

The Cathartic Value of Applied Theatre: a Case from ER Professionals in Bergamo

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Abstract

As known in theatrical literature, one way for communities to heal their traumas is through Applied Theatre (AT). Presenting a case of a theatre workshop promoted and attended by several healthcare professionals of the main hospital in Bergamo, this article shows AT as a resource and tool for professionals dealing with trauma, grief, and loss. Bergamo was the epicentre of the first outbreak of the pandemic in Europe. COVID-19 hit the entire community, dramatically putting the hospital and the ER at the centre of the crisis. Several doctors and nurses organized a theatre workshop a few years later to heal from the trauma and present their story in a theatre play *Silent Days, Sleepless Nights*, for the city. The article contributes to the literature on Applied Theatre in the post-pandemic era by showing the cathartic power of theatre and its potential for healing from COVID-19 trauma. Returning to tragedy in the classics, AT should be understood as a tool for communities when they experience a shared condition of fragility. The catharsis in the communal sharing of experiences through the staging of the scenes and the construction of a common narrative horizon were the elements through which the meaning and overcoming of painful memories were substantiated.

Keywords

Applied Theatre, catharsis, COVID-19, ER professionals, Papa Giovanni XXIII Hospital, Il Tempo della Cura, Bergamo.

Introduction

In March 2020, Bergamo became one of Europe's epicentres of the COVID-19 pandemic. In two months, the city and province of Bergamo lost 6000 people. Doctors and nurses in departments such as emergency rooms and intensive care units in the city and province had to manage a challenging situation, working in exceptional conditions for months. The nature and unpredictability of the pandemic forced health professionals to confront a completely new professional reality, not only from a clinical but also from care and management perspectives. Healthcare workers had to make difficult decisions, bear the fear of falling ill and infecting their loved ones, work with the discomfort of protective equipment worn for hours, and take care of patients in both a medical and emotional sense.

At the centre of the health crisis in Bergamo was the emergency room of the city's main hospital, the Azienda Socio-Sanitaria Territoriale (ASST) Papa Giovanni XXIII. The Papa Giovanni XXIII is a large, highly specialised hospital that manages an area with more than 1.100.000 inhabitants. The emergency department of Papa Giovanni XXIII handles an average of more than 98.000 accesses per year.

In March 2020, the Emergency Room (ER) of Papa Giovanni XXIII was overwhelmed by the COVID-19 health crisis and tried to cope with the tragic situation by mobilising all its resources. The acute crisis receded after about a year, but having faced such a desperate situation, it remained in the memory of health professionals as something difficult to overcome. Massimiliano De Vecchi,¹ head of the highly specialised emergency centre at Papa Giovanni XXIII, wrote: "In the weeks I worked in the Emergency Department of the Papa Giovanni XXIII Hospital during the COVID-19 epidemic, I think I can say, without exaggerating too much, that I took a short trip to hell. Perhaps not to the lowest of its circles, but to hell nonetheless, taken by the hand of this travelling companion to whom they gave the high-sounding and solemn name of SARS Coronavirus 2. None of us, health workers, would have ever wanted to make this journey. Only heroes set out on epic and perilous undertakings. We,

¹ All the personal names mentioned in this article are due to consent given according to the GDPR.

ordinary people living and working in a hospital, continued to do every day, like the rest of the year, what we had to do. This is what we were taught, and this is what we did! Of those dreadful days, a few images remain etched in my mind, a few photographs that often burst into my memory and sometimes even visit me in my sleep like a nightmare, unbeknownst to me, like spectres and ghosts.”²

Two years after the outbreak of the pandemic, some of the doctors and nurses in the Emergency Room of the Papa Giovanni XXIII Hospital in Bergamo, including De Vecchi himself, began to think that it was essential to find a way to unfold the traumatic experiences of the COVID-19 crisis collectively. Therefore, they reflected on the opportunity to use art and chose theatre to re-elaborate their experiences. The idea was to organise a theatre workshop open to the ER colleagues to collect, discuss, and build a collective memory of what happened in the ER during those days and offer a theatre drama play to the city of Bergamo.

The workshop started in January 2022 and was part of a larger project called *Time of Care*, an English translation of the Italian *Il Tempo della Cura*,³ funded by a Cariplo Foundation grant and with several sponsors. In addition to the theatre workshop and the drama play this project included various dissemination actions in libraries, community centres and schools.

The leadership of the theatre workshop and the play was entrusted to a professional community theatre trainer and director Silvia Briozzo. At the same time, the play’s dramaturgy was assigned to a professional playwright who is also one of the two authors of this contribution.⁴ The theatre workshop lasted from January 2022 to March 2023 with a three-hour weekly evening appointment. One-third of the healthcare professionals at the ER of the Papa Giovanni Hospital in Bergamo participated in the workshop and acted in the play.

On 16 March 2023, three years after the outbreak of the pandemic, the play *Silent Days, White Nights*, a choral, generous and epic account of the experience of the doctors and nurses of the ER of Papa Giovanni XXIII during the peak of the crisis, premiered at the Teatro Sociale of Bergamo. Nineteen ER doctors and nurses were on stage and brought their testimonies,

² Massimiliano De Vecchi 2020.

