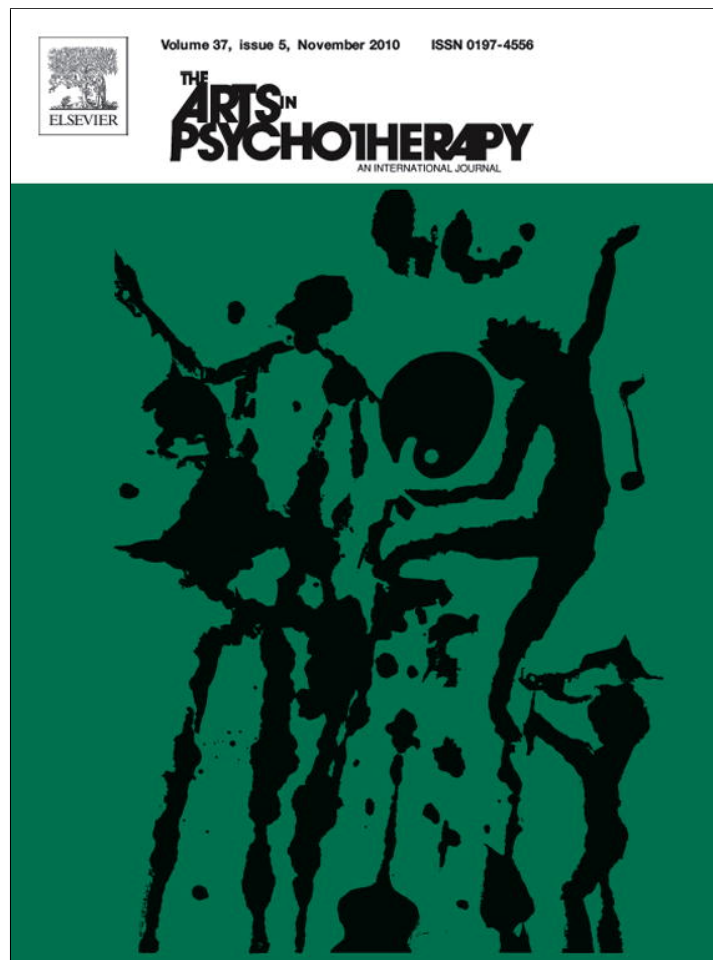


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The Arts in Psychotherapy



Playback theatre and recovery in mental health: Preliminary evidence

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ABSTRACT

Playback theatre is a community-building improvisational theatre in which a personal story told by a group member is transformed into a theatre piece on the spot by other group members. Playback theatre combines artistic expression and social connection based on story-telling and empathic listening, thus bringing together modes thought to promote healing. Here, we explore the potential of playback theatre to promote recovery in the field of mental health. We conducted two playback courses for a total of 19 adults in a university-based program for recovery, and collected qualitative reports pre–post self-report measures for self-esteem, personal growth and recovery. We also developed a self-report measure named the playback impact scale that includes items related to creativity, confidence in performing, social connectedness and seeing one's life as full of stories. We find significant enhancement in the playback impact scale following a 10 week playback course. The qualitative reports indicate recurring themes of enhanced self-esteem, self-knowledge, as well as fun and relaxation, and enhanced sense of connection and empathy for others. These preliminary results suggest that playback theatre can serve as an effective practice for enhancing recovery processes from serious mental illness.

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Introduction

Individuals with psychiatric disabilities face challenges, ranging from recurrent hospitalizations and impairment in functioning to difficulties in community reintegration and regaining a meaningful role in society. For many years, partial or full recovery for this population was deemed impossible. However, personal accounts of overcoming psychiatric illnesses and regaining a meaningful life (Deegan, 1988; Leete, 1994; Lovejoy, 1982) as well as longitudinal quantitative research (e.g. Harding, Brooks, Ashikaga, Strauss, & Breier, 1987) have supported a new recovery paradigm in mental health. Irrespective of the type of mental illness (major depression, bipolar disorder, schizophrenia, etc.), recovery has been defined by those experiencing it as a journey towards a valued sense of identity, role and purpose, beyond the diagnosis of mental illness. It involves living well despite any limitation imposed by the illness (e.g. Anthony, 1993). From this perspective, recovery is not a medically mediated prognosis but rather involves a highly subjective and individual process that includes the emergence of a new identity as a result of self-discovery (e.g. Anthony, 1993; Deegan, 1988).

