Making the difference in education

Theatrical experience as an instrument for integrated and active learning

Experiência teatral como instrumento de aprendizagem integrada e ativa

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ABSTRACT | INTRODUCTION: Active methodologies (AM) surpass traditional passive teaching in many aspects in the consolidation of learning. Theater is an important tool in this AM. OBJECTIVE: To demonstrate how the theatrical experience can be used as an AM in order to promote integrated and active learning among medical students, especially in the context of mental disorders. **MATERIALS AND METHODS:** In the medical course of the Extreme South of Bahia, college, centered on AM with a focus on problem-based learning (PBL), a theatrical performance was held at the end of the third-semester mental disorders propaedeutics course. The presentation included stagings of common mental disorders in medical practice: bulimia nervosa, anxiety disorders such as panic with agoraphobia, bipolar type 1 depression in the manic phase, and obsessive-compulsive disorder (OCD). The students participated in the elaboration of scripts, sets, costumes, lighting, and sound design with repeated rehearsals. **RESULTS:** The experience was positive in all aspects, especially in terms of learning achievement. After each presentation block, there was a brief reading about the clinical manifestations, diagnostic criteria, and differential diagnoses, highlighting subtleties for the practice of a general practitioner, such as the differentiation between unipolar and bipolar depression. The audience, composed of students from other semesters, professors, and coordinators, informally evaluated the knowledge retention, which proved to be excellent. **CONCLUSION:** Theater is an essential experience for integration and stress reduction among undergraduate students, in addition to being a powerful learning tool for verbal and nonverbal expression.

KEYWORDS: Psychiatry in Theater. Active Methodology in Propaedeutics. Theater in Medical Undergraduate Studies.

RESUMO | INTRODUÇÃO: As metodologias ativas (MA) suplantam em muitos aspectos na consolidação do aprendizado quando comparado ao ensino passivo tradicional. O teatro é uma importante ferramenta desta MA. **OBJETIVO:** Demonstrar como a experiência teatral pode ser utilizada como MA a fim de promover a aprendizagem integrada e ativa entre estudantes de medicina, especialmente no contexto de transtornos mentais. **MATERIAIS E MÉTODOS:** No curso de medicina de uma faculdade do Extremo Sul da Bahia, centrado em MA com enfoque no ensino baseado em problemas (EBP), foi realizado uma performance teatral ao final da disciplina de propedêutica dos transtornos mentais do terceiro semestre. A apresentação incluiu encenações de transtornos mentais comuns na prática médica: bulimia nervosa, transtornos ansiosos como pânico com agorafobia, depressão bipolar tipo 1 em fase de mania e o transtorno obsessivo-compulsivo (TOC). Os alunos participaram na elaboração dos *scripts*, cenários, figurinos, iluminação e sonoplastia com repetidos ensaios. **RESULTADOS:** A experiência foi positiva em todos os aspectos, especialmente na concretização do aprendizado. Após cada bloco de apresentação, houve uma breve leitura sobre as manifestações clínicas, critérios diagnósticos, diagnósticos diferenciais, destacando sutilezas para a prática de um médico generalista, como a diferenciação entre depressão unipolar e bipolar. A plateia, composta por alunos de outros semestres, professores e coordenadores, avaliou informalmente a retenção de conhecimentos, que se mostrou excelente. **CONCLUSÃO:** O teatro é uma experiência essencial para a integração e redução do estresse entre alunos de graduação, além de ser um poderoso instrumento de aprendizado, a expressão verbal e não verbal.

PALAVRAS-CHAVE: Psiquiatria em Teatro. Metodologia Ativa em Propedêutica. Teatro em Graduação de Medicina.

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1. Context of the situation

The integration of arts into medical education has proven to be an effective strategy for the comprehensive training of students, contributing to the development of technical, emotional and social skills. Among the various artistic languages, theater stands out as a powerful pedagogical tool, as it favors active learning, promotes self-knowledge and stimulates empathy, essential attributes in medical practice[1].

Theatrical practice demands collective planning, narrative construction, rehearsals and body expression. When representing characters, students experience situations that require critical reflection, favoring the internalization of cognitive content and the appreciation of humanized attitudes. Emotional engagement is central to this process, for both actors and audience, enabling deeper connections with topics covered[2].

Domínguez et al. (2022) highlight the innovative nature of theater as a pedagogical resource in medical education. The proposal integrated Medicine, Performing Arts and Bioethics in simulated consultations with actors, with immediate feedback and qualitative evaluation, highlighting improvements in communication, empathy and high acceptance by students[5].