³ Il Tempo della Cura Website.

⁴ Pellegrinelli, Carmen. 2024. “Giorni Muti, Notti Bianche.” *Altre Modernità* 32: 298-325.

reworked by the playwright, into a choral dramaturgy. The ER professionals' actors were accompanied on cello and clarinet by maestros Gianluigi Trovesi and Marco Remondini.

The performance was greeted with much applause by the city audience, who crowded the stages of the Italian-style theatre in the upper part of the city. The experience lived by the professionals became a story for the city, a meeting, a cathartic moment to collectively re-elaborate mourning.

This contribution tells the story of this project by placing it in the broader framework of the literature of Applied Theatre (AT) in the post-pandemic period. While in Applied Theatre literature, many scientific contributions describe online AT interventions during the pandemic,⁵ there is still little research on the use of AT as a tool for overcoming trauma and painful memories in the post-pandemic period.⁶

This work aims to contribute to the research stream on Applied Theatre, delving into what AT can offer to heal traumas caused by COVID-19. It shows how, in the post-COVID era, Applied Theatre can be a valuable resource for re-processing for professional communities affected by the pandemic.⁷ Furthermore, the article explains how the healing journey of ER doctors and nurses through AT was simultaneously an opportunity for reflection and catharsis for the whole city.

Moreover, the article offers an Italian case of AT. Italian AT cases are still rare in the international literature. This is also because the theatre literature in Italy does not use the Anglo-Saxon label of Applied Theatre but prefers to use "Community Theatre" to indicate theatre practices for social change. However, even under this label, (non-historical) theatre literature is still limited, and the richness of the community, participatory, therapeutic theatre local experiences is unfortunately still underreported in the international debate. Therefore, as Italian researchers working in Scandinavia,⁸ we have the opportunity to present and discuss a case that contributes to representing Italian AT and how AT can be used to heal COVID-19 trauma.

⁵ Cziboly & Bethlenfalvy 2020; Houlihan & Morris 2022; Srinivas 2020; Mehrotra et al. 2020.

⁶ Tam 2020; Fryer 2022.

⁷ Pellegrinelli & Parolin 2024.

⁸ At the time of the fieldwork, Pellegrinelli was finishing her PhD at the University of Lapland (Finland).

This article is based on extensive qualitative research conducted by both authors through a year-long affective ethnography of the theatre workshop. In addition, many materials were collected (emails, projects, testimonies, videos), and almost thirty interviews were conducted with professionals before and after the play's premier. A methodological paper to discuss the characteristics of affective ethnography and the authors' different roles in this fieldwork has been published⁹ in a collective book about "the posthumanist epistemology of practice theory,"¹⁰ the theoretical approach used for the research. In other articles, we discussed the case through the literature on narrative medicine¹¹ and collective history-making.¹² Here, we focus instead on Applied Theatre as a tool for curing trauma after the COVID-19 pandemic.

The rest of the article is structured as follows. The second paragraph focuses on the trauma experienced by health professionals during the pandemic crisis, highlighting their healing needs in the post-pandemic period. The third paragraph introduces AT, and particularly the studies done on AT experiences in the post-pandemic period, investigating the role of catharsis in overcoming COVID-19 trauma. The fourth presents the specific case, describing the theatre workshop of ER professionals at the Papa Giovanni XXIII hospital in Bergamo and their theatre play as a means of overcoming trauma. The fifth discusses the case, demonstrating through the analysed experience the cathartic power of AT. The sixth summarises the results of the study in the conclusions.

Background: the Trauma of Health Workers During and After the Pandemic

The rapid spread of COVID-19 and the epidemic's severity has strained health systems. Literature is beginning to investigate the impact of COVID-19 on front-line workers' psychological and emotional sphere, revealing what is behind the heroic narrative initially promoted by news and media worldwide¹³.

During the pandemic, healthcare professionals faced a significant risk of exposure, extreme

⁹ Pellegrinelli & Parolin 2023.

¹⁰ Cozza & Gherardi 2023.

¹¹ Pellegrinelli & Parolin 2024.

¹² Parolin & Pellegrinelli *forthcoming*.

¹³ Weibelzahl et al. 2021.

workloads, moral dilemmas, and rapid changes in their work practices.¹⁴ Recent studies pointed out how healthcare professionals experienced an extensive rise in stress and depression, anxiety symptoms and increased mental health risks.¹⁵ According to Grazia Attili,¹⁶ despite the lack of data published at the time, it is well known that a large part of the operators in contact with coronavirus patients have reported anxiety disorders and a series of symptoms that are mainly ascribed to Post-Traumatic Stress Disorder (PTSD). Filippo Maria Barbieri¹⁷ highlights how the pandemic, particularly during the first phase, led to high levels of work-related stress in general practitioners. De Sio and colleagues¹⁸ show the significant psychosocial impact of the COVID-19 epidemic on Italian doctors, particularly among those working in the most affected regions of the country, claiming that further studies are needed to understand the long-term effects.