The recovery notion gave birth to a rehabilitation model which instead of focusing primarily on symptom reduction, focuses on increasing the person's ability to function in the community and gain a valued role in it. This was aided by development of rigorously tested community-based interventions (Anthony, 1993; Drake, 2000; New Freedom Commission, 2003). Such recovery-supporting interventions promote a holistic approach to the person with mental illness, stressing aspects of personhood, choice, partnership and potential for growth (Anthony, 1993; Farkas, Gagne, Anthony, & Chamberlin, 2005). To date, several evidence-based practices have been identified which promote community integration of persons with psychiatric disabilities in areas such as employment and independent living (e.g. Essock et al., 2003; Mueser, Torrey, Lynde, Singer, & Drake, 2003; Phillips et al., 2001). As the notion of recovery is gaining center stage in mental health, there is a call for additional practices to promote recovery, to address the diverse recovery paths that individuals follow.

One central aspect of recovery processes concerns the personal life story. Accumulating evidence suggests that recovery involves the ability to transform one's life story from an "illness story" to a "recovery story." This transformation involves the ability to view one's life as an ongoing story, and having a sense of ownership and ability to re-authors one's story (e.g. Bruner, 2004; Moran, Russinova, Gidugu, Yim, & Sprague, 2011; Onken, Craig, Ridgway, Ralph, & Cook, 2007; White & Epston, 1990). This process does not occur in isolation, but rather requires a safe and accepting interpersonal context. Such an environment can satisfy the need to be

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understood, the need for meaningful social connection, and supply appreciation, leisure, and positive regard. Unfortunately, these ingredients are lacking for many experiencing serious mental illness.

Given the highly subjective and personal nature of recovery, means of individual expression in a safe community environment can help to promote recovery. As a medium for self expression, the arts can provide some of these recovery-promoting conditions (Grocke, Bloch, & Castle, 2009; Lloyd, Wong, & Petchkovsky, 2007; Silverman, 2010; Van Lith, Fenner, & Schofield, 2010). For example, the art of theatre, including drama therapy and psychodrama, has long been known to promote mental health (e.g. Casson, 2004; Fox, 1987; Gatta et al., 2010; Yostis, 2006).

In this study, we focus on a particular form of theatre, playback theatre (PT), which combines artistic expression with personal story and empathic listening. Unlike traditional scripted theatre, playback theatre involves improvised theatre pieces in response to personal stories (Fox, 2007; Fox, 1986; Salas, 2003). Developed by Jonathan Fox in 1975, together with Jo Salas and the original playback company in New Paltz, NY, playback is practiced worldwide (IPTN, no date) both in performances and in groups that work together over time. Playback theatre has been used in a wide range of contexts, including mental health contexts (Haneji, 1998; Rowe, 2007; Salas, 2007).

In a playback group, people alternate between the roles of a *teller*, *conductor*, *actors* and *audience*. The teller tells a personal story, such as a moment experienced during the day, a memory from childhood, or a dream. The conductor facilitates by interviewing the teller in a friendly and attentive manner. As the story is told, actors (between two and four) listen. The actors try to put themselves in the teller's shoes, while avoiding judgment. After the story is told, the actors immediately improvise a theatre piece in which they reflect back the story with empathy. Playback improvisations can have a powerful effect on the teller, actors and audience. The tellers witness their own story, gaining perspective and a sense of being heard. Actors and audience often resonate with the teller's story, strengthening bonds of understanding and mutual service between group members.

Good playback is thought to require the intersection of three fields (Dauber & Fox, 1999): (i) an aesthetic event, in which aesthetic form helps enhance audience identification, (ii) a social event, sensitive to the here-and-now context of the group, and (iii) a ritual event, in which the conductor and actors carry the audience across a threshold and bring them back safely, with a fixed framework supporting the improvised content (Fox, 2007). Playback theatre thus seems to unite aspects beneficial for healing (Haneji, 1998) – art, storytelling, and social connection, within a meaningful ritual frame.

