structure developed in previous research conducted by Victoria University in Geelong, which is a collaboration between Western Edge Youth Arts and researchers at Victoria University. Quadros et al. (2021) created a theatre production called *6 Hours in Geelong*, which is a

production co-created by 10 young people from culturally and linguistically diverse backgrounds who lived in Geelong. The researchers observed actors in workshops and engaged in focus group interviews at different points in the theatre-making process to collect data of actors' reflections and experiences. Similar methods were also applied to this project.

For the requirement of performing, experienced actors with fluent English and Mandarin were recruited from Chinese theatre communities via social media (WeChat). In this phase, 10 actors who worked in the JS Immersive Theatre Company (A Chinese theatre group based in Melbourne) joined voluntarily as participants. This was through the researcher's networks.

To explore the experiences of the participants in each stage of the co-creation, qualitative data were collected from a focus group discussion (1.5 hours), two improvisation workshops (2 hours) and individual interviews (45 minutes each). The data resources were interview scripts, written materials (character monologues, character storylines, play scripts, etc.), and observation notes from the researcher. The researcher recorded all these stages, coded the video scripts and generated themes based on the records. At the end of each stage, the participants reviewed the process and provided comments on the materials. The detailed process and key findings are presented in Chapter 4.

Reflexive Thematic Analysis (RTA) was conducted to summarise the topics, generate the key themes as patterns of shared meaning and interpret the phenomena during and after the co-creation process, including stories that actors shared in the group interview, the script developed based on the stories, monologue written directly by actors, and key themes in individual interviews after the co-creation (Braun & Clarke, 2024). As a young Chinese migrant with a background in theatre-making and performing, the researcher's insider position offers her unique insight to engage in reflexivity throughout the analysis. The dataset in this study includes stories that actors shared in the group interview, the script developed based on the stories, monologues written directly by actors, and reflections throughout the process of co-creation. Following the six-phase framework (Braun & Clarke, 2024), the researcher: 1) familiarised the data through transcribing video records and re-reading the transcripts and written materials created by actors; 2) initially coded the data by labelling individual lines to identify meaningful patterns; 3) organised codes into categories surrounding certain central concepts; 4) identified themes and broke them down into subthemes; 5) drew themes table together with supportive materials such as verbatim quotes;

and 6) developed a thematic map of overarching and subthemes. Each stage of the analysis and the decisions made were discussed with other researchers in order to validate the relationship between the participants' accounts and the researchers' interpretations. The generating themes process was developed and supported through critical and dialogical engagement between the researcher and supervision team, which extended and enriched the analysis. Beyond the formal thematic analysis, the theatrical co-creation process itself also functioned as an integral method of analysis. Moving from transcripts to performance required the researcher and actors to engage in an in-situ, interpretive process. Decisions about dialogue, staging, metaphor, and narrative structure were all analytical acts that served to refine, embody, and communicate the research findings, adding a crucial layer of hermeneutic understanding (Mackey, 2016).

3.4.2 Engaging the Participants as Audience in the Theatre Piece

Phase Three, exploring the experiences of the audience, focused on the participants' reflections and perceived understandings of mental health as spectators. Rooted in the principles of experiential learning (Kolb, 1984), the audience engaged in a cyclical learning process that involves four stages: concrete experience, reflective observation, abstract conceptualisation, and active experimentation. Following Boal's (1979) forum theatre techniques, spectators watched the first-round performance with the aim to explore the struggles of the characters. During the discussion after the first-round performance, spectators were encouraged to reflect on the storylines and provide possible solutions. In the second-round performance, the facilitator ("joker" in Boal's forum theatre), which is the researcher in this project, encouraged spectators to engage in the stories as any characters to enact the possible solutions, which was a "problem-posing education" suggested by Freire (1970).

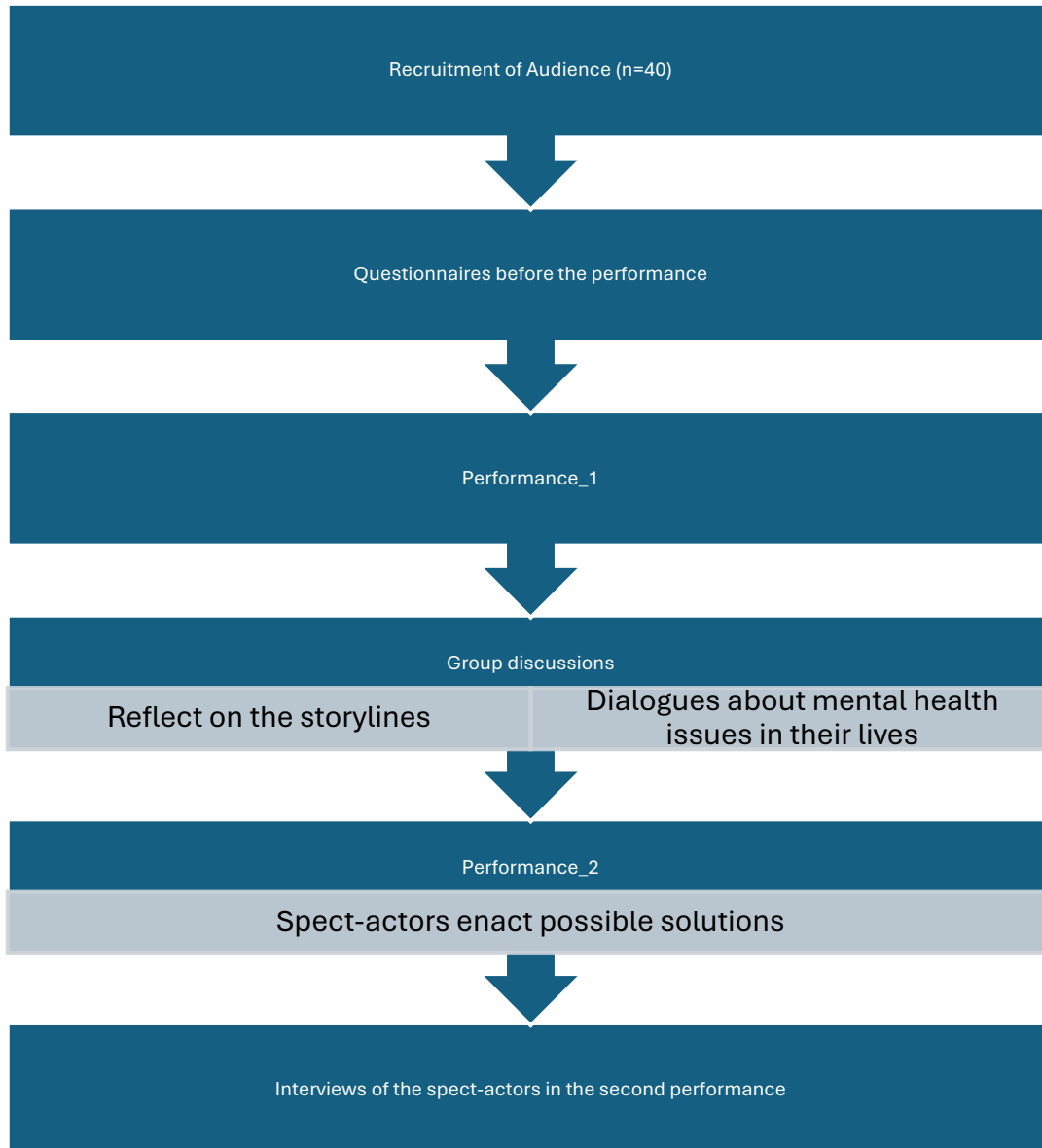
Participants for Phase three were Chinese migrants aged between 18 and 35 (N=40). Participants were recruited from Chinese communities, such as Chinese student societies in universities, through the social network of the researcher and connected organisations such as the Chinese Theatre Group, Element Theatre Company and JS Immersive Theatre Company. The advertisements were posted through social media (WeChat, RedNote).

There were both quantitative and qualitative data collected in this phase. Before the performance, the audience members were invited to fill in a survey, which had consent forms, demographic information (age, gender, education, etc.), scales to assess mental health literacy (mental health-related knowledge and attitude questionnaire), and a help-seeking behaviour survey. The outcomes of this survey reflected the current mental health literacy of the samples (participants as audience from young Chinese migrant communities) and social and cultural backgrounds that may influence their mental health literacy (e.g. demographic information, immigration experiences, etc.). All the quantitative data were entered into and analysed using SPSS. First, a descriptive analysis of demographic data was conducted to reflect the features of participants and their immigration experience. The participants' mental health literacy was measured by the scores of the questionnaires, including the Mental Health Knowledge Questionnaire (MHKQ) and Perceived Devaluation and Discrimination Scale (PDD) in Chinese version. These measures were developed by the Chinese Ministry of Health (Yin et al., 2020) and Link et al. (1989) namely, assessing the participants' accuracy in understanding mental health concepts (MHKQ) and attitudes toward mental health issues (PDD). These questionnaires, especially the Chinese version, were used in previous Chinese studies, demonstrating an applicability and validity (Li et al., 2018). In the end, a descriptive analysis was conducted to present their mental health-related help-seeking behaviours in Australia. All these measures above were used to understand the current main challenges and/or barriers for their mental health literacy promotion, providing a comprehensive social and cultural context for the identification of their problems and need. The key results are presented in Chapter 5.

During and after the performances, qualitative data was collected through observation of the audience (1 hour), semi-structured discussion in small groups (20 minutes), audience engagement in performance (40 minutes), and interviews after the performance (20 minutes). The performance and discussion were video recorded, and the video has been transcribed in English and Chinese, which was used for analysis. A reflexive thematic analysis was conducted to summarise the topics, generate the key themes and interpret the phenomena during and after the performances, which embraces the researcher's subjectivity as a resource for research (Braun & Clarke, 2024). An overview of the procedure in this phase is provided in Figure 3.3. The detailed process and key findings are also presented in Chapter 5.

Figure 3.3

Summary of Forum Theatre Procedures



3.4.3 Culturally Safe “Space”: Language, Venue, and Leadership

Throughout these two phases, this project was intentionally designed to prioritise cultural safety and representation, as the research topic (mental health) is highly sensitive and often stigmatised within the targeted communities of participants (Chinese migrants). The concept

of a culturally safe “space,” both physical and psychological, was central to the research design as well as the principles of forum theatre, ensuring that participants felt respected, understood, and empowered rather than alienated or judged (Boal, 2000; Bracknell et al., 2021). This was operationalised through three key strategic decisions: the use of Mandarin as the primary language, the selection of a familiar and accessible online venue, and the adoption of a cultural leadership model in the research process.

To facilitate deep and authentic sharing of personal experiences, all phases of data collection involving Chinese migrant participants, such as group discussions, improvisation workshops, individual interviews and the theatre production, were conducted primarily in Mandarin. This decision was critical for several reasons. Firstly, it allowed participants to express complex emotions, cultural concepts, and nuanced experiences in their mother tongue, avoiding the potential misrepresentation or oversimplification that can occur when discussing sensitive topics in a second language (Temple & Young, 2004). Terms related to mental health stigma, familial pressure, and acculturation stress could be explored with greater depth and accuracy. The data (audio recordings and transcripts) were then translated by the researcher into English for the report. Crucially, this process of translation was also conducted with participant consent, which was read by the participants to confirm the consistency. Participants were assured that the translations would aim to preserve the original meaning and emotional intent of their contributions.

The venue for different phases was varied, including online meetings via Zoom and face-to-face activities in different locations (e.g. facility room in an apartment, the participant’s home, the theatre room). The online platform, for instance, was chosen not merely for convenience but as a strategic choice to enhance cultural and psychological safety. It allowed participants to join from a private, familiar environment of their own choosing, such as their homes, which can be less intimidating than an unfamiliar institutional setting like a university. This was particularly important for encouraging open discussion about potentially distressing topics. To further normalise the experience and reduce technological barriers, the researcher, being from the same cultural background, provided clear, pre-session technical guidance in Mandarin. The virtual “space” was thus designed to be as accessible and comfortable as possible, minimising additional burdens on participants.

The cultural leadership of participants was centred at every stage from conception through to production, performance, and communication. The importance of cultural leadership in health education theatre work was highlighted by Woodland and Bell-Wykes (2024), who explored the application of five health education theatre works in the First Nations Australian context. According to their studies, First Nations' artistic leadership ensured the theatre productions came from a place of cultural integrity, which is the bedrock for sovereignty over how health and wellbeing knowledge is translated through culturally led contemporary performance (Woodland & Bell-Wykes, 2024). In this project, actors decided on their cultural storytelling, regarding the issues they were concerned about and how to present them.

3.5 Ethics, Data Management and Security

This research received ethical approval from the Victoria University Human Research Ethics Committee (HRE23-172). All data from the survey and interviews were de-identified, and all interviews and field notes from co-design workshops were assigned pseudonyms to protect the confidentiality of the participants. All de-identified electronic records (i.e. questionnaires, interview transcripts, audio and video recordings) were stored on the Victoria University research data storage drive (R: Drive). The drive is physically secured in a VU data centre with access limited to members of the research team. This reduces the risk of accidental data loss, as well as file corruption or data theft. Data was stored in password-protected databases and only accessible to members of the research team. The owners of each database (the PI and study coordinator) were able to determine who had access to the database via invitation. Data will be stored on the R: Drive for five years post publication and will then be deleted.

The ethics application of this project was approved by the Victoria University Human Research Ethics Committee in April 2024. This project was funded by Victoria University's HDR budget. The participants (actors) were paid AUD\$20 an hour for their co-creation and AUD\$30 an hour for the rehearsal and performance. The audience members were paid AUD\$20 in the form of gift cards for their participation. In planning the interactive performances, the research team and actors engaged in extensive discussions about potential risks and ethical considerations. Given the participatory nature of forum theatre, where the audience is invited to intervene in the performance and propose alternative solutions to the conflicts presented, there was a need to anticipate and manage potential challenges. The

research was particularly mindful of the emotional and psychological risks associated with exploring sensitive mental health issues, such as anxiety, depression, and cultural stigma, in a public forum.

3.5.1 Managing Emotional and Psychological Risks

The co-creation process involved actors in deeply personal discussions and interviews to develop authentic narratives around mental health struggles faced by young Chinese migrants. This participatory approach, while valuable for script authenticity, posed significant emotional and psychological risks. To minimise these risks, pre-emptive safeguards, in-process protections, and post-session supports were designed. The pre-emptive safeguards included informed consent with potential triggers, using online meetings mainly as a safer and comfortable environment for participants, and the chances for participants to withdraw at any time. During the co-creating process, all these sessions were conducted in Mandarin, which provided a culturally safe space when discussing Chinese migrants' experiences. The researcher facilitated the whole process and paused discussions or interviews if any participant signalled distress. Participants were encouraged to signal distress verbally or non-verbally, such as turning off the video camera, sending emoji through the chat function, and/or using body language to request a break. After each session, actors engaged in 5-10 minute debriefs about their feelings and concerns. A debriefing statement addressing access to relevant psychological support services (such as Headspace) and mental health professionals was provided.

The performance group was also acutely aware that the interactive nature of the forum theatre could evoke strong emotional responses from both the actors and the audience. To mitigate these risks, the actors had been introduced many instances of emotional distress or inappropriate behaviour during the performance. Besides, the facilitator (researcher) was responsible to recognise signs of distress in audience members and to pause the performance if necessary. Additionally, a mental health professional was available to access during the performances to provide support if needed.

The team also recognised the importance of balancing the didactic message of the performance—that mental health issues should be addressed with compassion and

understanding—with the need to remain authentically responsive to the audience member’s suggestions. While the primary goal was to promote mental health literacy, there was a risk that mismanaged interactions could inadvertently reinforce negative stereotypes or exacerbate underlying tensions. To minimise this risk, the actors and facilitator worked closely together to ensure that the discussions remained constructive and respectful, even when audience members proposed controversial or challenging solutions.

In managing these risks, the positionality and expertise of the researcher played a critical role. The researcher acted as both facilitator and forum theatre “joker”, drawing on prior training and practical experience in applied theatre and forum theatre facilitation. This included previous involvement in forum theatre workshops and immersive theatre practices, as well as experience in facilitating participatory discussions around sensitive social topics. Such training informed the researcher’s capacity to recognise emotional cues, manage group dynamics, and intervene appropriately when distress emerged, thereby contributing to a safer and more responsive co-creative environment.

3.5.2 Ethical Concerns in Facilitation

A significant ethical concern in this project was the role of the facilitator, who was responsible for mediating the interactions between the actors and the audience. In this case, the facilitator was a researcher with a Chinese cultural background, which recognised culturally specific expressions when discussing mental health-related topics among Chinese migrants. In the process, a culturally safe space was created by allowing participants to share experiences in their own language (Mandarin and/or English), and small group discussions to encourage more participants to get involved in a comfortable way. In addition, the actors, who were young Chinese migrants themselves, had full agency in shaping the dramatic material and controlling their responses during the performance. This ensured that the content remained culturally relevant and authentic. Second, the facilitator (“joker” in Boal’s techniques) was trained to adopt a non-directive approach, allowing the actors and audience to lead the discussions while providing guidance only when necessary.

3.5.3 Ethical Considerations for Inexperienced Actors

Another ethical issue was the potential emotional and psychological burden placed on the actors, many of whom were relatively inexperienced in mental health-related issues and research. While the actors were passionate about the project and committed to raising awareness of mental health issues, they were also navigating their own personal and cultural experiences with mental health. The heightened emotional intensity of the performance, combined with the need to remain in character while responding to audience interventions, could have made it difficult for the actors to manage their own emotions and guide the discussions effectively.

To support the actors, the researcher provided structured training and rehearsal sessions prior to and throughout the devising and performance phases. This training included:

1. An introduction to the principles and ethics of forum theatre, including the role of the actor and the facilitator (joker);
2. Skill development in improvisation, character embodiment, and responding to audience interventions;
3. Guidance on managing emotionally sensitive material, including techniques for maintaining role boundaries and emotional distancing; and
4. Collective reflection exercises that allowed actors to process emotional responses and articulate concerns within a supportive group setting.

These training components were designed not only to enhance performance competence, but also to equip actors with strategies to navigate the emotional and ethical complexities of engaging with mental health-related content in a participatory performance context.

3.5.4 Ethical Considerations for Relationships

Another ethical consideration in this project was the dual relationship between the researcher and the participants, who had known each other in the JS Immersive Theatre. Recognising the potential for power dynamics or perceptions of obligation that could compromise the

voluntary nature of consent, several steps were taken. Prior to recruitment, it was explicitly communicated to all potential participants that the personal relationship would not be affected by their decision to participate or decline. The informed consent process was deliberately structured to emphasise their right to withdraw at any stage without needing to provide a reason. This approach was fundamental to upholding the principle of voluntary participation.

3.5.5 Broader Ethical Implications

Beyond the immediate risks associated with the performance, the project also raised broader ethical questions about the representation of mental health issues within the Chinese migrant community. The research team was mindful of the potential for the performance to inadvertently reinforce stereotypes or oversimplify the complex social and cultural factors that contribute to mental health challenges. To address this, the researcher worked closely with the actors to ensure that the characters and storylines were nuanced and reflective of the diverse experiences of young Chinese migrants. The audience was also encouraged to engage critically with the material, questioning their own assumptions and considering the broader social and cultural context of mental health.

3.6 Summary

Based on the Arts-based Participatory Action Research methods, principles of ATR and theatre-making theories, this research project consisted of two phases, including co-creating theatre among actors and engaging in the theatre among audience members. Chapter 4 explores the process of the co-creation of the theatre piece, addressing the experiences of participants as actors. Chapter 5 examines the current mental health literacy of participants and the perceived impact of the theatre piece on spectators, highlighting the engagement and reflections from both spectators and actors. Chapter 6 builds on the findings in previous chapters, discusses and concludes the key topics mentioned, limitations of this research and suggestions for future studies.

Chapter 4. Co-creating the Theatre *Mingbi*

In this chapter, the co-creation process of the forum theatre *Mingbi* (Magic brush) developed by 10 participants will be described. Informed by the methodology of PAR (discussed in the previous chapter) and methods of devised theatre (Parsons, 2010), Boal's *Theatre of Oppressed* (2000) and *Theatre in Education* (1995), in this project, participants as actors and creators joined the focus group discussion and improvisations to share and explore their understandings and related experiences of mental health-related topics. This information was used to create a fictionalised script for the *Mingbi* performance.

This chapter contains three sections. Section 4.1 provides an overview of the theatre piece *Mingbi*. Section 4.2 draws on the lived experiences that participants shared in the focus group discussion to convey their understanding and experiences of mental health-related issues during the process of co-creating the theatre piece. Section 4.3 focuses on the themes that the participants generated to create monologues. It reflected how they constructed their concerns related to mental health issues among young Chinese migrants.

4.1 *Mingbi*: a Theatre Piece Developed by Young Chinese Migrants in Australia

This phase involved the co-creation of a piece of devised theatre by 10 actors from the young Chinese migrant community (aged from 18 to 35) living in Australia. During six weeks from April to June 2024, the script *Mingbi* (magic brush) was co-created. The final performance was a finished forum theatre piece in the theatre room located at the Footscray Nicholson Campus of Victoria University.

4.1.1 Who Were the Creators/Performers?

Ten young Chinese migrant people were invited to the project, aged from 23 to 30. They all held casual jobs as actors in JS Immersive Theatre Group, a Chinese immersive theatre company based in Melbourne since 2021. The researcher knew them in this company as colleagues, and they shared experiences as immersive theatre actors. The recruitment

advertisement was sent via WeChat in the actors' chat groups, and they agreed to join this project by replying to the researcher individually. As shown in Table 4.1, the participants were all born in China. They arrived in Australia between 2007-2018. Six of them came to Australia to attend high school (Years 10-12), and two came for a Master's degree at university. The other two participants came to Australia for primary school. There were five men and five women, according to the participants' self-identification. Currently, two participants are studying at university, and others are working in diverse areas, including as bookkeepers, marketing coordinators, IT consultants, civil engineers, research assistants, audiologists and teachers. For all of them, the mother languages are Mandarin and Cantonese. Some participants were from LGBTQI groups. The names used in the tables and whole text were made up by participants instead of their true names to protect confidentiality.

Table 4.1.

Demographic Information of Participants as Creators/Actors

Name	Age	Identified gender	Arrival year	Reason for arrival	Occupation
Alina (A)	28	Female	2012	High school	Bookkeeper
Terry (T)	29	Male	2018	Master's Degree	IT consultant
Ying (Y)	27	Male	2011	Secondary school	Civil engineer
Jo (J)	25	Female	2015	High school	Research assistant
Grace (G)	30	Female	2016	Master's Degree	IT consultant
Cynthia (CY)	26	Female	2014	High school	Marketing coordinator
Qin (Q)	27	Male	2014	High school	Secondary school teacher
Kugou (K)	28	Male	2007	Primary school	Audiologist
Ma (M)	26	Male	2015	High school	Art teacher (part-time)
Carol (CA)	23	Female	2018	High school	Student

4.1.2 What Was the Theatre About?

Mingbi was a sequence of dramatised interactions between fictional characters from young Chinese migrant groups. The play explores the dilemma of 10 young people with four scenes in total. The whole story setting is in an apartment building and there are four different apartment rooms at the same level. On the evening of June 1st, a mysterious force visits this building, pausing time for these 10 individuals. It turns out to be *Shao Siming*, the deity from Chinese mythology who governs human destiny. Due to a call of resentment, she arrives with a magical brush (*Mingbi*) that can alter people's fate. She, along with the jurors (audience members), will revisit the disputes that have just occurred in these four apartments, explore the inner struggles of these 10 protagonists, and call upon the jurors to use the magical brush to change their destinies and reverse their predicaments.

The archetype of *Shao Siming* combines Chinese traditional mythology and the role of "joker" in a forum theatre. In Boal's (2001) framework, a joker is the host that controls the performance and encourages the spectators to join the scene. Joker will tell the spectators about the rules such as how to pause the story, join the scene and stop the performance. To increase the sense of immersion and make a deeper impression on the spectators that "you could change the story as you want", a mythological character *Shao Siming* replaced Joker and was involved in the story. The magical brush (*Mingbi*), as a medium tool, is used to immerse the spectators in the settings of devising the plots in the second round.

Here are the main stories in four rooms:

- ***In room 2801:*** Fan Di (male, 20yrs, student), his girlfriend Man Man (female, 24yrs, unemployed), and their friend Xiao Zhao (male, 27yrs, IT programmer) share an apartment. Xiao Zhao, lacking social skills, has long tried to alleviate his loneliness by purchasing tennis rackets, which has instead resulted in choice anxiety. On the other hand, Fan Di and Man Man have once again argued, triggered merely by Fan Di buying food that Man Man does not like. Man Man, due to unemployment and failing to obtain permanent residency in Australia, has been depressed and emotionally unstable, often lashing out at her boyfriend over small disagreements. Fan Di, overly dependent on his girlfriend, has been spending beyond his means on luxury goods to please her, leading to both financial and mental stress. Amid their argument, Xiao Zhao's anxiety also begins to surface. All three are trapped in their suffering.

- ***In room 2802:*** Zheng Xuan (female, 26yrs, graduate) and Catherine (female, 22yrs, student) are a lesbian couple. After experiencing the pandemic alone, Catherine became very eager to make friends. Later, she joined a drama society and made many friends, with Man Man and Lin Shuyu (female, 24yrs, graduate) being her closest ones. However, she noticed that Man Man and Lin Shuyu seemed to be closer to each other, leaving her feeling excluded from their relationship. Her relationship with Zheng Xuan later alleviated this sense of loss, but Zheng Xuan did not seem to like her investing so much effort in friends who didn't seem to care much about her. Tonight was supposed to be Zheng Xuan and Catherine's anniversary, but Catherine forgot and instead agreed to go to a play with Man Man, Lin Shuyu, and another non-binary friend, Ding Xiaoge (Non-binary, 26yrs, engineer). Long dissatisfied with Catherine's social circle, Zheng Xuan complained to Catherine when Ding Xiaoge arrived. Ding Xiaoge felt that Zheng Xuan was provoking them, repeatedly emphasising their non-binary gender. The two fell into an argument, and Lin Shuyu, already upset due to conflicts with her parents over whether to stay in Australia, suddenly stormed out in a fit of rage in response to the argument. The others in the room left unhappily as well.

- ***In room 2803:*** Lisa (female, 19yrs, student) and Lawrence (male, 16yrs, student) are siblings who immigrated to Australia with their parents when they were young. Because their parents frequently travel between China and Australia, the siblings have lived together for a long time. Lisa, the elder sister, recently finished her VCE exams but did not do well enough to get into the University of Melbourne. Today, she came home to find her parents already gone. She took out a cake and asked her brother Lawrence to take pictures of her. She sifted through the photos, intending to pick the most beautiful ones to post on Instagram and other social media. At this moment, she noticed that Lawrence was unusually quiet. Upon asking, she found out that he had been experiencing school bullying because of his skin colour. However, she didn't pay much attention to it. Just then, she received a message from their father. He scolded her for not studying hard enough and kept comparing her to other outstanding kids, which deeply hurt her. The two children faced the sweet cake, but their hearts were filled with bitterness.

- ***In room 2804:*** Zhou Yunshan (male, 30yrs, graduate) is a solitary person. Initially, when no one else could see the goddess *Shao Siming*, it seemed that only he was conversing with her. In reality, he is a person who has become reclusive due to long-term solitude and the departure of friends. To cope with his loneliness, he contemplates many philosophical

questions and often talks to himself. It appears as if he is conversing with a goddess, but in truth, he is more often engaging in dialogue with his inner self. He has observed all the other residents and has his judgments about them, but due to long-term pessimism and repression, he does not intend to communicate or share with anyone. He holds a very pessimistic view of both his own life and the lives of others. In his inner world, the world is a void; he sees no future and no hope.

The performance consisted of five scenes. The first scene introduced *Shao Siming* and the background of this story. After the spell of time reversing, the coming scenes were the stories in these four rooms, from Room 2801 to Room 2804. In each scene, the story began with how the conflicts occurred, and then *Shao Siming* froze time and let every character present their monologue one by one. The lines were written by the researcher, while the monologues were written by the participants themselves. The full script is attached in the Appendix A.

4.2 Process of the Co-creation and Data Analysis

The process of undertaking the research consists of three parts, which are group discussion, improvisation one and improvisation two.

4.2.1 Group discussion: Generate the Ideas and Characters' Portraits

An online focus group discussion was conducted in the first week of co-creation. The aims were to explore the participants' experiences and understandings of mental health-related topics among young Chinese migrants. The focus group discussion was an intentional conversation facilitated by the researcher, which lasted approximately 1.5 hours. There were four tasks in this discussion: participants were questioned on 1) common mental health issues they knew among young Chinese migrants, 2) the reasons for these issues, 3) possible barriers to seeking help, and 4) developing character portraits of the protagonists based on the discussion above. An overview of the information gathered from the focus group discussion is listed in Table 4.2 and described in this section.

Table 4.2.

Key Information Gathered in Focus Group Discussion

Topics	Summarised responses	Narratives used in dataset
Identified issues	<ul style="list-style-type: none"> • Depression • Anxiety • Specific illness terms: ADHD, Bipolar Disorder 	<ul style="list-style-type: none"> • kind of ‘Emo’ • sleep disturbances; rapid heartbeat; difficulty concentrating; fear of social communication • (ADHD) something that can be treated with medication • hard to imagine what bipolar disorder is unless visiting an exhibition
Reasons for the mental health issues	<ul style="list-style-type: none"> • Different lifestyle • Conflicts with family • Financial burden • Finding a job • Status of residency • Lack of mental health-related knowledge in the Chinese educational system 	<ul style="list-style-type: none"> • changing environment and social connections are challenging; feeling of loneliness • lack of understanding from family members can significantly increase psychological burden; their (family) words were very hurtful • costly; leads to extra pressure • finding a job was also quite a significant pressure; caused extreme anxiety; anxious everyday without job • increasing stringent immigration policies • psychological health education in China is missing; never heard of good psychological counselling and emphasis on mental health; so such idea (of mental health)
Barriers to seeking help	<ul style="list-style-type: none"> • Mental health as a personal, private thing • Hard to respond • Emotional, Financial and Time costs 	<ul style="list-style-type: none"> • (mental health issue) is not a topic often talked about as a personal private thing; a shame-associated issue; a kind of worry about others’ judgment like ‘problematic’; consulting always be their last option • you feel like anything you say is inadequate (when facing friends’ words about their mental health issues) ; become very cautious about what you say; harder to know how to respond; I’m not obligated to offer you advice based on my limited knowledge

-
- the counsellor might not fully understand the upbringing and cultural background of Chinese people; you can't immediately determine whether they (counsellors) are the right fit; you'll have to pay the fees all over again and explain the entire process from the beginning
-

Task One: Identify the perceived issues

Perceived Mental health issues: Depression, Anxiety, and Specific illness terms

When talking about the most common mental health issues that the actors believed are experienced by young Chinese migrants in Australia, the answers were Depression and Anxiety.

Depression, described by participants as feelings of sadness, hopelessness and a loss of emotional control in daily activities, was the first word that came to their minds when they were asked about common mental health issues. This is how one actor described a lived story she knew about depression:

Depression, certainly. Wasn't there one that just jumped off a building? ... My friend told me it was because the guy broke up with his girlfriend, and then they fought. With anger, he directly opened the balcony door, rushed out and then jumped off...It seems like he used to be kind of 'EMO' during that period before his suicide (Cynthia).

Here, the word "EMO" is widely used among Chinese people as a trendy term. This term in Chinese internet culture originally comes from the abbreviation of the English word "emotional". In the context of Chinese internet discourse, EMO has evolved to denote a state of emotional negativity, such as sadness, melancholy, or pessimism. The term is frequently used in casual online communication, especially among younger generations, to describe fleeting moments of low mood or emotional vulnerability. By using this term frequently,

participants generally linked depression with an emotional feeling and losing control of the negative emotion.

Anxiety is another main term that the participants pointed out when discussing the common mental health issues among Chinese migrants, especially during and after the COVID-19 period. Associated with social pressure, participants considered anxiety about work, health and personal development in a foreign country as a common mental health-related topic for young Chinese migrants. Lots of participants shared stories as examples of anxiety related to the pandemic, such as being afraid of being targeted by racists due to rising racism against Chinese people since COVID-19; worries about the achievement of studies, unemployment and the pandemic itself; and the unforeseen future when experiencing repeated isolation and lock down policy. Even in the post-COVID era, the pressure of financial burden, finding jobs and academic achievement were still causing their anxiety. When talking about the specific symptoms, the answers were focused on sleep disturbances (insomnia), rapid heartbeat, difficulty concentrating and fear of social communication.

Besides depression and anxiety, some participants also mentioned two more specific terms of mental health-related issues, which were ADHD and Bipolar Disorder. One participant suggested she used to have a roommate who was diagnosed with ADHD. Luckily, they were supported by their family to take medicines as an effective symptom-relief approach, even though it may cost highly. Jo said: “We know that ADHD is something that can be treated with medication, and after taking the medication, he/she also feels that his/her ADHD has greatly improved, allowing him/her to focus for extended periods on studying and similar activities.” Another participant Carol described how she learnt about Bipolar Disorder by visiting an exhibition:

As international students majoring in Arts, we have more chances to visit related exhibitions. For instance, what impressed me the most was an art exhibition called ‘bipolar disorder’...More and more Chinese migrants would have chances to get involved in such exhibitions and know that it isn’t a terrible thing to speak out if you have this issue...If you haven’t seen this exhibition, it’s hard to imagine what bipolar disorder is. You cannot recognise it since most people don’t even know that such mental health condition exists. They also can’t believe that they might have bipolar

disorder. However, after that, I started hearing people mentioning this, even though I'm not quite sure if they truly have it or just joking. (Carol)

The group discussions indicated that Chinese migrants often understood mental health through a “hybrid” lens, drawing simultaneously on Chinese cultural concepts and Western psychological terminology. Rather than relying on a single, culturally specific framework, their interpretations reflected an integrated and context-dependent knowledge system.

Task Two: Discuss the Reasons for the Mental Health Issues

Following the identification of the common issues, the topics expanded to the reasons for these issues. There were five main reasons discussed, including different lifestyles, conflicts with family, financial burden, finding a job, and the status of residency.

Changing Lifestyles from China to Australia

When addressing the different lifestyles in Chinese and Western contexts, the participants suggested that the changing environment and social connections in Australia are challenging for these young migrants. All these changes could cause a sense of psychological imbalance, which in turn may trigger feelings of loneliness, fear and overwhelming negative emotions. Talking about loneliness, one participant pointed out that the common collective lifestyle in Chinese institutions tends to foster more stable social circles, which was less likely to lead to lonely feelings compared to Australian society:

Distinguishing with school life in Australia, in China there tends to be a concept of community in each class since the members are fixed, especially for collective dormitory. It means you will have a quite stable one (social circle) no matter what happens. Even if you don't take the initiative to socialise, you already have a stable social circle. However, things are different here. Obviously, you can just arrive and leave class following the timetable (in Australian school life). The concept of a collective dormitory doesn't exist here and honestly; Chinese students merely spend so much money to choose the accommodation in a college. It suggests you transfer

from a society where you don't need to socialise with others on purpose to one where you have to take the initiative to do this. That's quite challenging. (Jo)

Influence of Family: Conflicts, Intergenerational Difference and Misunderstanding

Another culture-related factor is the influence of family. Based on different stories shared by the participants, family is a relatively frequently occurring term. Conflicts with family members, along with their lack of understanding and support, were key factors contributing to the onset or exacerbation of mental health issues. In contrast, when family members provide companionship and support, the psychological burden can be significantly alleviated. For instance, when one participant shared a friend's story about the misunderstanding of families regarding the social relations, another participant could jump in and support this idea by telling her stories.

Ying: Back when we were in high school, a friend of mine, who is a girl, experienced a cultural difference between the East and the West that caused some incidents at school. It happened during her period, and according to Chinese beliefs, it's not appropriate to touch cold water during menstruation. However, Westerners do not have this concern. During camp, the teacher strongly insisted that everyone should go into the water and have fun. My friend found this extremely difficult to accept, but the teacher thought she was being disobedient. This led to a huge argument between the teacher and her, which caused her a lot of psychological stress. She communicated with her family about the incident. Even though her parents understood her reluctance to enter the water, they couldn't understand why she couldn't find another way to communicate with the teacher. They questioned why she had to have such a big confrontation with the school. Her parents didn't think she handled the situation well enough, which made her want to transfer schools... After graduating and going to university, she started dating and moved in with her boyfriend, who turned out to be someone who manipulated her emotionally (PUA). ... During this period, she tried talking to her parents about the relationship issues, but they couldn't understand her either. They questioned why she can't keep this relationship and why she had to break up. Her psychological pressure worsened ...

Alina: Yes. That's also a point I'd love to share. The lack of understanding from family members back home can significantly increase our psychological burden. Take my personal experience as an example: I had very intense arguments with my family over whether to stay in Australia. Every time I had these intense disagreements with my family, especially when their stance was so different from mine, their words were often harsh. In situations where I felt my family should have spoken kindly to me, their words were actually very hurtful. After each video call, I would cry uncontrollably, sometimes for one or two hours, sometimes even longer. It was the kind of crying that you can't suppress.... When your family disagrees with your views, it can heavily exacerbate your psychological state.

Based on the dialogue between Ying and Alina, it can be observed that the opinions of family members, particularly parents, have a significant impact on the emotional and psychological state of young Chinese migrants. This influence is often negative when conflicting opinions arise.

Factors Related to Quality of Life: Financial burden, Finding jobs and the Status of Residency

Financial burden, as another point suggested by the participants, refers to the cost of academic achievement and higher daily expenses due to inflation. Besides the high cost of institution fees for international students, the price of retaking a course was also a large amount of expense: "In China, if you fail in some courses, you can retake the exam again and again without extra cost. Here, however, you have to retake the whole course and pay again. That's costly. It leads to extra pressure besides academic pressure itself" (Terry). On the other hand, the daily expenses, especially in the post-COVID period, are rising because of inflation and financial policy. For instance, one participant stated that after the pandemic, bank loan interest rates have multiplied, and now the pressure from mortgage payments is immense, which was far exceeding the expectations he had when purchasing a home before the pandemic.

Associated with the financial burden, the difficulty of finding a job was also a main worry for them. Most of the participants shared their experiences about the tough time of finding a job.

According to their words, migrants without permanent residence are less likely to find a better job, which increases their anxiety:

After graduation, I felt that finding a job was also quite a significant pressure because, in my opinion, many job positions here are already fairly saturated, so getting into the field is very, very difficult. I searched for a job for nearly 400 days. (Terry)

Another participant Kugou also shared the stories of his friends about anxiety during the period of searching for a job:

My friend also graduated at that time. He/she studied civil engineering, and after about three to four months of not finding a job, he/she became extremely anxious and almost frantic. He/she was anxious every day, feeling huge psychological pressure because he/she had graduated and couldn't find a job. However, this situation eased after he/she eventually found a job.

As a key factor associated with finding jobs, PR (permanent residence) was also one reason for migrants to experience anxiety. Based on their shared experiences, the system of immigration in Australia has strict rules regarding the approval of permanent residence. “However, for a graduate, you need a long journey to obtain it (PR)” (Terry). In their words, even though these migrants want to stay in Australia, the increasingly stringent immigration policies have made obtaining permanent residency a tough task. And without a permanent resident visa, there would be several limitations in daily life such as finding jobs, obtaining financial support and social welfare.

Task Three: Discuss Barriers to seeking help

With the main reasons discussed above, the conversation turned to the barriers for young Chinese migrants to seek help. In their discussion, participants suggested three main issues as the barriers.