Studies have demonstrated social support can be a critical protective factor for professionals affected by the pandemic.¹⁹ From emotional support plans to individual psychological support, numerous intervention strategies to improve the mental health of healthcare professionals during the COVID-19 pandemic have been proposed. However, despite the severity of the impact of the pandemic on healthcare professionals, some staff members have proven reluctant to accept mental health support.²⁰

This situation occurred prototypically at the Papa Giovanni XXIII hospital in Bergamo from the end of February 2020, the epicentre of the COVID-19 outbreak. In this situation, the care professionals found themselves in a novel - and unimagined - condition of fragility and vulnerability. The gruelling shifts, the exponential daily growth of patients, the limited knowledge about the virus, the precarious working conditions, the fear of contagion, the daily and constant confrontation with death, the lack of sanitary materials, and the magnitude of the general social crisis had put health professionals to a condition of permanent stress, a feeling of draining and borne out.

¹⁴ Shanafelt et al. 2020.

¹⁵ Du et al. 2020; Kang et al. 2020; Barelllo et al. 2020; Miller 2020.

¹⁶ Attili 2020, 137.

¹⁷ Barbieri 2021.

¹⁸ Sio et al. 2020.

¹⁹ Weibelzahl et al. 2021.

²⁰ Weibelzahl et al. 2021.

This new condition also led to a change of position in terms of agency in the health profession of the Papa Giovanni XXIII workers. The pandemic reduced the professional agency, i.e., doctors and nurses' ability to intervene and solve problems usually exercised. Firstly, because - as is well known - at the beginning of the pandemic, there was limited knowledge of how to act against the virus. As Sabrina Buoro and colleagues²¹ testified, doctors were forced to research the nature and containment of the virus while managing the health crisis.

Moreover, in March 2020 there was little consideration of the epidemiological consequences of the spread of the virus and an underestimation of the importance of early intervention. As Pellegrinelli and Parolin refer by quoting an interview with Mirco Nacoti,²² an anaesthetist at the Papa Giovanni XXIII hospital in Bergamo: "Timing during an epidemic is essential. Every day lost is a day given to the spread of the virus. We went on for weeks thinking that we could regulate ourselves by learning from mistakes and setting up actions from day to day. Except that, these two conditions, learning from mistakes and planning from day to day what to do based on what happens, are two elements that contribute to contagion."²³

Thus, unpreparedness for the dynamics of the epidemiological spread of COVID-19 has forced healthcare professionals to make a vast and necessarily improvised management effort to cope with the increasing number of patients daily. In an article from 2020, Buoro et al. provided an initial overview of the numbers at Papa Giovanni XXIII Bergamo Hospital: "In a rapid and tremendously organized fashion, several medical and surgical units were dismantled to create dedicated COVID-19 units, rapidly occupied by patients undergoing respiratory support (mainly continuous positive airway pressure, CPAP), up to 140 devices working simultaneously and some bi-level noninvasive ventilation, (NIV). As of March 10, 2020, five COVID-19-dedicated units (48 beds each) were progressively activated moving non-COVID-

²¹ Buoro et al. 2020.

²² Nacoti is also among the authors of one of the early academic articles denouncing how the patient-centred approach of the healthcare system must be transformed into a community-centred care approach to face the pandemic. Nacoti et al. 2020.

²³ Pellegrinelli & Parolin 2021, 27, *our translation*.

19-related patients to either other departments, external hospitals, or discharged”.²⁴

Regarding the impact on the medical and nursing professions, this also meant material changes in working arrangements and power relations. In the context of the pandemic, where all patients had the same type of disease, doctors’ ability to make a diagnosis had, for example, become less crucial than managing the disease. As our interviews also testified, the ER of the Papa Giovanni XXIII, used to handle very different cases, had been transformed during the COVID-19 crisis into an assembly line of ill people where all patients were treated the same way for the same type of disease. The traditional hierarchical distinction between doctors and nurses was blurred in this configuration. As Buoro and colleagues highlighted, during the pandemic at the Papa Giovanni XXIII: “More than 35% of the medical personnel (approximately 400 physicians of any discipline), together with over 900 nurses, have been recruited and specifically formed to be fully dedicated to the newly born COVID-19 units”.²⁵

All these aspects have, therefore, put health professionals in a situation of uncertainty, change, and vulnerability. However, after the crisis, even at Papa Giovanni XXIII hospital, as witnessed elsewhere in the literature, health professionals had chosen not to rely on psychologists or mental health experts offered by the hospital itself to rework their experiences. Common among healthcare workers was the feeling that individual psychological intervention tools were not sufficient to deal with the burden of traumatic memories experienced, as they were not adequate to contain the sense of fatigue, exhaustion, and stress-chronicity experienced by the workers. Refusing psychological support, the health workers also refused to be pathologized and expressed a need to have a voice to discuss the social dimension of the crisis. As we will see in the next paragraph, our informants did not aim only to overcome personal traumatic memories but also to contribute to the collective sensemaking about what had happened in Bergamo.

²⁴ Buoro et al. 2020, 8.

²⁵ Buoro et al. 2020, 8.

Applied Theatre in the Post-pandemic Era.