Playback can be readily taught to people without previous acting experience. It requires no props, stage or equipment. Instructors work to create an atmosphere that promotes, at the same time, inclusiveness, appreciation and playfulness.

Research on playback theatre to date has mainly employed case study or ethnographic methodologies, providing rich accounts of the multiple ways that playback impacts participants and creates a unique social space (for a comprehensive list of sources see www.playbackcenter.org). There have been virtually no studies that employed a quantitative/qualitative methodology. One exception is a dissertation (Kintigh, 1998) focusing on playback as an education tool, which used qualitative and quantitative methods including analysis of videos and questionnaires. Results showed that classes using playback action methods enhanced the quality of interpersonal relationships and the participant's perceptions of the group as an interconnected community. Studies of playback in mental health involve case study descriptions by practitioners (Haneji, 1998; Rowe, 2007; Salas, 2007). These authors suggest

several contributions of playback theatre, in terms of meaning-making after trauma, self actualization and learning to appreciate others. These promising reports warrant the development of tools and approaches to study playback theatre in order to better understand its effects.

The purpose of this study is to understand the impact of a 10-week playback course on people in recovery from severe mental illness. By means of a combined qualitative and quantitative approach, including the development and use of a self-report playback impact scale, we find evidence that a playback course can provide benefits that enhance recovery.

Method

Study design

A combined qualitative and quantitative research design was used. Such mixed methodology taps into unique personal experiences, and can measure the relative strength of common trends. Two 10-week playback theatre courses, given in 2008 and 2010 were studied. At the end of the first course, written feedback was collected. Analysis of the themes raised in these report was used to develop a self-report measure called the playback theatre impact scale (described below). A pre–post design was used to study the second course, with self-report scales given before and after the 10-week course, and an extended written narrative evaluation at the end of the course. The study was approved by the IRB at Boston University.

Participants

The course was advertised in the course list of the recovery education program at the Center for Psychiatric Rehabilitation (CPR), Boston University. In this program, individuals challenged with mental illness receive scholarships to attend classes as part of the university. In the program they are referred to as students, and not patients. All people who signed up to the playback class were welcomed, no previous skills were required. Participants were people challenged with serious mental illness from the Boston area. For the first course, 20 people signed up, and 10 attended more than 2/3 of the meetings (such attrition rates are comparable to other courses given at the CPR; Dunn et al., 2008). For the second course, 18 signed up and 9 attended more than 2/3 of the meetings. Ages ranged from 25 to 65. The majority of the group members were female (15/19), 17 were Caucasian and 2 Asian. Diagnoses included schizophrenia, bipolar disorder, PTSD, and major depression.

Playback course

The course was based on the core training course given by the school of playback theatre (www.playbackcenter.org). Ten weekly sessions each lasted 90 min including a 10 min break. The classes were organized around a set series of activities ('class ritual') detailed in Appendix A. This created a fixed structure that helped to frame the unexpected nature of the stories and improvised scenes (Fox, 1986). Each class began with an opening circle with eye contact, a deep sigh of relief, and check-ins, followed by physical warm-up, skill learning and playback enactments of stories. Sessions ended with a circle ritual of reflection on favorite moments and an appreciative goodbye. Norms introduced in the first session included unconditional positive regard, encouragement (enthusiastic applause for anything done on stage), confidentiality, and opportunity for contact in between classes in case extra emotional support is needed.

The skills taught in the course (Appendix B) focused on core elements of playback improvisation. The basic principle of saying

'Yes and' to offers made by other actors enables spontaneous creation of flowing improvisational scenes. Empathic listening skills enabled focusing on stories and embodying them. Staging skills helped make aesthetic scenes. The playback ritual helped to contain and frame story sharing. Elements of the playback ritual (Salas, 2003) include: conductor inviting a teller, interviewing the teller, turning the story over to the actors with the phrase 'lets watch', after the scene actors de-role and look gently at the teller, conductor checks in with the teller about the scene.

Three playback forms were taught: fluid sculptures, pairs, and scenes (Salas, 2003). In each class, full playback scenes were enacted. Instructors acted as conductors for the playback stories, and cast the actors for specific roles. In later classes, actors were sometimes not cast and were able to spontaneously assume appropriate roles. At the end of each course, a playback theatre performance was presented by the **True Story playback company** for class members and other students and staff at the facility. Students were invited to join the troupe members as actors in some of the scenes.