Mental Health as a Personal, Private Thing

The attitude of avoidance rooted in Asian culture refers to a tendency to avoid mental health-related topics and even to hide their actual worries. Most of the participants believed it's not "a topic often talked about" as a "personal private thing". Even though one participant shared her idea that the openness of such topics was varied in her social circle, she also admitted that such openness was relatively less among Chinese-origin groups. "It might be a shame-associated issue, or it's because of a kind of worry about others' judgment, like oh you're problematic." (Jo) Such attitudes also occurred when dealing with mental health issues:

(Even) if you're staying in Australia, I think most of us have received messages from the government to encourage you to call this line when you have any mental health issues during the pandemic. I think very few people would use this. From the people around me, even if they know their mental condition isn't great, their first choice definitely wouldn't be to consult a professional. They would either try to deal with it themselves or confide in friends. Consulting a professional would always be their last option. They would only consider seeing a doctor if things got really serious, and others strongly urged them to do so. However, I feel that among the international student community, it might be slightly better. As they get older and have more exposure to these issues, their acceptance increases, and they're more likely to say, 'Okay, I'll consult a therapist and see if there's a good solution.' But when they were younger, especially during high school, people I encountered didn't think about consulting a psychologist. It wasn't until university (in Australia) that I met people who might feel a lot of stress, and then considered seeking counselling. The younger the age and the more lacking in education, especially among the Chinese community, the more they lack the habit or mindset to think about whether they might have a psychological issue and whether they should see a doctor. They tend to just attribute it to feeling too tired lately, being under too much pressure, or issues stemming from their family of origin. They don't think about it in pathological terms or consider seeking help for it. (Cynthia)

These responses demonstrated that even though with a common cultural context of stigma and avoidance toward mental health, young Chinese migrant people tend to build their literacy through different approaches and access to resources, especially when they have "more exposure to these issues" and/or are getting more educated. This leads to another tension that young Chinese migrants, influenced by the tradition of stigma and avoidance,

may find it hard to break the “habit or mindset” and build their mental health literacy while they might recognise the need to reconsider if mental health should be “a personal, private thing”. This process requires appropriate guidance based on more professional knowledge and more creative approaches, which could contribute to normalising mental health-related topics and issues among the young Chinese migrant group.

Hard to Respond

Many participants demonstrated challenges when they tried to talk about mental health issues and/or their friends who shared their mental issues. Seeking help from family or friends may become a social burden as they could not provide any professional help besides emotional support. However, how to provide appropriate emotional support could also be hard. Cynthia’s account exemplifies this tension. She recalled the experiences where a friend revealed her depression and self-harming behaviour:

Even though I knew about depression, I didn’t know much about my friend’s condition. When faced with such a situation in real life, you feel like anything you say is inadequate. You can’t provide any substantial help because you’re not a doctor and you can’t determine whether what you say will have a positive impact or make things even worse (Cynthia).

Despite her general awareness of depression, Cynthia’s reflection reveals that knowledge alone does not translate into communicative competence. Her hesitation to offer even simple reassurance, such as “I’m here for you” or “I support you”, suggests the fear of being perceived as insincere or unhelpful. This demonstrates that increased mental health awareness may paradoxically heighten anxiety about saying the wrong thing, leading to avoidance or silence. For these participants, the fear of “making things worse” often outweighed the desire to provide comfort, reflecting a broader pattern of cautious disengagement in peer-based support.

Compounding the lack of professional confidence was a fundamental uncertainty about why a friend was disclosing their struggles. Carol noted that when a friend speaks about their condition in a casual context, “they’re not necessarily looking for comfort or help...which makes it even harder to know how to respond”. Cynthia added that such conversations often

involve “venting” rather than explicit help-seeking. This uncertainty disrupted participants’ understanding of what was socially expected of them as friends. The difficulty of discerning whether a disclosure required action, comfort, or simple listening produced hesitation and confusion. Such uncertainty reflects the blurred boundaries between sharing and seeking, which complicates the provision of peer support and contributes to participants’ sense of communicative paralysis. The boundary management is also suggested by Jo’s comment:

I’d like to add to what Carol said. This was also a concern of mine — I didn’t know what their intentions were. As someone who studied psychology, one of the reasons I decided not to pursue a professional career in counselling is because when you’re actually diagnosing someone, you can’t understand the full picture from just a few words. In casual conversations with friends, you can’t ask them in detail about their situation, like how long it has lasted or whether they’ve met certain criteria for a diagnosis. It’s not like you can approach a friend who says they have depression and ask them to describe their symptoms or whether they’ve lasted more than two weeks. That’s just not how you interact with friends. So as a mental health professional, if I were one, I wouldn’t let friends come to me for counselling because it’s hard to draw boundaries clearly. That’s why it’s difficult to handle these situations — my knowledge isn’t enough to provide real professional help. Also, you’re talking to me as a friend, not as someone seeking counselling. Therefore, I’m not obligated to offer you advice based on my limited knowledge, which might not be effective from a treatment perspective (Jo).

On the other hand, Ying’s reflections add another layer by focusing on trust and confidentiality. He observed that when a person discloses mental health struggles to a friend, “it shows that they trust their friend deeply.” However, this trust also generates pressure and fear that the friend worries about saying something harmful or betraying that trust. Ying’s understanding underscores an ethical dilemma: the listener is simultaneously empowered by the disclosure and burdened by it. The responsibility to maintain confidentiality while lacking the skills to respond effectively creates a sense of moral conflict, amplifying the perception that it is “hard to respond”.

Overall, this theme demonstrates that seeking help from friends can be a barrier, which is more than a lack of communication skills. The participants’ struggles reveal a deeper social

and relational tension between empathy, responsibility, and self-protection. The act of responding becomes an emotionally charged negotiation between care and caution. These accounts suggest that while mental health discourse has become more visible among young adults, the social scripts and interpersonal tools to manage these conversations remain underdeveloped. Consequently, the willingness to help often coexists with fear of doing harm, limiting the effectiveness of peer-based emotional support and revealing the fragility of these informal help networks.

Emotional, Financial and Time costs

The last thing was about cost, including the cost of money, time and emotion. As a participant suggested, it's a long journey to find an acceptable psychologist or counsellor. However, for international students and temporary residents, the price of consulting is high without enough insurance to cover it. The cost, based on Kugou's words, consisted of money, time and emotion.

Finding a psychologist who is suitable for you is not that simple. After just one consultation, you can't immediately determine whether they are the right fit. It might take a few sessions before you realise that you don't like them, and if you switch to someone else, you'll have to pay the fees all over again and explain the entire process from the beginning. I think it's a very complex process, and you're still unsure if you'll be able to resolve your issues in the end. (Kugou)

The cost of emotion, specially, was also caused by language barrier. One participant suggested as Chinese migrants, it was more acceptable to seek help from professionals who have similar or shared Chinese origins. However, there are very few professional mental health services delivered by Chinese-speaking practitioners, making it emotionally challenging for migrants to articulate their feelings and struggles to someone who may not fully understand their cultural or linguistic background.

There are some barriers, for instance, that you're probably not able to find a counsellor who speaks Chinese to provide professional counselling for Chinese individuals. Additionally, the counsellor might not fully understand the upbringing

and cultural background of Chinese people, which could also lead to communication difficulties (Grace).

Task Four: Create Characters' Portraits: a Collection of Snapshots

In the final part of the discussion, 10 participants were required to create a character they had in their mind at that moment. First, they needed to describe the character's general profile, including age, gender, personality and background. Second, imagine what kind of problems they are facing. Specifically, what kind of issue is affecting their mental state or what kinds of challenges as mental health issues are they dealing with? Third, talk about the circumstances that have led them to this situation. They were told to treat this exercise as writing a short story or something similar in three to five minutes. The general descriptions of the characters are shown in Table 4.3.

Table 4.3.

Characters Created after Discussion

Creator	Age	Gender	Occupation	Mental health Issue	Reasons
Alina	24	Female	Graduate (Master's Degree)	Anxiety with physical symptoms (lack of concentration, sleeplessness, easy to be angry)	<ul style="list-style-type: none"> - Facing choices of staying or leaving Australia - Anxious about career - Conflicting with families
Terry	N/A	Male	IT consultant	Anxiety	<ul style="list-style-type: none"> - Single status - Limited socialise activities - Influenced by diverse ads
Ying	14	N/A	Student (Secondary school)	Gender identity disorder and sexual orientation distress	<ul style="list-style-type: none"> - Adolescence - Struggling with others' judgments - Conflicting with families - Limited access to information related to such issues - Experiencing school bullying

Jo	N/A	Female	Graduate (Master's Degree)	Anxiety	<ul style="list-style-type: none"> - Facing choices of staying or leaving Australia - Hard to accept diverse culture - Not clear about the aims of studying aboard and plans in the future
Grace	N/A	Female	Graduate (Master's Degree) with a casual job	Depression; Anxiety	<ul style="list-style-type: none"> - Hard to find a full-time job - Hard to obtain PR - Experiencing workplace bullying - Hard to find consultation due to high price and linguist barriers
Cynthia	17	Female	Student (High school)	Depression	<ul style="list-style-type: none"> - Immigrating with family - Being raised under an oppressive parenting style by the father
Qin	24	Male	International student (Bachelor's or Master's degree)	Pessimistic; Loss of interests towards everything	<ul style="list-style-type: none"> - Loneliness - Full of changes in life - Lack of belonging
Kugou	20	Male	International student (Bachelor's degree)	Anxiety	<ul style="list-style-type: none"> - Relying more on partner - Limited socialise activities - Financial burden and blaming himself to spend money - Lack of ability to solve problems by himself - Lack of communication with families
Ma	29	Non-binary	Civil engineer	Borderline personality disorder; People-pleasing personality	<ul style="list-style-type: none"> - Trying to please others and ignoring own feelings - Being raised under a repressive and competitive lifestyle - Loneliness - Struggling with cultural adaption

Carol	22	Female	International student (Bachelor's degree)	Anxiety	<ul style="list-style-type: none"> - Relying more on friendship - Overly sensitive and suspicious when make friends - Loneliness
-------	----	--------	---	---------	---

According to the general characteristics of these new characters, there are three main findings. First, the occupations designed were mainly students, ages ranging from secondary school to master's degree. It suggests, based on the participants' experiences, young Chinese migrants were mainly of schooling age and commonly purchased higher education as international students in Australia. For the two characters designed with full-time jobs, their stories and concerns were not quite relevant to their occupations.

Second, anxiety was the most common mental health issue found in these designed characters. However, among these cases of anxiety, only one case highlighted specific symptoms including sleep disturbances (insomnia), rapid heartbeat, and difficulty concentrating. For the rest of the cases, anxiety was often shown from the difficulty of making a choice or decision, such as choosing to stay or leave Australia, purchasing a tennis racket and socialising. It suggested when asked to create plots reflecting mental health issues, these participants were more likely to portray 'anxiety' as the core conflict of the characters.

Third, the primary causes of mental health issues often focus on family relationships, social relationships, and social expectations. The majority of the participants prefer to link the characters' psychological burden with family relationships, such as intergenerational conflicts, oppressive parenting styles and misunderstanding of parents. Social relationships, including making friends, joining social activities and establishing intimate relationships, were associated with feeling loneliness, which led to mental burden when they failed to build a comfortable relationship. Social expectations, which refer to the norms, standards, and behaviours that society expects individuals or groups to follow, also influence the pressure. For instance, many characters are designed to be anxious about meeting others' expectations and gaining their approval.

All in all, the characters that the participants created after the discussion were a collection of the snapshots discussed before, including the main issues, reasons, barriers and personal

experiences shared. In the following stages, these characters were filled more with details and developed into a completed script.

4.2.2 Improvisation One: Creating Connected Storylines and Character-Based Monologues

After the group discussion, the first improvisation was conducted to refine the characters and create social connections among characters and potential storylines. There were three steps to this process.

Step One: Understand the Interactive Nature

First, the researcher introduced forum theatre by emphasising the features, forms and differences with traditional theatre performance. It is an essential bedrock for all the subsequent actions. The researcher emphasised their cultural leadership in presenting characters and controlling the development of stories, which required their capacity to deal with the changes promoted by the audience members appropriately. As all the participants were experienced with immersive theatre, an interactive theatre performed without stages between actors and spectators, it was feasible for them to handle this form of performance. In this process, their understanding of the performed characters and theatrical strategies of ‘yes and’¹ were the most crucial points of emphasis. As the researcher stated:

The difficulty lies in its strong interactivity. So, after you are given the lines for your character, it’s not just about memorizing them. You need to have a deep understanding of the character. During the audience discussions, there will be a Q&A session, meaning the audience will have the opportunity to ask you, ‘What were you thinking at that moment? Why did you think that way? What exactly did you go through?’ These are things that might not be explicitly written in the script but rather responses that come from your complete portrayal of the character.

¹ The "Yes, and..." strategy in theatre is a foundational principle in improvisational acting. It is a guideline that encourages actors to accept what another actor has presented and then build upon it.

Step Two: Background Drafted by the Researcher and Characters Improved by the Actors

After confirmation of their understanding of forum theatre, the researcher, as director and main scriptwriter, introduced the story's background and framework. To connect all these young characters, the story is set in an apartment building. These characters are the residents of different rooms, with all the stories happening at the same time. This idea came from the structure of an immersive theatre, in which all the actors are allocated in different rooms, and they will act in their stories at the same time. Combining this idea with a stage-based show, *Shao Siming*, a mythological character as "Joker" in a forum theatre, will "cast a spell to turn back time, then fix the perspective on different rooms one by one, allowing the story of each room to be revealed in turn". Based on this setting, the spectators will have a chance to watch different stories like watching an episodic series without walking around (as they would in immersive theatre) in the first round of performances.

Based on this frame of stories, the participants improved their characters and pointed out the social connections they needed to build up the stories. Improving the characters was achieved by asking them questions one by one. Questions included "What's the name of this character?"; "What is their age?"; "Are there any key relationships that this character has?"; "Do you have any other changes for this character since the last discussion?" The changes and added settings of the characters are shown in Table 4.4.

Table 4.4.

Changes and Improvements in the Characters

Creator	Changes	Improvements
Alina	N/A	Name: Lin Shuyu Social relations: Friends; a boyfriend in Australia; parents in China
Terry	N/A	Name: Xiao Zhao Age: 27 Social relations: Roommate without many connections; an ex-girlfriend
Ying	Age: change from 14 to 16 Gender: from uncertain to male	Name: Lawrence

	Reason for mental health issues: from struggling with others' judgment of gender to cannot get involved in Western culture and either Chinese culture due to immigration at a young age	Social relations: brother or sister who lives together; parents always travel between China and Australia
Jo	Reason for mental health issues: from disagreement with parents to have a girlfriend in Australia while Lesbian is not accepted by parents	Name: Zheng Xuan Age: 26 Social relations: girlfriend (lesbian); parents in China
Grace	N/A	Name: Man Man Age: 24 Social relations: to be confirmed
Cynthia	Age: change from 17 to 19, just finish VCE	Name: Lisa Social relations: boyfriend; parents
Qin	Age: change from 24 to 30	Name: Zhou Yunshan Social relations: to be confirmed Residency: PR or citizen
Kugou	N/A	Name: Fan Di Social relations: girlfriend; friend
Ma	N/A	Name: Ding Xiaoge Social relations: a colleague who notices his issue Personality: try to appeal others' attention
Carol	N/A	Name: Catherine Social relations: friend; a girlfriend Personality: dependent personality

Step Three: Connect Storylines Based on Improved Characters

After a round of the characters' improvements, the participants were allowed to talk with others in small groups and join in any break-out rooms created by the researcher via Zoom. Based on the first-round description of the characters, many participants had ideas to establish connections with the others. By inviting potential "partners", the participants had a

chance to improve their (the characters') social relationships and create basic storylines. In this process, participants had feelings like playing games and were more active in creating possible storylines.

Terry: I feel like I am playing *Juben Sha* (Murder Mystery Game²).

Kugou: What if I don't know who should I talk to?

Terry: I think we (our characters) could be roommates. We both have the financial burdens (in the stories), and we could have many more possibilities if we're together.

Kugou: But my roommate should be my girlfriend.

Terry: You can have your girlfriend as your roommate. But that's not your only choice.

Kugou: Because in my story, my girlfriend is spending my money and that's why I'm under financial burden.

Terry: Think about this. You have to pay your tuition fee, your residential rent, your roommate's rent fee and your girlfriends' as well.

Kugou: Alright. It makes sense. Then you'll be my friend.

Terry: Yes. We can be roommates. And you also need a girlfriend.

Grace: I'm wondering if I (my character) can be Kugou's girlfriend.

Kugou: My idea is that, before she met me, she had been at her ex-boyfriend's place. Then, right after that breakup, she turned to Fan Di (character). The next day, she moved in, and after that, a lot of arguments began to happen. Following the arguments, her personality turned into one where I would have to buy luxury goods to calm her down—basically, an extreme kind of girl.

Grace: Right now, do you need her to appear in...?

Kugou: I need her to appear in the scene where she's arguing with Fan Di.

Grace: Do you just need a voice-over, or do you need this person physically present?

Kugou: I might need this person, yes. But I'm worried this setup—Fan Di's partner, for example—could affect your entire storyline or interfere with your plot's development.

Grace: It's not impossible; it might fit in if we piece things together.

² A **Murder Mystery Game** is a role-playing game where participants take on specific characters, often with detailed backstories, to collaboratively solve a fictional crime, usually a murder. It blends storytelling, improvisation, and detective work as players work to uncover clues, ask questions, and determine who the culprit is among them.

4.2.3 Improvisation Two: Reading Draft Script and Finalising the Monologue

Draft the Script and Discussion after Reading

Based on the characters, relationships and main conflicts designed by the participants, a draft script was written by the researcher. The theatre piece was called *Mingbi*, which translates to ‘magic brush’ in English.

In the second improvisation, which was also a rehearsal, all the participants were invited to have a face-to-face meeting. The location of the meeting was a meeting room in the researcher’s apartment building, which immersed the participants into an apartment setting that is similar to the one in the script. In the meeting room, all the participants sat together in a circle so they could see each other. During the script reading process, the actors easily immerse themselves in the characters’ emotions while reading aloud, and they also observe others as they read their lines. When the main actors read the lines in Room 2801 and Room 2802, others showed relaxed emotions like smiling or laughing. However, as the conflicts in the story intensify, others would more easily empathise with the protagonist’s emotions, displaying expressions of anger, doubt, or surprise. Sometimes, this was accompanied by body language such as clenching fists or leaning forward. Compared to stories in Rooms 280 (conflicts among a single man and a couple) and 2802 (dual relationships among four young people), the lines in Room 2803 (siblings as second-generation migrants) and 2804 (a single, lonely man with long-term pessimism) were harder to elicit reactions from others. The lines in Room 2804, especially, confused others more since they were more likely to show confused expressions such as frowning or tilting their heads.

After reading the script thoroughly, they were invited to share their feelings, comments and feedback. In this discussion, participants expressed their feelings toward their own characters actively: “I feel like, I knew my character had issues, but I didn’t expect them to be this extreme. But that’s great because my original interpretation of this character was that they love to attract attention in some extreme ways” (Ma).

They would also like to suggest or comments on others' character, especially the scene partner. For instance, for stories in Room 2801 and 2803:

Kugou: My question is, the only problem for Terry's character is about choosing tennis racket? Is that the only thing for you?

Terry: I think that there are varying degrees of illness, and perhaps mild anxiety is also a manifestation of it. However, it seems that the characteristic of messing things up as soon as the character starts overthinking hasn't been fully shown.

Others: (laugh) yes.

Cynthia: I think my younger brother should use more English terms.

Ying: Correct. I should use English terms. I even translated them into Chinese on purpose when I wrote it. But it looks weird.

Jo: Then I should use less English terms maybe.

Others: Yes.

Such discussions suggested that, as co-creators, the participants actively sought to understand and improve all the characters in this theatre production, especially the ones who were socially connected to the characters they created (such as Kugou focused on Terry's character Xiao Zhao since Xiao Zhao is his roommate in the story). This process contributed to establishing the shared understanding of the mental health-related topics in each scene and the experiences of the character. The idea of using English terms more (for Ying's character as kids from a second-generation migrant group) or less (for Jo's character as an international student), on the other hand, highlighted the impact of cultural contexts in the Chinese migrant dramaturgy. Through this process, participants established and strengthened the connections between themselves with the characters and stories in the script.

Finalise the Monologue

After the script reading and discussions, participants were asked to revise the lines and monologues before the next rehearsals. The monologue, which was created by the actors themselves, was the most important way to present the inner struggles and main issues of the characters. During a one-week period, all the participants revised their monologues. Details are provided in Table 4.5.

Table 4.5.*Monologues Finalised by Actors*

Character	Monologue
Xiao Zhao Created by Terry	All my life, I've struggled to make choices. Whether it was studying in Beijing or going abroad for immigration, it was always my parents who made the decisions for me. After moving overseas, I gradually drifted apart from my friends back home. But loneliness—how can I possibly deal with it? I chose tennis, mainly because my dad loves tennis and used to play with me when I was young. I wanted to connect more with my tennis buddies, so I became obsessed with buying tennis rackets. Yet, every time I bought a new racket, it just didn't feel right. I'm telling you, making choices is really hard for me. Every time I face a decision, I feel immense anxiety and fear. I'm afraid of making the wrong choice and having to take the responsibility. I can't seem to find the right racket for me, and it feels like I can't find true friends either.
Fan Di Created by Kugou	I'm only 20 years old. In my imagination, this should be a hopeful age, but in reality, I'm overwhelmed by life and unable to breathe. Two months ago, I came to this unfamiliar country and was immediately buried under trivial matters, from accommodation to studying to making friends. Nothing has gone smoothly, and I can't sleep well at all. I just want to go home. Luckily, I met Man Man. I thought everything would get better, but the financial pressure has once again crushed me. I don't want to keep asking my parents for money; they've given me enough. I know Man Man is feeling down because she can't find a job, and I've taken on all the expenses, trying to save money to buy her gifts, but it seems useless. I really don't know what to do...
Man Man Created by Grace	I came here for settlement. For this goal, I chose to study for a master's degree in IT here. But it seems I'm not good at this. After graduation, I couldn't find a job, nor see any hope of immigrating by myself alone. My family doesn't want me to immigrate, always saying, "Why doesn't a girl just settle down and live a steady life back home?" To force me to return, they stopped sending me money, so I have to work while looking for a job. Until I met Fan Di. After moving in together, the closer I got to him, the more I wanted to rely on him and ask for things from him. I crave his understanding and support, but many times when I'm sad at night, he just stands there, at a loss. I started asking him for luxury items, thinking those would prove his love. But do I need those things? I know my emotions are the problem, crying over nothing and saying hurtful things. I thought about finding a Chinese-speaking psychologist, but when I checked the prices, an hour's consultation is a day's wage for me. And they say therapy needs to

be weekly, which is a long-term expense. So, I just endured it. But when will this end?

Zheng Xuan
Created by Jo

Robert Frost has a poem called “The Road Not Taken”: “Two roads diverged in a wood, and I—I took the one less travelled by, and that has made all the difference.” Now I stand in the woods, unsure which path to take. I shouldn’t have counted down to graduation. As the days pass, my anxiety grows. My plan was solid: study while working, get a job after graduation, gain financial independence, and reject family arrangements. I thought my skills would land me an internship, but I ended up working minimum wage at a fast-food place. I thought of going back to China, where life seemed simpler. But then I met Catherine, and my resolve weakened. I revived my job search, only to face rejection after rejection. I fled my parents’ plans by coming to Australia, but now I find it hard to settle here. Returning to China seems like an escape. But Catherine doesn’t understand my struggles. She remains engrossed with her friends. I doubt our relationship. If I go back, can I find someone as understanding as her? Will our love be accepted by family and society? If I stay, can I afford to defy my family? Ignorance is bliss. Had I followed my parents’ plans without experiencing life in Australia, I wouldn’t have so many troubles now.

Catherine
Created by Carol

Why does it always come to this? I’ve always sought a sense of belonging, and genuine companionship. My parents were busy with business, and our home was filled with arguments. Moving, leaving friends, making new ones, and moving again left me feeling incredibly lonely. No one understood me, no one to confide in. In the drama society, I found a place of comfort, and met Ding Xiaoge, Man Man, and Shuyu... they brought warmth and a sense of safety never ever exist before. I’m terrified of losing these friends, so I try to do things for them, hoping to prove my worth and keep them close. But it’s not that simple. Man Man and Shuyu share a unique bond, making me feel like an outsider. No matter how hard I try to fit in, there’s an invisible distance. This feeling is painful. Zheng Xuan used to be my solace. She showed me that female friends can be close and warm. We shared many wonderful moments. But I find myself in a new conflict, unable to balance friends and Zheng Xuan. Today is June 1st, and Zheng Xuan is upset because I forgot our anniversary. I know this is her way of valuing our relationship, but I can’t ignore the drama society friends who are also important. What should I do? How can I not lose anyone?

Ding Xiaoge
Created by Ma

We’re Ding Xiaoge. Non-binary. But gender doesn’t matter; it’s just for attention. I’ve always tried to be what others expect. On stage, in life, constantly adjusting myself for other’s attention. But over the years, I’ve questioned if it’s worth it. After graduation, I became an engineer, but life

remains dull. No one truly sees or cares me. Look, life in school was better. In the drama society, I met many people, especially Catherine. She, with her sensitivity, gave me attention. But it was fleeting. How to hold on? Claiming to be a transgender male intrigued her. But then, she came out. I knew she wouldn't stay with me. No, I can't lose her. Introducing her to Zheng Xuan seemed right... but does it change the outcome? I'm exhausted, doubting if it's worth it, ending in loneliness and fatigue. Now, I want peace and self-acceptance, not constant change for others. Looking back, I feel unfamiliar.

Lin Shuyu
Created by Alina

My family has always been affluent, expecting me to be a refined lady. My name, Lin Shuyu, reflects their hopes. Growing up in protection, with the best of everything, I missed out on bonding with peers, stuck in tutoring and interest classes. My parents' supervision kept me from socialising, widening the gap with peers. Fail to pass the Entry Exam in Middle school was a turning point. Instead of a local high school, they sent me abroad. On the flight to Australia, I felt fear, not excited. Fear of language barriers, fitting in with my homestay, disappointing my parents, and isolation. But things weren't as bad as I thought. With effort, I adapted. From high school to post-grad, I navigated key life stages here, meeting an outgoing, accepting boyfriend. But my parents still influenced me, urging my return. They cite love and longing, but I've lost touch with home. Returning seems impossible, but they're an unbreakable bond, and my boyfriend doesn't fully understand my pain. Jobless and helpless, my struggles remain unspoken. Sleepless nights, lack of focus, quickened heart rate, irritability over small things. Where is my future?

Lawrence
Created by Ying

The elders always say, "School should be the best time of your life." But that's ridiculous. Every day in those hallways feels like a battlefield with words, stares, and whispers. It's painful. It started small, but then it got worse. My locker was trashed, my things stolen. They called me ugly, loser, freak, like branding me. They mocked my appearance and background, telling me to "Go back to where you came from." But I've always been here. Does looking different mean I don't belong? I tried telling others. Teachers were too busy; friends weren't real friends. I told my family, but they didn't understand. Mom said the kids were just playing, dad told me to be strong. They don't get it; it's everywhere, even on my phone. My parents take pride in tradition and effort, not seeing my struggle between two worlds: too Asian to be Aussie, too Aussie to be anything else. They even said, "Shouldn't you look at yourself?" Even my sister...she seems unaffected, maybe she's stronger. I stopped telling them. Why bother? They have their own lives. Am I that important? But it does matter. Their voices and words are in my head, like a broken record. I can't escape it. I see myself the way they see me: worthless, pathetic. I can't sleep, haunted by nightmares and anxiety. I'm exhausted. What if this never ends? I wish

someone would listen, see me. Not for my skin colour or eye shape, but for me. Maybe then I'd believe I'm worth something too.

Lisa

Created by Cynthia

If there's a god, I'd ask why I was born into this family. What father calls his daughter stupid? Saying I embarrass him, how could I be his daughter? Why, despite all my efforts, can I never meet his expectations? I am me, not anyone else's child. I'm not smart, but I try. I'm not the perfect student. Is life worthless without top grades? Why mock my ideas? Is everything I do wrong? Maybe since starting school. With grades and rankings, I never heard praise from dad. He's never satisfied, whether it's my studies or my appearance. But I like pretty things, art, and makeup. I enjoy attention, and compliments. Each social media post, every photo with likes makes me feel less useless. How can I earn dad's approval? I gave up, moved out, and reduced contact. My friends appreciate me, praise me, like me. Maybe that's enough. It feels like there's a hole in my heart, one that can't be filled.

Zhou Yunshan

Created by Qin

I never had grand ambitions but always wanted to see the world. As a child, it was the garden outside my window; in school, it was the Great Wall and the Three Gorges of the Yangtze; after high school, it was the land described by my geography teacher, riding on the back of sheep. New environments bring new insights, but the freshness always fades. Then, I embark on new journeys. I often think, at the end of my life, I won't be by a warm hearth with family, but on a small bed in a foreign land, telling students and juniors about my adventures. This romantic and dangerous thought drives me to travel. I met many people along the way. Most became friends. They say I'm approachable and calm, willing to listen to their woes. But behind my gentle eyes is a cold light, not a warm soul, but a mirror, like the deep blue Arctic ice cap. There are no emotion, only inhuman rationality and void. Passionate friends turned away upon seeing my true coldness. My feelings towards those in comfort zones are complex: sympathy, disdain, confusion, and envy. I mock them as frogs in a well but understand and envy their ability to enjoy life without wandering. So, in this foreign land for over ten years, I keep a distance with everyone. Friends come and go; if they leave, I don't hold them back. Maybe, I should leave too?

4.3 Themes Generated in Fictionalisation: Participants' Narratives

This section explored the narratives used by participants to create characters and monologue for storytelling. The main data used came from the monologue written by participants and

designed for the characters. Based on the storylines and monologues, the subthemes generated from the process of fictionalisation were: 1) expressions of psychological distress, 2) highlighting relational isolation, 3) addressing parents’ impact and 4) emphasising uncertainty, loss and helplessness.

4.3.1 Expressions of Psychological Distress

There were nine out of 10 participants who concretised anxiety in the monologues. The two approaches were describing behaviours directly and using metaphorical sentences to suggest the feelings. By describing the manifestation of psychological distress of the characters, the participants expressed them through decision-making anxiety (feeling anxious to make decisions among different choices), seeking validation and recognition (behaviours motivated by a need to gain external validation and focus from others) and embodied expressions of distress, including crying, focus lost, bad dreams and insomnia. The narratives in different categories were shown in Table 4.6.

Table 4.6.

Narratives Used in Monologues to Describe Psychological Distress

Psychological Distress	Narratives Used in Monologues
Decision-making anxiety	<p>“All my life, I’ve struggled to make choices. ...I’m telling you, making choices is really hard for me. Every time I face a decision; I feel immense anxiety and fear. I’m afraid of making the wrong choice and having to take the responsibility.” (Xiao Zhao created by Terry)</p> <p>“Now I stand in the woods, unsure which path to take... If I go back, can I find someone as understanding as her? Will our love be accepted by family and society? If I stay, can I afford to defy my family?” (Zheng Xuan created by Jo)</p>
Seeking validation and recognition	<p>“I started asking him for luxury items, thinking those would prove his love. But do I need those things?” (Man Man created by Grace)</p>

“I’m terrified of losing these friends, so I try to do things for them, hoping to prove my worth and keep them close.... No matter how hard I try to fit in, there’s an invisible distance.” (Catherine created by Carol)

“We’re Ding Xiaoge. Non-binary. But gender doesn’t matter; it’s just for attention. I’ve always tried to be what others expect. On stage, in life, constantly adjusting myself for other’s attention. But over the years, I’ve questioned if it’s worth it.” (Ding Xiaoge created by Ma)

“I enjoy attention, and compliments. Each social media post, every photo with likes makes me feel less useless.” (Lisa created by Cynthia)

Embodied
expressions of
distress

“Nothing has gone smoothly, and I can’t sleep well at all.” (Fan Di created by Kugou)

“I know my emotions are the problem, crying over nothing and saying hurtful things.” (Man Man created by Grace)

“Sleepless nights, lack of focus, quickened heart rate, irritability over small things.” (Lin Shuyu created by Alina)

“I can’t sleep, haunted by nightmares and anxiety. I’m exhausted.” (Lawrence created by Ying)

Using metaphors was another approach to concretise the anxiety, especially the feelings when facing mental health issues. For instance, in Fan Di’s monologue, the actor wrote sentences to describe stress: “...in reality, I’m overwhelmed by life and unable to breathe. Two months ago, I came to this unfamiliar country and was immediately buried under trivial matters, from accommodation to studying to making friends” (Kugou). Similarly, in Lisa’s monologue, “a hole in my heart, one that can’t be filled” (Cynthia) was created to suggest the feeling of loss.

In Lawrence’s monologue, the feelings when bullied by others were like “their voices and words are in my head, like a broken record” (Ying).

The only character’s monologue that doesn’t concretise the anxiety, which Qin writes, suggests a pessimistic worldview and the character Zhou Yunshan doesn’t consider it problematic. Qin wrote it, as he suggests, to “exaggerate and dramatise certain aspects of my personality” and “to see how others would react to such a character” (Qin). It is a distinguished way to present a character without directional lines to concretise the anxiety. The value of designing such a character was shown based on spectators’ understanding and reactions. This story, not created by the actor only, was co-created by the actor and spectators.

4.3.2 Relational Isolation: Highlighting Loneliness and/or Lack of Others’ Understanding

All participants highlighted loneliness and/or lack of others’ understanding in the monologues to address relational isolation. The words used in monologues to demonstrate loneliness and struggling to be understood are shown in Table 4.7.

Table 4.7.
Monologues Designed to Highlight Relational Isolation

Character	Loneliness	Struggling to be Understood
Xiao Zhao Created by Terry	“After moving overseas, I gradually drifted apart from my friends back home. But loneliness—how can I possibly deal with it?”	
Fan Di Created by Kugou		“I know Man Man is feeling down because she can’t find a job, and I’ve taken on all the expenses, trying to save money to buy

		her gifts, but it seems useless. I really don't know what to do..."
Man Man Created by Grace		"I crave his (Fan Di) understanding and support, but many times when I'm sad at night, he just stands there, at a loss."
Zheng Xuan Created by Jo		"But Catherine doesn't understand my struggles; she remains engrossed with her friends. I doubt our relationship."
Catherine Created by Carol	"Moving, leaving friends, making new ones, and moving again left me feeling incredibly lonely."	"No one understood me, no one to confide in."
	"Man Man and Shuyu share a unique bond, making me feel like an outsider. No matter how hard I try to fit in, there's an invisible distance."	
Ding Xiaoge Created by Ma	"I'm exhausted, doubting if it's worth it, ending in loneliness and fatigue."	"No one truly sees or cares me."
Lin Shuyu Created by Alina	"My parents' supervision kept me from socializing, widening the gap with peers." "Fear of language barriers, fitting in with my homestay, disappointing my parents, and isolation."	"But my parents still influenced me, urging my return. They cite love and longing, but I've lost touch with home. Returning seems impossible, but they're an unbreakable bond, and my boyfriend doesn't fully understand my pain."

Lawrence
Created by
Ying

“I tried telling others. Teachers were too busy, friends weren’t real friends. I told my family, but they didn’t understand.”

“They don’t get it; it’s everywhere, even on my phone. My parents take pride in tradition and effort, not seeing my struggle between two worlds: too Asian to be Aussie, too Aussie to be anything else.”

“I wish someone would listen, see me. Not for my skin colour or eye shape, but for me.”

Lisa
Created by
Cynthia

“Why mock my ideas? Is everything I do wrong? Maybe since starting school. With grades and rankings, I never heard praise from dad. He’s never satisfied, whether it’s my studies or my appearance. But I like pretty things, art, and makeup. I enjoy attention, and compliments. Each social media post, every photo with likes makes me feel less useless. How can I earn dad’s approval?”

Zhou Yunshan
Created by Qin

“Most became friends. They say I’m approachable and calm, willing to listen to their woes. But behind my gentle eyes is a cold light, not a warm soul, but a mirror, like the deep blue Arctic ice cap. There’s no emotion, only inhuman rationality and

void. Passionate friends turned away upon seeing my true coldness.”

4.3.3 Addressing Parents’ Impact

The impact of parents is related to family of origin. Among these monologues, the roles of parents were more likely to be pressure and control, leading to a negative impact on the characters’ well-being. For example, in Xiao Zhao’s story created by Terry, his parents made more decisions than himself, “whether it was studying in Beijing or going abroad for immigration”. In the monologue, this character chooses to play tennis as a way to spend time because of his father’s choice. By addressing this information twice, the impacts of parents on Xiao Zhao’s decision-making anxiety were emphasised.

More aggressive parents’ impact on characters’ lives could be considered controlling. They could force the characters to go back to China (in Man Man’s story and Lin Shuyu’s story), ignore the characters’ needs (in Catherine’s story and Lawrence’s story) and conduct discouraging education (in Lisa’s story). As a consequence, the characters feel depressed, become anxious and/or lack confidence.

4.3.4 Emphasising Uncertainty, Loss and Helplessness

Participants also emphasised uncertainty, loss and helplessness through the wide use of interrogative sentences. As a literary technique in dramaturgy, interrogative sentences, especially rhetorical questions, are often used to directly convey a character’s intense inner conflict. Table 4.8 lists all interrogative sentences used in each character’s monologues and the emotions conveyed in detail.

Table 4.8.

Interrogative Sentences Used in Monologues and Conveyed Emotions

Character	Interrogative Sentences	Emotions
Xiao Zhao Created by Terry	But loneliness—how can I possibly deal with it?	Loss; helplessness
Man Man Created by Grace	- My family doesn't want me to immigrate, always saying, "Why doesn't a girl just settle down and live a steady life back home?" - I started asking him for luxury items, thinking those would prove his love. But do I need those things? - So, I just endured it. But when will this end?	Helplessness; uncertainty
Zheng Xuan Created by Jo	If I go back, can I find someone as understanding as her? Will our love be accepted by family and society? If I stay, can I afford to defy my family?	Uncertainty
Catherine Created by Carol	- Why does it always come to this? I've always sought a sense of belonging, and genuine companionship. - I know this is her way of valuing our relationship, but I can't ignore the drama society friends who are also important. What should I do? How can I not lose anyone?	Helplessness; uncertainty
Ding Xiaoge Created by Ma	- But it was fleeting. How to hold on? - No, I can't lose her. Introducing her to Zheng Xuan seemed right... but does it change the outcome?	Uncertainty; loss; helplessness
Lin Shuyu Created by Alina	Sleepless nights, lack of focus, quickened heart rate, irritability over small things. Where is my future?	Lostness; helplessness

Lawrence Created by Ying	<ul style="list-style-type: none"> - Does looking different mean I don't belong? - They even said, "Shouldn't you look at yourself?" - I stopped telling them. Why bother? They have their own lives. Am I that important? -What if this never ends? I wish someone would listen, see me. 	Lostness; helplessness
Lisa Created by Cynthia	<ul style="list-style-type: none"> - What father calls his daughter stupid? Saying I embarrass him, how could I be his daughter? - Why, despite all my efforts, can I never meet his expectations? - Is life worthless without top grades? Why mock my ideas? Is everything I do wrong? - How can I earn dad's approval? I gave up, moved out, and reduced contact. 	Helplessness; loss
Zhou Yunshan Created by Qin	Maybe, I should leave too?	Uncertainty

4.4 Summary

This chapter presents the co-creation process of the theatre piece *Mingbi*. Based on the theoretical framework of devised theatre (Arendell, 2022; Parsons, 2010;), Boal's *Theatre of Oppressed* (2000) and *Theatre in Education* (1995), 10 young Chinese adult actors worked together to co-create the characters and main storylines step by step. As co-creators, they went through this journey from identifying common mental health issues, reasons and challenges of seeking help in group interviews to creating characters and the possible tensions between them in improvisations. What emerged is that the co-creators created the characters as a reflection of the collective awareness, which was inspired by the ideas and stories they shared during the whole process. By creating character-based monologues, they highlighted the key elements like anxiety, loneliness, lack of others' understanding, uncertainty of the future, loss and helplessness as their voice to speak out about the mental health-related challenges of young Chinese migrants. With a strong sense of having co-created the play, these co-creators utilised their talents and previous performing skills to immerse themselves into the stories and take this responsibility very seriously. The next chapter explores how the play was seen and joined by young Chinese migrants as spectators in Melbourne.