As known in theatrical literature, one way for communities to heal their traumas is through Applied Theatre. According to Belén Massó-Guijarro, Purificación Pérez-García and Cristina Cruz-González²⁶, Applied Theatre is a varied field that encompasses a range of theories and practices. AT utilises theatre for various purposes and is currently expanding, as evidenced by the numerous conferences, journals, and postgraduate courses dedicated to it. Augusto Boal's Theatre of the Oppressed,²⁷ which is in turn stimulated by Paulo Freire's Pedagogy of the Oppressed,²⁸ inspired most of the artistic strategies used in AT practices. As Philip Taylor²⁹ pointed out, AT combines the political, educational, and social aspects, generating new scenarios and opportunities for the community to answer their pain through theatre work. AT stimulates the process of awareness and healing and empowers people to share their narratives of pain and hope. This theatre, as many other similar forms of theatre (participatory theatre, therapeutic theatre, theatre in education, theatre of the oppressed, community theatre), is interested in the reflective power of theatre. In this form of intervention, theatre becomes a transformative agent for raising awareness through the power of the aesthetic form.

AT is characterized by the therapeutic quality of the interventions, which aim to repair a fracture or a scar. Therefore, AT is a resource and a tool for those professions that deal with trauma, grief, and loss. For example, according to Taylor, a well-established drama therapy movement uses theatre strategies to help individuals and groups deal with various personal dislocations from society.³⁰ AT can offer restoration and healing for those suffering. AT offers relief even when vulnerability is related to medical symptoms like Post-Traumatic Stress Disorder symptoms. The American Psychological Association describes post-traumatic stress “a disorder that may result when an individual lives through or witnesses an event in which they believe that there is a threat to life or physical integrity and safety and experiences fear, terror,

²⁶ Massó-Guijarro, Pérez-García & Cruz-González, 2021.

²⁷ Boal 2009.

²⁸ Freire 2005.

²⁹ Taylor 2003.

³⁰ Taylor 2003, 12.

or helplessness disorder.”³¹ As in the case of war veterans and other survivors, the elaboration of the experience with arts, theatre, and storytelling, both individual and collective, about trauma is beneficial to overcome PTSD conditions. According to Jeanne Flora and colleagues,³² it is critical to address the physiological stressors of veterans and family members (e.g., TBI, PTSD, physical injuries, depression, anxiety). They propose Embodied Restoring Practices as a critical and narrative intervention based on storytelling and restoring work to help families and veterans. Storytelling is more than telling; it is showing, shaping, and experiencing.³³

AT literature and literature about storytelling and trauma mainly focus on vulnerable and marginalized groups. However, the post-COVID era shows that vulnerability is not a fixed category linked to marginalization and disadvantaged social groups. People and professionals who, until a specific time, were considered privileged and wealthy can suddenly change their position. The pandemic has shown how we all can become fragile and vulnerable and need help in determinate situations. Despite this, few studies still exist on the AT’s potential to intervene in handling post-pandemic vulnerabilities.³⁴ Po-Chi Tam³⁵ focuses on a drama education project in Hong Kong to support teachers and children’s return to school after the lockdown eases. Tam shows how teachers’ resilience in a crisis is enhanced through the integrated use of play, process drama and integrated arts education and theatre workshop methodology, promoting their well-being. Nic Fryer³⁶ explores the configuration of the notion of a group or social body after a pandemic, where groups have been a source of fear due to the risk of illness or illegality due to limitations on social interaction. The author suggests that the pandemic has led to a sense of helplessness for many individuals but also hope. Lulu Jiang and Alizadeh Farideh³⁷ reflect on the effectiveness of theatrical approaches on individuals’ personal, interpersonal and social difficulties. The authors underline that community-based theatres can effectively inspire participants to reflect on and take action to fight oppression. Therefore, theatrical approaches

³¹ American Psychological Association 2023.

³² Flora et al. 2016.

³³ Flora et al. 2016, 136.

³⁴ See also Pellegrinelli & Parolin 2024.

³⁵ Tam 2020.

³⁶ Fryer 2022.

³⁷ Jiang & Farideh 2023.

are innovative strategies for promoting social connectedness while supporting post-pandemic responses. Carmen Pellegrinelli and colleagues³⁸ analyse an arts festival organized in Bergamo during the first wave of the COVID-19 pandemic. The authors show the potential of aesthetic of care to disentangle the complex intersections of the political, the ethical and the aesthetic in organized artistic actions during the pandemic.

In considering the role of Applied Theatre in the post-pandemic world, where many people experience vulnerability and PTSD symptoms, the capacity of AT to heal through community processes becomes particularly important. This is because it is necessary to explore methods of community healing. In this line, AT and similar performative methods' ability to act as a treatment capable of alleviating post-traumatic conditions of a community resonates with the ancient use of theatre as an instrument of collective catharsis.

Constandina Pozirekides Semponis³⁹ explains the connection between Aristotle's theory of catharsis with modern Applied Theatre presenting an AT case of children with PTSD. Semponis explains that catharsis is a process produced by AT experiences that people affected by PTSD. As the theatre director Bryan Doerries pointed out in the *Theatre of War*,⁴⁰ the ancient Greeks used theatre as a communal and ritualized method to purify and ease the cumulative effects of chronic stress and prolonged exposure to trauma.