In the context of medical education, active methodologies have gained prominence for promoting meaningful, student-centered learning[1]. Through them, students are encouraged to integrate prior knowledge with new scientific evidence, expanding their ability to adapt and make decisions. The concept of "learning to learn" enables students to follow a more accessible and engaged path in continuing education throughout their medical career. Theater, in this scenario, allows the exercise of verbal and nonverbal language, essential skills for effective communication with patients[4].

Therefore, this study aims to analyze how theatrical experience can act as an active and integrated learning tool in medical studies. The aim is to comprehend how this practice contributes to the development of students' technical, emotional and communication skills.

2. Description of mental disorders

The act of eating disorders, in which prevalence is significant, is characterized by a persistent pattern of dysfunctional eating behavior, resulting in social, psychological and physical harm to the affected individual. According to the Diagnostic and Statistical Manual of Mental Disorders - DSM-V[3] the group of eating disorders includes: Pica, Rumination Disorder, Avoidant/Restrictive Food Intake Disorder, Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. Among these, Bulimia Nervosa stands out, which is characterized mainly by the presence of recurrent and uncontrollable episodes of binge eating, in which the individual eats a large amount of food in a short space of time, usually around 2 hours. These episodes are followed by inappropriate compensatory behaviors, such as self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications, fasting, or excessive exercise, all aimed at preventing weight gain. The binges occur at least twice a week for a period of three months. Furthermore, the individual's self-assessment is unduly influenced by body shape and weight, and the disorder does not occur exclusively during episodes of anorexia nervosa[3].

The Diagnostic and Statistical Manual of Mental Disorders[3] defines panic disorder as the presence of recurrent (three attacks per week) and unexpected panic attacks, followed for at least one month by persistent worry about possible future attacks and behavioral implications related to the attack. Furthermore, it classifies panic attacks as unexpected, situationally triggered, or linked to certain circumstances. Symptoms of panic attacks can be cognitive or somatic, including

fear of dying, of going crazy, or of losing control, feelings of unreality (derealization), or detachment from oneself (depersonalization). Other common symptoms include chest pain or discomfort, dizziness, feeling unsteady or faint, palpitations or rapid heart rate, sweating, tremors, feeling short of breath, among others[5].

Agoraphobia is defined as anxiety about being in places where it may be difficult to escape or where help may not be available in the event of an unexpected panic attack or one triggered by a particular situation. To meet the DSM-5 criteria for a diagnosis of agoraphobia, the patient must exhibit marked and persistent fear (for six months or more) or anxiety in at least two of the following situations: using public transportation, being in open spaces (such as parking lots or grocery stores), staying in closed spaces (such as stores or theaters), being in line or in a crowd, and/or being alone outside the home[4].

Obsessive Compulsive Disorder, popularly known as OCD, is characterized by the presence of obsessive thoughts and/or compulsive behaviors. Obsessions consist of recurring and persistent thoughts, often intrusive, that generate significant anxiety. Compulsive behaviors, often called "manias", refer to repetitive actions adopted by the individual as a way to relieve the anxiety caused by obsessive thoughts[4]. Therefore, while obsessive thoughts (uncontrolled repetitive thoughts) generate intense emotional discomfort, manifested in the form of anxiety, compulsions, at least initially, tend to provide a temporary feeling of relief.

OCD is diagnosed based on the patient's clinical history. Treatment involves psychotherapy, specifically exposure and response prevention therapy, and medication. In more severe cases, a combined approach of both therapies is recommended.

Bipolar Disorder, in turn, is a psychiatric condition characterized by significant mood swings, alternating between periods of elevated mood (mania), and, consequently, periods of low mood or depression, also interspersed with periods of remission[4]. Although its exact cause is unknown, studies suggest that genetic factors, in addition to changes in neurotransmitter levels, are involved. Symptoms can appear at any age, but are most common between the ages of 10 and 40. Diagnosis is based on the patient's clinical history and treatment includes psychotherapy associated with the use of mood-stabilizing medications.

3. Work summary

3.1 Project and participants

The theatrical performance was performed as part of the subject Propaedeutics of Mental Disorders during the third semester of a medical school in the far south of Bahia. All students participated, divided into acting and backstage groups.

The scenarios included a bedroom and a living room in a house, containing a bed and a desk, as well as an office desk, a restaurant table, and supermarket shelves (Figure 1). A scenario representing a medical consultation was also created, in which disorders were diagnosed, reinforcing the importance of clinical evaluation in the psychiatric context (Figure 2).