Chapter 5. Staging the Theatre

In this chapter, the focus shifts from the co-creation process of the theatre piece *Mingbi* to the audience's experiences of participatory theatre. The audience, or "spect-actors", as termed by Augusto Boal (2000), are not passive observers but active participants who engage with the performance, contribute to the narrative, and reflect on their own experiences. This chapter explores to what extent does the theatre production affect audiences' experiences and understandings of mental health. The chapter is divided into three main sections:

The first section introduces the concept of the audience as active participants in participatory theatre and the implementation in this project, drawing on Boal's (2000) theory of forum theatre. The second section outlines the current mental health literacy of participants. The third section addresses the key findings from the audience's engagement, including the audience as spectators when watching, as participants when discussing, and as "spect-actors" when acting.

5.1 Introduction: Audience in Participatory Theatre

Participatory theatre, particularly forum theatre, redefines the traditional role of the audience. Unlike conventional theatre, where the audience passively observes the performance, participatory theatre invites the audience to participate actively in the narrative. This shift is rooted in Augusto Boal's (1979) concept of the "spect-actor," where the audience is encouraged to intervene in the performance, propose alternative solutions to the conflicts presented, and even take on roles within the play. This active engagement transforms the theatre from a one-way communication medium into a dynamic, interactive space for dialogue and learning.

The participatory nature of forum theatre aligns with the broader goals of applied theatre, which seeks to use theatre as a tool for social change, education, and empowerment (Wrentschur, 2021). In the context of mental health promotion, participatory theatre offers a unique opportunity for the audience to explore complex issues in a safe and supportive environment. By engaging with the characters and their struggles, the audience can reflect on

their own experiences, challenge stigmatising attitudes, and develop a deeper understanding of mental health issues.

While participatory theatre in Western performance is widely described as requiring visible, verbal, and direct audience intervention, notions of “participation” are not culturally universal. In many Asian performance contexts, including Chinese theatrical and storytelling traditions, audience engagement has historically been characterised by attentive witnessing, affective resonance, and interpretive reflection, rather than by overt interruption or co-authorship of the performance event (Jin, 2020; Schechner, 2017). Participation, from this perspective, may be relational and interpretive, unfolding through recognition, shared cultural codes, and embodied understanding rather than explicit action. Such culturally embedded understandings of participation contribute to audience engagement observed in this study. Rather than indicating limited participation, these practices reflect culturally grounded modes of engagement that privilege harmony, face-saving, and collective reflection. Situating forum theatre within this broader cultural frame highlights how participatory theatre practices must be reinterpreted and adapted when applied across different cultural contexts.

5.2 Demographics, Mental Health Literacy and Help-seeking Behaviours of Audience

5.2.1 Measures

Before the performance, all the audience members received a questionnaire, and they could choose either Chinese version or English version. The questionnaire consisted of four main sections (see Appendix B). The first section included consent forms, demographic questions (age, gender, education level, occupation), immigration experience (visa type, year of arrival, reason for immigration), and acculturation level (a self-rated cultural acculturation ranging 0-100%).

The second section was a questionnaire called Mental Health Knowledge Questionnaire (MHKQ). This questionnaire, developed by the Chinese Ministry of Health (Yin et al., 2020),

assessed the participants' accuracy in understanding mental health concepts and misconceptions. It included 20 items ($\alpha=0.82$), with higher scores indicating greater knowledge. The first 16 items were True/False/Unknown statements, assessing definitions of mental health (e.g., "Mental health is a component of health"), etiologic myths (e.g., "All psychological problems are caused by external stressors"), treatment misconceptions (e.g., "Medications for schizophrenia need not be taken long-term"), and risk factors (e.g., family history). The last four questions assessed the recognition of key advocacy dates (e.g., International Mental Health Day) to gauge exposure to mental health discourse. For items 1, 3, 5, 7, 8, 11, 12, 15 and 16, a "true" answer corresponded to a 1-point score, while a "false" or "unknown" answer corresponded to a score of 0. By contrast, for items 2, 4, 6, 9, 10, 13 and 14, a "false" answer gave a score of 1, while "true" or "unknown" answers corresponded to a score of 0. For items 17–20, only the "yes" answer corresponded to a score of 1. Total scores range from 0 to 20, with higher scores indicating greater knowledge of mental health issues (Li et al., 2018).

The third section was a scale called Perceived Devaluation and Discrimination Scale (PDD). This scale, adapted from Link et al. (1989), measured the participants' attitudes toward mental health issues. It included 12 Likert-scale items ($\alpha=0.78$), assessing social acceptance (e.g., willingness to befriend or employ someone with a mental illness), competence and trustworthiness biases (e.g., perceived intelligence or reliability), and systemic exclusion (e.g., hiring discrimination). Each item is rated on a 5-point scale, ranging from 1 (totally agree) to 5 (totally disagree). Items 1, 2, 3, 4, 8 and 10 required reverse scoring. Total scores ranged from 12 to 60, with higher scores indicating lower levels of stigmatising attitudes about mental illness. The Chinese version of the PDD has been reported to have strong internal consistency, demonstrating a cross-cultural applicability in previous studies (Li et al., 2018).

The last section was about the audience members' help-seeking behaviours related to mental health issues and their comments on current mental health care service in Australia. For behavioural patterns, there were dichotomous inquiries about prior help-seeking when faced mental health related challenges (Yes/No/Unsure), subsequent questions about the reason (why not), and multiple-choice items on information sources (e.g., social media, healthcare providers) and support channels (e.g., family, professionals). For barriers, there were ranked multiple-choice items identifying top obstacles (e.g., linguistic barriers, stigmatising attitudes

about mental illness, financial constraints), and open-ended questions (e.g., “What do you think about current mental health support?”) elicited qualitative insights into service accessibility and cultural relevance.

This survey was used to build a picture of demographics and mental health literacy of the participant cohort, and this provided some context for exploring how the process of spect-acting influenced participants’ understandings.

5.2.2 Results

A total of 38 young Chinese migrants aged 18 to 35 participated and returned a completed questionnaire. All the participants chose to fill in the questionnaire in Chinese. The data from questionnaire were analysed through software IBM SPSS Version 30.0.0.0 (172). The key findings in each section are below.

Demographics

Participants were predominantly university students or early-career professionals. As a result of the higher educational levels that the participants had, they are likely to have a certain level of awareness and understanding of mental health issues, although this may not necessarily translate into positive attitudes or behaviours due to cultural stigmatising attitudes about mental illness and other barriers. The detailed results of the main demographic characteristics are shown in Table 5.1.

Table 5.1

Sociodemographic Characteristics of Participants

	Category	Frequency	%
Age	18-20	3	7.90
	21-24	11	28.95
	25-30	20	52.63
	30-35	3	7.89
	>35	1	2.63
Gender	Male	20	52.63
	Female	17	44.74

	Non-binary	1	2.63
Highest level of Education	Secondary School	1	2.63
	High School	1	2.63
	University	35	92.11
	Prefer not to say	1	2.63
Work status	Full-time job	12	31.58
	Part-time job	7	18.42
	Unemployed	11	28.95
	Prefer not to say	5	13.16
Visa type	Australian citizen	4	10.53
	Permanent resident	10	26.32
	Temporary visitor	22	57.89
	Business Innovation and Investment visa	1	2.63
	Bridging visa	1	2.63

The majority (73.7%) of participants arrived in Australia between 2012 and 2019, therefore a large share of these young Chinese migrants has spent several years (5-12) in Australia. A smaller group (13.2%) arrived only in the early 2020s. Most had migrated for education (65.8%), with others citing work (13.2%) or family reasons (10.5%). Acculturation levels varied, with the majority reporting moderate adaptation (40%-60%).

Mental Health-Related Knowledge

Knowledge Scores of MHKQ ranged from 11 to 19, with an average of $M=16.16$ ($SD=1.685$), indicating that participants had a moderate level of knowledge about mental health issues. The responses on the MHKQ items are shown in Table 5.2.

Table 5.2

The Knowledge Related to Mental Health

Item	True/Yes	Fales/No
1. Mental health is a component of health.	38	0
2. Psychological problems are caused by incorrect thinking.	3	35
3. Many people have psychological problems but do not realise it	38	0
4. All psychological problems are caused by external stressors.	3	35
5. Components of good psychological health include having normal intelligence, stable mood, a positive attitude, quality interpersonal relationship and adaptability.	34	4

6. Most psychological problems cannot be cured.	13	23
7. Psychological or psychiatric services should be sought if one suspects the presence of psychological problems or a mental disorder.	28	10
8. Psychological problems can occur at almost any age.	38	0
9. Mental disorders and psychological problems cannot be prevented.	14	22
10. Even for severe mental disorders (eg, schizophrenia), medications should be taken for a given period of time only; there is no need to take them for a long time.	5	33
11. Positive attitudes, good interpersonal relationships and healthy lifestyle can help maintain mental health.	37	1
12. Individuals with a family history of mental disorders are at a higher risk for psychological problems and mental disorders.	35	2
13. Psychological problems in adolescents do not influence academic grades.	1	37
14. Middle-aged or elderly individuals are unlikely to develop psychological problems and mental disorders.	3	35
15. Individuals with a bad temperament are more likely to have psychological problems.	16	22
16. Psychological problems or disorders may occur when an individual is under psychological stress facing major life events (eg, death of family members).	35	3
17. Have you heard about International Mental Health Day?	25	13
18. Have you heard about the International Day against Drug Abuse and Illicit Drug Trafficking?	33	5
19. Have you heard about International Suicide Prevention Day?	16	22
20. Have you heard about World Sleep Day?	21	17

According to the responses, even though a high percentages of participants showed signs of basic knowledge about mental health, there were signs of lacking knowledge related to treatment efficiency (item 6), prevention (item 9), personality-based explanations over biopsychosocial models (item 15) and the recognition of mental health awareness and key advocacy dates (e.g., International Suicide Prevention Day) (item 17, 19, 20).

Mental Health-Related Attitude

Attitude scores ranging from 19 to 55, ($M=34.95$, $SD=7.07$) indicated moderate stigmatising attitudes about mental illness. While some participants reported low levels of stigma (scores above 40), the majority scored between 28 and 38, suggesting that stigmatising attitudes

about mental illness are still prevalent among young Chinese migrants. The responses are shown in Table 5.3.

Table 5.3

The Attitude Related to Mental Health

Item	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1. Most people would accept a person who been diagnosed with a mental illness as a close friend.	1	10	16	8	3
2. Most people believe that a person who has been in hospital for mental illness is just as intelligent as the average person.	2	9	20	7	0
3. Most people believe that a person who has been diagnosed with a mental illness in the past is just as trustworthy as the average citizen.	1	6	19	11	1
4. Most people would accept a fully recovered person who has been diagnosed with a mental illness as a teacher of young children in a public school.	2	11	12	10	2
5. Most people believe that entering hospital for mental illness is a sign of personal failure.	1	9	5	13	10
6. Most people would not hire a person who has been diagnosed in the past with a mental illness to take care of their children, even if he or she had been well for some time.	10	15	8	5	0
7. Most people think less of a person who has been in hospital for mental illness.	3	0	9	5	3
8. Most employers will hire a person who has been diagnosed with a mental illness if he or she is qualified for the job.	6	7	16	8	1
9. Most employers will pass over the application of a person who has been	8	16	7	5	2

diagnosed with a mental illness in the past, in favour of another applicant.					
10. Most people in my community would treat a person who has been diagnosed with a mental illness just as they treat anyone.	5	9	19	5	0
11. Most young women would be reluctant to date a man who has been hospitalized for a serious mental disorder.	4	10	21	2	1
12. Once they know a person was in hospital for mental illness, most people would take his or her opinions less seriously.	3	7	19	7	2

According to the Table 5.3, there were high “unsure” responses dominated across 9 out of 12 items (items 1, 2, 3, 8, 10,11,12), indicating a lack of clarity or confidence in participants’ perceptions of how society views mental illness. Besides that, there were more responses suggesting stigma in employment and childcare roles, shown by strong belief in employment discrimination (high agreement on item 6 and 9).

Help-Seeking Behaviours

Participants were also asked whether they have sought help from others when facing mental health-related challenges, and 50% responded “yes”. The reasons for not seeking help among the 34% of participants who responded “no” are presented in Table 5.4.

Table 5.4

Reasons Why Participants Did Not Seek Help for Mental Health Challenges (N=16)

Key Themes about Reasons	Quotation	Frequency, n (%)
Never had	“I never faced mental health-related issues.”	3 (18.75%)
Financial burden	“It’s expensive”/ “Money”/ “Price”	3 (18.75%)
Mistrust	“It’s hard to tell others honestly.”/ “My own reason: I don’t think others can empathise me.”	3(18.75%)
Stigma	“Afraid of stigma/prejudice”	2(12.5%)
Self-help	“No need”/ “I think I can handle it on my own.”	2(12.5%)

Social burden	“I don’t want to trouble others.”/ “I don’t have appropriate people to tell.”	2(12.5%)
Language issue	“I don’t know how to describe it.”	1(6.25%)

Mental Health Care in Australia

Participants were asked about the mental health care and support in Australia that they could access, including access to mental health-related information, available supports and key barriers for help-seeking in Australia. Through multiple-choice questions, the top three options of each question were shown in Table 5.5.

Table 5.5

Mental Health Care, Support and Barriers for Help-Seeking in Australia

	Options	Frequency	%
Access to mental health-related information	Social media	29	76.32
	Courses from institutions	19	50
	Professional bodies (GPs)	17	44.74
Available supports when facing mental health issues	Mental health professionals	37	97.37
	Family and friends	23	60.53
	Social media	15	39.47
Key barriers for Chinese migrants to seeking help	Lack of awareness due to limited education about mental health	29	76.32
	Social burdens (e.g, stigma)	29	76.32
	Less knowledge about mental health and seeking professional help	28	73.68

5.3 Findings: Audience Engagement from Watching, Discussing and Participating in the Stories

During the whole process, the audience members were invited to engage in three main sections: watching, discussing and acting in the performance.

For the performance, even though the circumstances were challenging given poor lighting conditions in an old small theatre room, limited sets and props available and no movable curtain to separate the backstage from the performance area, the audience members were very supportive of the performance. During the performance, certain humorous moments prompted the audience to laugh and sometimes even applaud. After the first-round performance, small group discussions were conducted to encourage more audience engagement. In the second-round performance, all the scenes were joined and intervention was undertaken by the audience (N=15).

5.3.1 Audience as Spectators when Watching

The performance started with an acknowledgment of country, theatre etiquette and ethics. The whole process of this performance was also stated again to remind the audience of the “tasks” in different stages. All these contents were broadcast in both English and Chinese by theatre staff. There were three sections: reactions in the first-round performance (60 minutes), discussion between the first and second-round performance (20 minutes), and action in the second-round performance (around 40 minutes). The observations of the audience’s reactions regarding different topics in the scenes are presented in Table 5.6, which were from the notes taken by the researcher when watching and video records.

Table 5.6

Findings from Observations during the Performance

Scene	Key characters	Storylines	Topics/Aims	Audience’s reactions
Scene 1 (3 minutes)	Shao Siming (“joker”)	All actors are “frozen” on the stage, with upset, confused or painful expressions. Shao Siming entered and introduced the background and setting of the story.	1. Immerse the audience in the performance’s framework. 2. Establish the logic of scene transitions: each scene set in a different apartment room.	Quiet and focused

Scene 2 (15 minutes)	Room 2801: Xiao Zhao Fan Di Manman	<p>Xiao Zhao’s anxiety about decision-making was reflected in both material (tennis racket purchase dilemmas) and social facets (mediating conflicts between Fan Di and Manman).</p> <p>Fan Di and Manman’s anxieties stemmed from financial pressure and the dynamics of their romantic relationship, causing both financial and emotional crises.</p>	Anxiety of Decision-making, financial stress, and intimate relationships	<p>Laughed: Primarily in response to Xiao Zhao’s well-intentioned but clumsy attempts to mediate, which inadvertently escalated the conflict.</p> <p>Sighs and Sobs: During the Xiao Zhao and Manman’s monologues.</p>
Scene 3 (22 minutes)	Room 2802: Lin Shuyu Catherine Zheng Xuan Ding Xiaoge	<p>Lin Shuyu’s struggle epitomises intergenerational conflicts. Torn between her desire for independence and her parents’ controlling tendencies, Lin Shuyu exhibited feelings of helplessness and distress, even manifesting physical symptoms of anxiety.</p> <p>Zheng Xuan faced challenges related to her parents’ disapproval. Her homosexual relationship was not widely accepted by her parents or Chinese society, yet living in Australia meant sacrificing the stability she could have had</p>	Psychosocial crises across three axes: control, belonging, and intergenerational pressure	<p>Laughed: Primarily directed at Ding Xiaoge’s “attention-seeking” trait.</p> <p>Attention/Interested: Showed heightened curiosity and interest in the “love triangle” dynamic.</p> <p>More Comments: An increase in whispered comments, especially as Zheng Xuan gradually exposed the underlying tensions and the façades within the group</p>

back home. This internal conflict partially translated into a desire to control her partner, Catherine, placing Catherine in a dilemma between her romantic relationship and her friendships. Catherine struggled to find a sense of belonging in both spheres, making her choices even more difficult.

Although Ding Xiaoge's story ostensibly touched on non-binary identity, as revealed in their monologue, he did not genuinely identify as non-binary but instead used this identity as a means to attract attention and seek a sense of belonging.

Scene 4 (10 minutes)	Room 2803: Lisa Lawrence	<p>Lisa's struggle stemmed from her father's oppressive parenting style, which triggered her rebellious behaviour. Lisa's rebellion against her father's authoritarian approach reflected a desire for autonomy and recognition.</p> <p>Lawrence faced bullying at school, where he was ostracized by his white</p>	<p>Parent-child relationships and school bullying, highlighting the challenges of navigating identity, familial expectations, and social exclusion within a migrant context.</p>	<p>Laughed: Primarily in Lisa's father compared Lisa to others.</p>
-------------------------	--------------------------------	---	---	--

peers due to his Chinese heritage. Lawrence's silence highlighted the emotional burden of being caught between familial expectations and societal rejection.

Scene 5 (10 minutes)	Room 2803: Zhou Yunshan	Zhou Yunshan's fixation on meaninglessness and his inability to reconcile his intellectual realisations with emotional fulfillment reflect existential despair. Additionally, his self-imposed isolation and refusal to form deep connections (e.g., maintaining "distant ties" with friends) highlight the psychological toll of chronic disengagement. Identified himself as an observer, Zhou Yunshan's analytical detachment mirrors a defense mechanism against vulnerability, a phenomenon linked to depressive realism, where individuals perceive reality accurately but at the cost of emotional numbness.	Identity issues and social belonging issues: existential crisis, social alienation and self-consciousness.	Silence: Minimal engagement without laughter or audible reactions
-------------------------	-----------------------------------	---	---	--

Based on these reactions, there are two key reflections. First, it's important to clarify the aims, story settings and audiences' tasks at the beginning to immerse them into the story. For

instance, in the first scene, the facilitator (“Joker” in Boal’s forum theatre) delivered a moderate amount of information in concise language to swiftly immerse the audience in the performance’s framework. This structure, combined with the character information sheets distributed to the audience before the performance, enabled the audience to quickly familiarise themselves with the characters and anticipate potential developments in each act (see Figure 5.2). These elements facilitated post-performance discussions about the plot and characters, providing the audience with the opportunity to consider their potential contributions during the second round of the performance. Collectively, these designs enhanced the audience’s engagement and provided them with a richer space for reflection.

Figure 5.2

The Stage Photos of the First Scene (Screenshot from the Video Record)



Second, audience members were easily engaged with the everyday stories reflected in the script, especially the dramatic tensions. Their varied reactions (such as laughter, sobs, and comments) focused on the plots that were associated with their daily lives (parental ways of communication like Lisa’s father) and complicated relationships among different people (conflicts in Room 2802). In contrast, the audience exhibited diminished reactivity toward

narratives less proximate to their lived experiences (e.g., adolescent migration struggles in Room 2803 and philosophical discourses in Room 2804).

5.3.2 Audience as Participants in Discussions

After the first-round performance, 10 actors were allocated to the audience and conducted small group discussions. There were five discussion groups, each with seven to eight audience members led by two actors (20 minutes in total). The discussions were in Mandarin, guided by the following questions translated:

1. In your opinion, what are the key issues of these characters?
2. Which characters are most impressive? Why?
3. What would you do to help these characters with their problems?
4. How do you feel after watching this performance?
5. Do you think the performance will influence your attitudes or behaviours related to mental health? If so, how?

The discussions were held and audio-recorded by the actors. These records were transcribed for analysis. The researcher listened to the audio files, took notes and summarised the key topics after the performance day based on the files. Here are the five main topics involved in the discussions.

Key Issues Involved in the Stories

Most audience members resonated with the characters' struggles, confirming that the scriptwriting, dialogue, and acting effectively conveyed relatable dilemmas. The pacing, conflicts, and logical structure of the narrative were praised for avoiding excessive complexity. Regarding the key issues that characters have in the stories, however, audiences' understanding and interpretation were diverse. Basically, audiences showed unified interpretations for Rooms 2801 and 2803, which suited the initial ideas of the characters' creation but debated characters in Rooms 2802 and 2804. In Room 2802, they agreed that Lin Shuyu's anxiety was caused by the conflicts between her own identity in Australia and her parents' control. Catherine struggled with balancing the friendship and romantic relations,

which led to her confusion and helplessness. However, Zheng Xuan and Ding Xiaoge's characters sparked debate.

For Zheng Xuan in Room 2802, some audience members interpreted her as controlling, while others saw her as struggling with her sexual orientation in a conservative societal context in China. These features were not identified in the initial design of this character. Here are some of the comments from different audience members:

She (Zheng Xuan) is far too controlling. She insists on managing everything in her own way and never considers anyone else's perspective. I think it is the reason why her partner (Catherine) struggled. (Audience member from Terry and Qin's group).

I think part of Zheng Xuan's pressure comes from the fact that she's worried her family won't accept her. That's one source of stress. Another is that she feels she can't control Catherine since she sees Catherine as too free, right? That's how I understand it. So perhaps it's also because I've never been entirely sure whether Zheng Xuan changed her orientation after arriving in Australia or if she always had that orientation but never acknowledged it while she was still in China. I think she might have found support in a more open environment and become more accepting of her orientation. In Australia, being homosexual generally isn't considered a big deal; however, for Zheng Xuan, given that she's in a Chinese community, she views it as something quite serious—whereas under normal circumstances, it should simply be recognised as a natural orientation. (Audience member from Jo and Carol's group).

For Ding Xiaoge in Room 2802, although most people understand that Ding Xiaoge pretends a non-binary identity to draw Catherine's attention, some believe this fundamentally stems from a lack of self-confidence: "He's not confident enough then. He may think that if he shows what he is, he cannot be welcome" (Audience member from Cynthia and Ying's group). Others feel it is more of a curiosity tactic, which they see as dangerous. One audience member commented:

Because back then, if he realised that by self-harm or suicide, he could draw people's attention, he might also resort to doing it. So in my view, out of all these characters,

Ding Xiaoge seems the most dangerous (Audience member from Jo and Carol's group).

Some find Ding Xiaoge's character "disgusting" because, in their words, "This character deepens society's existing stereotypes about the LGBT community" (Audience member from Cynthia and Ying's group).

For Zhou Yunshan in Room 2802, many people felt his main issue was being closed off and rather reclusive. Another portion of the audience believed his problem lay in imagining himself to be above it all while "actually caring a great deal about others' opinions" (Audience member from Cynthia and Ying's group). Some audience members admitted they didn't understand what his issue was, and they thought there might not be anything wrong with him. In contrast, a small group felt his problem was very serious and, if left unaddressed, could lead to the most severe consequences of all.

Additionally, the audience's reactions to all the characters' dilemmas reflected a range of perspectives on mental health. Some audience members downplayed the severity of the issues, viewing them as common life challenges rather than mental health concerns. Others emphasised the cumulative impact of these small issues, arguing that they could lead to more serious mental problems if left unaddressed. This divergence highlights the need for greater awareness of the spectrum of mental health issues and the importance of early intervention for some audience members.

The audience also identified several factors contributing to the characters' dilemmas, including cultural conflicts, family dynamics, and societal pressures. These findings underscore the complex interplay between individual, cultural, and social factors in shaping mental health-related experiences and outcomes. The discussion also revealed a growing awareness of the need for culturally sensitive mental health support for young Chinese migrants.

The Most Impressive Characters in the Performance

Top 1. Zhou Yunshan (Room 2804): A Complex and Controversial Figure

Despite minimal engagement during his scene, Zhou Yunshan became the most-discussed character post-performance. Audience members considered his stories mysterious and haunting, debating whether his detachment was wise or pathological.

The person in the last room, I found that person most memorable, because, unlike the others, he thinks about a lot of things—and in a deeper way. He shows a real interest in those deeper issues, which left a strong impression on me (Audience member from Cynthia and Ying’s group).

The one who left the deepest impression on me might be the last character, Zhou Yunshan. In some ways, I can relate—closing the door, being alone, talking to yourself—all of that seems pretty normal to me. But what sets us apart is that I haven’t travelled to nearly as many places, and while I might also be quite reclusive, it’s still completely different (Audience member from Terry and Qin’s group).

And then there’s Zhou Yunshan in Room 2804, the final character. By that point, I thought his wording was ornate and grand—maybe aiming for something lofty. But honestly, once we got there, I found myself wondering: what’s his real problem? In my view, it doesn’t seem like much of a problem at all. His troubles never really came through; it felt like everything was just narrated in a flat, matter-of-fact way (Audience member from Alina and Ma’s group).

The person in the last room, I found that person most memorable, because, unlike the others, he thinks about a lot of things—and in a deeper way. He shows a real interest in those deeper issues, which left a strong impression on me (Audience member from Cynthia and Ying’s group).

I think others’ stories are not too bad. But this person (Zhou Yunshan), he is definitely problematic! He does indeed have a mental illness, and he needs to receive professional treatment (Audience member from Kugou and Grace’s group).

However, according to the actor of Zhou Yunshan, the original intention for designing this character is to highlight loneliness and uncertainty dramatically.

Top 2. Ding Xiaoge (Room 2802): Challenging Gender Norms

When audiences mention him, it is often with a sense of novelty. For instance, some feel that they have never encountered someone like him in their own lives, finding him quite unique:

I think among them, Ding Xiaoge might be the most challenging one for me to understand because compared to the others, it feels like each character represents a stage in life, especially for international students. Ding Xiaoge is someone I've never encountered or seen before, so I believe the issues he faces might be more significant. They could have a substantial impact on his future life and his values moving forward (Audience member from Alina and Ma's group).

Others are still uncertain about how he identifies his own gender:

I actually find Ding Xiaoge's story quite memorable, but I must admit it feels challenging to delve into it. I'm not entirely sure if Ding Xiaoge's personality and non-binary gender are inherently his own or if it's something like tags he's adopted to conform to others' expectations. I'm still confused now (Audience member from Cynthia and Ying's group).

Some believe that his type of personality is the most dangerous, as seeking attention could potentially lead him astray and result in more extreme behaviours such as "self-harm", "suicide", or even "harming others" (Audience from Jo and Carol's group). Some think that this character touches on the public's stereotypes of the LGBT community, which could exacerbate the negative perceptions this group faces in society:

I find the character Ding Xiaoge quite repulsive. The LGBT community already faces a significant amount of prejudice in society, and his behaviour only serves to reinforce the stereotypes associated with this group. If someone is a straight male, they shouldn't pretend otherwise just to seek attention. It's truly disgusting (Audience member from Cynthia and Ying's group).

Top 3. Fan Di & Manman (Room 2801): Relationship Dynamics

The relationship between Fan Di and Manman was a focal point of discussion, with many audiences advocating for their separation as a solution to their problems. This response highlights the audience's tendency to view relationship issues through a pragmatic lens, emphasising the importance of compatibility and effective communication.

I think (the most impressive) is the first room, the couple in a relationship. My feeling is that they might break up. I believe breaking up is the best solution. Their family backgrounds are different, and so are their stages of growth; they're not on the same path right now. I think separating might be the best option, otherwise both will suffer, as they can't solve each other's problems (Audience member from Cynthia and Ying's group).

I think Fan Di is not mature and confident. He seems to have a bit of a people-pleaser personality, but he can't quite understand his partner. In their situation, the lady (Manman) is mainly focused on finding a job, while he doesn't have the same pressure regarding employment. Their family circumstances are likely different as well, so he doesn't need to look for work, and his financial situation probably isn't as tight (Audience member from Terry and Qin's group).

I feel that Manman isn't open enough; her inner attitude isn't sufficiently conveyed. During her soliloquies, she does voice a lot of her own pressures, but it seems to me that she hasn't communicated these stresses well to her boyfriend. Instead, what she expresses is more emotional. She's always conveying her emotional state, but she doesn't articulate her inner pride or anxieties. Then, she transforms these feelings into blame, or so it seems to me. I can't say for sure whether she's tried or not, but from what I've heard, the only thing she's mentioned is that she suffers from insomnia" (Audience member from Terry and Qin's group).

I believe the relationship between the two of them is bound to fall apart; it's completely inevitable. The girl named Manman, I don't think she will stay. I feel that she can't stay, her mindset just won't allow her to stay. As for Fan Di, with his timid

nature, following his parents' instructions, he will definitely return to his home country (Audience member from Alina and Ma's group).

According to these conversations, the audience members essentially act as diagnosticians, identifying what they see as the terminal problems of the relationship. They identified a mismatch in priorities and a critical failure in effective communication, leading them to conclude that dissolution is the most logical and least painful solution.

Top 4. Lawrence (Room 2803): A Symbol of Vulnerability

Lawrence's struggle with bullying resonated deeply with the audience, many of whom expressed empathy and concern for his well-being. His story underscored the importance of addressing bullying and providing support for vulnerable youth, particularly in the context of immigrant families.

I think the issue of the younger brother being bullied at school is very serious. While the previous room stories were about interpersonal conflicts, the story of school bullying goes beyond the circle of friends itself, as it involves unfair treatment in a larger environment like school. This raises the question for us: what should such young immigrant children do in a new environment, especially since they are very young and do not have the strong adaptability to new surroundings that adults might have? Therefore, this is something that needs to be focused on and taken seriously in terms of future education and mental health (Audience member from Jo and Carol's group).

Some audience members believed Lawrence's problem was also caused by the controlling way of the family of origin:

In the process of a child's character formation, the influence of parents on their personality is particularly profound. Additionally, some Asian parents have a unique way of thinking, believing that they know what's best for their children, and they subjectively impose their own wishes onto them. They may operate under the premise

that because they love their children, the children should act according to their expectations. This can have a considerable impact on Asian children. When they arrive in a new place and face new cultural conflicts, the collision of their inherent personality traits and insecurities can have a significant effect on them (Audience member from Kugou and Grace's group).

Additionally, some audience members expressed empathy and concern because of their own experiences:

I hold Lawrence in high regard. As a teacher, I often encounter students like him throughout my career, so my approach is to do my best to assist them, guiding them on how to deal with potential bullying or overt bullying behaviours. This is very important (Audience member from Jo and Carol's group).

When I was studying here in high school, I indeed experienced bullying. The solution, in the end, was to endure it, as per traditional Chinese thinking, and it eventually passed without finding a proper resolution. So now, I want to step into Room 2803, to see if I can save him, and in doing so, perhaps save my past self as well (Audience member from Kugou and Grace's group).

These dialogues suggest the audience member have been unpacking the influences on mental health and wellbeing from their perspective. They were impressed by the characters who shared similar stories and feelings, encouraging them to establish connections between the characters and themselves. Their reactions also suggested their expectations in the context of shared social and cultural contexts, considering the impact of "Asian parents" and/or "traditional Chinese thinking".

Proposed Intervention by Audience

When asked how they would help the characters in the story if given the chance to join, many audience members offered interesting ideas. Some of these ideas were put into practice during the second-round performance, while others were suggested in discussions but not acted out during the performance segment.

For the story of **Room 2801**, the audience's enthusiasm for participation was the highest among the four rooms. The ideas proposed by the audience included:

- (1) Play a *delivery person* to deliver a package to Xiao Zhao and then let him receive some education.
- (2) Play Xiao Zhao's *friend*, help him make decisions, and stop him from being indecisive.
- (3) Play Xiao Zhao's *boss*, give him more work so he doesn't have time to be indecisive.
- (4) Play Fan Di's *friend* to counsel him.
- (5) Play a *friend* of both Fan Di and Manman to mediate their relationship and help them communicate effectively.
- (6) Join Manman's story and try to persuade her to break up.
- (7) *Replace Fan Di* and help him express his inner thoughts.
- (8) Play Fan Di's *friend* and advise them to break up.
- (9) Play Fan Di's *parents* and give Fan Di more money.

For the story of **Room 2802**, the audiences' willingness to participate mostly revolved around the characters Lin Shuyu and Zheng Xuan:

- (1) Join Lin Shuyu's story to help her communicate better with her family.
- (2) Play Zheng Xuan's *domestic lover*, make her break up with Catherine and return home peacefully.
- (3) Join Zheng Xuan's story and help her accept her sexual orientation.

For the story of **Room 2803**, the audience was more inclined to help the character Lawrence:

- (1) Play Lawrence's *local classmate* and show him kindness.
- (2) Play Lawrence's *teacher*, call Lisa to let her understand her brother's situation.
- (3) Play Lawrence's *bodyguard*, protect his safety at all times.
- (4) Play one of Lisa's many *followers*, protect Lawrence and praise Lisa.
- (5) Play Lisa's *father*, express concern and love for his daughter.

As for Zhou Yunshan in **Room 2804**, although many people expressed interest in his story, only a few expressed willingness to join his story and do something, mostly to increase his social connections:

- (1) Play the girl with the brush (*Shao Siming*), use divine power to conjure up many friends for him.

(2) Play his *friend*, find a way to take him out, or listen to concerts or something, instead of letting him stay locked up at home.

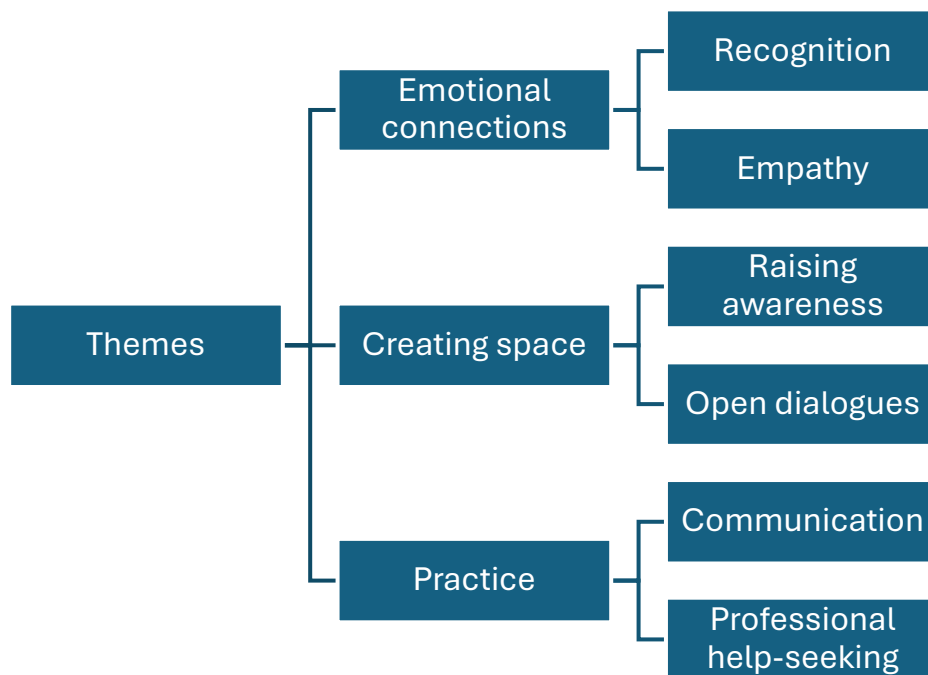
Of course, some people proposed very broad ideas, such as “Create a common good friend for everyone, act as an observer, also a nice person, to listen to each of their stories” (Audience member from Alina and Ma’s group).

Key Themes and Subthemes Developed from Discussions

Based on the five audio recordings of small-group discussions, three overarching themes with subsequent subthemes were developed: 1) Realistic stories connect actors and audience members emotionally; 2) Theatre creates a space to discuss marginalised topics; 3) A chance to practice is impressive. These were illustrated in the thematic map labelled Figure 5.3 and considered in detail below.

Figure 5.3

The Thematic Map of Data from Discussions



Emotional Connections: Recognition and Empathy

Emotional connections, suggested by the audience members, were the feelings of engagement while watching and discussing the storylines in the theatre production. Two interconnected subthemes, recognition and empathy, were generated as central to how audience members related to the play. Recognition captured moments where audience members drew on their own experiences to connect with the characters, whereas empathy referred to their ability to project themselves into the characters' circumstances and imagine how they might act or feel in comparable situations. These subthemes show how imaginative projection and personal resonance enabled the audience to find meaning and authenticity in the narratives.

Recognition was a foundational aspect of audience connection. Participants frequently described the stories as “realistic” and “genuine”, grounding their trust in the narratives and their willingness to engage with them. This realism acted as a bridge between fictional portrayals and the audience's own lives, enabling them to see their struggles, values, or cultural contexts reflected in the characters' journeys.

I think every story is genuinely touching because, to some extent, they're all things we've experienced ourselves or witnessed friends go through. That's why I find this project so meaningful. As an audience member, I'm eager to immerse myself in it and fully experience what the series has to offer (Audience member from Cynthia and Ying's group).

(The stories are impressive) because I used to experience the same things. Similar to Lin Shuyu's story, I have already been here for ten years. The struggles and pressure she faced had also truly occurred in my life. And also similar to Lawrence's story, I was bullied when I was a high school student here. It's true. (Audience member from Kugou and Grace's group).

The participants' recognition of “realness” reflects their trust in the aesthetic veracity of the performance, which Boal (1995) terms “the truth of the oppressed”. Through this recognition, the boundary between the theatrical and the real becomes porous, enabling dialogue between lived experience and representation. The audience members' accounts highlight the connections between the stories in the play and reality, showing their recognition of the key

topics in the stories and intentions to help based on such strong connections. These accounts suggest that recognition is not passive but dynamic: participants interrogated their own memories and identities through the stories. In this way, recognition functioned as a form of self-referencing empathy, which is a precursor to deeper emotional identification.

The second connection is empathy, extended beyond recognition to encompass emotional identification with characters. Many audience members expressed strong empathy for the characters, describing the performance as a mirror of their own experiences.