According to Aristotle,⁴¹ catharsis is "purification" in both the mystical and medical sense. Theatre imitates reality and reproduces serious facts, stimulating pity, empathy, compassion, and fear in the beholder. In the medical sense, the catharsis of theatre functions as a "homoeopathic" type of liberation, alluding to emptying the humours by re-establishing bodily balance. In a mystical sense, it similarly mirrors the characters "emotions with the audience's emotions". Central to the catharsis process is the role of the community, understood both as the audience, the community that witnesses the tragedy, and the chorus that acts as a counterpoint to the hero's action on stage. By participating and accepting the narration of the tragic event,

³⁸ Pellegrinelli et al. 2022.

³⁹ Semponis 2018.

⁴⁰ Doerries 2015.

⁴¹ Aristotele 2000.

the community is part of the purification process. Therefore, liberation occurs only through mirroring the emotions and affections produced by the protagonist's actions with the community.

The case we present helps us further discuss the connection between Applied Theatre and catharsis. Indeed, the contribution shows how the theatre workshop worked in a therapeutic sense by operating small catharsis throughout. Finally, the article illustrates how the theatre performance produced by the workshop worked with the same cathartic mechanism by involving the entire city in the healing process. The contribution also aims to enrich the literature on AT's potential to intervene in handling post-pandemic vulnerabilities.

The Case: The Giorni Muti, Notti Bianche performance.

Despite the strong impact of the crisis, as we pointed out, many professionals of the ER of Papa Giovanni XXIII di Bergamo did not use the psychological sessions offered by the hospital to re-elaborate the trauma experienced during the COVID crisis. One year after the pandemic outbreak, they discussed finding alternative forms of reworking, recounting, and healing from what they experienced during the outbreak. "During the Covid period, psychologists in the hospital made themselves available (...). I didn't find that thing there, the channel that would help me. I couldn't think I put myself in a room with this person and tell her everything that was going on. I had to find another way to express it."⁴²

Some of them wrote to put down some sources of their pain. For example, in 2022, a small local publishing house (Epika Edizioni) published the book by an ER nurse at the Papa Giovanni XXIII hospital in Bergamo, Lorella Barcella, *L'inferno negli occhi* (Hell in the eyes). The book is a moving collection of first-hand accounts by Barcella and her colleagues during the first months of the pandemic.

It was precisely one year after the peak of the crisis in March 2021 that Massimiliano De Vecchi, medical director of emergency medicine at Papa Giovanni XXIII Hospital, proposed to his colleagues to use theatre as a form of reflection and re-elaboration of the lived experience.

⁴² E., one of the doctors spring 2023.

De Vecchi contemplated the potential of arts and theatre for narrating the experience and healing for different reasons: “When I thought of a way to tell the story of my and my colleagues’ experience as health workers, my mind went to the theatre. I thought of it because probably the experience we had [with the pandemic - C.P. & L.L.P.] was actually one of many sensory experiences. There were the voices of the people, the sounds of our environment, the contrast of the noise inside the emergency room, and the outdoor silence [because of the lockdown - C.P. & L.L.P.]. There were the smells and the contact with people’s bodies. There was - as is common in our profession - the use of our body, sight, hearing, and touch to collect the patient’s symptoms (...) But this time, let’s say the presence of our body was more perceived, perhaps because the use of all the personal protective equipment made us live in that potentially contagious environment in a new way. Many of us remember the fatigue, the heat, the fatigue of making ourselves heard, the fatigue of talking because we were covered with DPI, and the patients could not hear us. So, this corporeal component (...) made me think of theatre. Theatre brings everything together: acting, speech, sounds, and body movements. Then, I had a personal predilection for theatre because having done classical studies, I knew that theatre had been used in ancient Greek cities as a moment of collective elaboration of certain events (...). Finally, I knew that psychological disciplines also use theatre as a tool to re-elaborate tiring and, therefore, traumatic experiences. And so, it [theatre - C.P. & L.L.P.] could respond to this triple need by allowing us to re-elaborate the deep emotions that had remained somewhat unresolved in its intense emotional impact on us and our lives”.⁴³

Several of De Vecchi’s colleagues were interested in using theatre as a tool for processing and narrating to the city the experience of the health workers during the COVID-19 crisis through the production of a play. In spring 2021, they started to organise themselves and set up the project *The Time for Care*.⁴⁴ In addition to De Vecchi, four ER doctors were entrusted with coordinating the project, supported by a systemic chancellor from one of the city’s psychological centres (Isadora Duncan Centre) as a project manager and a volunteer for

⁴³ De Vecchi one of the doctors spring 2023.

⁴⁴ See footnote 3.

communication. To lead the theatre workshop, a professional theatre trainer and director, Silvia Briozzo, with twenty years of experience leading theatre workshops with mental and physical disabilities and homeless and theatre research paths with migrants and refugees, was hired. A one-year workshop was planned, starting in January 2022, with a weekly appointment of three hours. The workshop mainly occurred in a church space in Boccaleone, one of Bergamo's districts. The workshop plan included several months of theatrical training and activities to collect scenic and dramaturgical materials on healthcare professionals' experiences with the pandemic. In addition, a second part of the workshop was dedicated to staging a play. A professional playwright was hired to write the text for the drama play. The playwright, Carmen Pellegrinelli, an experienced director and dramaturge, is also a researcher and leading author of this article. Her professional involvement in the project gave the two authors access to the field and allowed them to study the relationship between arts, theatre, trauma, and healing processes.