Figure 1. Scenic representation of everyday environments in the dramatization of mental disorders

Source: author's personal archive (2025).

Figure 2. Simulation of a medical consultation for the diagnosis and clinical approach of mental disorders

Source: author's personal archive (2025).

The staging took place in a single environment, structured with four main scenes: a doctor's office, three rooms in the house (dining room, bedroom and bathroom) and a supermarket shelf, filled with real products and a shopping cart. Additionally, real foods were used to represent binge eating episodes more authentically.

The costumes were carefully designed to reflect the disorders portrayed. During the manic phase, for example, the characters wore exaggerated accessories, vibrantly colored clothing, and striking makeup, highlighting their excessive body exposure. In compulsion, the costume emphasized restraint, with clothes and hair that almost hid the character, highlighting his incessant need for organization.

Lighting and stage performance were essential to differentiate the theatrical acts within the same space – the college auditorium – creating distinct settings for each scene.

The sound design, performed with semi-professional equipment, provided a more realistic experience, including effects such as the simulation of the SAMU (Mobile Emergency Care Service) siren, sounds of vomiting and, in moments of depression and anxiety, music or noises carefully chosen to reinforce the predominant emotion of the scene.

The presentation took place on the last day of class, after several previous rehearsals with scripts well defined by the teacher in charge. The main mental disorders addressed were: anxiety disorders (panic syndrome and agoraphobia), eating disorders (bulimia nervosa), OCD and Bipolar I with affective, in the manic phase.

The students were divided into two groups, with nine members each, and each presentation lasted 15 minutes.

Group 1 acted out panic disorders with agoraphobia, portraying a mother who, when going to the supermarket with her son, experiences an intense anxiety attack. Furthermore, they represented bulimia nervosa through the story of a young woman who, upon meeting friends at a restaurant and later being alone at home, loses control and eats a large amount of food, then resorting to self-induced vomiting.

Group 2 dramatized the routine of a young woman with OCD, whose compulsive behaviors prevented her from arriving at work on time, leading to her dismissal. Furthermore, they represented their mother, diagnosed with bipolar I disorder in a manic phase, who took out successive loans for unsuccessful investments, worsening the family's debts.

Behind-the-scenes functions within the groups were divided between script development, lighting, sound design, scenery and costumes. The group of actors chose characters based on each student's ability to express the emotions and behaviors characteristic of each mental disorder.

After each theatrical presentation, a brief discussion was held by teachers and students, addressing clinical manifestations, diagnostic criteria and differential diagnoses, with an emphasis on aspects relevant to the practice of the general practitioner. During these moments, the participants' reactions and the spontaneous comments from the audience, composed of students from different semesters, teachers and courses coordinators were observed and recorded descriptively.

3.2 Summary of results

This rich experience enabled the acquisition of knowledge about the disorders described, providing an in-depth insight into the manifestation of these common aspects in psychiatric propaedeutics, using scenarios and verbal and non-verbal language.

Knowledge retention was assessed informally through direct questions, interventions from attendees, and observation of active participation during discussions. These qualitative records supported the analysis of the activity's effects on learning and demonstrated strong engagement, good understanding of the content, and appreciation for the strategy used.

Participants reported that the experience allowed them a clearer perception of their own emotional difficulties, as well as a greater understanding of the difficulties faced by individuals in their relationships. The breakdown of prejudices was also reported by almost everyone, both among the actors and the audience, highlighting the positive impact of this experience on care and empathy regarding mental disorders.

4. Conclusion

In view of the above, the social, physical and psychological damage caused by the disorders presented becomes evident, which reinforces the need for discussions and demystifications about the subject, both in the academic and social spheres, within the community. This process contributes to a more accurate diagnosis. It also emphasizes the importance of providing quality psychiatric care to affected individuals, as well as investing in research that explores the aspects of mental health in depth. As a limitation of this study, we highlight the lack of systematic evaluations with the participants and the audience at the end of the activity, which could have allowed for a more objective measurement of the impacts of the theatrical experience. It is therefore suggested that future research includes qualitative and quantitative assessment instruments to deepen the understanding of the effects of this active methodology on medical training.

Authors' contributions

The authors declared that they have made substantial contributions to the work in terms of conception or design of the research; acquisition, analysis, or reading of data for the work; and drafting or critically revising it for relevant intellectual content. All authors approved the final version to be published and agree to take public responsibility for all aspects of the study.

Competing interests

No financial, legal, or political conflicts involving third parties (government, private companies and foundations, etc.) have been declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board membership, study design, manuscript preparation, statistical analysis, etc.).

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