I often feel like I'm looking into a mirror. When I see a small part of myself in different characters, the selves and true selves they express seem to be speaking those words for me. In reality, it might not offer much more help, but it lets me know that if I were to say these things one day, it would probably be in much the same way (Audience member from Alina and Ma's group).

I'll just talk about two characters because I really empathise with them. When I was 20, I was Fan Di, and at 25, I was Manman. I feel like I really understand them, and it's so hard for me to watch; it's really sad for me (Audience member from Kugou and Grace's group).

Such words provide an insight that audience members could easily establish connections between characters and their own experiences based on empathy. These expressions align with Schechner's (1985) concept of restored behaviour, the idea that performance allows individuals to re-experience emotional truths through symbolic action. Here, empathy emerged as embodied understanding: audience members emotionally inhabited the characters' perspectives, allowing them to process personal experiences at a safe aesthetic distance. Through understanding the characters, audience members could effectively foster their self-reflection. Together, recognition and empathy function as complementary mechanisms for audience engagement. Recognition establishes trust and relevance, while empathy deepens emotional investment, allowing audience members to project their hopes, regrets, and aspirations onto characters.

Creating Space: Raising Awareness and Open Dialogues

Beyond individual emotional connections, the theatre also created a social space for dialogue about topics often marginalised in the Chinese migrant context, especially mental health. Participants described the performance as a collective awakening—a moment that invited reflection on cultural attitudes toward distress, help-seeking, and self-expression.

Raising awareness refers to deepening the audience members' understanding of mental health challenges through the theatre production, particularly those often silenced or neglected in their cultural context.

While watching, I also felt that some of these negative emotions from daily life seem like something I could resolve on my own. However, it's uncertain when, at some point in the future, they might turn into serious psychological issues. It's difficult for me to define exactly where that tipping point is (Audience member from Alina and Ma's group).

In reality, everyone carries some degree of hidden mental health challenges. What matters most are two factors: whether there are people in their lives who can help them address these issues, and whether they proactively seek assistance themselves. Mental health challenges are multifaceted and diverse... This is especially true for the Chinese Australian community, who face unique pressures such as cultural conflicts, familial tensions, financial strain, and the significant challenges of immigration itself (Audience member from Jo and Carol's group).

These statements reflect how theatre stimulated critical awareness of mental health as a social and cultural phenomenon. Audience members began recognising “small problems” as potential sites of intervention—a finding consistent with Freire's (1970) concept of conscientisation, or the awakening of critical consciousness through dialogue. In this sense, the theatre production functioned as a pedagogical intervention: it transformed abstract issues into relatable stories that prompted reflection on everyday emotions, relationships, and coping strategies. The discussions revealed how participants moved from individual interpretation toward collective insight, a shift that is central to participatory theatre's social impact (Nicholson, 2015).

Besides the awareness of daily experiences, the audience members suggested many open dialogues were supported through the platform that the theatre created for them, which is an approach to externalise their feelings, concerns and mental struggles.

Drama is a very important place that can help everyone reduce psychological stress. Even after everyone leaves campus, they can still seek other ways to participate in drama activities and find their own drama organisations. It's a great remedy for addressing psychological issues by speaking it out (Audience member from Jo and Carol's group).

By offering a creative and non-judgmental space, the theatre production facilitated symbolic disclosure, a culturally acceptable way to externalise hidden emotions and social concerns. These accounts highlighted the expanded topics around mental health and Chinese migrants' contexts based and beyond the theatre production. For instance, many audience members talked about the "contemporary international student dilemma" from different perspectives: cultural conflicts, familial tensions, financial strain, and the significant challenges of immigration. By transforming private pain into a public narrative, the performance disrupted silence and allowed participants to "speak the unspeakable" through collective witnessing. This dynamic exemplifies Boal's (1979) goal of transforming spectators into "spect-actors" that individuals who both observe and act upon social realities through performance.

[A Chance to Practice: Communication and Professional Help-seeking](#)

A striking theme was the concept of "a chance to practice", which refers to a literal rehearsal of alternative choices, conversations, or interventions through engagement with the stories. Participants expressed desires to "do something effectively" by interacting with characters or reimagining plotlines, framing theatre as a safe space to experiment with vulnerability, communication, and self-advocacy. The subthemes communication and professional help-seeking illustrate how narrative participation can translate into real-world behavioural intentions.

The discussion underscored the importance of effective communication in preventing and addressing mental health issues. The rehearsal of practice that audience members suggested

often focused on improving communication between characters, highlighting the need for open and honest dialogue in real-life relationships.

I believe that these dilemmas require self-help, one aspect of which is seeking assistance, achieving a kind of internal and external cultivation to reach a certain effect... Also, the way they exhibit non-overlapping and misaligned expressions in their interactions with others is very thought-provoking and prompts us to think about it. In my own interpersonal interactions, I should achieve consistency in my knowledge and actions, as well as in my words and deeds, and consider how to communicate more effectively with others (Audience member from Alina and Ma's group).

You need to communicate with others. Never find excuses like teachers are busy, friends are busy or others that not helpful at all. You need to talk to others positively. The crying child gets the candy (similar to "the squeaky wheel gets the grease"). I did understand it when I felt it in reality (Audience member from Kugou and Grace's group).

Here, audience members interpreted scenes as models for relational learning. Through observing or participating in on-stage conflicts, they reflected on their own communication habits, identifying barriers such as silence, avoidance, or misalignment between emotion and expression. In this context, theatre became an embodied pedagogy (Thompson, 2009), where the physical act of dialogue-making trained participants in empathy, patience, and emotional articulation, which are capacities crucial for mental health communication.

The discussions also revealed a growing understanding of the limitations of self-help and the importance of seeking professional support. This shift in attitude is essential for improving mental health outcomes in the Chinese migrant community.

I think seeking out a psychologist or counsellor is very important. Just like the characters Fan Di and Manman in the play, Xiao Zhao is actually trying to mediate, but I feel that it might not have helped and could have made things worse. However, his intentions were certainly good; he wanted to help. But it still requires a professional to provide such counselling to assist with both emotional and

psychological issues. Therefore, I believe that in this day and age, seeking psychological counselling is quite important (Audience member from Alina and Ma's group).

When facing these challenges, individuals must first cultivate the ability to acknowledge and confront the issues. They need to assess whether their circumstances allow them to resolve the problems independently. If not, seeking help, whether from a psychologist or other resources, is crucial (Audience member from Jo and Carol's group).

These remarks demonstrate a subtle but meaningful shift among young Chinese migrants, compared to the older generations, toward destigmatising professional support. On the one hand, the performance enabled participants to reconsider the boundaries of self-help, recognising that personal insight must often be complemented by external assistance. On the other hands, for the audience members who have troubled or are troubling with mental struggles, the performance provided a space to express themselves for help. The forum theatre thus offered a symbolic bridge between private reflection and public action, modelling help-seeking as a reasonable and culturally legitimate practice.

The three themes, including emotional connection, collective dialogue, and rehearsal for change, together illustrate the transformative ecology of forum theatre. Recognition and empathy grounded participants' engagement at an emotional level. Then the creation of space for awareness and dialogue extended this engagement into social reflection. Finally, the opportunity to "practice" behaviours linked performance to real-world change.

Through these intertwined processes, the theatre production fulfilled Boal's (1995) vision of theatre as praxis: the synthesis of reflection and action. It enabled Chinese migrant participants to articulate emotional realities, negotiate cultural stigma, and rehearse new social scripts for communication and self-care. In this way, the theatre became not merely a mirror of experience but a catalyst for reimagining mental health as a shared, relational, and culturally grounded practice.

5.3.3 Audience as Spect-Actors when Acting

After the discussions, the second-round performance started. In the beginning, Shao Siming introduced the rules to join in the scene. The second round was developed by room numbers in the story, from Room 2801 to 2804. Before the start of each scene, Shao Siming asked who would like to join the scene, and then the audience could step out onto the stage area. Shao Siming then asked them the characters they would like to play and the proposed time when they planned to join, which was also a reminder for the actors to prepare. Overall, all four rooms were joined by different audience members, totalling 15 participants. In the following sections, the spect-actors' engagements in the second-round performance were outlined in terms of the identities of new characters, purpose of appearance, actions, and actors' reactions (outcome).

Room 2801: Suggestions, Money, and Value Affirmation

There were five new characters created in this room, including Xiao Zhao's boss, Fan Di's father, Fan Di's mother, Fan Di's friend and Manman's younger schoolmate. Their actions and outcomes are stated in Table 5.7.

Table 5.7

Second-Round Performance in Room 2801

New character by audiences	Purpose of appearance	Actions	Actors' reactions and outcomes
Xiao Zhao's boss	Help Xiao Zhao to get connected with colleagues and build his self-value	(1) Call and tell him about "RUOK" Day next week. (2) Encourage him to participate in Tennis Watch, teaming up with colleagues.	Xiao Zhao: he was happy with suggestion and decided to buy the tennis racket for the game. (positive response)
Fan Di's father Fan Di's mother	Provide Fan Di with financial and emotional support	(1) Visit Fan Di and show concerns about his well-being.	Fan Di: he accepted parents' kindness while

		(2) Promise more financial supports like transferring money and investing him to run an IT business (provide jobs to Manman as well). (3) Advise him to communicate well with Manman and get married with Manman.	felt confused and nervous. (partially positive) Manman: she got totally confused and quite uncomfortable with Fan Di's parents' behaviours. (negative response)
Fan Di's friend	Help Fan Di to solve conflicts in relationship	(1) Ask Fan Di about his true feelings with Manman. (2) Advise Fan Di to break up with Manman.	Fan Di: he wasn't convinced by the words and didn't break up with Manman. (negative response)
Manman's younger schoolmate	Help Manman to rebuild her confidence and cheer her up	(1) Visit Manman to ask information about their university. (2) Ask Manman's experiences in school societies. (3) Keep appraising Manman.	Manman: she responded to all the questions in a peaceful way without too much pleasure or confidence. (neutral response)

Overall, these five audience members participated with great enthusiasm and performed quite fluently. Their intentions for joining the stage were clear, and although there were moments of disconnection as they developed the plot with the actors, the overall stories were highly accomplished. However, the actors, staying with their characters, were generally reserved in their acceptance of the solutions provided by the audience. Only Xiao Zhao showed a relatively positive response, while the other two were more confused, uncomfortable, or even resistant towards the new characters and their actions, such as Fan Di's parents and Manman's junior. This was partly due to the significant gap between the new character

settings provided by the audience and the original story, and partly because the actors felt that the core issues of their characters were not well resolved.

Room 2802: Support and Break in Relations

There were two new characters created in this room, including Lin Shuyu’s boyfriend and Zheng Xuan’s fiancé in China. Their actions and outcomes are stated in Table 5.8.

Table 5.8

Second-Round Performance in Room 2802

New character by audiences	Purpose of appearance	Actions	Actors’ reactions and outcomes
Lin Shuyu’s boyfriend	Help Lin Shuyu to communicate with her parents and provide emotional value	(1) Join the room after Lin and her mother’s phone call, comfort her. (2) Advise her to communicate with her parents about her ideas. (3) Promise to face these challenges together with her.	Lin Shuyu: she was happy with boyfriend’s understanding and support, decided to communicate with parents along with the boyfriend. (positive response)
Zheng Xuan’s friend	Help Fan Di to solve conflicts in relationship	(1) Ask Zheng Xuan to break up with Catherine. (2) Go back to China and get married with him, achieved the expectations of both parents.	Zheng Xuan: she was reluctant to these new relations, deciding on staying in Australia. (negative response) Catherine: she was heartbroken with this story, leaving this room with Ding Xiaoge.

(negative response)

The performance in this room was also highly accomplished with fewer audience members, allowing actors to have better control over the story's development. The audience member playing Lin Shuyu's boyfriend effectively addressed her inner turmoil, offering comfort and support, which significantly improved her emotional state. Conversely, in Zheng Xuan's story, the audience's role as a domestic fiancé was not fully accepted, leading to resistance. The actor skilfully adapted this into a blind date scenario, rationalising the engagement as a facade to deceive parents. The audience might have sensed the actor's resistance or perhaps found this setting more dramatic, and thus accepted it, allowing the story to conclude neatly. However, from a problem-solving perspective, this solution was a failure for the characters. Although the original argument in the story was stopped, the psychological issues of the characters were not resolved.

Room 2803: Peer Support

There were three new characters created in this room, including Lawrence's two classmates in school and Lisa's follower. Their actions and outcomes are stated in Table 5.9.

Table 5.9

Second-Round Performance in Room 2803

New character by audiences	Purpose of appearance	Actions	Actors' reactions and outcomes
Lawrence's classmates	Help Lawrence to get connected with classmates	Visit Lawrence's home and invite him to play with them.	Lawrence: he was scared with them. (negative response)
Lisa's follower	Provide Lisa emotional support and protect Lawrence	(1) Visit Lisa's home and confess to Lisa. (2) Promise to protect Lawrence in school.	Lisa: she felt confused, nervous and reluctant to accept him.

(negative response)

Lawrence: he got confused and stepped to protect his sister.
(negative response)

The story in this room was more dramatic compared to the previous ones. The two audience members playing Lawrence’s classmates immediately displayed a lively and exaggerated performance style. Although they intended to help Lawrence overcome his fear of campus life, their overly extroverted personalities instead instilled fear in the character, leading him to decline their group invitation. Similarly, Lisa’s follower boldly declared his love right from the start, aiming to give Lisa praise and recognition, but this did not receive a positive response from her. The solutions proposed by these two groups of audience members might have been well-intentioned, but perhaps due to imperfect execution, they did not yield favourable outcomes. The only interesting thing was that the dramatic impact brought by the three audience members unexpectedly spurred Lawrence to bravely step out to protect his sister, resulting in an unforeseen solidarity between the siblings.

Room 2804: Social connections

There were five new characters created in this room, including Zhou Yunshan’s colleague, philosophic mate, friend and two flies mentioned in his story. Their actions and outcomes are stated in Table 5.10.

Table 5.10

Second-Round Performance in Room 2804

New character by audiences	Purpose of appearance	Actions	Actors’ reactions and outcomes
----------------------------	-----------------------	---------	--------------------------------

Colleague		Visit and discuss the development of work with Zhou Yunshan	Zhou Yunshan: he responded some topics while didn't accept their dramatic settings.
Philosophic mate	Help Zhou Yunshan to build social connections	Visit and discuss the philosophic topics with Zhou Yunshan	(negative response)
Friend		Visit and discuss literacy with Zhou Yunshan	
Flies	Help Zhou Yunshan to stop ineffective social interactions	Join in the scene and took all these visitors away	Zhou Yunshan: He tacitly allowed this strange event to occur, even feeling a sense of relief (partially positive)

The final scene of the story can be described as fraught with complications. Due to the mysterious, philosophically contemplative, and lonely character image of Zhou Yunshan, the audience members who joined this room also let their imaginations run wild. They portrayed themselves as Zhou Yunshan's colleague, academic peer, and friend, all attempting to engage him in conversations on topics he might find interesting. However, the three of them ended up in a competitive relationship, which led to a debate among themselves. Zhou Yunshan chose to observe, not accepting any of their characterisations. In the end, two audience members, unable to bear the farce, signalled Shao Siming to join in and played the imagery of the "fly" mentioned in the original story by Zhou Yunshan. They entered the scene and took away each of the visitors one by one. According to their explanation, they believed that perhaps restoring Zhou Yunshan's space to its original status was the best assistance.

5.4 Summary

This chapter focused on the delivery of the participatory theatre piece *Mingbi*, exploring the role of the audience as active participants in the performance. A total of 38 participants joined

as audience members, who were predominantly students or early-career professionals. According to the survey, the participants had a moderate level of knowledge and attitude regarding mental health related issues. However, the questionnaires suggested a lack of knowledge related to treatment efficiency, prevention, personality-based explanations over biopsychosocial models and recognition of key advocacy dates. For attitude, there was a lack of clarity or confidence of how society views mental illness, as well as significant stigma in people with mental illness taking employment and childcare roles. Half of them chose to seek help facing mental health-related challenges. Barriers for them to seek help mainly included financial burdens, mistrust and a lack of awareness.

The audience engagement was observed through watching the performance, post-performance discussions, and their active participation in the second-round performance. During the performance, by engaging the audience as active participants, the performance fosters emotional connections, creating space for discussion and mock practice. The audience members' diverse interpretations of the characters' dilemmas and their enthusiastic participation in the second-round performance underscore the importance of culturally sensitive and participatory approaches to mental health education. Next chapter focuses on the reflections of participants, including both the actors and spect-actors in the process of co-creating and engaging in the theatre production.

However, the chapter also highlights several challenges, including the need for clearer interaction rules, a balance between entertainment and seriousness, and the integration of professional mental health expertise. The findings suggest that while forum theatre can effectively raise awareness and reduce stigma, it must be carefully designed to address the complex interplay of cultural, social, and individual factors that influence mental health.

In conclusion, this study underscores the value of participatory theatre in creating opportunities for discussing mental health issues in a creative way for promoting mental health literacy.

Chapter 6. Reflections of the Participants: Actors and Spect-actors

This chapter draws on thematic analysis of interview data to illustrate what participants, both actors and spect-actors, reflected on throughout the process.

6.1 Reflective Thinking of the Actors

This section focused on the themes generated from the actors' interviews, including their motivations for participation, emotional experiences during the co-creation process, learnings, culturally informed understandings of mental health and the broader cultural and social implications of their involvement. The analysis also considers the challenges and barriers they faced, providing insights into the potential as well as the limitations of forum theatre in mental health promotion.

6.1.1 How Participants Got Involved: Interests and Meaning-Making

Interest in Forum Theatre

Many actors were drawn to the project due to their interest in forum theatre as a unique and participatory form of drama. They appreciated the opportunity to engage directly with the audience and explore complex social issues through performance. For some, forum theatre represented a novel way to combine their passion for acting with a desire to contribute to social change. "Honestly, I was more intrigued by the format itself. I had never participated in this kind of creative process or interactive theatre before, so this genre really caught my interest" (Carol).

From my perspective, I'm a theatre actor, but this form of theatre is quite different from what I've been in contact with before. Hence, I think it is an interesting thing to try this new form. That's why I'm keen to join this project (Kugou).

These comments show how the actors' initial motivations were shaped by both aesthetic curiosity and social engagement. Forum Theatre, as conceptualised by Augusto Boal (1979), invites participants to explore and transform social realities through performance. The participants' enthusiasm for the format suggests that they perceived it not merely as an artistic experiment but as a space of agency and voice. As Nicholson (2015) and Prentki and Preston (2020) note, such participatory forms of theatre attract individuals interested in bridging performance and activism, where creative practice becomes a method for social inquiry.

Meaning-Making through Creating Characters and Exploring Mental Health Topics

The process of creating characters was a significant practice for the actors to make meanings about mental health-related topics among the young Chinese migrants. They found it rewarding to develop roles that reflected the diverse experiences of young Chinese migrants, particularly those related to migration and identity. The actors were motivated by the opportunity to give voice to issues that are often stigmatised or overlooked in their community. They saw their roles as meaningful in challenging stereotypes and promoting a more nuanced understanding of mental health.

There are a few reasons why I found this appealing. First, I could create my own character, almost like customising a persona from scratch. Second, the theme itself addresses a significant issue in today's society, so making any progress in this area would feel like contributing to the greater good. Additionally, the project involves participating in the production process, culminating in a performance. What's unique is that we'll perform twice, with the audience joining in during the second round. This is something I've never experienced before, and I think it's really exciting (Ying).

I don't have much experience in scriptwriting or character creation, so I mostly drew from my own life. I asked myself: What if certain events had—or hadn't—happened to me at a particular stage of life? How would that change me? This character's background emerged from that reflection. I imagined: What if I had come to Australia alone, without my partner, and never formed a new relationship during that time? I might have ended up like this—an IT consultant sinking deeper into isolation, becoming this kind of person (Terry).

The participants' processes resonate with Mezirow's (1991) transformative learning theory, where meaning-making arises from critical reflection on lived experience. By imagining "what if" scenarios and embodying alternate versions of themselves, participants created opportunities for self-exploration and empathy toward others' mental health journeys.

6.1.2 Feelings During the Co-Creation Process: Interesting, Challenges and Surprises

Interesting: Engaging in Co-creating

Many actors described the co-creation process as intellectually stimulating and creatively fulfilling. They enjoyed the collaborative nature of the project, which allowed them to contribute their ideas and perspectives to the development of the script and characters. The interactive aspect of forum theatre, where audience members could intervene and alter the course of the performance, was particularly exciting for the actors.

So far, my biggest feeling is that it is so fun to create something together as a group. Everyone shares their ideas, and we combine them into a cohesive piece. This is quite refreshing because, in my past experiences, we usually worked with fixed scripts, leaving little room for creativity. This time, it feels like everyone's input is valued. It's like everyone becomes a director and a writer, adding their own personal experience to the characters they play. I think this approach makes the work much more dynamic (Carol).

I suppose for young people today, it (interactive theatre) is a form they'd be eager to participate in. Everyone wants to be part of the performance, to express their inner thoughts... People nowadays love to share their feelings, whether through drama, exaggeration, or even online comments. It's all about the desire to perform and to voice their ideas—it's the same impulse driving them to comment online. They just want to express what's on their minds (Alina).

Challenges: Depression and Worry

Despite the positive aspects, the actors also experienced emotional challenges during the co-creation process. Delving into mental health topics often brought up personal issues and past traumas, leading to feelings of depression and anxiety. Some actors found it difficult to separate their own experiences from those of their characters, which sometimes exacerbated their emotional distress.

I felt “emo” (emotional/depressed). When I wrote the stories and monologues, I recalled all the moments in the past when I was quite unhappy. Again, and again. In the story, she even had a boyfriend. It is more terrible. So, it was uncomfortable when I created these. And it also happened when I listened to others’ stories... I tend to empathise easily with their unhappiness, but at the same time, I also felt a certain level of excitement. To some extent, you can’t help but see yourself in their stories—maybe you’ve had similar experiences, or it’s like watching someone else’s life unfold, almost like a movie. When they were feeling down, I found myself getting ‘emo’ too, because all ten of them were, in one way or another, caught up in their own struggles (Grace).

The intensity of such emotional engagement demonstrates what Thompson (2009) terms “emotional labour in applied theatre”, a process where creative empathy and affective identification can both heal and harm. The participants’ deep resonance with their characters shows that forum theatre invites vulnerability, which is integral to its transformative power but also poses psychological risks.

Some actors, on the other hand, felt worried about the social impact of performing the character, which was associated with the shame of sharing their own experiences. This anxiety was rooted in fears of being misinterpreted by peers or judged for revealing private emotions.

When I decided to hand this character over to you, knowing it might be presented to the audience, I felt a bit worried because it includes elements that might reflect my personal experiences. I was worried that people might guess the character was based on me, and that made me feel somewhat ashamed. Laying bare my past struggles,

confusion, and challenges—moments that were difficult for me—in front of an audience felt exposing and a little humiliating (Alina).

This discomfort underscores the stigma and shame surrounding mental health in Chinese cultural contexts, where self-disclosure can be seen as a loss of face (Yang et al., 2014). From a dramaturgical perspective (Goffman, 1949), participants here perform a delicate balancing act between front stage (public presentation) and backstage (private emotion). Their hesitation reveals how cultural expectations around emotional restraint intersect with the ethics of representation in participatory art.

Thus, these emotional challenges not only reflect individual vulnerability but also expose the social conditions that make mental health disclosure difficult. Forum theatre, in this sense, becomes a space that both mirrors and contests the cultural scripts of silence and endurance that shape migrant Chinese experiences of emotional distress.

Surprised: Achievements of Making Lived Experiences “Alive”

The actors were often surprised by the script as an outcome of their co-creation and the insights they gained through the process. They considered the co-creation as an exciting approach to present their “real lives” and developed a greater and deeper understanding of others’ struggles. This emotional growth was a significant and unexpected benefit of their involvement in the project.

First, I was surprised by how much detail we learned during the co-creating process about how the performance would unfold. This approach felt very innovative and, in my opinion, carried significant educational value..... Second, during our collaborative creation process, even though we had to adjust our individual setups to ensure everyone’s stories could coexist harmoniously, the outcome was surprisingly cohesive. Despite our ten different backgrounds and narratives, we managed to integrate them organically into a completed story (Terry).

I found Ding Xiaoge’s character quite unexpected. Since Ma created it themselves, I was surprised and thought it was really interesting. People like this do exist in our

lives, but the fact that Ma thought of portraying their struggles and actually brought it to life was something that truly caught me off guard in a good way (Alina).

What really surprised me was the scene where Xiao Zhao and the couple were arguing—it felt so real. It didn't seem like acting at all; it was like overhearing your neighbours having a fight in real life. The dialogue was messy and dragged on, but the way they argued and the things they said were just too authentic (Ying).

These moments of surprise reveal how co-creation in forum theatre generates both emotional insight and community solidarity. The actors' astonishment at the authenticity of the performance shows that participatory art, even when staged, can evoke truthful encounters that deepen understanding of both self and others.

6.1.3 Learnings During the Co-Creation Process

Forum Theatre: a Powerful Tool for Externalising the Hidden Feelings

One of the key learnings for the actors was the potential of forum theatre to promote mental health awareness through externalising their hidden feelings. They recognised how the interactive and participatory nature of the medium could provide a safe and acceptable platform to speak out about mental health issues.

I know when people write about such characters, they often draw from their own experiences or refine them further—just like I do. I've noticed that those who appear cheerful or socially adept in daily life might harbor a darker or more vulnerable side deep down. This side is rarely revealed in ordinary social interactions, as people usually only bring it up in contexts like academic discussions or mental health-related conversations in research projects (Qin).

If I were to say what I've learned, it's about the two characters I'm closest to in the play—Manman and Catherine. Even though I'm close to them, I didn't really understand what was going on behind the scenes when they showed sadness or

negativity. But today, by revealing their backstories, I realised that when my friends display similar emotions, they might be going through tough times (Alina).

Through this creative process, actors experienced what Boal (1995) describes as “the rehearsal of reality.” By embodying and performing internal conflicts, they externalised emotional experiences that are often suppressed in daily life. The performative framework also functioned as a reflective learning environment (Mezirow, 1991), where participants could critically examine personal assumptions about distress, identity, and resilience. Rather than merely representing mental health, they interrogated it through asking what lies beneath emotional expressions, cultural expectations, and relational dynamics. Such reflection exemplifies transformative learning, where participants not only gained awareness of mental health issues but also re-examined their own roles as friends, migrants, and cultural actors.

Forum Theatre: a Powerful Tool for Peer Education and Empathic Exchange

Besides reflecting on themselves, the actors recognised the potential of forum theatre to serve as a form of peer education for audience members. By sharing their own experiences and insights through their performances, participants hoped to foster understanding, empathy, and more open discussions about psychological well-being among young Chinese migrants.

For the audience, when they or someone close to them faces similar issues, it’s hard to come up with a solution to break free from the situation. However, if someone in the play demonstrates how to tackle such problems, it could offer the audience a new perspective or approach to solving their own issues. They might learn something valuable from it (Carol).

I think if an audience member initially can’t understand why a character reacts a certain way, showing the background and inner stories can help them grasp why someone might be so hysterical, overly sensitive, or emotionally volatile. If they see what’s behind those behaviours, they might better understand why people in their own lives act the way they do and perhaps become more empathetic and understand others (Cynthia).

I think using theatre as a medium to inspire new perspectives might be more effective than directly labelling it as a psychological help session. For many people, awareness is the first step—they need to be educated more than anything else. In my view, this is indeed a great way to educate them (Terry).

On the other hand, the actors also saw how miscommunication and lack of understanding could exacerbate problems, while clear and empathetic communication could lead to positive outcomes.

Watching Manman and Fan Di's argument in the other room also made me reflect on how couples can strive to understand each other better. We're people who love each other, not people who want to hurt each other. Sometimes, it's just that our perspectives differ, and we need to communicate more (Alina).

Overall, theatre, as an embodied art form, offered participants the chance to feel knowledge rather than only think it. This experiential dimension of learning is critical to applied theatre practice: as Nicholson (2015) argues, meaning in participatory performance arises through the body's affective responses as much as through cognitive reflection. By inhabiting both self and other, the actors came to understand mental health not only as an individual concern but as a relational process shaped by cultural expectations and social communication.

6.1.4 Culturally Informed Understandings of Mental Health

Interpreting and Destigmatising Mental Health in Social and Cultural Contexts

Participants widely agreed that mental health-related problems were socially and culturally caused. When asked about the reasons for mental problems among young Chinese migrants, for instance, the participants interpreted them mainly the result of pressure from social practices (e.g. changing lifestyles, financial burden, unemployment, identity issues) and cultural values (e.g. cultural conflicts with family, different recognition of mental health). As one participant suggested: "Actually, many of the psychological issues and anxieties people face stem from their desires, or certain unmet needs or expectations in life" (Qin). Typically,

they agreed that mental health-related problems were caused by social interactions and personal characteristics.

I deliberately fleshed out her (Character Catherine) backstory because no one is simply born that way. There must have been underlying issues or experiences that gradually shaped her mental struggles—even her personality traits were consciously developed as part of her character profile. These details felt essential to her narrative (Carol).

On the other hand, when describing the manifestations of mental health issues, the participants consistently emphasised impairments in social functioning, which suggested it was problematic to be “too special compared to others” (Ma). Based on such an understanding, many participants also demonstrated an effective way to destigmatise mental health through recognising that there might be a lot of people who experience the same issues.

Through the characters they created, I came to realise that many people are actually facing similar struggles and difficulties. What struck me most was this profound sense that you’re not alone—that the problems weighing on you are also shared by countless others. It brings a kind of relief... These characters must have been inspired by people in their own lives, which makes you feel that we’re all in this together. It’s not just you are struggling in isolation, and that realisation is deeply liberating. When you think you’re the only one, you inevitably wonder, why am I like this? You might even deny it reflexively. But when you discover how common this problem is—when you see that everyone carries similar burdens—it suddenly stops feeling like a ‘problem’ at all. If everyone experiences this, then you’re not an outlier. It’s just... normal. And that makes it so much easier to accept without judgment or shame (Carol).

These reflections indicate a socially embedded understanding of mental health, aligning with Kleinman’s (2020) view that emotional suffering is inseparable from its sociocultural context. Rather than pathologising distress, participants framed it as a response to social expectations, migration pressures, and cultural dissonance. For the actors, exploring these themes through character creation allowed them to reframe mental health from a personal weakness into a

shared cultural phenomenon. This act of reframing represents what Yang et al. (2014) call a shift in moral experience, moving from viewing distress as a moral failing to recognising it as a legitimate and common human struggle. In this sense, forum theatre became a cultural bridge: a site where participants negotiated between traditional Chinese understandings of mental resilience and Western notions of psychological openness.

Masked Performance in Interpersonal Relationships

Some participants reflected on the co-creation of characters and monologues. While each character had specific stories and concerns, the participants noted that these characters commonly hid their inner desire and performed differently in interpersonal relationships, such as families, friends, partners, roommates, etc.

Actually, everyone is living behind a mask—that's the most impressive thing for me. Because these are essentially fabricated stories as well as the monologues, which suggest what they express outwardly, often drastically contradict their inner desire. So in fact, everyone is struggling, all wearing masks. It even made me reflect on the people we encounter daily—those who seem vibrant—and just how much hidden struggles they might be enduring (Ying).

I've come to realise that those who appear cheerful or socially adept in daily life may harbour hidden darkness or unspeakable struggles within. These inner shadows are rarely revealed in ordinary social interactions, as people typically only broach such topics when discussing academic or mental health matters (Qin).

Such masked performance, on the other hand, suggested participants' perceived negative attitudes/stigma toward mental health and help-seeking behaviours, which they perceive as signs of “weakness” (Jo), “irrational fixation” (Cynthia), or “inability to see things clearly” (Qin)—traits incompatible with Chinese society's expectations of adults. During the design of characters, many participants recognised that other actors and/or audience members might associate fictional portrayals with their personal experiences. Consequently, some worried

about others speculating about their true mental status, while others exercised “self-censorship” (Jo) in their creative work, avoiding excessively authentic or extreme narratives.

This imagery of *masking* draws clear parallels with Goffman’s (1949, 2009) dramaturgical model of self-presentation, where individuals perform socially acceptable “front-stage” identities while concealing vulnerable “backstage” selves. In the Chinese cultural context, this masking is further reinforced by Confucian relational ethics, which prioritise harmony, restraint, and the maintenance of face (*mianzi*) in social exchanges (Yang et al., 2014). Emotional control thus becomes a moral and relational duty, rather than a purely personal choice. However, within the safe and aesthetic space of forum theatre, participants could *unmask*—symbolically revealing their hidden selves through the characters they created. This mirrors Boal’s (1995) idea of the theatre as a space of *metaxis*—a liminal zone between reality and fiction where people can explore contradictions safely. By acknowledging their own masks and witnessing others doing the same, participants began to critique the very social expectations that demand concealment.

6.1.5 Cultural Concerns and Barriers

When asked about the potential challenges and cultural considerations in using forum theatre to promote mental health literacy among young Chinese migrants, participants identified several interconnected concerns. These concerns reveal how cultural, linguistic, and social contexts shape both participation in theatre and perceptions of mental health itself.

As shown in Table 6.1, these concerns included language and communication issues, cultural sensitivity in promotion, immersive design strategies, intergenerational conflicts, limited audience reach, stereotypes of theatre, and culturally rooted stigma toward mental health. While these topics appear distinct, together they illuminate the complex ecology of barriers that influence how creative interventions function within migrant communities.

Table 6.1

Cultural Concerns and Barriers to Promoting Mental Health through Theatre

Concerns and barriers	Example quote
-----------------------	---------------

Language and communication	“For language, it must be Chinese. (If it’s not Chinese) The first issue is misunderstanding and the next is disconnection. You cannot get immersed with other languages” (Kugou).
Promotion on Chinese social media	“To attract them (Chinese migrants), it’s crucial to let people know this exists. That’s the most important step. We’d need to leverage mainstream social media platforms—like Xiaohongshu (Red Notes), Tiktok, or WeChat—to reach a wider audience” (Alina).
Develop Immersive approaches	“The script needs to feel grounded in real life, giving people a logical reason to believe that this character genuinely struggles with these issues... I also think it’s related to other factors, like the venue. For example, if it’s held in a secluded courtyard—somewhere quiet and serene that feels conducive to calming the mind—it would be more fitting for this kind of performance. It could immerse the audience” (Qin).
Barriers from Intergenerational conflicts	“I think it comes from the generation gap. In our play, we touch on how older generations might say, ‘What are these issues you’re dealing with? We never had these back in our day.’ Each era faces different pressures—maybe back then it was economic struggles that forced them to overlook these problems. It was survival, and I can’t say they didn’t try their best. I actually understand both sides, but we all have to find our own ways to address these challenges” (Ma).
Limited audience for Theatre and mental health	“For me, theatre is already a relatively niche art form, and in an overseas context, its audience becomes even smaller. Whether in terms of the overall population or the number of people who enjoy theatre, it’s shrinking. So if we’re talking about truly spreading awareness of this, the limitations in this regard would be even more pronounced” (Kugou).
Stereotypes related to theatre and mental health	“Many people might not even know what theatre is or what form it takes. You don’t have to frame it as a treatment for mental illness. For example, older generations might resist the idea, thinking, I’m not sick, why would I go watch a play like this?” (Cynthia).

Cultural roots of underestimating mental health problems

“People are often reluctant to talk about this issue because it feels like exposing their flaws. There’s a sense that speaking up might reveal their vulnerabilities, and that makes them hesitant” (Grace).

In summary, the participants’ reflections reveal that forum theatre’s effectiveness in cross-cultural contexts depends on navigating linguistic, aesthetic, and moral sensibilities specific to the community it serves. The challenges of communication, audience engagement, and stigma are not obstacles to be erased but cultural textures to be worked with.

Forum theatre’s adaptive and dialogic structure makes it particularly suited to this task as it can localise itself through language, platform, and setting, while maintaining its universal call for empathy and dialogue. As such, it holds promise not only as a mental health literacy tool but also as a cultural mediation practice—a form of art that bridges worlds and languages, and in doing so, creates new ways of being well together.

6.2 Reflective Thinking of the Spect-actors

Building on the actors’ perspectives, the reflections of the spect-actors demonstrate how audience members engaged cognitively, emotionally, and culturally with the performance. In Forum Theatre, spect-actors are not passive recipients but co-authors of meaning: they intervene, reinterpret, and reshape the action. Their reflections therefore reveal not only their understanding of the play’s characters and themes but also the complex interplay between empathy, moral judgment, and cultural identity.

Based on the interviews recordings among the spect-actors after the second-round performance, four main themes were generated: 1) Views on characters and stories: small problems matter; 2) Motivation for participation in performance; 3) Controversies and tensions in the performance format; and 4) The interplay of cultural identity and mental health.

6.2.1 Views on Characters and Stories: Small Problems Matter

Audience members offered varied understandings of the characters' struggles, reflecting individual differences in experience and values. For example, one audience (Acting as Fan Di's friend) considered the onstage challenges to be "little difficulties in everyday life that won't cause a big impact," whereas another audience (Acting as fly in Room 2804) countered, "Small problems can add up; one after another they form a new issue," thus emphasising the cumulative nature of mental health concerns. This divergence highlights two poles in the audience's mental health perceptions—some tend to downplay the seriousness of day-to-day stresses, while others are highly attuned to potential risks.

Regarding specific characters, Zhou Yunshan's withdrawn behaviour provoked debate: some saw him as "self-enclosed and reclusive," even suggesting his "problems are serious and need timely intervention", but others believed his state "isn't a problem, just a personal choice." These conflicting viewpoints underscore the complexity of individual psychological conditions—there can be a significant gap between an external perspective and a person's internal experience.

These conflicting readings reflect Boal's (1979) aim for polyphonic meaning-making: theatre becomes a dialogic arena where multiple truths coexist. Spect-actors thus enacted what Schechner (1985) terms "restored behaviour", which they re-performed social scripts of empathy, denial, or moral reasoning within the liminal frame of the performance. Crucially, these reactions mirror broader cultural patterns among Chinese migrants. In collectivist contexts, emotional endurance is often valorised, leading to the minimisation of "small" problems (Yang et al., 2014). Yet, the forum format encouraged participants to reinterpret minor distress as socially significant, thereby promoting early recognition, which is a key principle in public mental-health literacy (Jorm, 2012).

6.2.2 Motivations for Participation: From "Rescue" to "Resonance"

Differences in the motivations that drove audience members to participate had a direct bearing on how the intervention strategies were shaped. Spect-actors' interventions reflected diverse motivations, ranging from problem-solving to identification and philosophical reflection. One audience member's (Acting as Manman's schoolmate & Zhou Yunshan's academic pals) two onstage appearances are particularly illustrative. In the first, he provided

emotional support to Manman (“becoming the person who tells her ‘you’re amazing’”), a response rooted in his own anxiety as a PhD student. In the second, he attempted to guide Zhou Yunshan “down the mountain to embrace worldly trials,” drawing on Wang Yangming’s philosophy. Such motivations reflect a blend of self-healing and exploring the other.

Notably, some participants (like the audience member who acted as Zhou Yunshan’s colleagues) intervened by “rationalising the characters’ actions” (e.g., assigning the observer a spy identity) rather than directly solving their problems—indicating a greater preference for reinterpreting the scenario than for playing the role of saviour. One audience’s (Acting as Zhou Yunshan’s friend) account supports this: due to her own cultural conflicts and experiences with depression, she tried to “disperse the tension before problems erupted,” essentially a form of preventive mental health intervention.