The theatre workshop started in January 2022 and involved about twenty participants, including doctors and nurses. During the first appointments, written testimonies are collected from the professionals about what they experienced in March 2020: letters, scattered memories, stories, and reflections. All the material produced by professionals during the workshop and the pandemic was then given to the playwright to compose the play's text. The first months of the workshop were devoted to creating the group, building awareness of the stage with some basic theatrical training exercises, and playing improvisations on cues related to the memories of the COVID-19 crisis. These improvisations were sometimes prepared by writing short assignments during the workshop. One of the first assignments consisted of writing a small list entitled "What Remains of Us", where they were asked to write about their memories. L., one of the participants, wrote:

Papers attached to beds with name, surname, date of birth.

Denuding patients of everything.

Depriving them of all their possessions.

Running in the corridors with hands, arms and stares chasing me.

The arrival of the 1.5 m high oxygen cylinders.

Walking the road home crying, sobbing, unable to stop.

Passing red lights, I could, I was alone in the midst of the bombardment.

The very first weeks we would look at each other at the end of the shift and ask: “What are we doing?” and we would cry and laugh.

From the terrace of the house the machine with a megaphone would announce not to move, to stay at home.

A patient asking for a rosary.

“Even light seems to die in the uncertain shadow of a becoming.”

Fabrizio De André, Winter.⁴⁵

Other assignments were “What Must Not Be Forgotten”, “What Made Me Laugh”, “Those Like Me Who”, and “Words of the Patients”. The material that emerged was then used for improvisations. Some improvisations related to the narration and/or staging of significant episodes during that difficult period. Some professionals talked about small things they brought to patients to try to make them feel better: i.e. a lip balm to manage dryness of the lips due to the respiratory helmet, a brioche to entice a patient who cannot eat (“doctor, either I breathe, or I eat”), a rosary found for a dying patient. Other doctors referred to the long, painful phone calls with patients’ relatives. Having prevented the relatives’ access to the hospital, daily phone calls (or even every six hours) had become part of the treatment protocols. But also, they become a relational ritual necessary to share information, as narrated in a monologue by S., one of the doctors: “This daily round of phone calls to relatives is a sad ritual for us doctors who have found ourselves performing it every single day. Nonetheless, I realize that I do await this moment: I, myself, need to keep these unreal conversations with invisible strangers going, so together, we peer into the darkness of our fears. In that motionless moment that is the time of care.”⁴⁶

⁴⁵ L., one of the nurses, written text produced during the workshop, *our translation*.

⁴⁶ Excerpt from the script of *Giorni Muti Notti Bianche* 2023, *our translation*. See also Benatti 2020.

In the workshop, details emerged of the horror of the emergency room during the pandemic. There were suffering bodies everywhere: in the rooms, corridors, on improvised beds and stretchers. There were noises of oxygen helmets, sounds of bodies breathing heavily, moans, and requests for help. There was physical and emotional fatigue, sweating, and difficulties speaking and understanding each other, given the DPI. Patients died continuously, at an incredible rate. One of the topics that emerge dramatically is the emotional difficulty of coping with the loneliness of dying patients daily and the issue of the separation from their loved ones. “(...) What stuck with us was the separation of people and distance communication with family members who would have liked to be present touching the body of their family, their family member. And it is no coincidence that all our improvisations and flashbacks go in that direction, even if we didn’t want it. It means that at that moment, there was a lack of one of the fundamental aspects of the human experience, namely that of being close to one’s loved ones when they are in need and experiencing the painful experience of illness, or even the more painful and unresolvable experience of death.”⁴⁷

For example, during an improvisation, a group staged an episode that became part of the performance. Here, De Vecchi recounted how he managed to get a dying father to meet, for a few minutes, his son in a corridor during the transfer from the ER to another ward.

In the workshop, the ER professionals recalled memories in exercises using storytelling, improvised performances, and physical objects. For example, an exercise used pebbles (stone fragments). Using pebbles, doctors and nurses represented the incredible number of patients accessed and the pace of the flow of patients, which increased exponentially from day to day during the epidemic. “L. [a nurse - C.P. & L.L.P.] had a quantity of pebbles. She took a pebble and said, “85-year-old woman breathing and 85% saturated”, then married the pebble. He continued, “45-year-old man not breathing...” and each time he moved a pebble. There, I understood the meaning of the improvisation, and I remembered all the patients passing by. It was just like that. (...), each pebble was a patient. The speed and rhythm with which L. moved

⁴⁷ De Vecchi spring 2023.

each pebble-patient corresponded to reality. So many patients were arriving, and the pace was so fast that they eventually became the same. They were pebbles; they were no longer patients”.⁴⁸

These exercises stimulated the memories, stories and feelings of the pandemic. Especially in the first weeks of work, the memories of these improvisations and theatre exercises distressed the health professionals: many cried, and some struggled to talk and narrate their stories. One person’s memories resonated in the participants and brought up those of the others in a game of cross-references. “Seeing the improvisations of others had a terrible effect on me. Terrible. I cried so much. Because to hear others recount those facts, who at that moment I saw to be like me, to feel their suffering really hurt me. It made me feel sick. But a pain that was necessary because we really metabolised it in those moments there. That is, I realised how many things I had forgotten.”⁴⁹

Crucial in this work with memories was the use of the body. For example, one of the small groups staged the preparation for the shift with the donning of PPE. This scene was recounted with the body, as if it was a ritual, when, before the start of every shift, each professional dressed in COVID-19 suits, masks, gloves, headgear, and protective shields. This improvisation provoked a strong emotional reaction in all participants. It brought back embodied memories of these tragic moments at the beginning of the shift when they prepared themselves, frightened by the pain they would have to witness again.