These interventions reveal a continuum between rescue and resonance. Initially, some spect-actors attempted to “fix” the characters, aligning with a helper’s impulse shaped by didactic models of problem-solving. Over time, however, interventions evolved into acts of empathetic co-presence, where the goal shifted from saving to understanding. This transition exemplifies Freire’s (1970) notion of co-intentional education: both performers and audience learn through dialogue. Rather than a unidirectional message, learning occurred through mutual vulnerability, as spect-actors recognised fragments of their own experiences within the fictional world.

6.2.3 Controversies and Tensions in the Performance Format

Balancing Comedy and Seriousness

One audience member openly acknowledged feeling surprised and uncomfortable with the show’s “turn toward comedy,” arguing it detracted from the gravity of the mental health theme. This feedback reveals a core dilemma: how does one balance the entertaining aspects of participatory theatre with the seriousness of the topic? If it becomes too light-hearted, audiences may detach emotionally; if it is entirely solemn, they may be reluctant to engage. This tension between humour and seriousness is characteristic of applied theatre’s

paradoxical nature. Comedy can mediate difficult emotions by creating psychological distance (Bakhtin 1984), yet it risks trivialising pain if unbalanced. The audience's discomfort therefore signals an ongoing negotiation between engagement and respect. In Boal's tradition (1995), laughter is both a shield and a mirror, as a way to transform fear into dialogue.

Ambiguity in Interaction Rules

One audience repeatedly pointed out the “unclear purpose for the audience,” asking, “Are we supposed to save the characters or just participate however we like?” This uncertainty led to fragmented interventions—for example, one participant suddenly giving Zhou Yunshan a “spy” identity. Though it rationalised certain observed behaviours, it did not address any core psychological issues.

The uncertainty about participation reveals the liminal ethics of interactivity. Without clear dramaturgical framing, spect-actors oscillated between play and responsibility, sometimes diverting from the core issue. This ambiguity supports Nicholson's (2015) argument that participatory theatre must balance freedom with framework, ensuring that improvisation remains purposeful rather than chaotic.

In the current context, this tension illustrates the fragility of collective authorship: too much openness can dilute thematic focus, while over-structuring can suppress creativity. A well-designed forum thus requires what Thompson (2009) calls “structured spontaneity,” where participants feel free but guided by ethical intention.

Balancing Professional Expertise with Accessibility

One audience member suggested that future shows might “invite mental health counsellors or neuroscience experts” to specialised sessions, while general audience involvement might focus on “heightening awareness rather than delivering professional therapy.” This two-layer design merits attention: the general public can heighten empathy and social understanding, while professional input offers deeper, more systematic interventions. This suggestion highlights a recurring challenge in applied theatre for health — the line between education and intervention. Integrating professionals not only enhances accuracy but also ensures

psychological safety, a vital consideration given the emotive nature of mental-health storytelling.

The Interplay of Cultural Identity and Mental Health

Cultural conflict among immigrant populations emerged as a subtle but driving force in the narrative. Drawing on her own history of migrating from Japan to Australia and losing her mother, one audience member described strongly identifying with the characters' struggles with "lack of belonging" and "seeking external validation." This response highlights how transcultural memory shapes empathic recognition. Forum Theatre provided a shared symbolic space where migrant experiences of dislocation, loss, and adaptation could be articulated without requiring explicit confession. As Bhabha (1994) suggests, such hybrid cultural spaces allow participants to translate private pain into collective meaning.

In this sense, the spect-actors' engagement represents an emergent intercultural literacy, which is a way of negotiating between openness and respect, emotion and decorum. Their interventions became meaningful acts of cultural translation.

6.3 Practical Insights and Directions for Improvement of Forum Theatre

The reflections of both actors and spect-actors provided valuable insights for refining the design and implementation of forum theatre as a culturally responsive tool for mental health promotion. While the process was generally perceived as empowering and transformative, participants also identified several areas for improvement related to interaction rules, audience engagement, facilitation, cultural adaptation, and the long-term sustainability of impact.

First of all, a clear set of interaction rules should be established before the performance. This might include distinguishing "emotional support interventions" from "problem-solving interventions" or defining multiple levels of audience engagement (e.g., observer, commentator, active actor). For instance, one audience's idea of "limiting the number of participants onstage" could also help reduce narrative fragmentation.

Secondly, it's important to develop a two-track participation model. One possibility is to create both "general audience" sessions and "professional" sessions. The former would emphasise resonance and awareness-raising, while the latter would bring in mental health professionals for deeper intervention. As audience members pointed out, expert participation can shift the conversation from "what do we do?" to "how do we systematically address it?". On the other hand, the presence of professionals could also ensure the issues are discussed with sensitivity, in ways that do not inadvertently cause harm or reinforce stereotypes related to mental health or particular social groups.

Thirdly, localising the narrative strategies. Audience discussions of Zhou Yunshan's Daoist references (e.g., "a monk descending the mountain to face worldly tribulations") demonstrate how traditional cultural elements can lower barriers to engaging with mental health themes. Future productions might further integrate concepts from Chinese medicine, Confucian self-cultivation, and other culturally resonant frameworks, thereby creating a culturally adaptive mental health discourse.

Fourth, designing for a long-trail effect. Many audience members' comments focused on immediate interventions, but one audience highlighted that "when similar issues arise in the future, I might recall the solutions in the play," a perspective deserving more attention. Establishing online communities or hosting follow-up workshops could help extend the theatre's impact beyond a single event, converting a one-time experience into an ongoing support network.

Overall, forum theatre's greatest strength lies in its dual function as both mirror and rehearsal: it reflects social realities while allowing communities to experiment with new ways of seeing and relating. By refining its participatory structures and embedding its practice within culturally grounded frameworks, forum theatre can continue to evolve as a transformative pedagogy of empathy, agency, and collective healing.

6.4 Summary

This chapter summarises the reflections of actors and spect-actors, offering an interpretive account of how participants experienced, understood, and responded to the co-creation and performance of forum theatre. Through a thematic and interpretive analysis, it illuminated the complex emotional, social, and cultural processes that unfolded during the project.

At its core, this chapter has shown that forum theatre functioned as a reflective and transformative medium. For the actors, participation was not only an artistic experience but also a psychosocial inquiry — an opportunity to externalise hidden feelings, reconstruct personal narratives, and explore collective issues surrounding mental health. For the spect-actors, the interactive format transformed spectatorship into an act of co-creation, inviting them to empathise, intervene, and reinterpret. Together, these dual perspectives illustrate how participatory performance can create a space for embodied learning, where meaning emerges through doing, feeling, and dialogue rather than through instruction.

However, it also cautions that such transformation is not automatic; it requires careful facilitation, ethical sensitivity, and cultural adaptability. Forum theatre's success depends on its capacity to hold ambiguity through considering difference, tension, and emotion as integral to the process of learning.

In conclusion, the reflections of actors and spect-actors affirm that forum theatre can move beyond performance to become a living dialogue, which is a rehearsal space for empathy, cultural negotiation, and community healing. By engaging both emotion and intellect, it offers not only a form of creative expression but also a social methodology for imagining healthier, more connected ways of being in a multicultural world.

Chapter 7. Discussion

This research project, consisted of a scoping review, co-creating and engaging in the theatre piece, and exploring the context, practical process and perceived impact of co-creating a forum theatre piece addressing mental health-related topics among young Chinese migrants in Australia. Based on the three main research questions, this chapter synthesises the key findings of this research and communicates the contribution of this study in relation to the prior literature. Central to this analysis is the argument that participation in an applied theatre practice, including co-creating and interacting, empowered young Chinese migrants in Australia to voice their experiences, shape their culturally informed understandings of mental health-related challenges, and encourage peer education through meaningful dialogues, intentions to change and reflections on mental health stigma rooted in social and cultural expectations. Through a reflection on the whole process, this chapter also identifies the strengths and limitations of this research, advocating for clearer interactive processes, greater professional collaboration, and more nuanced knowledge integration to enhance the efficacy of theatre-based health interventions.

7.1 Theatre and Mental Health Promotion in Literature

Phase one of this study synthesised evidence from previous literature to demonstrate how theatre has been used as a health promotion tool. The gaps identified in this phase were: 1) a lack of studies focused on mental health promotion; 2) promoting knowledge and attitudes rather than behaviours; 3) an underrepresentation of marginalised populations; and 4) over-reliance on quantitative results.

7.1.1 A Lack of Studies Focused on Mental Health Promotion: Therapeutic v.s. Promotional

According to the scoping review, theatre has been widely established as an effective tool in health promotion, with documented successes in areas such as healthy lifestyle advocacy (e.g., nutrition, exercise), disease prevention (e.g., HIV/AIDS awareness), and the

enhancement of social health (e.g., gender-based violence, bullying). Its application in mental health promotion, however, remains disproportionately underexplored. As in existing literature, much of the research on theatre/drama for mental health is in the therapy context, leaving a gap in robust literature on promotional and preventative applications (Berghs et al., 2022; Orkibi et al., 2025; Torrissen & Stickley, 2018). This may be highly related to the traditions of theatre-making established since ancient Greek times, such as Aristotle's theory of dramatic catharsis, which acknowledged therapeutic dimensions of theatre/drama (Aristotle, 1968; Boal, 1979). Theatre/drama, according to Aristotle's idea, could enable emotional release, increase people's sensitivity to others, connect people and then produce the change (Belfiore, 2016; Torrissen & Stickley, 2018). This belief is deeply rooted in the development of experimental theatre addressing mental health-related topics. The creator of psychodrama, for instance, strongly believed in the curative and transformative power of theatre/drama through enhancing the spontaneity of participants to decrease the possibility of mental illness and distress (Moreno, 1953). For the recent development of psychodrama, various forms of dramatherapy and applied theatre in health practices are used, where practitioners/artists are generally not therapists (Landy & Montgomery, 2012). However, therapeutic dimensions have dominated the field of applied theatre and mental health, leading to a limited focus on promotional and preventative applications in research. Nowadays, the increased migration and the COVID-19 pandemic have raised public awareness of mental health among immigrant communities (Minas, 2021; Shu et al., 2022), which also highlights the importance of promoting mental health literacy as prevention. In such a context, more studies of applied theatre in mental health practices are needed at promotional and preventative levels.

7.1.2 Promoting Knowledge and Attitudes rather than Behaviours

Existing mental health-related theatre studies, from the scoping review, primarily focus on promoting general knowledge and shifting public attitudes, often towards reducing stigma. This finding is in line with the systematic review conducted by Crossly et al. (2019), which evaluated the documented uses of applied theatre and mental health-related practice within an Indian context. As an effective medium for knowledge promotion and attitude change, acknowledged by previous studies, theatre makes abstract mental health concepts

(e.g., symptoms of depression, the process of therapy) concrete and relatable, allowing audience members to safely overhear private struggles and consequences of stigma (Essler et al., 2006; Nichols et al., 2022; Taylor, 2000; Yotus et al., 2017). In such a context, applied theatre is powerful in different groups and settings, ranging from children to adults. It is consistent with the work conducted by Jiang et al. (2023), which affirmed the efficacy of drama/theatre for improving mental health (e.g., trauma-related disorders) and well-being (e.g., psychological well-being), positioning it as a supplement to mental health care during and after the COVID-19 pandemic.

Even though applied theatre plays a unique role in promoting mental health-related knowledge and attitudes, promoting mental health literacy also includes changes in behaviours, such as help-seeking, self-disclosure, or supportive communication (Australian Government, 2020). The finding from this scoping review suggests a lack of studies exploring behavioural changes longitudinally. Similarly, Joronen and Åstedt-Kurki (2008), in their systematic review, crucially identified a significant gap in evidence demonstrating sustained behavioural change or long-term impact, a critical limitation for mental health promotion initiatives. The potential reason might be the challenges in evaluating the impact of theatre on mental health outcomes in terms of behavioural changes. While measuring changes in knowledge or short-term attitudes can be achieved through pre- and post-intervention surveys, assessing tangible changes in behaviour (e.g., help-seeking) or longitudinal intentions to change is inherently complex. The pathways from theatrical engagement to behavioural change are non-linear, influenced by a multitude of external factors, and difficult to capture through traditional quantitative metrics alone. This study responds to that gap by demonstrating how forum theatre can serve as a practice-based platform where participants not only observe but also rehearse behavioural responses to mental health challenges. Unlike traditional theatre forms that rely on passive observation, forum theatre invites audiences to intervene, replace characters, and enact alternative strategies of communication, empathy, or support within the performance space. This participatory structure transforms spectators into spect-actors, providing an embodied rehearsal for real-life action. Through this process, the study extends existing literature by showing that theatre can function as more than a vehicle for raising awareness. It can operate as a safe rehearsal arena for behavioural experimentation and change, allowing participants to translate understanding and attitudes into practical engagement with mental health issues in their own contexts.

7.1.3 An Underrepresentation of Marginalised Populations

The scoping review also identified the underrepresentation of marginalised populations as a gap in the current literature. This aligns with work conducted by Sheppard and Broughton (2020), which suggests underrepresentation of middle-aged participants, men, Indigenous, LGBTQ+, and migrant populations among studies exploring how music and dance participation promote wellbeing and health. The field of applied theatre, while progressive in its aims, is currently dominated by Western methodologies and narratives, with the majority of documented impacts centred on populations in developed nations such as the United States and the United Kingdom. Marginalised populations, such as ethnic minorities, LGBTQ+ communities, people living with disabilities, and socioeconomically disadvantaged groups, often experience disproportionate mental health challenges and structural barriers to care (e.g., stigma, discrimination, lack of access to culturally safe services) (Abbott, 1999; Abood et al., 2023). The absence of their voices in theatre-based mental health promotion risks reinforcing these inequities rather than addressing them. An intersectional lens is thus meaningful, not only for recognising heterogeneity within communities, but also for understanding how overlapping forms of marginalisation may influence how individuals relate to theatrical narratives and interventions.

Studies on community-based participatory research, on the other hand, emphasise that inclusion of lived experiences is crucial for developing interventions that are contextually relevant and empowering. In the field of applied theatre, practitioners have long argued that theatre can serve as a tool for amplifying silenced voices and fostering critical dialogue (Boal, 1995; Prentki & Abraham, 2020). However, in the field of theatre and mental health promotion, there is a significant gap in understanding how theatrical practices resonate with and serve the needs of multicultural and migrant communities, whose experiences of health, illness, and help-seeking are shaped by unique cultural, linguistic, and socio-political factors. This gap is echoed in community theatre research, where scholars argue that theatre's capacity to foster resilience and wellbeing among vulnerable people is often overlooked in practice and research alike (Ferrara, 2022). Addressing the underrepresentation of marginalised populations in theatre-based mental health promotion, however, is not merely a methodological concern but an ethical imperative. It requires methodological approaches

capable of capturing the complexity of intersectional experiences. This underscores the importance of qualitative inquiry explored in the following section, which is particularly well-suited to illuminating how diverse participants interpret, engage with, and derive meaning from theatre-based interventions.

7.1.4 Over-reliance on Quantitative Results

To understand the mechanisms through which participatory theatre enhances mental health literacy, it is important to develop a culturally appropriate understanding of the marginalised groups' experiences, which should be based on more qualitative methods rather than a high reliance on quantitative assessment tools found in the current literature. For instance, applied theatre in First Nations Australian contexts—like the work of Ilbjerri Theatre Company—demonstrates how culturally rooted storytelling and performance can contribute to healing, education, and strength in communities with long-standing marginalisation (Woodland & Bell-Wykes, 2024). Similarly, participatory theatre models such as Norway's Teater Vildenei offer compelling narrative-based evidence of mental health recovery, emphasising identity transformation, connectedness, empowerment and meaning-making for participants with lived experience of mental illness (Torrissen & Stickley, 2018). These examples illustrate the importance of centring lived experience and cultural context in both practice and scholarship. In other words, for these groups, there is a critical need for safer, culturally congruent spaces where their voices can be centred, their narratives validated, and their unique struggles articulated without being filtered through a majority-culture lens. Theatre can function as such a “utopian” space—not in the sense of being idealistic, but as a provisional community where participants can explore their identities and experiences through shared narrative, language, and recognition. Methodologically, this requires privileging narrative inquiry, arts-informed qualitative methods, and context-specific evaluation frameworks that capture not only mental health outcomes but also dimensions of empowerment, identity, and stigma reduction.

7.1.5 Summary

Based on the key findings in the scoping review, future research should prioritise the inclusion of marginalised voices in both the design and evaluation of theatre-based interventions on mental health promotion. This involves adopting participatory and decolonising methodologies that recognise community knowledge as a legitimate and essential form of evidence. Studies should explore questions such as: How do marginalised communities conceptualise mental health and wellbeing? How can theatre practices be adapted to reflect their cultural values, histories, and priorities? Moreover, rigorous evaluation frameworks should assess not only mental health outcomes but also indicators of empowerment, social connectedness, and reduction of stigma within these communities.

Responding to these needs, this research posits that co-creation is not merely beneficial but essential to establishing this space in a culturally appropriate and collaborative manner. The review highlighted that existing theatre-based mental health interventions primarily focus on promoting knowledge and shifting attitudes, often overlooking behavioural engagement and contextual relevance. These findings directly informed the research design by emphasising the need for a method that could move beyond audience observation to embodied participation and collective exploration.

To address this need, the participatory forum theatre project was intentionally designed to integrate audience participation as a mechanism for practising behavioural responses to mental health challenges rather than solely learning about them. Unlike pre-scripted, top-down approaches, co-creation empowers participants as experts of their own lived experience, ensuring that the resulting production is authentic and resonant. Forum theatre, with its foundation in Augusto Boal's theoretical framework of Theatre of the Oppressed, is particularly well-suited to this task. Its interactive structure is inherently democratic, designed to break down the traditional barrier between actor and spectator (turning them into spect-actors). By embedding this form within a co-creative research design, the study transformed the theatre space into a laboratory for social rehearsal, where participants could experiment with new ways of responding to mental health situations in a safe, supportive environment.

The findings from the scoping review did not merely identify a literature gap, also provided the conceptual and methodological rationale for developing a participatory theatre process that explicitly targets behavioural practice and self-representation. This study exemplifies this process, showing how forum theatre actively encourages both actors and audience members to co-create not only the story itself but also its perceived impacts and potential solutions. By

placing the power of narrative in the hands of a marginalised community (young Chinese migrants), this project moves beyond simply representing them and instead facilitates a process of self-representation and collective problem-solving, thereby addressing a critical gap in both applied theatre and public health literature.

7.2 Co-creation Process Through Sharing, Fictionalising and Reflecting stories

Phase two of this study explored the co-creation process and experience of actors who co-created *Mingbi*, a forum theatre piece addressing mental health-related challenges faced by young Chinese migrants in Australia. Following the principles of Boal's (1979) Theatre of the Oppressed and Parson's (2010) collaborative devising framework, the key findings in this phase contribute to identifying how the co-creation was developed step by step, and to what extent engagement in a participatory community-based theatre-making project might facilitate an actor's reflective journey about mental health-related topics. The co-creation process itself, as Mackey (2016) suggests, is considered a participatory research method which recognises many voices in community-based work as well as the individual sway of practice, theory, reflection and action. The findings suggest that through the co-creation process, participants (actors) created a space to discuss, fictionalise and reflect on the mental health-related lived experiences of young Chinese migrants in Australia.

7.2.1 Sharing Stories: Collective Acknowledgment

First of all, the process of co-creation consisted of three essential stages, which are sharing stories, fictionalising the discussed topics, and reflecting on the journey of creating the characters and stories. The initial stage of sharing stories was not merely an act of data collection but a foundational process of community-building and trust-establishment. It provided a platform for participants to express personal and observed experiences regarding mental health challenges within the young Chinese migrant community. This aligns with Boal's (1979) emphasis on dialogic exchange as a means of consciousness-raising. In this phase, storytelling operated as both a cathartic and knowledge-generating act, allowing actors

to articulate problematic emotional feelings, cultural stigma, intergenerational conflict, and pressures associated with migration and acculturation. Such exchanges are consistent with findings from participatory arts research, which highlight narrative sharing as a mechanism for fostering empathy and social cohesion (Grundy et al., 2023; Torrissen & Stickley, 2018).

However, mental health-related topics, suggested in group discussion as well as in previous literature about the Chinese cultural context, are often stigmatised and considered as a private matter (Yang et al. 2014; Yin et al., 2020). The act of sharing personal and shared struggles within a safe, facilitated space was itself a powerful intervention. The openness in this phase was facilitated by the group's shared cultural background, which created a sense of safety and mutual understanding, echoing Mackey's (2016) assertion that community-based theatre thrives on relational trust and inclusivity. This stage, on the other hand, allowed participants to move from individual experiences, which are often isolating experiences, to a collective recognition of common challenges, such as the pressure of familial expectations, the anxiety of acculturation, and the linguistic barriers to seeking help. This process aligns with Boal's (1995) concept of knowing the body, where individuals first must recognise their own social and psychological realities before they can enact change upon them. The identification of these shared themes was the crucial raw material from which the fictional narrative was built. For instance, they acknowledged depression and anxiety as the most common mental health-related challenges, rather than other clinical terms (e.g. schizophrenia) in the Western domain narratives, which are consistent with previous findings from other research about mental health literacy of the Chinese population (Huang et al., 2019; Yin et al., 2020). Based on this shared acknowledgement, they created characters who suffered from feelings of depression and anxiety.

At the same time, the content of these stories also revealed participants' levels of comfort and perceived safety in addressing mental health. While open discussion of common emotional experiences such as depression and anxiety emerged readily, more stigmatised or clinically severe conditions were notably absent. This selection reflects participants' negotiation of what felt "safe" or socially acceptable to share, shaped by enduring cultural taboos surrounding severe mental illness (Yang et al., 2014; Yin et al., 2020). The preference for relatable and less pathologised topics thus illuminates both their lived realities and the boundaries of discourse permitted by cultural stigma. The avoidance of more stigmatised topics highlights persistent barriers to engaging with the full spectrum of mental health experiences in theatre-based promotion. While the process fostered openness and empathy, it

also reproduced limits of comfort and stigma. Recognising these boundaries underscores the need for facilitation strategies that gradually expand what can be safely discussed, enabling theatre to engage with diverse and marginalised mental health narratives more fully.

7.2.2 Fictionalising Stories: Characters, Storylines and Monologues

The second stage, fictionalising the discussed topics, enabled actors to transform personal and collective narratives into performative material, creating a buffer between lived experience and representation. This process reflects Boal's (1995) concept of the aesthetic space, where participants can explore sensitive issues at a critical distance, enabling reflection without direct personal exposure. By translating personal experiences into fictional characters (e.g., "Xiao Zhao" and "Lawrence"), actors were normally willing to enrich the stories through expanding the boundaries of discussion and even their lived experiences to explore sensitive topics. For instance, they chose to create characters from certain groups (e.g. LGBTQ, Non-Binary sexual group) that they didn't belong to, which they considered important but sensitive in reality. Through fictionalisation, themes such as expressions of psychological distress, relational isolation, parental expectations, and experiences of uncertainty, loss and helplessness were reconfigured into characters and scenes that represented some archetypal struggles within the migrant experience (Grundy et al., 2023; Quadros et al., 2021).

A critical component of this stage was the incorporation of character monologues, a methodological design that intentionally ceded narrative authority from the researcher to the actor. While the overall script was drafted by the researcher to maintain narrative coherence from the actors' outlined storylines, the monologues created space for individual actors to inject their authentic voice into the performance, which were conceived as autonomous spaces for pure, unmediated actor expression. The monologues were created by the actors, and were also allowed to be revised by actors throughout improvisations and rehearsals as needed. This design aligns with Boal's (1995) notion of "dialogic theatre," in which participants do not merely reproduce predetermined scripts but instead engage in active authorship that reflects their own perceptions and experiences.

By crafting their own lines to reveal the inner psychology of their characters, actors could explore the emotional and cognitive dimensions of mental health struggles from an embodied and narrative standpoint. This creative action offered two notable contributions. First, it

positioned the actors as co-authors of meaning, reinforcing the principle of narrative agency central to participatory and decolonising methodologies (Quadros et al., 2021). It allowed the actors to move beyond interpreting a pre-written text and instead to psychologically inhabit their characters from the inside out. Unlike group-devised dialogue, which is often mediated by consensus and negotiation, monologues allow for individual expression within the collective frame, acknowledging personal differences within shared cultural narratives. This is particularly important in mental health contexts, where subjective experience often resists homogenisation. Second, monologues functioned as a bridge between fiction and reality, permitting a heightened level of introspection and emotional ownership. Writing and performing one's own words facilitated what Nicholson (2015) terms a "reflective aesthetic," where the act of speaking from a character's perspective becomes intertwined with self-reflection. Prendergast et al. (2024) also demonstrated how monologues function as collaborative solo speech, bridging the personal and the political, and transitioning participants from non-fictional to fictional representation. This process not only enriched the dramaturgical texture of *Mingbi* but also served as a site for critical health literacy, enabling participants to articulate and interrogate their assumptions about mental health, identity, and resilience. Such personalised contributions resonate with applied theatre scholarship that foregrounds autoethnographic elements in participatory performance as catalysts for personal and social transformation (Grundy et al., 2023; Quadros et al., 2021).

However, this creative freedom was accompanied by moments of vulnerability and ethical complexity. As participants recognised that their characters and monologues might be interpreted by others as reflections of their own lives, the boundary between fiction and autobiography became blurred. This awareness sometimes prompted hesitation or careful self-editing, illustrating how the process of artistic expression can expose personal truths even when framed as fiction. The participants' negotiation of how much of themselves to reveal highlights the emotional labour embedded in co-creation and the subtle risks of visibility within a culturally sensitive topic like mental health. In this sense, fictionalisation served a dual function: offering psychological protection through imaginative distance while simultaneously inviting self-disclosure. Managing this vulnerability required a continual balance between artistic authenticity and psychological safety, achieved through open dialogue, consent checks, and ongoing reassurance that fictionalisation was a protective, not revealing, device. The process, therefore illuminated not only participants' courage in

creative disclosure but also researcher's responsibility to mediate the porous line between representation and exposure.

7.2.3 Reflecting on Stories: Social and Individual Meanings

Finally, the ongoing and embedded process of reflection was the mechanism through which personal and collective meaning was made. This was not a separate post-hoc activity but was integrated throughout the devising and rehearsing process. As actors reflected on their characters' motivations and decisions, they were simultaneously reflecting on their own understandings and biases regarding mental health. This reflective practice, guided by Parson's (2010) framework, facilitated a form of peer education where actors learned from each other's interpretations. Participants in this phase articulated an enhanced understanding of mental health as a socially constructed and culturally mediated phenomenon rather than a purely individual issue. This resonates with previous research demonstrating that participatory theatre fosters critical health literacy and reflexivity by situating personal struggles within broader sociocultural contexts (Prendergast et al., 2024). The findings indicate that this reflective journey encouraged diverse thinking and attitudes, moving participants from a position of evasiveness to one of greater open-mindedness and communicative confidence regarding mental health. This underscores the argument that in applied theatre, the process of creation is as impactful as the final product (the performance) for the participants involved (Mackey, 2016).

Overall, this phase illustrates the potential of participatory theatre-making to generate culturally situated insights into mental health while supporting the psychosocial well-being of those involved. The insights from Phase two demonstrate that participatory theatre-making can serve as both a research method and an intervention to address mental health-related stigma and promote dialogue within culturally specific communities. The actors transitioned from being passive subjects of their experiences to active creators of their narrative. This shift aligns with the core objective of Theatre of the Oppressed: to transform spectators into spectators who rehearse for reality (Boal, 1979). By moving through stages of sharing, fictionalising, and reflecting, the process exemplifies how community-based co-creation can bridge the gap between lived experience and social critique. The co-creation process enabled

participants to articulate culturally specific understandings of mental health and challenge dominant discourses that often ignore migrant experiences. This approach responds to calls within applied theatre and health promotion scholarship for inclusive, dialogic, and culturally safe practices (Boal, 1995; Mackey, 2016). Furthermore, this phase illustrates that involving marginalised communities in artistic and research processes is not only ethically sound but also epistemologically valuable. The lived experiences of young Chinese migrants, when expressed through collaborative performance, generated new insights into how cultural stigma, family dynamics, and systemic barriers intersect to shape mental health as well as help-seeking. These findings suggest that applied theatre can play a critical role in decolonising mental health research by positioning participants as co-researchers and knowledge producers. In doing so, it helps to bridge the gap between health promotion theory and the lived realities of those most affected by mental health inequities.

7.3 Mental Health Literacy of Young Chinese Migrants

Phase three explored the experiences of audience members, which started with a questionnaire to provide a crucial demographic and psychographic snapshot of the participants. The questionnaire findings provided valuable insights into the demographic characteristics and mental health literacy of the forum theatre audience, who were predominantly young Chinese migrants in Australia. Their responses to the survey reveal patterns of knowledge, attitudes, and behaviours that reflect broader structural and cultural determinants shaping mental health in migrant communities.

7.3.1 Demographic Profile and Its Implications

The majority of participants identified as students or early-career professionals, with relatively high educational attainment. According to previous research, this profile suggests a group with strong cognitive and social resources, which might predict higher mental health literacy compared to less educated populations (Jorm, 2012). However, the findings challenge this assumption by demonstrating only moderate levels of knowledge about mental health and the persistence of stigmatising attitudes. These results echo studies showing that education

alone does not eliminate stigma or ensure accurate understanding of mental health concepts, especially when deeply ingrained cultural norms and family-based beliefs exert strong influence (Wong et al., 2017). For these well-educated populations, however, the pressures of academic excellence, career establishment, and fulfilling familial expectations could be immense, creating a fertile ground for stress, anxiety, and depression. The pressure to maintain an image of success may actively discourage them from acknowledging psychological struggles or seeking help, for fear of being perceived as weak or unable to cope. This finding challenges the assumption that educational achievement is a protective factor against mental health challenges; instead, it suggests that for this group, it may be a potential risk factor that compounds the stigma.

Furthermore, the participants' self-reported acculturation levels—primarily between 40% and 60%—suggest an ongoing negotiation between Chinese cultural values and Australian societal norms. This mid-range indicates a state of liminality that they are neither fully embedded in their heritage culture nor fully assimilated into Australian culture. In this process, they enacted what Bhabha (1994) calls the “third space”: a hybrid arena where identities and meanings are not fixed but continually reinterpreted. They are, in essence, navigating a third space. This intermediate positioning is critical to understanding their responses. Previous research indicates that individuals with partial acculturation may experience ambivalence in their health beliefs and help-seeking behaviours: while exposure to Western mental health frameworks may reduce some stigma, strong ties to collectivist traditions and “face” (*miànzi*) culture often sustain reluctance to seek professional help (Yang et al., 2014). In such a context, they are caught between two worlds: one where mental health is a private matter not to be discussed, and another where discussion and help-seeking are increasingly normalised. This can lead to confusion, isolation, and a lack of clear guidance on how to perceive and manage mental well-being. Their moderate knowledge and stigma scores are a direct reflection of this cultural ambivalence. They are in transition, and this state of flux represents a critical window for intervention. Culturally tailored programmes like forum theatre are ideally suited for this group, as they can speak to both cultural realities without dismissing either, helping them to integrate these conflicting worldviews into a more coherent and less stigmatising personal understanding (Puvaneyshwaran et al., 2025; Wrentschur & Moser, 2014).

7.3.2 Knowledge Gaps: Understanding, Prevention, and Treatment

One of the most salient findings relates to knowledge deficits in specific areas, including treatment efficacy, prevention strategies, and the biopsychosocial understanding of diagnosable mental illness. Participants frequently endorsed personality-based explanations, such as weakness or lack of self-control, over biomedical or psychosocial models. This tendency reflects long-standing Confucian traditions that valorise self-control and moral strength, often framing psychological distress as a personal failing rather than a health condition (Yang et al., 2014). Such interpretations not only reinforce stigma but also delay help-seeking, as individuals attempt to resolve problems privately to avoid shame (Yang et al., 2013). This reflects a deeply ingrained tendency towards internalisation and self-blame, which is a belief that mental health struggles are a fixed, personal flaw (“something wrong with my character”) rather than the result of a complex interaction of biological predispositions, psychological patterns, and social pressures (e.g., migration stress, academic pressure, family expectations). This attribution style is particularly toxic as it directly fuels self-stigma, shame, and a sense of hopelessness (Yang et al., 2013; Yang et al., 2014). It lets societal and familial structures off the hook and places the entire burden on the individual. All of these elements, interestingly, were suggested by the co-created script of *Mingbi* and the discussion among actors and audience members throughout the phases two and three.

Additionally, participants demonstrated limited awareness of preventive strategies and the effectiveness of early intervention, consistent with global findings that prevention is an underemphasised aspect of mental health education (Jorm, 2012). Mental health is likely still conceptualised as the mere absence of mental illness, rather than a state of well-being that can be actively fostered through coping strategies, stress management, and healthy relationships. This gap may lead to reactive rather than proactive approaches, with individuals seeking help only when symptoms escalate into crises. However, the lack of knowledge regarding treatment efficacy is another major barrier to help-seeking. If individuals do not believe that interventions like counselling/medication are effective or they cannot find a counsellor who understands them, they have no incentive to pursue professional help, regardless of their level of distress. This scepticism may stem from a lack of exposure to

success stories within their community or from cultural preferences for self-reliance or informal support networks (Yin et al., 2020). Moreover, the lack of recognition of advocacy dates, such as World Mental Health Day, suggests minimal exposure to mental health campaigns, possibly due to language barriers, limited outreach to ethnic communities, or cultural perceptions that such events lack personal relevance. This suggests they are not engaged with channels that could otherwise improve their literacy and reduce their sense of isolation.

7.3.3 Stigma and Perceived Discrimination

Despite moderate knowledge scores, participants displayed moderate stigmatising attitudes, particularly concerning the social consequences of mental illness. A significant proportion believed that mental illness carries employment risks, especially in roles involving children (e.g. a significantly higher percentage of responses as strongly agree and agree on the items like *“Most people would not hire a person who has been diagnosed in the past with a mental illness to take care of their children, even if he or she had been well for some time”* and *“Most employers will pass over the application of a person who has been diagnosed with a mental illness in the past, in favour of another applicant”* in the scales), reflecting fears of social judgment and systemic discrimination. It reflects a perception that mental illness fundamentally compromises one’s reliability and competence, especially in roles of responsibility. Previous studies document that migrants often encounter compounded stigma, both within their cultural communities and in the broader labour market (Corrigan et al., 2014). However, the internalisation of such beliefs can create self-stigma, reducing confidence in disclosing mental health concerns and perpetuating cycles of silence. As Chinese migrants, the participants may receive mixed messages from their family (likely more stigmatising), their Western peers (likely less stigmatising), and the Australian media. This ambiguity may stem from limited integration into mainstream social networks, reinforcing the importance of culturally tailored outreach that bridges informational and relational gaps. They are navigating an invisible social map where the rules are unclear, making the safe space created by the theatre production all the more vital.

7.3.4 Help-Seeking Behaviour and Service Awareness

Perhaps the most concerning finding is that half of the participants indicated they would not seek professional help even if they experienced psychological distress. Coupled with their reported lack of familiarity with mental health services and promotional tools in Australia, this reluctance underscores the interplay between systemic, cultural, and practical barriers to care. Previous research identifies multiple factors contributing to low service utilisation among Chinese migrants, including language challenges, mistrust of Western therapeutic models, and logistical issues such as cost and availability of Mandarin-speaking practitioners (Chung, 2010; Wong et al., 2012). Even for those who might overcome internal stigma, the Australian mental health system can be confusing. Navigating GP referrals, mental health care plans, rebates, and the different modalities of therapy (e.g., psychologist vs. counsellor) is complex for anyone. For a migrant potentially facing language barriers and unfamiliar with the system, it can be an insurmountable obstacle.

Even though participants' responses suggested limited experiences of seeking professional help, that reluctance did not equate to indifference or denial. Combined with data from questionnaires and group discussions, most of them acknowledged that professional support would likely be beneficial but described it as inaccessible rather than unnecessary. In this context, participants often relied on culturally embedded alternatives, such as emotional support from friends and family, self-reliance, and online communities, as more immediate and trusted forms of coping. For some, these informal networks served as an acceptable first step toward help-seeking, reflecting collectivist values that prioritise harmony, relational obligation, and discretion (Yang et al., 2013). Others drew on community-based activities, religious or spiritual practices, and self-help resources in Chinese-language media to manage distress. Such preferences point to a form of hybrid help-seeking, in which individuals recognise the legitimacy of professional services but continue to navigate within familiar and culturally congruent support systems.

On the other hand, the persistence of these barriers among highly educated individuals underscores that access is not merely a structural issue but also a cultural and informational problem requiring targeted interventions. This reluctance to seek help also intersects with findings on stigma and family-centeredness. For many participants, turning to professional services may conflict with cultural expectations to maintain harmony and avoid burdening

others, particularly parents. In collectivist frameworks, disclosing mental health struggles outside the family can be perceived as a betrayal or as diminishing family reputation (Yang et al., 2013). These dynamics complicate the process of acculturation, as young migrants navigate competing norms regarding autonomy and interdependence in health decision-making.

7.3.5 Positioning Findings Within Applied Theatre and Health Promotion

The quantitative findings on mental health literacy offer an important context for interpreting the impact of the forum theatre intervention. While the performance was designed to facilitate critical dialogue about mental health stigma and help-seeking, the basic levels of literacy and attitudes suggest that such interventions must be intentionally layered to address multiple dimensions: knowledge, beliefs, and behavioural intentions. For example, actors' and audience members' reflections during the performance revealed recognition of cultural stigma and systemic barriers, yet the questionnaire results indicate that this recognition does not necessarily translate into confidence about services or willingness to seek help. This gap underscores the need for participatory arts-based interventions to integrate explicit educational components, such as information on local resources and evidence-based treatment, alongside narrative exploration.

Moreover, the findings highlight the potential for forum theatre to function as a culturally resonant medium for health communication. By situating mental health topics within familiar cultural narratives, the performance can challenge personality-based explanations and introduce biopsychosocial models in a manner that feels relevant and non-threatening. However, achieving this requires careful facilitation to avoid reinforcing stigma or perpetuating misconceptions, which is a challenge noted in the literature on applied theatre for health education (Conrad & Beck, 2015; Prendergast & Saxton, 2024).

7.4 Different Impacts on Actors and Audience Members: Storyteller vs. Story-controller

Phase three, based on the theatre piece co-created in phase two, explored the audience members' engagement and the impacts of such participation in *Mingbi*. The audience members' engagement involved three stages, which were watching, discussing and acting. The process, following the principles of Boal's (1979) forum theatre, contributes to shaping audience members' understanding of mental health-related struggles, motivating them to make changes through acting, and encouraging their reflections on mental health promotion-related topics. This finding aligns with the scoping review conducted by Puvaneyshwaran et al. (2025), which summarises the forum theatre's positive effects on community members who participated as spect-actors, including an increase in empathy, critical consciousness and developing solutions. Through interacting with actors, including discussing and acting, audience members also contribute to the co-creation, which has changed all the storylines in different scenes of *Mingbi*. However, compared to the co-creation conducted in phase two, the impacts of the participation on audience members are different from those on actors. This indicates that participation in forum theatre unfolds on two distinct yet interrelated levels: actors as storytellers and audience members as story-controllers.

For the actors, engagement in the creative process extended beyond performance into authorship and meaning-making. Through the development and embodiment of characters, actors engaged in deep reflection on the cultural, social, and psychological dimensions of mental health challenges facing young Chinese migrants. As storytellers, they did not merely perform struggles but first had to collectively identify, analyse, and give artistic form to them. This process of internalising their characters' narratives, particularly through writing their own monologues, facilitated a profound emotional connection and a sense of ownership over the issues. Their learning was rooted in process, such as in the dialogue, negotiation, and empathy required to build a shared story from fragmented experiences. This encouraged the development of their diverse thinking and attitudes, as they were required to understand and justify multiple perspectives within the safety of the fictional framework. This reflective engagement fostered what Nicholson (2015) terms a dialogic space, where participants negotiate personal and collective narratives in relation to broader social issues. The emotional

labour of crafting characters based on lived and observed experiences enabled actors to cultivate new perspectives on mental feelings, family dynamics, and systemic barriers. Their tasks, as suggested by previous studies about actors in forum theatre, were bringing the voices of the client communities (young Chinese migrants in this study) to the forefront, which encouraged their reflections on real-life stories and their feelings of being empowered in sharing their stories through their perspectives (Puvaneyshwaran, 2024; Puvaneyshwaran et al., 2025; Wrentschur & Moser, 2014). In essence, their participation facilitated a dual process of artistic creativity and personal reflexivity, reinforcing theatre's role as both a pedagogical and transformative practice (Boal, 1995; Mackey, 2016).

Conversely, audience members assumed the role of story-controllers, engaging in problem-solving rather than character creation. In line with Boal's (1979) principle of spect-actors, they were positioned not as passive consumers but as active agents with the capacity to intervene and reshape the narrative. Such a God's view perspective empowered audience members to evaluate situations critically, consider alternative strategies, and rehearse possible actions to address mental health-related challenges within the fictional frame. When an audience member stepped onto the stage to create a new character and trial a solution, such as a strategy for communication, a challenge to stigma, or an offer of support, they were engaging in a form of mock practice for reality. Importantly, the performative disruption created by interventions revealed the complexity of interpersonal and cultural negotiations inherent in addressing mental health issues in migrant communities. This active participation, which is the core mechanic of a forum theatre (Boal, 1979), moves beyond empathy to agency. It compelled them to move from passive recognition of a struggle to active problem-solving, thereby rehearsing potential real-world actions and building confidence in their ability to intervene (Puvaneyshwaran et al., 2025).

While both actors and audience members experienced transformative engagement, the nature and depth of their impacts differed significantly. Actors underwent a prolonged and immersive journey involving self-reflection, character embodiment, and iterative creative decision-making. This process fostered an intimate connection between their personal narratives and the devised performance, which often resulted in heightened self-awareness and a stronger sense of ownership over the themes explored. Research suggests that extended

participation in co-creating the theatre can yield sustained changes in attitudes and identity construction (Quadros et al., 2021). In contrast, audience members' engagement was episodic and solution-oriented, providing an opportunity for critical thinking and imaginative problem-solving but within a limited timeframe. It also suggests that even though audience members could think critically while actively engaging, following a 'reflection-in-action' way as Giesler (2017) suggests, some solutions in this imaginative space may not be entirely applicable to real-life contexts (Puvaneshwaran, 2024). Boal and Jackson (2002) also highlight that magic solutions may appear ideal but are often unrealistic or unfeasible for the practice. In a word, while impactful in terms of raising awareness and stimulating dialogue, the audience members' experience did not offer the same depth of identity work or narrative agency as that of the actors.

Thus, a single forum theatre production operates on two complementary levels of impact. The actors, through the co-creative process, engage in deep, reflective peer education that challenges internalised attitudes and builds communicative capacity. The audience, through the interactive performance, engages in experiential learning that promotes mental health literacy through critical engagement and rehearses agency, empowering them to become potential agents of change in their own communities. Together, these dual impacts illustrate the holistic potential of forum theatre to not only represent community issues but to actively equip its members with the understanding and confidence to address them. This distinction carries important implications for both practice and research. For practitioners, designing interventions that leverage these dual forms of participation can create complementary layers of impact: actors benefit from sustained reflexive processes, while audience members engage in collective problem-solving and perspective-taking. Both modes contribute to mental health literacy, stigma reduction, and community empowerment, but through different mechanisms. For researchers, this finding highlights the need to capture these differentiated experiences in evaluation frameworks, acknowledging that depth and type of impact may vary across participant roles. It also underscores the ethical imperative to ensure that both storytellers and story-controllers have access to appropriate support structures, particularly when engaging with sensitive topics such as mental health. From a theoretical standpoint, these findings reinforce Boal's (1995) conceptualisation of theatre as a "rehearsal for revolution", which is a safe yet provocative space where individuals and groups can explore agency and transformation. However, they also suggest that future applied theatre research should

examine how varying levels of authorship, embodiment, and time investment influence psychosocial outcomes. Mixed-method studies comparing actors' and audiences' longitudinal experiences could provide valuable insights into the layered impact of participatory theatre within health promotion contexts.

7.5 Understandings and Reflections on Mental Health Through a Cultural Lens

Throughout phases two and three, the participation in *Mingbi* contributed to shaping participants' understandings and encouraging reflections on mental health-related topics, for both actors and audience members. This finding is consistent with the recent work of Puvaneyshwaran et al. (2025), which synthesises the evidence of the forum theatre's impact on community actors and spect-actors.

For shaping understandings, the findings from this study provide a nuanced cultural lens through which to view the mental health challenges faced by young Chinese migrants in the current Australian context, illuminating a tension between their heritage and their host cultures. A powerful consensus emerged from both actors and audience members that the family of origin remains a paramount influence, often acting as both a source of stress and a barrier to support. The discussions revealed that stigma surrounding mental health often originates from the family of origin, where topics related to psychological distress are considered private or taboo. This finding resonates with the concept of family-centeredness (*jiā běn wèi*) in Chinese culture and its strong emphasis on filial piety and social expectations, commonly framed through the notion of "face" (*miànzi*) (Yang et al., 2014). In such contexts, mental health struggles are frequently associated with personal weakness, moral failure, or a lack of resilience, rather than being recognised as a legitimate health concern, which leads to concealment and avoidance of help-seeking behaviours (Yin et al., 2020). These cultural scripts create additional psychological burdens for young people, who feel obligated to uphold family reputation while navigating their own emotional needs. In phases two and three, themes of understanding shaped in the co-creation process and discussions have suggested how mental health was understood and dealt with through a Chinese-based cultural lens. The finding that participants, both actors and audience members, viewed mental health through a social and cultural lens, rather than a strictly biomedical one, highlights a critical

epistemological clash. In Chinese culture, this perspective is deeply informed by collectivistic values and philosophical traditions embedded in Confucianism, pejorative etiological beliefs about mental illnesses and the centrality of “face” (*miànzi*), which refers to one’s moral standing within society (Yang et al. 2014; Yin et al., 2020). Distress, therefore, is often framed as a failure in these social relationships rather than an internal, individual pathology. Based on this cultural background, mental suffering was understood by these young Chinese participants as inextricably linked to one’s social world, moral life, and relational harmony. Consequently, Western therapeutic models, dominant in Australia, focused on individual cognition and neurochemistry, may be perceived as reductive or irrelevant, creating a significant barrier to engagement (Sue & Sue, 2022). This internalised stigma and understanding create a significant internal conflict for young migrants, exacerbating their psychological distress by forcing them to suffer in silence to avoid shaming their families, troubling others and being socially excluded.

These reflections underscore the importance of developing culturally safe mental health promotion strategies that engage both individual and collective dimensions of wellbeing. Participatory approaches, such as the forum theatre process explored in this study, hold particular promise in this regard. By situating mental health discourse within familiar cultural frames while simultaneously opening space for alternative perspectives, such interventions can facilitate critical dialogue, reduce stigma, and raise critical awareness of mental health in ways that are both culturally relevant and ethically grounded.

7.6 Participatory Research Method and Implementation in Applied Theatre

The methodological underpinnings of this study are rooted in participatory research paradigms, which posit that research should be conducted with and by those most affected by the issues being studied, rather than on them (Fox, 2015). This approach transforms traditional subject-researcher dynamics, repositioning participants as co-creators of knowledge. As Mackey (2016) argues, participatory research challenges conventional research paradigms by dispersing authority across multiple contributors and prioritising shared ownership of knowledge production. This study adopted these principles through its forum theatre model, where actors and audience members were not passive subjects but

active co-creators of meaning. In line with Mackey's assertion that "research processes are shared with many voices contributing in co-creation processes with concomitant questions around authorship" (p. 487), the outputs of this project extended beyond the scripted performance to encompass the participants' experiences, collaborative practices, and negotiated responses to ethical dilemmas embedded in the process.

7.6.1 Shared Processes and Authorship of Theatre Production

The core of Mackey's (2016) concept lies in the redistribution of authorship. In a traditional research model, the principal investigator holds authority over the study's design, execution, and interpretation. In contrast, this project embraced a model where the research processes were shared. While the researcher initiated the conceptual framework and structured the methodological design, the actors exercised significant creative agency in shaping characters, scenarios, and dialogue. This dual authorship challenges hierarchical notions of research authority and aligns with the polyphonic ethos of participatory practice, where multiple voices coexist in the production of meaning (Bourriaud, 2002; Mackey, 2016). In this study, the actors decided which stories were worth telling, which struggles were most salient, and how they should be fictionalised. The monologues, as previously discussed, are the purest example of this ceded authority. The audience members, in the second-round performance, were determined to join which scene, what and how to act out the solutions. By allowing participants to fictionalise and perform their lived experiences and articulate their perspectives through performance, the research foregrounded embodied knowledge, which is a form of knowing that is situated, affective, and emergent through practice (Leavy, 2020). Such knowledge, often marginalised in traditional research hierarchies, offers critical insights into the complexity of cultural identity and mental health discourses among young Chinese migrants. The final production, *Mingbi*, in such a context, is a palimpsest of layered contributions, a co-constructed text where the researcher's architectural vision and the participants' visceral experiences are combined. This shared ownership enhances the ethical integrity and authenticity of the work, ensuring it resonates with truth for the community it represents.

7.6.2 Negotiating Power and Hierarchies of Knowledge

Another critical dimension concerns negotiations of power and hierarchies of knowledge. Mackey (2016) observes that participatory research inevitably involves tensions around authority, decision-making, and representation. In the context of *Mingbi*, these tensions were evident in the interplay between the researcher's role as both facilitator and insider and the participants' roles as co-creators. The researcher inevitably holds institutional power, defines the research scope, analyses the data, and represents the findings in an academic thesis. The participants hold expert power—the power of lived experience, of cultural nuance, and of authentic voice. As a member of the young Chinese migrant community, the researcher occupied an insider position, which facilitated cultural acceptance and trust—essential conditions for authentic dialogue on sensitive topics such as mental health (Chavez, 2008). This positionality allowed the researcher to engage with participants on shared cultural grounds, mitigating potential barriers of language and cultural misunderstanding. For instance, participants were more willing to share vulnerable stories knowing the researcher shared a similar cultural framework and understood references to concepts like “emo” or familial pressure without the need for detailed explanation. This cultural acceptance is a prerequisite for effective participatory work with marginalised groups, as it mitigates the risk of extractive research that takes stories without truly understanding their context (Smith, 2021; Swe et al., 2020; Woodland & Bell-Wykes, 2024). In such a context, insider status necessitated rigorous reflexivity, particularly to avoid assumptions of shared meaning and to ensure that the research process did not inadvertently reproduce dominant cultural scripts or silence divergent voices.

The inclusion of “outsiders”, notably the supervisory team and external professionals, further enriched the polyphonic conversations that characterised this research. They provided an essential external lens, challenging the researcher's assumptions and asking questions that an insider might not consider. They represented a different “hierarchy of knowledge”, that of academic theory and methodological critique (Mackey, 2016). By integrating their perspectives, the research engaged in a polyphonic conversation. The knowledge production became a triad dialogue between the participants (cultural and experiential experts), the principal researcher (a cultural insider and methodological facilitator as outsider), and the supervisors (academic and theoretical professionals). Such multi-layered dialogue underscores the inherently relational ontology of participatory research, where knowledge is

not discovered but co-constructed through dynamic interaction among diverse stakeholders (Reason & Bradbury, 2001).

Self-reflexivity emerged as a central methodological commitment throughout the study. As Finlay (2002) suggests, reflexivity in participatory research operates at multiple levels, including personal, interpersonal, and epistemic. The researcher continually interrogated their own positionality, the evolving power dynamics within the group, and the implications of methodological choices for the authenticity and integrity of the findings. This reflexive stance not only enhanced methodological transparency but also deepened the researcher's understanding of how co-creation and performance practices can mediate shifts in participants' relationships to place, identity, and well-being.

Overall, the implementation of participatory principles in *Mingbi* underscores the potential of applied theatre not only as a health promotion tool but also as an epistemological intervention that expands what counts as knowledge, who is authorised to produce it, and how it is enacted within research contexts (Fox, 2015).

7.6.3 Improvements for Forum Theatre in Mental Health Promotion

While this study demonstrated the potential of forum theatre to foster dialogue and reflection on mental health-related issues among young Chinese migrants, several improvements were suggested by the audience members for enhancing its effectiveness as both a participatory methodology and a health promotion tool.

First of all, there should be a clear clarification of the process and rules of participation. Forum theatre operates on participatory principles, but its effectiveness depends on clear communication of roles, expectations, and rules for engagement (Boal, 1979). In this study, some audience members initially expressed uncertainty about how and when to intervene during performances. This uncertainty may hinder the participatory nature of the intervention and limit the audience members' capacity to explore alternative strategies for problem-solving. Future applications should involve structured facilitation, including pre-performance workshops to introduce the concept of spect-actors, intervention protocols, and the non-judgmental ethos of forum theatre (Boal & Jackson, 2002; Prendergast & Saxton, 2024).

Such preparation can improve confidence and participation among audience members while maintaining the integrity of the process (Conrad & Beck, 2015).

Second, a collaboration with mental health professionals is necessary. Although forum theatre can create safe spaces for dialogue and reduce stigma through shared storytelling, it cannot substitute for mental health education or professional interventions. The inclusion of mental health professionals during the design and facilitation stages could strengthen the accuracy of mental health knowledge embedded within the narratives (Leavy, 2020). Previous studies suggest that arts-based interventions integrated with expert guidance improve both engagement and the reliability of health-related messages (Fraser & Al Sayah, 2011). Mental health practitioners could provide professional guidance, evidence-based coping strategies, and available support services, which would counteract misconceptions about mental illness among participants (Jorm, 2012).

Third, it is valuable to increase the depth of knowledge involved. Although the co-creation process enabled participants to reflect on lived experiences, the content sometimes lacked comprehensive mental health literacy, particularly around prevention and treatment (Jorm, 2012). Incorporating educational prompts within workshops or performance interventions can help balance experiential narratives with factual information. For example, in one scene where a character struggled to decide whether to seek counselling after keep arguing with her boyfriend, the discussion among spect-actors centred largely on emotional responses to breaking up the relations, with limited reference to seeking professional or community-based resources. This moment revealed a gap between participants' personal insights and their awareness of available mental health services, illustrating how emotional resonance alone may not translate into practical understanding or behavioural changes.

In response, incorporating brief educational prompts within workshops or performance interventions could help balance experiential narratives with factual information. For example, short post-performance debrief sessions could integrate psychoeducation, drawing on culturally appropriate frameworks to ensure accessibility for migrant communities (Wong et al., 2017). Additionally, the integration of advocacy messages, such as mental health awareness dates or available services, could enhance the long-term impact of such interventions by promoting concrete help-seeking behaviours (Corrigan et al., 2014).

7.7 Strengthens, Limitations and Future Research

While this study offers valuable insights into the potential of forum theatre as a health promotion tool for young Chinese migrants in Australia, it is essential to critically examine its limitations to contextualise findings and inform future research directions. These limitations encompass methodological constraints, positionality issues, challenges inherent in participatory research, and limitations specific to arts-based approaches in mental health promotion.

7.7.1 Strengthen: Insider/ Outsider Positionality and Researcher Reflexivity

The dual role of the researcher as both facilitator and insider within the Chinese migrant community is best understood as an integral and productive aspect of the research design. Within the framework of Reflexive Thematic Analysis (RTA), subjectivity is regarded as a resource for interpretation rather than a source of bias (Braun & Clarke, 2024). The researcher's insider status provided essential advantages, including cultural sensitivity, shared language, and relational trust, which were instrumental in fostering an environment where participants felt comfortable discussing culturally sensitive issues such as mental health stigma, family expectations, and migration-related pressures. This positionality enabled deeper access to the affective and cultural layers of participants' experiences that may not have been as readily articulated to an external facilitator.

Nevertheless, occupying an insider position required continuous reflexive attention. Familiarity with cultural norms carried the potential for unexamined assumptions or a tendency to prioritise group harmony over critical inquiry. In alignment with the reflexive principles of RTA, these dynamics were opportunities to consider how the researcher's cultural embeddedness shaped engagement with the data and the interpretive process. Reflexive journaling and supervisory dialogue were used throughout the project to identify and interrogate moments where interpretive decisions may have been influenced by shared understandings or implicit expectations.

The researcher's hybrid positionality—operating simultaneously as an insider within the cultural group and an outsider through academic training and applied theatre practice—

proved to be a valuable interpretive stance. This dual perspective facilitated both empathetic connection and critical distance, allowing cultural experiences to be represented with nuance while also situated within broader theoretical frameworks. Rather than pursuing detachment, the study aimed for reflexive accountability (Finlay, 2002), acknowledging that meaning in participatory theatre research is co-constructed through relationships, dialogue, and creative collaboration.

Future projects could extend this reflexive practice by involving co-facilitators from varied cultural and professional backgrounds, such as mental health practitioners or non-Chinese theatre facilitators, to introduce multiple interpretive lenses. Such collaborations would enhance the polyvocality of analysis and further situate the researcher's perspective within a pluralistic and ethically reflexive framework.

7.7.2 Methodological Limitations and Sampling Constraints

One of the primary limitations relates to the sample size and demographic composition of participants. Both the actors involved in the co-creation process and the audience members who engaged in the forum theatre performance represented a relatively homogeneous group, predominantly composed of students and early-career professionals with higher educational attainment. While this demographic reflects a significant segment of young Chinese migrants in metropolitan areas, it does not fully capture the diversity of this community in terms of socio-economic status, English language proficiency, migration pathways (e.g., skilled migration, family reunion, temporary work visas), or regional distribution (Wong et al., 2012). As a result, the findings may not be transferred to varied Chinese migrants with different lived experiences, particularly those with lower literacy levels or limited access to higher education. Additionally, the voluntary recruitment approach may have introduced self-selection bias. Participants who chose to engage in this project were likely those already interested in mental health, the arts, or community activities, which may mean they held more open attitudes toward mental health discussions than those who opted not to participate. This can limit the ability to fully understand the extent of stigma and mental health literacy challenges in more reluctant or isolated groups (Corrigan et al., 2014). The audience members, on the other hand, were mainly recruited from the theatre-related Chinese community, the majority of whom have extensive experience in watching or even performing.

Their active participation in such a context could not represent the more silent members in the Chinese society.

To include a more diverse and representative sample of Chinese migrants, future research should consider those from varied educational, socioeconomic, and generational backgrounds (e.g., first-generation vs. second-generation migrants). Future research should also aim to adopt more inclusive recruitment strategies, such as partnering with diverse community organisations, faith groups, and cultural associations, to engage individuals from varied backgrounds and acculturation levels. Additionally, offering interventions in different languages or dialects (e.g., Mandarin and Cantonese) could ensure broader accessibility for participants who may have limited English proficiency but could benefit significantly from health promotion interventions. Comparative studies could also be valuable, such as co-creating forum theatre with other migrant groups (e.g., Indian, Vietnamese) to explore cultural commonalities and differences in mental health narratives and the reception of applied theatre interventions.

7.7.3 The Scope and Venue of Theatre as a Mental Health Promotion Tool

Another limitation concerns the scope of theatre as a medium for mental health promotion. The arts-based methods, such as forum theatre, are increasingly recognised as powerful tools for health promotion because they enable experiential learning, emotional engagement, and dialogical exploration of complex issues (Leavy, 2020; Woodland & Bell-Wykes, 2024). However, the impact of these types of methods was primarily experiential. In this research, participants and audience members often reported gaining new perspectives on mental health through empathy and identification, yet their reflections tended to focus on personal awareness rather than concrete understanding of prevention, diagnosis, or treatment pathways. This finding echoes broader critiques of arts-based health interventions, which frequently prioritise affective and relational outcomes over the development of explicit mental health literacy (Daykin et al., 2020; Jorm, 2012). One reason for this limitation may be the absence of integrated psychoeducational components within the intervention. While participatory theatre excels at fostering empathy and critical reflection, it does not automatically guarantee accurate knowledge transmission (Fraser & Al Sayah, 2011). Future iterations of forum theatre for mental health promotion could incorporate structured

discussion sessions, resource sharing, or professional facilitation post-performance to reinforce evidence-based information and encourage practical help-seeking behaviours, enhancing its educational dimension (Jorm, 2012).

A further consideration relates to participants' prior familiarity with performance practice. The participants in this study were already engaged with theatre-making, which likely contributed to their confidence in improvisation, openness to self-expression, and willingness to engage with emotionally charged material. This existing comfort within a creative environment may have enhanced the project's efficacy by reducing inhibition and facilitating trust. However, it also limits the transability of the findings, as participants less experienced in theatre might require longer preparatory or confidence-building processes before engaging at the same depth. Future interventions could therefore benefit from designing tiered participation models or introductory workshops that scaffold creative engagement for individuals new to theatre-based methods.

Additionally, forum theatre traditionally operates in physical spaces, which can limit accessibility for individuals with geographic, mobility, or time constraints. While the intimate, embodied nature of live performance is a strength, future research should explore digital adaptations of participatory theatre, such as online forum theatre workshops or interactive digital performances, to expand reach while preserving interactivity (Leavy, 2020).

7.7.4 Future Research Directions

Building upon the limitations and insights identified above, there are several future directions for the continued development of theatre-based mental health promotion. First of all, future research should prioritise diversity and inclusion in participant recruitment. Expanding beyond highly educated or theatre-experienced groups to include participants from a broader range of socio-economic, linguistic, and migration backgrounds would enhance representativeness and deepen understanding of how different cultural and social factors shape engagement with mental health narratives. Partnerships with community, faith, and cultural organisations could support outreach to more isolated or underrepresented groups, ensuring that theatre-based interventions reach those who may benefit most from accessible, culturally resonant forms of health communication.

Secondly, there is a need to develop hybrid and digital models of participatory theatre to address accessibility barriers associated with geography, time, or mobility. The COVID-19 pandemic accelerated experimentation with online and interactive digital theatre, revealing its potential to retain interactivity and emotional immediacy while widening participation (Leavy, 2020). Future projects could explore how digital or blended formats might complement live performance, enabling global diasporic communities to co-create, view, and respond to forum theatre productions in real time.

Thirdly, future research should consider the integration of psychoeducational and professional components within theatre-based interventions. While this study demonstrated theatre's capacity to engage empathy and personal insight, it also revealed limits in transferring these reflections into applied mental health knowledge or behavioural change. Embedding brief educational sessions, facilitated discussions, or collaborations with mental health professionals could enhance the accuracy and utility of the information shared, transforming affective learning into concrete awareness of support options and pathways to care.

A further direction concerns the sustainability and community ownership of participatory arts-based initiatives. The actor-participants in this study formed meaningful relationships and developed creative, collaborative, and reflexive capacities through the co-creation of the theatre piece. Exploring how participants independently conceptualise, negotiate, and stage a subsequent applied theatre project would generate valuable insights into the long-term impacts of the process, including how skills, confidence, and collective agency evolve beyond the initial research setting. More importantly, it would illuminate the potential for forum theatre to become an ongoing community resource, which supports migrant communities in addressing issues of concern, fostering dialogue, and developing culturally grounded responses from within.

In conclusion, these directions emphasise the potential of participatory theatre not only as a creative intervention but as a dynamic, adaptable research method capable of generating both emotional resonance and actionable knowledge. By integrating diversity, accessibility, and interdisciplinary collaboration, future work can extend the transformative potential of theatre as a tool for culturally responsive mental health promotion.

7.8 Summary

This discussion chapter has examined the key findings of this study through three major sections: (1) mental health literacy among young Chinese migrants, (2) participatory research methodologies in applied theatre, and (3) limitations and implications for future research. Together, these elements provide a nuanced understanding of how forum theatre, as a participatory arts-based approach, can function as a mental health promotion tool within culturally diverse contexts. By combining community storytelling, embodied performance, and collective reflection, this study contributes to a growing body of scholarship that positions the arts not merely as representational tools but as epistemic practices for knowledge co-creation and social change (Boal, 1979; Fox, 1986; Fox, 2015; Jorm, 2012; Puyaneshwaran et al., 2025). The findings highlight an ongoing need for contextually sensitive, interdisciplinary approaches that address both knowledge gaps and cultural barriers to mental health care. Through careful refinement, participatory theatre can become an integral part of holistic mental health promotion strategies that recognise not only the biomedical dimensions of health but also the social, cultural, and experiential realities shaping migrant communities' well-being.

Conclusion

This thesis set out to explore how theatre, particularly forum theatre, can function as a health promotion tool to enhance mental health literacy and reduce stigma among young Chinese migrants in Australia. Across three phases including a scoping review of existing literature on applied theatre in mental health promotion, a participatory co-creation, and performance study of the forum theatre piece *Mingbi*, the research addressed three primary objectives: (1) To identify gaps in existing research on the use of theatre for mental health promotion, particularly with respect to marginalised populations; (2) to examine the process and outcomes of co-creating forum theatre, focusing on actors' and audience members' engagement and reflections; (3) to assess the mental health literacy, attitudes, and help-seeking behaviours of young Chinese migrants, and to understand the cultural and structural factors shaping these outcomes. The findings, discussions, and critical reflections across the preceding chapters allow several conclusions about the potential, limitations, and future directions of using participatory theatre as a health promotion strategy.

Overall, this thesis demonstrates that forum theatre, co-created with participants, can act as a culturally responsive, participatory tool for mental health literacy promotion. By engaging actors and audience members in storytelling, reflection, and problem-solving, the intervention fostered critical awareness, empathy, and dialogue, while illuminating the challenges of stigma, cultural barriers, and knowledge gaps. Audience members and actors engaged with narratives that resonated with their lived experiences as young Chinese migrants, allowing mental health to be discussed not only as an individual concern, but as a relational and culturally embedded phenomenon shaped by migration, family expectations, and social norms. In this sense, the value of forum theatre in this study lay as much in its capacity to explore the shared meanings and tensions and its potential to prompt individual action.

A key contribution of this thesis lies in its examination of how culturally specific devices and adaptations reshaped the form and function of forum theatre. Central among these was the use of *Mingbi*, the symbolic “magical brush”, which operated as an imaginative and protective device. Rather than encouraging direct self-disclosure or confrontational intervention, the *Mingbi* enabled participants and audience members to propose alternative actions and possibilities at a symbolic level. This device supported ethical engagement by lowering psychological risk, while simultaneously expanding the space for imaginative

agency. However, this symbolic mediation also introduced limitations. While it facilitated reflection and dialogue, it may have constrained the extent to which participants rehearsed concrete behavioural responses. This tension highlights the trade-off between cultural safety and behavioural specificity when adapting participatory theatre for sensitive mental health contexts.

Similarly, the incorporation of *Shao Siming* as a culturally resonant adaptation of the forum theatre “joker” role altered the dynamics of facilitation and power. This adaptation aligned with Chinese traditional tales of the supernatural (*Shenhua*) and Confucian relational ethics. While this approach enhanced cultural legitimacy and audience comfort, it also required careful negotiation to avoid diluting the critical and disruptive potential traditionally associated with forum theatre. These findings suggest that culturally responsive facilitation does not simply add local flavour to an existing form, but actively reshapes how power, agency, and intervention operate within the theatrical event.

Language choice and modes of participation further illustrate how cultural adaptation influenced the form of forum theatre. Conducting rehearsals and discussions primarily in Mandarin created a culturally safe environment for actors to articulate complex emotional experiences. At the same time, the option for audience members to intervene as themselves, rather than replacing the protagonist, reflected culturally grounded preferences for indirect engagement and face-saving practices. While this adaptation diverged from Boal’s original spect-actor model, it enabled meaningful participation without forcing forms of action that might have felt culturally or emotionally unsafe. These adaptations underscore that participation in forum theatre is not a universal practice, but a culturally negotiated process that shapes both the aesthetic form and the kinds of knowledge produced.

Methodologically, the study contributes to arts-based participatory research, highlighting the importance of reflexivity, ethical engagement, and negotiation of insider/outsider positionality. Practically, it provides a model for culturally sensitive interventions that combine artistic expression with mental health promotion. Finally, by identifying limitations and outlining future directions, this thesis lays the groundwork for scalable, interdisciplinary, and sustainable interventions that can enhance mental health literacy and reduce stigma among migrant communities both in Australia and internationally.

In essence, this research positions applied theatre as both an epistemic and intervention tool, capable of transforming individual reflection into collective understanding, and demonstrates

that the arts can play a meaningful role in addressing mental health inequities within culturally diverse populations. By foregrounding cultural devices such as *Mingbi* and *Shao Siming*, and by critically examining their strengths and limitations, the study contributes to ongoing conversations about how participatory theatre can be reimagined across diverse contexts. More broadly, it demonstrates that applied theatre can function simultaneously as an epistemic tool and an intervention strategy, capable of transforming individual reflection into collective understanding. In doing so, this research highlights the potential of culturally adapted forum theatre to address mental health inequities, while also advancing theoretical and methodological discussions within applied theatre and health promotion research.

References

- Australian Bureau of Statistics. (2022). Australia's population by country of birth. <https://www.abs.gov.au>
- Australian Government. (1975). Radical Discrimination Act 1975. <https://www.legislation.gov.au/C2004A00274/2015-12-10/text>
- Australian Government. (2017). Multicultural Australia: Australia's multicultural statement. <https://www.homeaffairs.gov.au/mca/Statements/english-multicultural-statement.pdf>
- Abbott, W. M. (1999). Chinese migrants' mental health and adjustment to life in New Zealand. *Australian and New Zealand Journal of Psychiatry*, 33(1), 13.
- Abood, J., Green, J., Polonsky, M. J., Woodward, K., Tadjoeeddin, Z., & Renzaho, A. M. (2023). The importance of information acquisition to settlement services literacy for humanitarian migrants in Australia. *Plos one*, 18(1), e0280041.
- Ahmed, R., Bashir, A., Brown, J. E., Cox, J. A., Hilton, A. C., Hilton, C. E., ... & Worthington, T. (2020). The drugs don't work: evaluation of educational theatre to gauge and influence public opinion on antimicrobial resistance. *Journal of Hospital Infection*, 104(2), 193-197.
- Archibald, M. M., & Kitson, A. L. (2020). Using the arts for awareness, communication and knowledge translation in older adulthood: A scoping review. *Arts & Health*, 12(2), 99-115.

- Arendell, T. D. (2022). *Devised Theater's Collaborative Performance: Making Masterpieces from Collective Concepts*. Routledge.
- Aristotle, T. (1968). *Poetics* (Vol. 9, p. 1). Oxford: Clarendon Press.
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32.
- Asante, E. (2016). Theatre: An innovative approach to public health education. *International Journal of Innovative Research and Advanced Studies*, 3(7), 28-34.
- Baldwin, A. (2009). Applied theatre: Performing the future. *Australasian Psychiatry*, 17(1), 133-136.
- Bandura, A. (1986). *Social Formulations of Thought and Action: A Social Cognitive Theory*. Prentice-Hall.
- Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior*, 31(2), 143-164.
- Baker, F. A., Metcalf, O., Varker, T., & O'Donnell, M. (2018). A systematic review of the efficacy of creative arts therapies in the treatment of adults with PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(6), 643.
- Bakhtin, M. (1984). *Rabelais and his world*. Bloomington: Indiana University Press.
- Belfiore, E. (2016). The arts and healing: The power of an idea. *Oxford textbook of creative arts, health, and wellbeing. International perspectives on practice, policy, and research*, 11-17.
- Belfiore, E. (2020). Whose cultural value? Representation, power and creative industries. *International Journal of Cultural Policy* 26(3): 383-397.
<https://doi.org/10.1080/10286632.2018.1495713>
- Belliveau, G. (2015). Research-based theatre and anthography: Exploring arts-based educational research methodologies. *Canadian Journal of Education Administration and Policy*, 2015(170), 1-23.

- Berghs, M., Prick, A. E. J., Vissers, C., & van Hooren, S. (2022). Drama therapy for children and adolescents with psychosocial problems: A systemic review on effects, means, therapeutic attitude, and supposed mechanisms of change. *Children*, 9(9), 1358.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology*, 46(1), 5–34.
- Bhabha, H. K. (1994). *The location of culture*. London: Routledge.
- Boal, A. (1979). *Theatre of the Oppressed*. London: Pluto Press.
- Boal, A. (2000). *Theatre of the Oppressed*. London: Pluto Press.
- Boal, A. (1995). *The Rainbow of Desire: the Boal Method of Theatre and Therapy*. London: Routledge.
- Boal, A., & Jackson, A. (2002). *Games for actors and non-actors*. Routledge.
- Bourriaud, N. (2002). *Relational Aesthetics*. Translated by S. Pleasance and F. Woods. Dijon: Les Presses Du Réel.
- Bracknell, C., Bracknell, K., Fenty Studham, S., & Fereday, L. (2021). Supporting the performance of Noongar language in Hecate. *Theatre, Dance and Performance Training*, 12(3), 377-395.
- Braun, V., & Clarke, V. (2024). Supporting best practice in reflexive thematic analysis reporting in Palliative Medicine: A review of published research and introduction to the Reflexive Thematic Analysis Reporting Guidelines (RTARG). *Palliative Medicine*, 38(6):608-616.
doi:10.1177/02692163241234800
- Brecht, B. (1964). *Brecht on theatre: The development of an aesthetic*. Macmillan.
- Bueno-Notivol, J., Gracia-García, P., Olaya, B., Lasheras, I., López-Antón, R., & Santabárbara, J. (2021). Prevalence of depression during the COVID-19 outbreak: A meta-analysis of community-based studies. *International Journal of Clinical and Health Psychology*, 21(1), 100196.

- Buitrago, J., Gómez, S., Guerra, A., Lucumí, L., Romero, C., & Sánchez, J. (2013). Evaluation of an educational, theater-based intervention on attitudes toward organ donation in Risaralda, Colombia. *Colombia Médica*, 44(1), 37-41.
- Bunn, C., Kalinga, C., Mtema, O., Abdulla, S., Dillip, A., Lwanda, J., Mtenga, M. S., Sharp, J., Strachan, Z., Gray, C. M. (2020). Arts-based approaches to promoting health in sub-Saharan Africa: A scoping review. *BMJ Global Health*, 5(5), e001987.
- Bush, R., Capra, S., Box, S., McCallum, D., Khalil, S., Ostini, R. (2018). An Integrated Theatre Production for School Nutrition Promotion Program. *Children (Basel)*, 5(3), 35.
- Chavez, C. (2008). Conceptualizing from the inside: Advantages, complications, and demands on insider positionality. *The qualitative report*, 13(3), 474-494.
- Cheadle, A., Cahill, C., Schwartz, P. M., Edmiston, J., Johnson, S., Davis, L., Robbins, C. (2012). Engaging youth in learning about healthful eating and active living: an evaluation of Educational Theater Programs. *Journal Nutrition Educ Behaviour*, 44(2):160-5.
- Cheney, L. C., Kohler, C., & Legge Muilenburg, J. (2006). A woman in transition: can drama deliver a cancer awareness message?. *Journal of Cancer Education*, 21(3), 129-132.
- Choi, L. M. (2022). *Intergenerational Family Conflict among Asian American Families: An Exploration of Its Dynamics, Effects, and Therapeutic Interventions*. Pepperdine University.
- Cohen-Cruz, J. (2012). *Engaging performance: Theatre as call and response*. Routledge.
- Conner, M., & Norman, P. (1996). *Predicting Health Behaviour: Search and Practice with Social Cognition Models*. Open University Press.
- Corbin, J. H., Sanmartino, M., Hennessy, E. A., & Urke, H. B. (2021). *Arts and health promotion: tools and bridges for practice, research, and social transformation*. Springer Nature.
- Cornish, F., Breton, N., Moreno-Tabarez, U., Delgado, J., Rua, M., de-Graft Aikins, A., & Hodgetts, D. (2023). Participatory action research. *Nature Reviews Methods Primers*, 3(1), 34.

- Creel, A., & Franca-Koh, A. (2008). Involving Vulnerable Populations in Message Design/Implementation: Participatory Community Theater to Address HIV in Honduras [paper presentation]. International Communication Association Annual Meeting, Montreal, Quebec, Canada. http://citation.allacademic.com/meta/p233460_index.html
- Crenshaw, K. W. (2013). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In *The public nature of private violence* (pp. 93-118). Routledge.
- Creswell, J., W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approach*, 3rd ed. Thousand Oaks: SAGE.
- Creswell, W. J., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. SAGE.
- Crisp, B. R., & Taket, A. (2022). Using a theatre-based programme to prevent gender-based violence: evidence from Australia. *Health promotion international*. 38(3), daac025.
- Crossick, G., & Patrycja, K.. (2016). Understanding the value of arts and culture: The AHRC Cultural Value Project. Arts and Humanities Research Council. <https://www.ukri.org/what-we-do/browse-our-areas-of-investment-and-support/ahrc-cultural-value-project/>.
- Cueva, M., Kuhnley, R., Lanier, A., & Dignan, M. (2005). Using theater to promote cancer education in Alaska. *Journal of Cancer Education*, 20(1), 45-48.
- Chung, I. (2010). Changes in the sociocultural reality of Chinese immigrants: Challenges and opportunities in help-seeking behaviour. *International Journal of Social Psychiatry*, 56(4), 436-447.
- Conrad, D., & Beck, J. L. (2015). Towards articulating an arts-based research paradigm: Growing deeper. *UNESCO Observatory Multidisciplinary Journal in the Arts*, 5(1), 1-26.

- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological science in the public interest, 15*(2), 37-70.
- Crossley, M., Barrett, A., Brown, B. J., Coope, J., & Raghaven, R. (2019). A systematic review of applied theatre practice in the Indian context of mental health, resilience and wellbeing. *Applied Theatre Research, 7*(2), 211-232.
- Dawson, J., Laccos-Barrett, K., Hammond, C., & Rumbold, A. (2022). Reflexive practice as an approach to improve healthcare delivery for indigenous peoples: a systematic critical synthesis and exploration of the cultural safety education literature. *International journal of environmental research and public health, 19*(11), 6691.
- Daykin, N., Orme, J., Evans, D., Salmon, D., McEachran, M., & Brain, S. (2008). The impact of participation in performing arts on adolescent health and behaviour: A systematic review of the literature. *Journal of health psychology, 13*(2), 251-264.
- Elkind, P. D., Pitts, K., & Ybarra, S. L. (2002). Theater as a mechanism for increasing farm health and safety knowledge. *American Journal of Industrial Medicine, 42*(S2), 28-35.
- Essler, V., Arthur, A., Stickley, T. (2006). Using a school-based intervention to challenge stigmatizing attitudes and promote mental health in teenagers. *Journal of Mental Health, 15*(2), 243-250
- Etherton, M., & Prentki, T. (2006). Drama for change? Prove it! Impact assessment in applied theatre. *Research in Drama Education, 11*(2), 139-155.
- Fernando, S. (2004). *Cultural diversity, mental health and psychiatry: The struggle against racism*. Routledge.
- Ferrara, M. (2022). *Inequalities in Communities: the role of community theatre*. Paper presented at International Resilience Revolution Conference, Blackpool, United Kingdom.

- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative research*, 2(2), 209-230.
- Fleckman, J., Brown, K., Lederer, A., Stoltman, S., & Craft, T. (2023). Tackling oppressive beliefs and sexual violence on college campuses: Evaluation of an innovative theater-based intervention. *Health Education & Behavior*, 50(3), 318-327.
- Forbes-Mewett, H., & Sawyer, A. M. (2011, November). Mental health issues amongst international students in Australia: Perspectives from professionals at the coal-face. In *Proceeding from The Australian Sociological Association Conference Local Lives/Global Networks*. Goldberg, D. (1978). *Manual of the General Health Questionnaire: Nfer*.
- Fox, H. (2007). Playback Theatre: Inciting Dialogue and Building Community through Personal Story. *TDR (1988-)*, 51(4), 89–105. <http://www.jstor.org/stable/25145470>
- Fox, J. (1986). *Acts of Service: Spontaneity, Commitment, Tradition in the Nonscripted Theatre*. New Paltz: Tusitala Publishing.
- Fox, M. (2015). Embodied methodologies, participation, and the art of research. *Social and Personality Psychology Compass*, 9(7), 321-332.
- Fraser, K. D., & Al Sayah, F. (2011). Arts-based methods in health research: A systematic review of the literature. *Arts & Health*, 3(2), 110-145.
- Freebody, K., Balfour, M., Finneran, M., & Anderson, M. (Eds.). (2018). *Applied theatre: Understanding change* (Vol. 22). Cham: Springer.
- Freire, P. (1970). *Pedagogy of the Oppressed*. New York: Continuum.
- Friedman, D. B., Adams, S. A., Brandt, H. M., Heiney, S. P., Hébert, J. R., Ureda, J. R., Seel, J. S., Schrock, C. S., Mathias, W., Clark-Armstead, V., Dees, R. V., Oliver, R. P. (2019). Rise Up, Get Tested, and Live: an Arts-Based Colorectal Cancer Educational Program in a Faith-Based Setting. *J Cancer Educ*, 34(3), 550-555.

- Frisby, W., Reid, C. J., Millar, S., & Hoerber, L. (2005). Putting “participatory” into participatory forms of action research. *Journal of sport management, 19*(4), 367-386.
- Gallagher, K., & Service, K. (2010). Applied theatre at the crossroads: Possibilities and pitfalls. *Research in Drama Education, 15*(2), 203-218.
- Goffman, E. (1949). Presentation of self in everyday life. *American Journal of Sociology, 55*(1), 6-7.
- Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon and schuster.
- Giesler, M. A. (2017). Teaching note—Theatre of the oppressed and social work education: Radicalizing the practice classroom. *Journal of Social Work Education, 53*(2), 347-353.
- Goles, T., & Hirschheim, R. (2000). The paradigm is dead, the paradigm is dead. . . long live the paradigm: the legacy of Burrell and Morgan. *Omega: The International Journal of Management Science, 28*, 249–68.
- Griffiths, K. M., Carron-Arthur, B., Parsons, A., & Reid, R. (2014). Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials. *World psychiatry, 13*(2), 161-175.
- Grundy, A.C., Hine, P., McAvoy, A., & Lovell, K. (2023). Narrative matters: Hidden LIVE – Adam’s story – a mental health theatre production as an example of participatory principles and practices. *Child and Adolescent Mental Health, 28* (4), 562-564.
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry, 10*(1), 1–9.
- Guzman, B. L., Casad, B. J., Schlehofer-Sutton, M. M., Villanueva, C. M., & Feria, A. (2003). CAMP: A community-based approach to promoting safe sex behaviour in adolescence. *Journal of Community & Applied Social Psychology, 13*(4), 269-283.

- Haleem, D. M., & Winters, J. (2011). A sociodrama: An innovative program engaging college students to learn and Self-Reflect about alcohol use. *Journal of child and adolescent psychiatric nursing, 24*(3), 153-160.
- Hall, A., Furlong, B., Pike, A., Logan, G., Lawrence, R., Ryan, A., Etchegary, H., Hennessey, T., Toomey, E. (2019). Using theatre as an arts-based knowledge translation strategy for health-related information: a scoping review protocol. *BMJ Open, 9*(10). <http://doi.org/10.1136/bmjopen-2019-032738>
- Hayman, L. L., Mahon, M.M. & Turner J.R. (2002). *Health and Behaviour in Childhood and Adolescence*. Springer, New York.
- Heard, E., Mutch, A., Fitzgerald, L. (2020). Using Applied Theater in Primary, Secondary, and Tertiary Prevention of Intimate Partner Violence: A Systematic Review. *Trauma, Violence & Abuse, 21*(1), 138-156
- Heathfield, A. (2001). Coming Undone. in *It's an Earthquake in My Heart: A Reading Companion*, Goat Island. <https://www.adrianheathfield.net/project/coming-undone>
- Heddon, D. & Milling, J. (2006). *Devising Performance: A Critical History*, Palgrave Macmillan, Hampshire and New York.
- Heikkinen, H. (2002). *Drama Worlds as Learning Areas – The Serious Playfulness of Drama Education*. Academic Dissertation. University of Jyväskylä, Jyväskylä.
- Henderson, S., & Kendall, E. (2011). Culturally and linguistically diverse peoples' knowledge of accessibility and utilisation of health services: exploring the need for improvement in health service delivery. *Australian journal of primary health, 17*(2), 195-201.
- Henderson, S., Kendall, E., & See, L. (2011). The effectiveness of culturally appropriate interventions to manage or prevent chronic disease in culturally and linguistically diverse communities: a systematic literature review. *Health & social care in the community, 19*(3), 225-249.

- Holloway, K. A., Karkee, S. B., Tamang, A., Gurung, Y. B., Kafle, K. K., Pradhan, R., Reeves, B. C. (2009). Community intervention to promote rational treatment of acute respiratory infection in rural Nepal. *Trop Med Int Health*, 14(1), 101-110.
- Huang, D., Yang, L. H., & Pescosolido, B. A. (2019). Understanding the public's profile of mental health literacy in China: a nationwide study. *BMC psychiatry*, 19(1), 20.
- Jackson, T. (1993). *Learning Through Theatre: New Perspectives on Theatre in Education*. Routledge, London.
- Jaganath, D., Mulenga, C., Hoffman, R. M., Hamilton, J., & Boneh, G. (2014). This is My Story: participatory performance for HIV and AIDS education at the University of Malawi. *Health Education Research*, 29(4), 554-565.
- Jan C., C. (2005). *Local Acts: Community-Based Performance in the United States*, Rutgers University Press.
- Jiang, L., Alizadeh, F., & Cui, W. (2023, March). Effectiveness of drama-based intervention in improving mental health and well-being: A systematic review and meta-analysis during the COVID-19 pandemic and post-pandemic period. In *Healthcare* (Vol. 11, No. 6, p. 839). MDPI.
- Jin, F. (2020). *A history of Chinese theatre in the 20th century I*. Routledge.
- Jin, K., Gullick, J., Neubeck, L., Koo, F., & Ding, D. (2017). Acculturation is associated with higher prevalence of cardiovascular disease risk-factors among Chinese immigrants in Australia: Evidence from a large population-based cohort. *European Journal of Preventive Cardiology*, 24(18), 2000–2008.
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, 67(3), 231–243.

- Joronen, K., Rankin, S. H., & Åstedt-Kurki, P. (2008). School-based drama interventions in health promotion for children and adolescents: systematic review. *Journal of advanced nursing*, 63(2), 116-131.
- Joronen, K., Konu, A., Rankin, H. S., Astedt-Kurki, P. (2012). An evaluation of a drama program to enhance social relationships and anti-bullying at elementary school: a controlled study. *Health Promotion International*, 27(1), 5-14
- Kamp, A., Sharples, R., Vergani, M., & Denson, N (2023): Asian Australian's Experiences and Reporting of Racism During the COVID-19 Pandemic, *Journal of Intercultural Studies*, DOI: 10.1080/07256868.2023.2290676
- Kaur-Gill, S., Hassan, S., Qin-Liang, Y. (2023). Extreme (Im)mobility and Mental Health Inequalities: Migrant Construction Workers in Singapore During the COVID-19 Pandemic. In: Kaur-Gill, S., Dutta, M.J. (eds) *Migrants and the COVID-19 Pandemic*. Palgrave Macmillan, Singapore. https://doi.org/10.1007/978-981-19-7384-0_6
- Kaushik, V., & Walsh, C. A. (2019). Pragmatism as a Research Paradigm and Its Implications for Social Work Research. *Social Sciences*, 8(9), 255. <https://doi.org/10.3390/socsci8090255>
- Kemmis, S., Nixon, R., & McTaggart, R. (2014). *Action Research Planner Book*. Berlin: Springer.
- Kim, J. E., & Zane, N. (2016). Help-seeking intentions among Asian American and White American students in psychological distress: Application of the health belief model. *Cultural Diversity and Ethnic Minority Psychology*, 22(1), 136–146.
- Kindon, S., Pain, R., & Kesby, M. (2007). Introduction: Connecting people, participation and place. In *Participatory action research approaches and methods* (pp. 27-32). Routledge.
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ... & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959–E967.

- Kleinman, A. (2020). *The illness narratives: Suffering, healing, and the human condition*. Hachette UK.
- Klimidis, S., Hsiao, F. H., & Minas, I. H. (2007). Chinese-Australians' knowledge of depression and schizophrenia in the context of their under-utilization of mental health care: an analysis of labelling. *International Journal of Social Psychiatry*, 53(5), 464-479.
- Kolb, D. A. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice-Hall.
- Kurscheid, J., Bendrups, D., Susilo, J., Williams, C., Amaral, S., Laksono, B., Stewart, D. E., Gray, D. J. (2018). Shadow Puppets and Neglected Diseases: Evaluating a Health Promotion Performance in Rural Indonesia. *Int J Environ Res Public Health*,15(9), 2050.
- Landy, R., & Montgomery, D. T. (2012). *Theatre for change: Education, social action and therapy*. Bloomsbury Publishing.
- Lauby, J. L., LaPollo, A. B., Herbst, J. H., Painter, T. M., Batson, H., Pierre, A., Milnamow, M. (2010). Preventing AIDS through live movement and sound: Efficacy of a theater-based HIV prevention intervention delivered to high-risk male adolescents in juvenile justice settings. *AIDS Educ Prev*, 22(5), 402-16.
- Leavy, P. (2020). *Method meets art: Arts-based research practice*. Guilford publications.
- Lewin, K. (1946). Action research and minority problems. *Journal of social issues*, 2(4), 34-46.
- Li, J., Zhang, M., Zhao, L., Li, W., & Mu, J. (2018). Evaluation of attitudes and knowledge toward mental disorders in a sample of the Chinese population. *BMC Psychiatry*, 18(1), 1–10.
- Lightfoot, A. F., Taboada, A., Taggart, T., Tran, T., Burtaine, A. (2015). ‘I learned to be okay with talking about sex and safety’: assessing the efficacy of a theatre-based HIV prevention approach for adolescents in North Carolina. *Sex Education*,15(4), 348-363

- Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review*, 54(3), 400–423.
- Livingston, J. N., Smith, N. P., Mills, C., Singleton, D. M., Dacons-Brock, K., Richardson, R., Grant, D., Craft, H., Harewood, K. (2009). Theater as a tool to educate African Americans about breast cancer. *J Cancer Educ*, 24(4):297-300.
- Lucas, K., Lloyd, B. (2005). *Health promotion. Evidence and Experience*. Sage, London.
- Mackey, S. (2016). Applied theatre and practice as research: polyphonic conversations. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 21(4), 478–491.
<https://doi.org/10.1080/13569783.2016.1220250>
- Madsen, W. (2018). Raising social consciousness through verbatim theatre: A realist evaluation. *Arts & Health*, 10(2), 181-194.
- Mama, A. (2002). *Beyond the masks: Race, gender and subjectivity*. Routledge.
- Mansouri, F. (2023). The future of migration, multiculturalism and diversity in Australia’s post-COVID-19 social recovery. *Social Sciences & Humanities Open*, 7(1), 100382.
- Massó-Guijarro, B., Pérez-García, P., & Cruz-González, C. (2021). Applied Theatre as a strategy for intervention with disadvantaged groups: a qualitative synthesis. *Educational Research*, 63(3), 337–356. <https://doi.org/10.1080/00131881.2021.1945476>
- McMahon, S., Winter, S. C., Palmer, J. E., Postmus, J. L., Peterson, N. A., Zucker, S., & Koenick, R. (2015). A randomized controlled trial of a multi-dose bystander intervention program using peer education theater. *Health Education Research*, 30(4), 554-568.
- Meyrick, J., Robbert, P., & Tully, B. (2018). *What matters?: Talking value in Australian culture*. Melbourne: Monash University Publishing.
- Mezirow, J. (1991). *Transformative dimensions of adult learning*. Jossey-Bass, 350 Sansome Street, San Francisco, CA 94104-1310.

- Minas, H. (2021). Mental Health of Chinese Immigrants in Australia. In: Minas, H. (eds) *Mental Health in China and the Chinese Diaspora: Historical and Cultural Perspectives. International and Cultural Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-030-65161-9_16
- Mitschke, D. B., Loebl, K., Tatafu Jr, E., Segal Matsunaga, D., & Cassel, K. (2010). Using drama to prevent teen smoking: Development, implementation, and evaluation of Crossroads in Hawaii. *Health Promotion Practice, 11*(2), 244-248.
- Moreno, J. L. (1953). Who shall survive?. *Journal of Psychodrama, Sociometry, and Group Psychotherapy, 6*(1-2), 118-118.
- Morgan, D., L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research, 1*, 48–76.
- Morgan, D., L. (2014). *Integrating Qualitative and Quantitative Methods: A Pragmatic Approach*. Thousand Oaks: Sage.
- Morse, A. R., Smith, D. G., Clifford, R., Shrimpton, B., & Banfield, M. (2024). Starting conversations about mental health and wellbeing in Australian culturally and linguistically diverse communities. *Health Promotion International, 39*(4), daae099.
- Navarro-Román, L., & Román, G.C. (2022). The Devastating Effects of the COVID-19 Pandemic Among Ethnic Minorities, Migrants, and Refugees. In: El Alaoui-Faris, M., Federico, A., Grisold, W. (eds) *Neurology in Migrants and Refugees*. Sustainable Development Goals Series. Springer, Cham. https://doi.org/10.1007/978-3-030-81058-0_13
- Nicholson, H. (2015). *Applied drama: The gift of theatre*. Bloomsbury.
- Nichols, J., Cox, S. M., Cook, C., Lea, G. W., & Belliveau, G. (2022). based Theatre about veterans transitioning home: A mixed-methods evaluation of audience impacts. *Social science & medicine, 292*, 114578.

- O'Connor, P. & Anderson, M. (2015). *Applied theatre: Research: Radical departures*. London: Bloomsbury Publishing.
- O'Dea, J., A. & Abraham, S. (2000). Improving the body image, eating attitudes, and behaviours of young male and female adolescents: a new educational approach that focuses on self-esteem. *International Journal of Eating Disorders*, 28, 43-57.
- Oldfield, D., Hays, B. J., & Megel, M. E. (1996). Evaluation of the effectiveness of Project Trust: an elementary school-based victimization prevention strategy. *Child Abuse & Neglect*, 20(9), 821-832.
- Orkibi, H., Keisari, S., Sajani, N. L., & de Witte, M. (2025). Effectiveness of drama-based therapies on mental health outcomes: A systematic review and meta-analysis of controlled studies. *Psychology of Aesthetics, Creativity, and the Arts*, 19(4), 878–895.
<https://doi.org/10.1037/aca0000582>
- Pammernter, D. (1993). Devising for TIE. In Jackson, T. (ed.) *Learning Through Theatre: New Perspectives on Theatre in Education*, Routledge, London, pp. 53-70.
- Pansiri, J. (2005). Pragmatism: A methodological approach to researching strategic alliances in tourism. *Tourism and Hospitality Planning and Development*, 2: 191–206.
- Parker, G., Cheah, Y.-C., & Roy, K. (2001a). Do the Chinese somatize depression? A cross-cultural study. *Social Psychiatry and Psychiatric Epidemiology*, 36, 287–293.
- Parker, G., Gladstone, G., & Chee, K. (2001b). Depression in the Planet's Largest Ethnic Group: The Chinese. *American Journal of Psychiatry*, 158, 857–864.
- Parker, G., Chan, B., Tully, L., & Eisenbruch, M. (2005). Depression in the Chinese: the impact of acculturation. *Psychological Medicine*, 35(10), 1475–1483.
- Parson, R. (2010). *Group Devised Theatre: A Theoretical and Practical Examination of Devising Processes*. Leipzig: Lambert Academic Publishing

- Peerbhoy, D., & Bourke, C. (2007). Icebreaker: The evaluation. *Health Education Journal*, 66(3), 262-276.
- Peñuela-O, E., Wan, M. W., Berry, K., & Edge, D. (2023). Central and Eastern European migrants' experiences of mental health services in the UK: A qualitative study post-Brexit. *Patient education and counseling*, 107, 107562.
- Perry, C. L., Komro, K. A., Dudovitz, B., Veblen-Mortenson, S., Jeddelloh, R., Koele, R., Gallanar, I., Farbaksh, K., Stigler, M. H. (1999). An evaluation of a theatre production to encourage non-smoking among elementary age children: 2 Smart 2 Smoke. *Tob Control Summer*, 8(2), 169-74.
- Perry, C. L., Zauner, M, Oakes, J. M., Taylor, G., Bishop, D.B. (2002). Evaluation of a theater production about eating behavior of children. *Journal of School*, 72(6), 256-261.
- Pleasant, A. (2017). Assisting Vulnerable Communities: Canyon Ranch Institute's and Health Literacy Media's Health Literacy and Community-Based Interventions. In Logan R.A. & Siegel E.R. (Eds.), *Health literacy* (pp. 127-143). IOS Press.
- Plourde, C., Shore, N., Herrick, P., Morrill, A., Cattabriga, G., Bottino, L. et al. (2016) You the man: theater as bystander education in dating violence. *Arts & Health*, 8, 229–247.
- Prendergast, M., Saxton, J., & Kandil, Y. (Eds.). (2024). *Applied theatre: International case studies and challenges for practice*. Intellect Books.
- Preston, S. (2016). *Applied theatre: Facilitation*. Bloomsbury Methuen Drama.
- Prentki, T., & Abraham, N. (2020). *The applied theatre reader*. Routledge.
- Puvaneyshwaran, D. (2024). Empowering the marginalised: Exploring the potential of Theatre of the Oppressed as an intervention for youth offenders in social work practice. *Journal of Social Work*, 24(3), 375-396.
- Puvaneyshwaran, D., Liang, P., & Lee, J. (2025). The impacts of forum theatre in social work practice: A scoping review. *The British Journal of Social Work*, bcaf055.

- Quadros, A. D., Kelman, D., White, J., Sonn, C., & Baker, A. (2021). *Poking the Wasp Nest: Young People, Applied Theatre, and Education about Race* (Vol. 11). Brill.
- Reason, M. (2010). *The young audience: Exploring and enhancing children's experiences of theatre*. Trentham Books.
- Reason, P., & Bradbury, H. (Eds.). (2001). *Handbook of action research: Participative inquiry and practice*. sage.
- Reuter, A. (2021). *Digital citizenship in later Life: Insights from participatory action research with older content creators* (Doctoral dissertation, Newcastle University).
- Rolland, L. (2023). 'I'm sure at some point we'll be switching': Planning and enacting an interview language policy with multilingual participants. *Journal of Multilingual and Multicultural Development*, 44(8), 702–717.
- Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. *Health Education Monographs*, 2(4), 328–335.
- Rowe, N. (2007). *Playing the other: Dramatizing personal narratives in playback theatre*. Jessica Kingsley Publishers.
- Rustveld, L. O., Valverde, I., Chenier, R. S., McLaughlin, R. J., Waters, V. S., Sullivan, J., & Jibaja-Weiss, M. L. (2013). A novel colorectal and cervical cancer education program: findings from the community network for cancer prevention Forum Theater program. *Journal of Cancer Education*, 28(4), 684-689.
- Salas, J. (1983). Culture and Community: Playback Theatre. *The Drama Review: TDR*, 27(2), 15–25. <https://doi.org/10.2307/1145490>
- Salas, J. (1996). *Improvising real life: Personal story in playback theatre*. Dubuque, IA: Kendall.
- Sandhu, H., Hirose, N., Yui, K., & Jimba, M. (2021). Community Theater for health promotion in Japan. *Arts and Health Promotion: Tools and Bridges for Practice, Research, and Social Transformation*, 103-119.

- Sappa, V. and A. Barabasch (2020). Forum-theatre technique to foster creative and active problem solving: A resilience-building intervention among in-service teachers. *Journal of Adult and Continuing Education*, 26(1), 43-60.
- Schechner, R. (1985). *Between theater & anthropology*. University of Pennsylvania press.
- Schechner, R. (2017). *Performance studies: An introduction*. Routledge.
- Schembri, N., & Jašić, A. J. (2022). Ethical issues in multilingual research situations: A focus on interview-based research. *Research Ethics*, 18(3), 210–225.
- Shahariman, R. (1996). Community theatre: A tool for health promotion. In <http://hdl.handle.net/2123/6357>
- Sharma, K., Gaiha, S. M., Pati, S., & Sarabhai, M. (2021). Actor–doctor partnership for theatre-based public health education. *Health Education Journal*, 80(1), 81-94.
- Sheppard, A., & Broughton, M. C. (2020). Promoting well-being and health through active participation in music and dance: a systematic review. *International journal of qualitative studies on health and well-being*, 15(1), 1732526.
- Shu, J. L., Alleva, J. M., & Stutterheim, S. E. (2022). Perspectives on mental health difficulties amongst second-generation Chinese individuals in Germany: Stigma, acculturation, and help seeking. *Journal of Community and Applied Social Psychology*, 32(6), 1099–1114.
<https://doi.org/10.1002/casp.2620>
- Skinner, D., Metcalf, C. A., Seager, J. R., De Swardt, J. S., & Laubscher, J. A. (1991). An evaluation of an education programme on HIV infection using puppetry and street theatre. *AIDS care*, 3(3), 317-329.
- Slewa-Younan, S., Mond, J., Bussion, E., Mohammad, Y., Uribe Guajardo, M. G., Smith, M., ... & Jorm, A. F. (2014). Mental health literacy of resettled Iraqi refugees in Australia: knowledge about posttraumatic stress disorder and beliefs about helpfulness of interventions. *BMC Psychiatry*, 14, 1-8.

- Smith, L. T. (2021). *Decolonizing methodologies: Research and indigenous peoples*. Bloomsbury Publishing.
- Smith, R. (2002). Spend (slightly) less on health and more on the arts: Health would probably be improved. *BMJ*, *325*(7378), 1432-1433.
- Snyder-Young, D., Houston, A., Bell, A. B. M., Short, A., & Lincoln, A. (2022). Recovery capital and collaborative theatre making: how actors in recovery from substance addiction value their participation in addiction prevention plays. *Research in Drama Education: The Journal of Applied Theatre and Performance*, *27*(1), 121-136.
- Soderberg, C. K., Callahan, S. P., Kochersberger, A. O., Amit, E., & Ledgerwood, A. (2015). The effects of psychological distance on abstraction: Two meta-analyses. *Psychological bulletin*, *141*(3), 525.
- Sonke, J., Sams, K., Morgan-Daniel, J., Schaefer, N., Pesata, V., Golden, T., & Stuckey, H. (2021). Health Communication and the Arts in the United States: A Scoping Review. *American journal of health promotion: AJHP*, *35*(1), 106–115.
<https://doi.org/10.1177/0890117120931710>
- Starkey, F., & Orme, J. (2001). Evaluation of a primary school drug drama project: methodological issues and key findings. *Health Educ Res*, *16*(5), 609-22
- Stephens-Hernandez, A. B., Livingston, J. N., Dacons-Brock, K., Craft, H. L., Cameron, A., Franklin, S. O., & Howlett, A. C. (2007). Drama-based education to motivate participation in substance abuse prevention. *Substance Abuse Treatment, Prevention, and Policy*, *2*(1), 11.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2022). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons.
- Swe, M. M. M., Hlaing, P. H., Phyo, A. P., Aung, H. H., Smithuis, F., Ashley, E. A., & Cheah, P. Y. (2020). Evaluation of the forum theatre approach for public engagement around antibiotic use in Myanmar. *PLoS One*, *15*(7), e0235625.

- Tang, G. W.-G., Dennis, S., Comino, E., & Zwar, N. (2009). Anxiety and depression in Chinese patients attending an Australian GP clinic. *Australian Family Physician*, 38(7), 552–555.
- Taylor, K. (2000). Using drama as a tool for educating young people about accessing health services— a comparison of two approaches. *Health Education*, 100(4), 168-174.
- Taylor, P. (2003). *Applied theatre: Creating transformative encounters in the community*. Heinemann Drama.
- Temple, B., & Young, A. (2004). Qualitative Research and Translation Dilemmas. *Qualitative Research*, 4(2), 161-178. <https://doi.org/10.1177/1468794104044430> (Original work published 2004)
- Teo, T. (2010). What is epistemological violence in the empirical social sciences?. *Social and personality psychology compass*, 4(5), 295-303.
- The Arts and Creative Industries in Health Promotion. (2020). Retrieved from <https://www.saxinstitute.org.au/publications/evidence-check-library/the-arts-and-creative-industries-in-health-promotion/>
- Thebault, R., Andrew B. T., & Vanessa W. (2020). *The Coronavirus Is Infecting and Killing Black Americans at an Alarming High Rate*. Washington Post, April 7, 2020, sec. National. <https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/>
- Thompson, J. (2009). *Performance affects: Applied theatre and the end of effect*. Springer.
- Torre, M. E., Fine, M., Stoudt, B. G., & Fox, M. (2012). Critical participatory action research as public science. In H.Cooper, P.M. Camic, D.L. Long, A.T. Panter, D. Rindskopf, & K.J. Sher (Eds.), *APA Handbook of Research Methods in Psychology, Vol 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological* (pp. 171-184). Washington, D.C: American Psychological Association.

- Torrissen, W., & Stickley, T. (2018). Participatory theatre and mental health recovery: a narrative inquiry. *Perspectives in public health, 138*(1), 47-54.
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., Lewin, S., Godfrey, C. M., Macdonald, M. T., Langlois, E. V., Soares-Weiser, K., Moriarty, J., Clifford, T., Tuncalp, O., & Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med, 169*(7), 467-473. <https://doi.org/10.7326/M18-0850>
- Truong, M., Paradies, Y., & Priest, N. (2014). Interventions to improve cultural competency in healthcare: a systematic review of reviews. *BMC health services research, 14*(1), 99.
- Turner, V. (1969). *The ritual process: Structure and anti-structure*. London, England: Routledge.
- Underwood, C. R., Broaddus, E. T., Kc, S., Thapa, R. K. (2017). Community Theater Participation and Nutrition-Related Practices: Evidence from Nepal. *Journal of Health Communication, 22*(4):327-336.
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, violence, & abuse, 14*(3), 255-266.
- Valente, T. W., Poppe, P. R., Alva, M. E., De Briceño, R. V., & Cases, D. (1994). Street theater as a tool to reduce family planning misinformation. *International Quarterly of Community Health Education, 15*(3), 279-289.
- Van Erven, E. (2002). *Community theatre: Global perspectives*. Routledge.
- Vanden Heuvel, M. (2021). American Theatre Ensembles. 1995–Present. *American Theatre Ensembles, 2*, 35-94.
- Van Erven, E. (2002). *Community theatre: Global perspectives*. Routledge.
- White, G. (2013). *Audience participation in theatre: Aesthetics of the invitation*. Palgrave Macmillan.

- Williams, C., Stewart, D. E., Bendrups, D., Laksono, B., Susilo, J., Amaral, S., Kurscheid, J., Gray, D. J. (2018). Shadow Puppets and Neglected Diseases (2): A Qualitative Evaluation of a Health Promotion Performance in Rural Indonesia. *Int J Environ Res Public Health*, 15(12), 2829.
- Williamson, C., Kelly, P., Tomasone, J. R., Bauman, A., Mutrie, N., Niven, A., & Baker, G. (2021). A modified Delphi study to enhance and gain international consensus on the Physical Activity Messaging Framework (PAMF) and Checklist (PAMC). *International Journal of Behavioral Nutrition and Physical Activity*, 18(1), 1-13.
- Wohler, Y., & Dantas, J. A. (2017). Barriers accessing mental health services among culturally and linguistically diverse (CALD) immigrant women in Australia: Policy implications. *Journal of immigrant and minority health*, 19(3), 697-701.
- Wong, D. F. K., Xuesong, H., Poon, A., & Lam, A. Y. K. (2012). Depression literacy among Chinese in Shanghai, China: a comparison with Chinese-speaking Australians in Melbourne and Chinese in Hong Kong. *Social Psychiatry and Psychiatric Epidemiology*, 47(8), 1235-1242.
- Wong, E. C., Collins, R. L., Cerully, J., Seelam, R., & Roth, B. (2017). Racial and ethnic differences in mental illness stigma and discrimination among Californians experiencing mental health challenges. *Rand health quarterly*, 6(2), 6.
- Woodland, S., & Bell-Wykes, K. (2024). Theatre in Health and Wellbeing: A First Nations Australian Approach. In *First Nations Australian Theatre for Health Equity: Healing Stories* (pp. 41-60). Cham: Springer Nature Switzerland.
- World Health Organisation. (1986). *The Ottawa charter for health promotion*. World Health Organisation.
- World Health Organisation. (2021). *Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices*.
<https://iris.who.int/bitstream/handle/10665/341843/9789240028906-eng.pdf?sequence=1>

- World Health Organisation. (2022). *Mental health*. <https://www.who.int/health-topics/mental-health>
- World Health Organisation. (2023). *Promoting the health of refugees and migrants: Experiences from around the world*. World Health Organization.
- Wrentschur, M. (2021). Forum Theatre and participatory (Action) research in social work: methodological reflections on case studies regarding poverty and social Inequity. *Educational Action Research*, 29(4), 636–655. <https://doi.org/10.1080/09650792.2021.1916552>
- Wrentschur, M., & Moser, M. (2014). ‘Stop: Now we are speaking!’ A creative and dissident approach of empowering disadvantaged young people. *International Social Work*, 57(4), 398–410.
- Wynaden, D., Chapman, R., Orb, A., McGowan, S., Zeeman, Z., & Yeak, S. (2005). Factors that influence Asian communities’ access to mental health care. *International Journal of Mental Health Nursing*, 14(2), 88–95.
- Yang, L. H., Chen, F.-P., Sia, K. J., Lam, J., Lam, K., Ngo, H., ... Good, B. (2014). “What matters most”: A cultural mechanism moderating structural vulnerability and moral experience of mental illness stigma. *Social Science & Medicine*, 103, 84–93.
<https://doi.org/10.1016/j.socscimed.2013.09.009>
- Yang, L. H., Purdie-Vaughns, V., Kotabe, H., Link, B. G., Saw, A., Wong, G., & Phelan, J. C. (2013). Culture, threat, and mental illness stigma: identifying culture-specific threat among Chinese-American groups. *Social Science & Medicine*, 88, 56-67.
- Yin, H., Wardenaar, K. J., Xu, G., Tian, H., & Schoevers, R. A. (2020). Mental health stigma and mental health knowledge in Chinese population: a cross-sectional study. *BMC psychiatry*, 20(1), 323.
- Youssef, J., & Deane, F. P. (2006). Factors influencing mental-health help-seeking in Arabic-speaking communities in Sydney, Australia. *Mental Health, Religion and Culture*, 9(1), 43–66.

Yotis, L., Theocharopoulos, C., Fragiadaki, C., & Begioglou, D. (2017). Using playback theatre to address the stigma of mental disorders. *The Arts in Psychotherapy*, 55, 80–

84. <https://doi.org/10.1016/j.aip.2017.04.009>

Yvonne Feilzer, M. (2010). Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of mixed methods research*, 4(1), 6-16.

Zane, N., & Yeh, M. (2002). The use of culturally-based variables in assessment: Studies on loss of face. In *Asian American mental health: Assessment theories and methods* (pp. 123-138). Boston, MA: Springer US.

Appendix

Appendix A.

Full Script for Theatre Mingbi

[Scene 1. Opening]

Narrator: In ancient times, there was a deity named *Shao Siming* who controlled the fate, longevity, and life and death of all beings. She has a magic brush, called *Mingbi*, which is used to write the destinies of people. This brush, which has carried the joys and sorrows of the Chinese people for thousands of years, seems to be summoned today, leading *Shao Siming* to witness stories unfolding in a different land.

Shao Siming: Ladies and gentlemen, today my *Mingbi* (brush) has a mind of its own and insists on bringing me to this... strange place. It seems to have been strongly summoned by something. I thought perhaps someone's fate had changed, and the brush wanted me, or rather us, to see what was happening. Here... oh, here we are in Melbourne, Australia, on the 28th floor of an apartment building. It seems that four apartments on this floor are emanating grievances. It appears the *Mingbi* wants us to see what is happening in these four rooms. I have used the brush to freeze time. Let's see what is happening at this moment.

[The characters in the four apartment areas are frozen in their most painful moments]

Shao Siming: These young Chinese seem to be quite unhappy. It looks like different stories just unfolded in these four rooms. Let's turn back time and see what happened. (Waves the brush)

[Sound of time reversing, all characters rewind to their starting positions, their expressions calm]

Shao Siming: Time has been reversed, and the past reappears. Dear friends, you are about to face the dilemmas of these characters with me. I hope you can remember their stories and, under my guidance, use this magic brush that can alter the destinies to reshape their lives after the second reversal of time. Changing fate is significant, so I hope you make decisions

after thorough discussion and careful consideration. Now, let's see what happened in apartment 2801.

[Scene 2. The Story of Apartment 2801 (Fan Di, Manman, Xiao Zhao)]

[Xiao Zhao is sitting in front of the computer, choosing something. There is a delivery box on the table]

[Xiao Zhao sits in front of the computer, looking anxious, tapping his fingers on the table]

Xiao Zhao: This limited-edition tennis racket is really amazing. I've been watching reviews for three hours; everyone says it feels great and is very handy to use. (Changing face) But will I regret buying it? Every time a new racket comes out, I think it's perfect, but once I buy it, it doesn't seem right to me. (Changing face) But how will I know if I don't try? Will this one suit me?

[His eyes wander, he takes a deep breath, his hands shaking]

Xiao Zhao: What if I don't buy it and miss out on such a great opportunity? It's a limited edition; if I miss it, I might never get another chance. But if I buy it, I'll spend so much money. Will I always worry that I wasted money?

[Holds his head in his hands, looking pained]

Xiao Zhao: Why am I always so conflicted? Every time I think it's the best choice, but then I regret it after buying it. My God, why do I torture myself like this?

[Suddenly stops, looks at the screen, voice trembling]

Xiao Zhao: Let me check the stock again. Maybe it's already sold out, then I won't have to worry. Honestly, I hope it's sold out...

[Clicks the mouse, nervously waits for the page to load, breathing rapidly]

Xiao Zhao: Oh no, it's sold out! How did I miss it? Why?

[Bows his head, eyes downcast, voice low]

Xiao Zhao: I'm a complete loser. Why am I so indecisive? Whether it's with friends or life, every choice makes me hesitant.

[Feeling more self-critical, emotionally agitated]

Xiao Zhao: Last time I hesitated too long on that racket and ended up missing it. I had to buy it at a high price through a buyer, and it just arrived today. There was also that gathering; I hesitated and missed the chance to meet new friends.

Xiao Zhao: Why am I always like this? If only I could make a decision, I wouldn't have to feel guilty or regretful. But making choices is so hard; I feel like a complete loser.

[Fan Di comes out of the room]

Fan Di: Bro, why are you always receiving parcels? What did you buy this time?

Xiao Zhao: A tennis racket. Last time I hesitated for a day and missed it, so I had to get it through a buyer, and it just arrived today.

Fan Di: Seriously, how many rackets do you have? Just this week I've seen you buy three.

Xiao Zhao: I can't help it. The ones I bought before don't feel right. You have no idea. The one that arrived two days ago was a bad choice. I couldn't use it properly, and it made me lose all day. I don't know about this one yet.

Fan Di: Bad choice? You spend more time choosing rackets than writing code. Is IT salary that high now? If you have so much spare money, please look at me. I'll be happy with your financial support.

Xiao Zhao: I can't afford to support two people, mate. (Looks) Are you rushing to a deadline?

Fan Di: No, I'm just choosing a bag for *Manman*. By the way, why don't you help me decide which one she might like?

Xiao Zhao: Don't ask me to choose. Just buy the expensive one; she'll definitely like it.

Fan Di: Hey, none of these bags are cheap. It's driving me crazy.

Xiao Zhao: Luxury items are always like this. Dating is really expensive. When I was dating, even without buying gifts, I ended up with an empty wallet every month. You have to buy these things every time you argue or at a festival; it's not easy to live until today.

Fan Di: I have no choice. She didn't get the job offer after her internship, so she's been feeling really down and can't even sleep well at night.

Xiao Zhao: Her company only hires permanent employees with PR (permanent residency). She just graduated with a master's and doesn't have permanent residency. When I helped her revise her resume, I thought her chances of getting the job were slim.

Fan Di: So is it really that hard to find a job here? I always thought your field was in high demand.

Xiao Zhao: There are many different fields in IT. For your girlfriend's stream, unless her WAM is excellent, it's quite difficult. By the way, don't forget the rent is due soon.

Fan Di: What? I totally forgot about that, and I don't have enough money left.

Xiao Zhao: Not enough? Didn't your parents just send you money a few days ago? Did you spend it all on purchasing the bags?

Fan Di: No, but... never mind, I'll think of a way to delay it a bit.

Xiao Zhao: That's not a solution. I think...

[Manman suddenly opens the door, interrupting Xiao Zhao]

Manman: I'm back.

Fan Di: (goes to take her bag) Why are you back so late today?

Manman: There were so many customers today; we almost couldn't handle it. Luckily, I told the manager in advance that I had plans tonight, so I quickly packed up and ran back.

Fan Di: Then sit down and rest. Are you hungry? What do you want to eat tonight?

Manman: Anything, you decide.

Fan Di: Well... how about Hunan cuisine? There's a new place in the city that's got good reviews.

Manman: (frowns) We don't have time. *Ding Xiaoge* is picking me up soon. I'll just have a quick bite; we'll probably have a gathering after the play.

Fan Di: Right, then how about I heat the spicy soup from lunch? We can have a quick bite and go.

[Manman hesitates, Fan Di enthusiastically brings the food]

Fan Di: Look, I even got you your favourite fish balls!

Manman: Fan Di! Why do you always challenge me?

Fan Di: Huh? What did I do wrong this time?

[Xiao Zhao realises the tension and quickly puts on his headphones to pretend he didn't hear]

Manman: Haven't I been telling you for days that I've lost my appetite, and oily food makes me uncomfortable? Yet, you suggest Hunan cuisine and spicy soup. Don't you want me to get better?

Fan Di: I'm sorry... I didn't mean to. I remember you used to love these. I promise I'll remember next time!

Manman: Next time, next time, everyone says next time! (turns to the right)

Fan Di: No, it's not... *Manman*, please. It's all my fault, okay?

Manman: You always do this. Whenever something happens, you just apologise, but you never really care. (stands up, pointing to the sink) Look at those dishes; they've been piled up for days. Are you waiting for me to do them?

Fan Di: No, *Manman*, those dishes aren't just ours; they're *Xiao Zhao*'s too! Our dishes are underneath. I was waiting for him to finish so I could clean up. *Xiao Zhao*!