After the first few months of work, during the summer break, the playwright wrote a text for the play using materials produced by the workshop’s improvisations, texts and choral exercises. The text was composed of several fragments. Some of them come from texts written by the doctors and nurses and are only reworked by the playwright; others were episodes taken from improvisations, and still, others are choruses crafted and based on Barcella’s book’s testimonies. Moreover, the playwright retrieved some pieces from the classical tradition that speak of epidemics to give a more extended narrative framing of the story. She identified and rewrote

⁴⁸ R., one of the doctors spring 2023.

⁴⁹ E., one of the doctors spring 2023.

excerpts from Homer, Sophocles, Ovid, and Virgil and put them into dialogue with the ER professional experiences. Finally, to make the narrative not just dramatic, she wrote a choral counter-song distributed throughout the play. It consisted of three tragicomic choruses that tell what ordinary people were saying before the pandemic broke out, the catchphrases during the lockdown and deniers' later ones. The textual dramaturgy was composed of the organised collage of all these elements, bound together by the director's expressive modulation of the bodies on stage.

In the following months, a second part of the one-year-long theatre workshop was dedicated to staging the theatre text and preparing the premiere. Here, the director, Silvia Briozzo, worked on two levels. On the one hand, she continued her work on the actors' quality of being on stage so that the participants became increasingly aware of their presence on the scene. The aim was for everyone to develop their way of being on stage. On the other hand, the director worked on the composition of the scenes from the choral improvisations.



Fig. 1: "Sculpture," One of the collective choreographies of the theatre play Giorni Muti, Notti Bianche [Silent Days, Sleepless Nights]. Photo courtesy of Andrea Frazzetta.

The chorus becomes the narrative's protagonist. The scenes were created by a beautiful and fluid body score that tells the relational interweaving of lived experiences and "meta-communicates" the strength of their commonality. The director and playwright worked elbow by elbow, stitching text and scenes. Some scenes were cut, and others were added, such as when fitting a dress to the model's body.



Fig. 2. "Virus", one of the collective choreographies of the theatre play *Giorni Muti, Notti Bianche* [Silent Days, Sleepless Nights]. Photo courtesy of Andrea Frazzetta.

The play *Silent Days, Sleepless Nights* premiered in March 2023 at the Teatro Sociale in Bergamo, in the heart of the upper and medieval part of the city on the seven hills of Bergamo. The Teatro Sociale is an Italian-style theatre with one stall and numerous boxes, all full that evening. Stefano Rodi writes in the magazine *Sette*, the insert of the *Corriere della Sera*, Italy's leading newspaper: "On the first evening, at the end of the play, after five minutes of applause with the whole theatre on its feet, doctors and nurses persuaded the director, Silvia Briozzo, to come on stage, together with her assistant Gabriella Erba and Carmen Pellegrinelli, who wrote the play. Perhaps at that moment, the authors and actors experienced what Dario Fo used to say:

“There is an ancient rule in theatre. When you have finished, there is no need for you to say another word. Say goodbye and think that you have satisfied that person in your feelings and thoughts, and they will be grateful to you.”⁵⁰



Fig. 3. The actors during the applause at the theatre play *Giorni Muti, Notti Bianche* (Silent Days, Sleepless Nights) premiere at the *Teatro Sociale* of Bergamo. Photo courtesy of *Andrea Frazzetta*.

The play was received with eagerness. Local politicians, hospital management, and the rest of the audience clapped enthusiastically. The emotional temperature within the theatre was high, and many people (including the Bergamo’s mayor) were in tears.

The Discussion. The Cathartic Power of AT

After the performances, testimonies of the effectiveness of the workshop and staging experience among doctors and nurses were numerous. “The theatre channel, for me, was a channel for not bursting, for pulling out. I felt much better. There were many liberating cries.

I'd come away on our classic Tuesday night [the weekly workshop appointment - C.P. & L.L.P.] and have a liberating cry, and then I'd realise I felt a little less weight.”⁵¹

It is recognised how the theatrical pathway could shed light on the emotional and suffering points still unprocessed by health workers. Hearing and seeing the experiences of others and feeling their pain allowed professionals to return to their memories and break the isolation and shyness that prevented them from telling, re-elaborating, and sharing. The AT mechanism applies within the same small community of ER professionals. The stories enacted by colleagues created scenarios, solicited emotions, and stimulated discussions among ER professionals. Sharing these scenarios re-activated emotional memories that were collectively elaborated. The collective work lightened the burden of the individual pain by releasing painful memories from the removal.