Xiao Zhao: (realising he can't avoid it, quickly takes off his headphones) Ah, washing dishes, sorry, sorry, I forgot. (quickly goes to the sink) *Manman*, don't blame *Fan Di*, or he'll get anxious again.

Manman: He gets anxious? I'm the anxious one! (crying) If my parents hadn't stopped supporting me with money to force me to go back to China, I wouldn't have to put up with my internship job, pretending everything was okay.

Fan Di: *Manman*, don't cry. Oh no... How about I take you shopping tomorrow? Yeah, let's buy you that necklace you wanted. How about that?

Xiao Zhao: Yeah, let him take you shopping. Get whatever you want; he's thoughtful, planning to delay the rent just to make you happy.

Manman: You're delaying the rent? Why? Didn't you just say you got some money, enough to cover everything?

Fan Di: I... it's just that there were too many activities in May: concerts, holidays, and so on. But don't worry, you don't have to worry about any of this.

Manman: What do you mean I don't have to worry? *Fan Di*, do you think I'm just someone who likes bags and jewellery? I've been applying for jobs, improving my skills, working during the day, and losing sleep at night. And you, you just stand there, not understanding me at all.

Fan Di: I never said that! *Manman*, I understand you're in a bad mood, but it's not all my fault. You can't keep taking it out on me. I've even stopped contacting my few friends to be with you. What more do you want?

Manman: What do you mean by saying 'to be with you'? Since when is it my fault you don't contact them? (points to Xiao Zhao) You still have him, right? Aren't you two teaming up against me now?

Fan Di: Stop being crazy, okay? *Xiao Zhao*? you know him, right? He only talks about tennis rackets every day! Does he even have the brains to team up with me?

Xiao Zhao: Hey? *Fan Di*? I did nothing!

Fan Di: What do you think? If it weren't for your nonsense, would we be arguing?

Xiao Zhao: I was just trying to help. Who's complaining about buying luxury goods and not having money for rent? I shouldn't have chosen to live with a couple. I'm tired of watching you either showing off your love or arguing. It's better to live alone and have some peace.

Manman: Fine! Just say you want me to leave, and you'll have peace. You'll all have peace!

[Manman storms out, Fan Di takes a few steps to follow but then sits back down, exhausted]

Xiao Zhao: Aren't you going after her?

Fan Di: Dude, I'm human too. I get tired, okay? Just say less, please.

Xiao Zhao: You're begging me? I'm begging you guys. Ah, socialising with people is really exhausting. I'd rather spend my days with tennis rackets and code.

Shao Siming: Stop!

[The scene freezes]

Shao Siming: It seems there was an argument here. Everyone is at each other's throats, but are these their true feelings? Next, let the *Mingbi* guide us to hear the inner voices of each of them.

[Shao Siming uses the brush to touch Xiao Zhao, Fan Di, and Manman, who each stand up to monologue]

Xiao Zhao: I was born into an ordinary family, always excelling in my studies but introverted and not good at socialising. My parents had high expectations of me, making many choices for me throughout my life, from going to a university in the northwest to studying abroad in Melbourne, and even deciding to immigrate. I dislike making choices. Even breaking up with my ex-girlfriend wasn't my decision but my parents'. Since then, I've lost the motivation to socialise. But how can I spend my time? I chose tennis because my dad loved tennis and played it with me since I was young. Making choices is really hard, and I'm always indecisive, afraid of choosing wrong. I can't find a racket that truly suits me, nor can I

find real friends. Every choice fills me with anxiety and fear. I'm afraid of making mistakes, afraid of the consequences. I'm trapped in endless hesitation and anxiety, like being in an invisible prison, unable to escape. Fan Di is my roommate, but he's young, and always giving in to his girlfriend Manman. I don't want to see them argue anymore, nor do I want to socialise with people like this. It's exhausting. Maybe my life will just be filled with endless tennis rackets.

Fan Di: I'm only 20 years old. In my imagination, this should be a hopeful age, but in reality, I'm overwhelmed by life. Two months ago, I came to this unfamiliar country and was immediately buried under trivial matters, from accommodation to studying to making friends. Nothing has gone smoothly, and I can't sleep well at all. I just want to go home. Luckily, I met Manman. I thought everything would get better, but the financial pressure has once again crushed me. I don't want to keep asking my parents for money; they've given me enough. I know Manman is feeling down because she can't find a job, and I've taken on all the expenses, trying to save money to buy her gifts, but it seems useless. I really don't know what to do...

Manman: I came here for settlement. For this goal, I chose to study for a master's degree in IT here. But it seems I'm not good at this. After graduation, I couldn't find a job, nor see any hope of immigrating through my skills alone. My family doesn't want me to immigrate, always saying, "Why doesn't a girl just settle down and live a steady life back home?" To force me to return, they stopped sending me money, so I have to work while looking for a job. Until I met Fan Di. After moving in together, the closer I got to him, the more I wanted to rely on him and ask for things from him. I crave his understanding and support, but many times when I'm sad at night, he just stands there, at a loss. I started asking him for luxury items, thinking those would prove his love. But do I need those things? I know my emotions are the problem, crying over nothing and saying hurtful things. I thought about finding a Chinese-speaking psychologist, but when I checked the prices, an hour's consultation is a day's wage for me. And they say therapy needs to be weekly, which is a long-term expense. So, I just endured it. But when will this end?

Shao Siming: Indeed, everyone has their own troubles. At the end of the last scene, Manman left the room. Where did she go? Perhaps we should continue to find out.

[Scene 3. The Story of Apartment 2802 (Zheng Xuan, Catherine, Lin Shuyu, Ding Xiaoge, Manman)]

[Lin Shuyu and Catherine are having a conversation; Zheng Xuan is video chatting with parents inside]

[Manman knocks on the door]

Catherine: Ah, it must be Manman. Wait a moment.

[Catherine opens the door and sees Manman with tear-stained cheeks]

Catherine: Ah? Manman, what happened? Come in, come in. Did you argue with Fan Di again?

Manman: (sobbing, nodding)

Lin Shuyu: (offering tissues) What was it about this time?

Manman: He said I was crazy and wanted to kick me out!

Lin Shuyu: How could that be?

Manman: Really, Shuyu! He doesn't understand me. No one understands me! I just want to cry all the time, every minute, every second. I can't control myself...

Lin Shuyu: (hugging Manman, comforting her) Manman, you might be under too much pressure. Have you gone to the counselling centre at the school I recommended before? Talking to a doctor might help.

Manman: I'm scared. My English isn't good; I might not be able to express myself clearly or understand them.

Lin Shuyu: But you can't...

[Shuyu's phone rings, she becomes very nervous and checks the caller]

Lin Shuyu: Ah, it's my mom calling. I need to take this.

[Shuyu steps aside to answer the call, and Catherine sits down to comfort Manman]

Lin Shuyu: Mom, I'm at a friend's place. What's up?

Mom: It's so late, whose house are you at?

Lin Shuyu: Catherine's, and Manman is here too. I mentioned them before. They're friends from the university drama society.

Mom: Oh, you three girls are together. That's fine, but don't stay out too late. I heard Australia isn't safe now. There was a stabbing incident, and the victim was girls!

Lin Shuyu: Mom, you're overthinking. That incident wasn't in Melbourne.

Mom: We're just worried about you. Your dad and I only have one daughter. If something happens to you over there, we won't be able to live.

Lin Shuyu: Mom, please don't say that. I'm still at a friend's house. Did you need something?

Mom: Can't I call you just to chat? I was cleaning your room recently and found a lot of your childhood photos. I miss those days when you were so obedient and never troubled us. But now you've been abroad for almost ten years. Don't you want to come back?

Lin Shuyu: Mom, I've told you not to push me. Everything is fine here, and I'm an adult now. Can't I make my own decisions?

Mom: What decisions? Have you found a job since graduation? You can't get permanent residency, and your parents aren't there. How can everything be fine? Your dad and I are getting old, and without you by our side, every day is nerve-wracking. I had to dye my hair again the other day; now I need to do it every month or two, or it turns completely white. My health has been up and down since that surgery...

Lin Shuyu: (choking up) Mom, you tell me this now? You never told me about the surgery; I heard it from relatives! Do you think I don't want to find a job and get residency? ... Forget it, mom, I'm begging you, please don't say these things today. I'm really at a friend's place, and they're all watching me...

Mom: Okay, okay, go have fun. Stay safe.

[The call ends. Lin Shuyu takes a deep breath, adjusts herself, and returns to Catherine and Manman]

Catherine: What happened, Shuyu?

Lin Shuyu: Nothing, just my mom nagging.

Manman: Is your mom urging you to go back to China again? I understand you. My parents are the same. But at least you're lucky; you have a citizen boyfriend who isn't like Fan Di.

Lin Shuyu: Don't mention him. My parents never understand our conflicts. To him, once you're abroad, you shouldn't care about family. When I'm torn, he thinks it's because I don't love him enough to stay.

Manman: How could he be like that? Doesn't he know you have insomnia?

Lin Shuyu: Even if he knows, he just thinks I'm in a bad mood.

[Catherine listens silently, clutching her cup]

[Zheng Xuan finishes the video call and joins them. Catherine is delighted and welcomes her]

Catherine: Baby, you're done with your call?

Zheng Xuan: Yeah. Ah, when did Manman and Shuyu get here?

Catherine: They've been here for a while. I didn't want to disturb you during your video call.

Zheng Xuan: (nodding to them, taking Catherine aside to speak privately) Why are they here? And why do they seem so down?

Catherine: They had conflicts with their boyfriends and families. Tonight is the last show of our drama society's new play. I mentioned it last week, didn't I? Ding Xiaoge will pick us up soon.

Zheng Xuan: (frowning) Last show? Tonight? (recalling) Oh, the one you told me about before my interview?

Catherine: Yes, you didn't forget, did you?

Zheng Xuan: I remember the event, but not the date. Why does it have to be tonight?

Catherine: What's wrong with tonight? Do you have plans?

Zheng Xuan: (holding her hand) No, I planned to take you out for a nice meal for Children's Day. Just the two of us.

Catherine: Ah? So, you don't want to watch the play?

Zheng Xuan: I don't mind. But your two friends don't seem in the mood for Children's Day.

Catherine: They might have their own ways to adjust. They seemed to be talking well. I have no idea what's been going on with them lately.

Zheng Xuan: What, are they excluding you?

Catherine: No, no, don't think that. Their situations are similar, so they have more in common.

Zheng Xuan: So they must be excluding you. How about this: let them go tonight, and I'll take you somewhere else. Out of sight, out of mind.

Catherine: Ah? That doesn't seem good. And Ding Xiaoge is almost here.

Zheng Xuan: Ding Xiaoge? That non-binary person again? Babe, I think you should stay away from them. They're a bit strange, always acting like they want everyone's attention.

Catherine: Ah? Aren't they your classmate? They are the ones who introduced us. I thought you got along well...

Zheng Xuan: We were fine in school, but the more I got to know them, the weirder it felt. Never mind, come with me tonight. I have a lot to talk to you about.

Catherine: Why are you so serious all of a sudden? Did something happen? (tentatively) Is it related to your parents?

Zheng Xuan: Don't overthink. Just don't go to that last show tonight.

Catherine: (troubled) But if I don't go...

[There's a knock on the door. Catherine opens it, and Ding Xiaoge appears]

Catherine: You're here.

Ding Xiaoge: Good evening. Your non-binary friend is here to escort you to tonight's show. Are you all ready?

Manman: I don't want to go. I just argued with Fan Di, so I came to let you know.

Ding Xiaoge: Don't let a foolish straight guy ruin your beautiful Children's Day evening. Come on, let me entertain you with our non-binary humour and forget about the unpleasantness.

Zheng Xuan: (muttering) Here we go again. (stepping forward) Manman, you should go watch the play and relax, maybe with Shuyu. But Catherine and I won't be joining; we have other plans.

[Catherine looks surprised and displeased, and the others are also shocked]

Ding Xiaoge: Oh no. Catherine, you were the most excited to see this play. Why the sudden change of plans?

Manman: Yeah, Catherine, it's not because of me, is it?

Catherine: (troubled) Um, actually... wait a second. (pulls Zheng Xuan aside) Why did you refuse so directly? Even if you don't want to go, at least let me come up with a better excuse.

Zheng Xuan: What's there to think about? If you don't want to go, just don't. Besides, Manman already mentioned it.

Catherine: But I organised this outing. Baby, can't you compromise and accompany me? Several of my classmates are performing; we should support them.

Zheng Xuan: Did you really forget what today is?

Catherine: Today? It's Children's Day, isn't it?

Zheng Xuan: It's our 100th day together.

Catherine: Ah? I'm sorry, I really forgot. Let me think of a way to explain this...

Zheng Xuan: Forget it. If you really want to go, go with them. I won't go. I have an interview to prepare for tomorrow.

Catherine: Baby, are you unhappy with it? I...

Ding Xiaoge: Hey, what are you two whispering about? (steps forward) Zheng Xuan, if you don't want to go, don't force Catherine not to. Catherine, we're here for you. Do you want to go? If you do, we'll go; if not, we won't.

Catherine: I...

Zheng Xuan: Hey bro, what's your deal? Why are you more concerned about my girlfriend's plans than I am?

Ding Xiaoge: Hey! Understand this: I'm non-binary. Are you assuming my gender?

Zheng Xuan: Non-binary? Do you even know what that means? Always seeking attention.

Ding Xiaoge: How dare you? At least I'm open about it. Unlike you, hiding your relationship. You set your friend group to private on social media. How many people know you're dating Catherine? Every video call with your parents is done secretly. Got a partner back home, huh?

Zheng Xuan: What's wrong with you? How I manage my social media is none of your business. My parents' calls are private. I don't have anyone back home. All my friends are married with kids. Stop coming to my place under the guise of non-binary issues. We knew each other before you identified as non-binary. You picked up this new term to gain

sympathy. Even if you are non-binary, always hanging around Catherine could be considered harassment.

Catherine: Zheng Xuan! You're going too far! We're all friends!

Zheng Xuan: Really? You think I'm overreacting? Do you also think I'm not serious about our relationship? My parents are old-fashioned. They wouldn't accept us easily. If I wasn't sincere, I'd have returned to China. I'm struggling with job rejections and pressure from my parents to return. I'm under a lot of stress. But you, you're always focused on these "friends." Are any of them true friends? Shuyu and Manman don't prioritise you, and this so-called non-binary person is up to no good. Your drama society is full of drama.

Ding Xiaoge: Who are you calling suspicious? You're insulting non-binary people!

Lin Shuyu: (shouting) Enough! This isn't some love triangle play! Who isn't under pressure? You're all so dramatic. I'm out of here!

[Lin Shuyu leaves in anger, Manman sighs and follows]

Catherine: Zheng Xuan, do you think I'm useless? I just want good friends and you. Is that so wrong?

Ding Xiaoge: You're not wrong; I am. It seems I cause trouble. It's strange. I thought I could fit in with everyone and make them accept me.

Zheng Xuan: You're not wrong either. I'm just losing my mind. Maybe I'm the one who doesn't belong here.

Shao Siming: Stop!

[The scene freezes: Zheng Xuan sighs at the window, Catherine sits looking at him, Ding Xiaoge stands watching both, Lin Shuyu stands at the door with her phone]

Shao Siming: So, there was an argument here too. What lies behind these sharp words?

[Shao Siming uses the Mingbi to touch Zheng Xuan, Catherine, Ding Xiaoge, and Lin Shuyu, who each stand to monologue]

Zheng Xuan: Robert Frost has a poem called “The Road Not Taken”: “Two roads diverged in a wood, and I—I took the one less travelled by, and that has made all the difference.” Now I stand in the woods, unsure which path to take. I shouldn’t have counted down to graduation. As the days pass, my anxiety grows. My plan was solid: study while working, get a job after graduation, gain financial independence, and reject family expectations. I thought my skills would land me an internship, but I ended up working minimum wage at a fast-food place. I thought of going back to China, where life seemed simpler. But then I met Catherine, and my resolve weakened. I revived my job search, only to face rejection after rejection. I fled my parents’ plans by coming to Australia, but now I find it hard to settle here. Returning to China seems like an escape. But Catherine doesn’t understand my struggles; she remains engrossed with her friends. I doubt our relationship. If I go back, can I find someone as understanding as her? Will our love be accepted by family and society? If I stay, can I afford to defy my family? Ignorance is bliss. Had I followed my parents’ plans, I’d be content without experiencing life in Australia.

Catherine: Why does it always come to this? I’ve always sought a sense of belonging, and genuine companionship. My parents were busy with business, and our home was filled with arguments. Moving, leaving friends, making new ones, and moving again left me feeling incredibly lonely. No one understood me, no one to confide in. In the drama society, I found a place of comfort, and met Ding Xiaoge, Manman, and Shuyu... they brought warmth and a sense of safety. I’m terrified of losing these friends, so I try to do things for them, hoping to prove my worth and keep them close. But it’s not that simple. Manman and Shuyu share a unique bond, making me feel like an outsider. No matter how hard I try to fit in, there’s an invisible distance. This feeling is painful. Zheng Xuan used to be my solace. She showed me that female friends can be close and warm. We shared many wonderful moments. But I find myself in a new conflict, unable to balance friends and Zheng Xuan. Today is June 1st, and Zheng Xuan is upset because I forgot our anniversary. I know this is her way of valuing our relationship, but I can’t ignore the drama society friends who are also important. What should I do? How can I not lose anyone?

Ding Xiaoge: I’m Ding Xiaoge. Non-binary, but gender doesn’t matter; it’s just for attention. I’ve always tried to be what others expect. On stage, in life, constantly adjusting myself for approval. But over the years, I’ve questioned if it’s worth it. After graduation, I became an engineer, but life remains dull. No one truly sees me. Reflecting, school was better. In the

drama society, I met many people, especially Catherine. She, with her sensitivity, gave me attention. But it was fleeting. How to hold on? Claiming to be a transgender male intrigued her. But then, she came out. I knew she wouldn't stay. No, I can't lose her. Introducing her to Zheng Xuan seemed right... but does it change the outcome? I'm exhausted, doubting if it's worth it, ending in loneliness and fatigue. Now, I want peace and self-acceptance, not constant change for others. Looking back, I feel unfamiliar.

Lin Shuyu: My family has always been affluent, expecting me to be a refined lady. My name, Lin Shuyu, reflects their hopes. Growing up in protection, with the best of everything, I missed out on bonding with peers, stuck in tutoring and interest classes. My parents' supervision kept me from socialising, widening the gap with peers. Middle school failure was a turning point. Instead of a local high school, they sent me abroad. On the flight to Australia, I felt fear, not anticipation. Fear of language barriers, fitting in with my homestay, disappointing my parents, and isolation. But things weren't as bad as I thought. With effort, I adapted. From high school to post-grad, I navigated key life stages here, meeting an outgoing, accepting boyfriend. But my parents still influenced me, urging my return. They cite love and longing, but I've lost touch with home. Returning seems impossible, but they're an unbreakable bond, and my boyfriend doesn't fully understand my pain. Jobless and helpless, my struggles remain unspoken. Sleepless nights, lack of focus, quickened heart rate, irritability over small things. Where is my future?

Shao Siming: Indeed, adults' troubles are endless. Lin Shuyu just left, and it seems the door to 2803 is opening.

[Scene 4. The Story of Apartment 2803 (Lisa, Lawrence)]

[Lisa opens the door to 2803]

[Lawrence is playing a mobile game, glances at Lisa, and continues what he's doing]

Lisa: Why are you alone? Where are mom and dad?

Lawrence: They went back to Glen Waverley. They wanted to pack early.

Lisa: Oh, they're leaving early tomorrow?

Lawrence: Yeah.

[Lisa stops talking, starts unpacking a cake, and touches up her makeup]

[Lawrence watches her actions, hesitating to speak]

Lisa: (handing over her phone) Stop playing for a second, take some photos for me.

[Lawrence reluctantly takes the phone but patiently takes some photos, Lisa's poses becoming more exaggerated]

Lawrence: Your makeup...

Lisa: What about my makeup? Is it messed up?

Lawrence: No. But if dad sees it, he might scold you.

Lisa: He scolds me whether I wear makeup or not. It's fine; I'm posting on Instagram. He won't see it.

[Lawrence says nothing, notices an Instagram notification on Lisa's phone, accidentally opens it]

Lawrence: Sis, your Instagram DMs are full of guys.

Lisa: (snatching her phone back) Kid, don't talk nonsense. Half of them are classmates, and the other half I don't even know, so I haven't replied.

Lawrence: Really? So many locals at your school?

Lisa: Yeah, not many Chinese students. Only four including me in my class.

Lawrence: (testing) How do you make friends with them?

Lisa: Just chat normally. What, are you concerned about my social circle now?

Lawrence: I don't care. I'm just curious. The locals at my school aren't friendly.

Lisa: Be more proactive and join their activities. But most are just polite; true friendship is rare. (looking at Lawrence) What, don't you have friends at school?

Lawrence: (looking away, continuing his game) Who said that? I was just asking.

Lisa: At your age, you should have plenty of friends. Maybe you need more hobbies than just gaming. Go out, play soccer, run. That's how you meet people.

Lawrence: I don't want to go out. I'm fine alone at home.

Lisa: Suit yourself. With your attitude, I worry you'd get bullied outside.

[Lawrence stiffens, stops what he's doing, looks at Lisa]

Lisa: What's wrong? Why that face? (thinking) Don't tell me you are being bullied.

Lawrence: (looking down) No.

Lisa: No? (noticing Lawrence's collar is up) Put your collar down.

Lawrence: I don't want to.

Lisa: Put it down.

[Lawrence resists, Lisa pulls his collar down, revealing marks on his neck]

Lisa: How did this happen?

Lawrence: The tie was too tight.

Lisa: Kid, your lying skills are poor. How can a tie make such marks? Are you being bullied?

Lawrence: No. Mind your own business.

Lisa: You think I want to? Mom and dad are back and forth between China and here. I'm your guardian here. If you're being bullied, I have to care. Who did this?

Lawrence: Just some classmates. They say I look like David's pet dog and forced a collar on me.

Lisa: And you let them? Why didn't you fight back?

Lawrence: How could I? I can't beat them.

Lisa: So you let them bully you? I should talk to your teachers. Who are they?

Lawrence: It's useless. Teachers might warn them, or not even care.

Lisa: This is unacceptable. Should we tell mom and dad and transfer you?

Lawrence: I tried. Mom thinks it's kids playing, dad says a man should be strong. How can I transfer schools now, so close to VCE exams?

Lisa: True. Didn't you have some good friends? Two ABCs who came looking for you? Stick with them and avoid the locals.

Lawrence: They... (hesitates) Got it.

Lisa: Don't mind what mom and dad say. They're from a different generation, can't understand our pressures.

Lawrence: I'm not worried. But you, you should let things go.

Lisa: What do you mean? Have mom and dad said something about me again?

Lawrence: Haven't you checked the group chat?

Lisa: What group? The WeChat group?

Lawrence: Yes, the one with just the four of us.

Lisa: I muted it. What did they say? (checks WeChat sees many voice messages, plays them)

Dad's voice: We're home. You two tidy up the apartment. Lisa, take care of your brother. Don't dress like a temptress. You finished VCE, supervise him. Don't drag him down.

Dad's voice: Your uncle's son is coming to Melbourne University for his PhD. Meet him and learn from him. A bachelor's degree is normal now. Without competitiveness, go for a PhD.

Lisa: Nothing new. I'm used to it. Dad's words are predictable. PhD, so impressive. Everyone's kid is better than me.

Lawrence: I told you not to take it to heart.

Lisa: I don't care. I moved out. I'm 19. They can say what they want. I'd rather post photos and get likes. See, Frank, James, Harry... they all say I'm pretty. Even they know...

Lawrence: Sis?

Lisa: I have over 500 followers, but none are my parents.

Lawrence: Sis...

Lisa: Never mind, just me ranting. (pretending to be cheerful) I got a cake. Let's cut it. It was hard to get, had to queue in the rain...

Shao Siming: Stop!

[Scene freezes: Lawrence touching his neck, Lisa looking at the cake, both with heads down]

Shao Siming: Two young kids unable to find joy even on Children's Day. They have much left unsaid. Time to hear their inner voices.

[Shao Siming uses Mingbi to touch Lawrence and Lisa, who each stand to monologue]

Lawrence: The elders always say "School should be the best time of your life." But that's ridiculous. Every day in those hallways feels like a battlefield with words, stares, and whispers. It's painful. It started small, but then it got worse. My locker was trashed, my things stolen. They called me ugly, loser, freak, like branding me. They mocked my appearance and background, telling me to "Go back to where you came from." But I've always been here. Does looking different mean I don't belong? I tried telling others. Teachers were too busy, friends weren't real friends. I told my family, but they didn't understand. Mom said the kids were just playing, dad told me to be strong. They don't get it; it's everywhere, even on my phone. My parents take pride in tradition and effort, not seeing my struggle between two worlds: too Asian to be Aussie, too Aussie to be anything else. They

even said, “Shouldn’t you look at yourself?” Even my sister seems unaffected, maybe she’s stronger. I stopped telling them. Why bother? They have their own lives. Am I that important? But it does matter. Their voices and words are in my head, like a broken record. I can’t escape it. I see myself the way they see me: worthless, pathetic. I can’t sleep, haunted by nightmares and anxiety. I’m exhausted. What if this never ends? I wish someone would listen, see me. Not for my skin colour or eye shape, but for me. Maybe then I’d believe I’m worth something too.

Lisa: If there’s a god, I’d ask why I was born into this family. What father calls his daughter stupid? Saying I embarrass him, how could I be his daughter? Why, despite all my efforts, can I never meet his expectations? I am me, not anyone else’s child. I’m not smart, but I try. I’m not the perfect student. Is life worthless without top grades? Why mock my ideas? Is everything I do wrong? Maybe since starting school. With grades and rankings, I never heard praise from dad. He’s never satisfied, whether it’s my studies or my appearance. But I like pretty things, art, and makeup. I enjoy attention, and compliments. Each social media post, every photo with likes makes me feel less useless. How can I earn dad’s approval? I gave up, moved out, and reduced contact. My friends appreciate me, praise me, like me. Maybe that’s enough. It feels like there’s a hole in my heart, one that can’t be filled.

Shao Siming: Two young people, at an age meant for shining, yet unable to find light in life. Their stories are perhaps many people’s stories. There’s one more room, 2804. This room is quiet, as if in a different time and space. Time to open this door.

[Scene 5. The Story of Apartment 2804 (Zhou Yunshan)]

[Shao Siming enters the room, Zhou Yunshan is sitting alone by the window, looking out]

Zhou Yunshan: You’re here.

Shao Siming: So weird, who is he talking to?

Zhou Yunshan: I once read a story about a long time ago, where a group of people lived on a pasture for generations. Among them was a wise man named Cang Yin. Cang Yin liked to

observe his life from an outsider's, or even a god's perspective. When everyone else was busy working and worrying about the harvest, he pondered the meaning of it all. Why do we live in such a society? What does our daily labour yield, and what is the meaning of our existence beyond this? People dismissed him as a high-minded idler. Until one day, wisdom from the universe poured into his mind, and the world changed in his eyes: he was a fly, and so was his kin. They had been living in a pigsty for generations, and the place they rested day and night was a pile of dung. Seeing his family greedily sucking on the dung, Cang Yin broke down, crying and begging them to stop, unable to believe their society was just a pile of shit, yet everyone still enjoyed it. Finally, no fly understood what Cang Yin was saying – words like bacteria, humans, and excrement were beyond them. He was labelled a madman. But what Cang Yin couldn't accept most was that he couldn't change the fact that he was a fly, even though he had human wisdom.

Shao Siming: You're telling this story, not answering my question.

Zhou Yunshan: I'm saying, how many people realise they are flies? In others' eyes, they are marginalised by mainstream society. They might seem to be whining without reason, or seeking uniqueness to feel superior, or fighting reality after experiencing darkness. As for me, after seeing some things clearly, I can't go back. Although the past seemed pure and beautiful, it now appears ugly and despicable. Like those around me, who can see the ugliness beneath the surface of beauty?

Shao Siming: For instance?

Zhou Yunshan: I live in this apartment and observe my neighbours. For instance, the two young men in 2801. The older one gets deliveries almost daily, all similar in size, probably tennis rackets. He's always in a hurry, head down as if avoiding greetings, yet he hoards tennis rackets. Does he really need them, or is he hiding his insecurity? The younger one, ever since he started dating, does he still have time for himself? Is this love? His eyes don't seem completely happy. Even his girlfriend often looks troubled.

Shao Siming: Your guesses are interesting.

Zhou Yunshan: In 2802 lives a couple, a female couple, right? They're close, but the younger girl often secretly observes the older one. Maybe she's insecure about their

relationship. Because of this, she has many visitors, which the older woman doesn't like. I don't know if they've argued about this, but suspicion and doubt planted in the heart will eventually surface.

Shao Siming: That sounds plausible.

Zhou Yunshan: 2803 recently moved in a pair of siblings, very young. Chinese kids have a natural timidity in their eyes, perhaps from family or an unfamiliar environment. It's in their culture. The boy is like this. As for the girl, she's pretty and likes to show it off. But the admiration from others doesn't satisfy her. I can almost feel it. But what exactly, I'm not sure.

Shao Siming: You observe and guess others' lives?

Zhou Yunshan: I'm not that interested in their lives. My life is very quiet. After a while, you become an observer. Life is finite, but desires and thoughts are infinite. Pursuing infinite dreams in a finite life has always been regrettable. So, just watching and thinking, it seems to bring life to days.

Shao Siming: Zhou Yunshan, you're only 30, yet you act like you've seen it all.

Zhou Yunshan: I don't think I've seen it all, just more aware of my ignorance. I left to see the world. In my solo years abroad, I've tried many lifestyles. Nights with alcohol and music, or dark, ink-like seas. Year after year, old friends leave, new ones come. I lost track of time. How old am I? Oh, 30. Many see me as odd. Now, if there were others here, they'd think I'm talking to myself. Which I am.

Shao Siming: Hmm? Talking to yourself? So, you can't see me?

[Zhou Yunshan stops talking, continues staring at the door]

[Shao Siming walks back and forth in front of him, realising he doesn't see her]

Shao Siming: Truly a peculiar person. For a moment, even a god was fooled. Despair, greyness, a pool of still water. I'm curious, what's your inner story?

[Shao Siming touches Zhou Yunshan with Mingbi, and he starts to monologue]

Zhou Yunshan: I never had grand ambitions but always wanted to see the world. As a child, it was the garden outside my window; in school, it was the Great Wall and the Three Gorges of the Yangtze; after high school, it was the land described by my geography teacher, riding on the back of sheep. New environments bring new insights, but the freshness always fades. Then, I embark on new journeys. I often think, at the end of my life, I won't be by a warm hearth with family, but on a small bed in a foreign land, telling students and juniors about my adventures. This romantic and dangerous thought drives me to travel. I met many people along the way. Most became friends. They say I'm approachable and calm, willing to listen to their woes. But behind my gentle eyes is a cold light, not a warm soul, but a mirror, like the deep blue Arctic ice cap. There're no emotion, only inhuman rationality and void. Passionate friends turned away upon seeing my true coldness. My feelings towards those in comfort zones are complex: sympathy, disdain, confusion, and envy. I mock them as frogs in a well but understand and envy their ability to enjoy life without wandering. So, in this foreign land for over ten years, I keep a distance with everyone. Friends come and go; if they leave, I don't hold them back. Maybe, I should leave too?

Shao Siming: So, you've shut yourself in.

Shao Siming: So far, all stories in these four rooms have changed somewhat, and the divine brush has calmed. Sincerely, thank you all. (bows)

[Lights dim, BGM plays, actors prepare for curtain call]

Shao Siming: I realise now, what drew the Mingbi and us here wasn't resentment, but hope. The hope is hidden deep within every dark and painful moment. Everyone faces moments of helplessness and collapse, but don't doubt the power to change fate, always in those who cry out in despair but never give up. I hope you never give up.

Appendix B.

Questionnaire about mental health literacy

Section 1. Demographic information

1/ What is your age range?

18-20 21-24 25-30 30-35 Above 35

2/ What is your gender?

Male Female Non-binary Other Prefer not to say

3/ In what post code area do you live:

4/ What is the highest level of education that you have completed?

No formal education Primary school Secondary school
 Technical College (i.e. TAFE) University Prefer not to say

5/ What is your work status?

Full-time Part-time Casual
 Unemployed Retired Home Duties
 Prefer not to say

6/ What is your visa type in Australia?

- Australian citizen
- Permanent resident
- Temporary visitor
- Bridging visa
- Other (please write in) _____

8/ In which year did you first arrive in Australia?

9/ Why did you move to and live in Australia? (multiple)

- Born in Australia
 - For Study
 - For work or business
 - Political reasons
 - To be with your family
 - Other (please write in)
-

10/ To what extent that you feel that you are involved in Australian culture? (for example, participating in Australian holidays, having Australian friends, eating Australian food)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Section 2. The Mental Health Knowledge Questionnaire (MHKQ)

2.1 Please select True (T), False (F) or Unknown (U) for the statements below

1. Mental health is a component of health.
2. Psychological problems are caused by incorrect thinking.
3. Many people have psychological problems but do not realise it.
4. All psychological problems are caused by external stressors.
5. Components of good psychological health include having normal intelligence, stable mood, a positive attitude, quality interpersonal relationship and adaptability.
6. Most psychological problems cannot be cured.
7. Psychological or psychiatric services should be sought if one suspects the presence of psychological problems or a mental disorder.
8. Psychological problems can occur at almost any age.
9. Mental disorders and psychological problems cannot be prevented.
10. Even for severe mental disorders (eg, schizophrenia), medications should be taken for a given period of time only; there is no need to take them for a long time.
11. Positive attitudes, good interpersonal relationships and healthy lifestyle can help maintain mental health.
12. Individuals with a family history of mental disorders are at a higher risk for psychological problems and mental disorders.
13. Psychological problems in adolescents do not influence academic grades.
14. Middle-aged or elderly individuals are unlikely to develop psychological problems and mental disorders.
15. Individuals with a bad temperament are more likely to have psychological problems.
16. Psychological problems or disorders may occur when an individual is under psychological stress facing major life events (eg, death of family members).

2.2 Please select Yes (Y) or No (N) for the statements below:

17. Have you heard about International Mental Health Day?
18. Have you heard about the International Day against Drug Abuse and Illicit Drug Trafficking?
19. Have you heard about International Suicide Prevention Day?
20. Have you heard about World Sleep Day?

Section 3. The Perceived Devaluation and Discrimination Scale (PDD)

Please indicate the extent to which you agree or disagree with each statement.

Strongly agree (SA) Agree(A) Unsure(U) Disagree(DA) Strongly disagree(SD)

1. Most people would accept a person who been diagnosed with a mental illness as a close friend.
2. Most people believe that a person who has been in hospital for mental illness is just as intelligent as the average person.
3. Most people believe that a person who has been diagnosed with a mental illness in the past is just as trustworthy as the average citizen.
4. Most people would accept a fully recovered person who has been diagnosed with a mental illness as a teacher of young children in a public school.
5. Most people believe that entering hospital for mental illness is a sign of personal failure.
6. Most people would not hire a person who has been diagnosed in the past with a mental illness to take care of their children, even if he or she had been well for some time.
7. Most people think less of a person who has been in hospital for mental illness.
8. Most employers will hire a person who has been diagnosed with a mental illness if he or she is qualified for the job.
9. Most employers will pass over the application of a person who has been diagnosed with a mental illness in the past, in favour of another applicant.
10. Most people in my community would treat a person who has been diagnosed with a mental illness just as they treat anyone.
11. Most young women would be reluctant to date a man who has been hospitalized for a serious mental disorder.
12. Once they know a person was in hospital for mental illness, most people would take his or her opinions less seriously.

Section 4. Help-seeking behaviours

1. Have you ever sought support if/when facing mental health-related concerns in Australia?

Yes (to Q3) No (to Q2) Unsure

2. If no, what might be the barriers to you in seeking support?

3. Of the below listed options, what are the top three barriers faced by Chinese migrants to seeking help for mental health concerns? (multiple for three)

- Linguistic barriers
 - Cultural conflicts
 - Financial Burden
 - Less knowledge about mental health and seeking professional help
 - No or restricted access to mental health professionals
 - Social burdens such as stigma
 - Intergenerational conflicts (such as disagreement from parents because of stigma)
 - Lack of awareness due to limited education about mental health
 - Other (please list):
-

4. What are the ways that you have accessed information about mental health in Australia: (multiple)

- Social media (Facebook, Instagram, WeChat)
 - Flyers in the community
 - Professional bodies (GPs)
 - Advertisements (traditional forms of media such as TV, newspaper etc.)
 - Performing arts (singing, dance, theatre etc.)
 - Courses from institutions (NGO, school etc.)
 - I have never accessed mental health information in Australia
 - Other (please write in)
-

5. What are the ways that you have accessed mental health support in Australia: (multiple)

- Social media (Facebook, Instagram, WeChat)
 - Professionals (GPs/Psychologists)
 - Family and friends
 - Courses
 - Other (please write in)
-

6. What do you think about the current mental health-related promotion tools available to Chinese communities in Australia?

7. What do you think about the current mental health support available to Chinese migrants in Australia?

Appendix C.

Quest Ethics Notification Letter

From: quest.noreply@vu.edu.au

To: [Christopher Sonn](#)

Cc: [Yixian Guo](#); [Mary-Rose McLaren](#); [Michaela Johansson](#)

Subject: Quest Ethics Notification - Application Process Finalised - Application Approved

Date: Friday, 12 April 2024 9:56:46 AM

Dear PROF CHRISTOPHER SONN,

Your ethics application has been formally reviewed and finalised.

» Application ID: HRE23-172

» Chief Investigator: PROF CHRISTOPHER SONN

» Other Investigators: MISS YIXIAN GUO, DR MICHAELA PASCOE, DR MARYROSE MCLAREN

» Application Title: Promoting the mental health of socially and culturally diverse groups through theatre: a study of young Chinese migrants in Australia

» Form Version: 13-07

The application has been accepted and deemed to meet the requirements of the National Health and Medical Research Council (NHMRC) 'National Statement on Ethical Conduct in Human Research (2023)' by the Victoria University Human Research Ethics Committee. Please log into Quest to view your application approval period, it is the responsibility of the Chief Investigator to ensure approval is current.

Continued approval of this research project by the Victoria University Human Research Ethics Committee (VUHREC) is conditional upon the provision of a report within 12 months of the above approval date or upon the completion of the project (if earlier). A report proforma may be downloaded from the Victoria University website at: <https://www.vu.edu.au/researchers/research-lifecycle/conducting-research/humanresearch-ethics/hrec-post-approval-reporting-procedures>

Please note that the Human Research Ethics Committee must be informed of the following: any changes to the approved research protocol, project timelines, any serious

events or adverse and/or unforeseen events that may affect continued ethical acceptability of the project. In these unlikely events, researchers must immediately cease all data collection until the Committee has approved the changes. Researchers are also reminded of the need to notify the approving HREC of changes to personnel in research projects via a request for a minor amendment. It should also be noted that it is the Chief Investigators' responsibility to ensure the research project is conducted in line with the recommendations outlined in the National Health and Medical Research Council (NHMRC) 'National Statement on Ethical Conduct in Human Research (2023)'

Please note that it is the responsibility of the principal supervisor to ensure the ethics declaration is included in the candidate's thesis at the time of submission.

On behalf of the Committee, I wish you all the best for the conduct of the project.

Secretary, Human Research Ethics Committee

Phone: 9919 4781 or 9919 4461

Email: researchethics@vu.edu.au