In this theatre workshop experience, the collective healing process driven by sharing memories in texts and improvisations worked on two levels. Firstly, observing colleagues sharing their stories helped one to realise that others also had similar distressing memories. This mirroring mechanism allowed one to recognise specific traumas and emotions that were still alive and unresolved. It also helped them realise that pain and distress connected to memories were not personal experiences but were shared among colleagues. It also allowed memories to be processed by identifying the most painful aspects of the traumatic experiences. “The workshop was healing because we saw that the elements that made us suffer were common to all. It was like justifying this and making sense of it. It was like finding an explanation for ourselves (...). I mean [it allows - C.P. & L.L.P.] getting to say what was the core of the matter. What were the most painful things? We can recount terrible events as many as we want, all full of suffering. But then, in the end, we realised that the isolation of the patients and the fact that we were too often the bearers of terrible news for patients and relatives was the hardest thing.”⁵²

In addition, the empathic mirroring experienced by practitioners in witnessing the improvisations of others allowed them to overcome the threshold of modesty in opening up and

⁵¹ E., one of the doctors spring 2023.

invited practitioners to get involved in sharing affects. Mirroring also allowed practitioners to gain confidence in healing and open the box of memories. “When Silvia [the director - C.P. & L.L.P.] asked us to tell stories, I remember that I could not tell and kept crying. I tried not to cry in front of the others, in front of my colleagues. When you get the mourning, you try to keep it inside, but you can feel it, right? Then, I saw that it was the same for my other colleagues. So, the embarrassment of the first few times melted away.”⁵³

Based on improvisations, the other level of healing concerns recalling what was removed. The improvisations of the others brought back similar memories that have been forgotten or removed. Common among practitioners was the recognition that many of the memories were dismissed because they were too painful and that it was only through listening to a colleague’s similar story that the memory resurfaced. “When I heard various stories of the father and son, or the other calling his wife home, something came back to my mind that I have never forgotten (...) When I heard the story of the relationship of the family members, this memory came back to me that I had really hidden, I don’t say erased. I had hidden it in my head.”⁵⁴ “I realised during the workshop that I had forgotten many things. So much so that when someone recounted something, I would say, “how could I have forgotten something [painful - C.P. & L.L.P.] like this?”⁵⁵

Thus, the workshop activities allowed through the staging and sharing of episodes and micro-episodes that occurred in the ER during the COVID crisis to lead the participants on a cathartic path through mutual listening and mirroring. According to Aristotle,⁵⁶ Catharsis is a “purification” understood in both the mystical and medical sense. “Tragedy, then, is an imitation of an action that is serious, complete, and of a certain magnitude; in language embellished with each kind of artistic ornament, the several kinds being found in separate parts of the play; in the form of action, not of narrative; through pity and fear effecting the proper

⁵² E., one of the doctors spring 2023.

⁵³ R., one of the doctors spring 2023.

⁵⁴ E., one of the doctors spring 2023.

⁵⁵ R., one of the doctors spring 2023.

⁵⁶ Aristotle 2000.

purgation of these emotions.”⁵⁷

These medical interpretations of the process of catharsis seem particularly apt to describe the AT features of *The Time for Care* theatre workshop. Here, the theatre exercises stimulated the emergence of repressed painful memories and promoted an emptying of their emotional weight through sharing. This mechanism made practitioners mirror each other, experiencing an intimate union with those who, among them, were telling their piece of the story.

This emotional and affective work, comprised of small stories and episodes, eventually led to constructing a shared narrative horizon. The text of the performance produced a collective plot born from the fragments of the professionals’ experiences. This plot gave order to the fragments, identifying and describing the main stages of the “journey to hell” experienced by the professionals during the crisis. The play script provided the official narration, which itself became part of the professionals’ horizon of memories.⁵⁸ The playscript acted as a socio-material element, reordering and supporting the sensemaking of traumatic memories by constructing a new shared horizon of meaning.

The story that took shape in the play brought the work of AT out of the theatre workshop’s rooms. The play *Silent Days, Sleepless Nights* by ER professionals was an opportunity for the city to celebrate the community and reflect on the tragedy experienced during the pandemic. Although there had been numerous institutional and religious ceremonies (such as a concert at the central cemetery with the prominent Italian institutional representatives), Bergamo’s citizens experienced them as distant, imposed from above. Instead, thanks to the play of the ER Professionals in March 2023 (also broadcasted on local TV), the theatre became the place for a cathartic, secular, popular and participatory ceremony that the city of Bergamo needed.

Conclusion

This article contributes to the AT literature by showing the cathartic power of theatre and its potential for healing from COVID-19 trauma. The contribution enriches the wealth of stories

⁵⁷ Aristotle 2000, 51, *our translation*.

⁵⁸ Pellegrinelli & Parolin *forthcoming*.

of AT in the post-pandemic period, showing how AT represents a powerful resource for health professionals and entire communities to heal from trauma. AT, therefore, should not be limited to a top-down intervention towards a disadvantaged community. Returning to the idea of tragedy in the classics, it should be understood as a tool for communities to use in a self-organised way when they experience a shared condition of fragility. The catharsis in the communal sharing of experiences through the staging of the scenes and the construction of a common narrative horizon were the elements through which the meaning and overcoming of painful memories were substantiated.

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