Playback impact scale

A self-report measure was developed based on qualitative participant surveys from the first course. An initial scale was refined by consulting expert playback actors from the **True Story theatre company**. The scale was improved for comprehensibility following feedback from several individuals with mental illness who were not part of the class in the present study. The scale has 20 items, with a 4-point Likert design ("strongly agree, agree, disagree, and strongly disagree"). The scale (Appendix C) includes dimensions of self-esteem and confidence, performing in front of others, creativity, social connection, and seeing one's life as full of stories.

Results

Quantitative self-report measures

Self-report scales were given in the first and last meetings of the second 10-week course in this study. Data were collected for the playback theatre impact scale developed in this study. Data was also collected for Rosenberg's Self-Esteem scale, a widely used and validated measure (SE scale; Rosenberg, 1965), and a general measure of personal growth and recovery (PGRQ, Z. Russinova, private communication).

The playback impact scale showed a significant positive change ($z=3, p=0.05, n=9$). The self-esteem scale ($z=1.0, NS$) and the personal growth and recovery scale both showed positive trends ($z=1.5, p \sim 0.1$), which were not significant.

Items with the greatest improvement on the playback impact scale included: "I am aware of other people's emotions when they tell a personal story (PT10 scale, +5)", "My life is full of interesting stories (PT11, +3)", "I feel curious to get to know others (PT15, +3)", "I have a perspective on my life (PT20, +3)". Items in the self esteem scale with greatest improvement included: "I feel that I am a person of worth, at least on equal basis with others (+2)". Items in the PGRQ scale included: "I experience myself as a creative person (+6)"; "I feel full of life (+4)"; There is fun in my life (+4)"; "I don't feel burdened by my psychiatric condition (+4)".

Common processes in PT courses

The authors as instructors noticed a similar process in the two courses. From the first meeting, most people were eager to share

stories and to be actors for others' stories. People who seemed most shy began to perform from the second meeting and onwards.

Stories told in the first sessions focused mainly on recent events of a relatively light nature. In subsequent sessions, stories became deeper, recounting events with higher emotional intensity, sometimes going further back in time (childhood). Stories also became increasingly elaborate and less laconic. As an example, one participant shared the following series of stories arranged in order of telling throughout sessions 2–10:

- Story 1: "I enjoy riding my scooter",
- Story 2: "I went to the dentist today, it still hurts",
- Story 3: "I turned off my ringer because creditors are calling, they are calling despite my disability waiver of bills. I want to take them to court. In the playback scene, I want to see myself win in court",
- Story 4: "I rode on the subway to my mothers, felt good. Then someone sat next to me. I get panic attacks when someone sits next to me. I put on my headphones and listen to music and that sometimes helps, but this time it didn't. I rode all the way feeling very anxious, fidgeting my hands and sweating. Then he got off and it was a relief".

Several stories told of increased self esteem gained in the playback course which carried over to improve interpersonal interactions outside of the class. In addition, over the arc of the course, participants increasingly interacted during the break and stayed talking with each other after class ended. Several people established friendships, meeting outside of the class hours. Several of the participants continue at the time of this writing to practice playback theatre together, trained by an experienced playback theatre actor who was one of the teaching assistants in the courses described here.

Qualitative evaluation of the PT course

Qualitative analysis based on open-question written surveys was conducted at the end of both courses. Thematic analysis of the surveys suggested several recurring themes on the perceived benefits from the playback course (Table 1). Themes were divided into personal and inter-personal benefits. As shown in Table 1, the same themes were generally found in both courses, at similar frequencies.

A. *Personal benefits* of the PT course included fun and relaxation, creativity and self-expression, self-esteem, and self-knowledge. We next discuss each theme and provide examples of responses.

Relaxation and fun seemed to help people let go of anxiety and be in the moment. This was noted by nearly all participants in both

Table 1
Perceived benefits of playback course.

Themes	Sub-themes	Course 2 (n=9)	Course 1 (n=10)	
Personal	Fun/relaxation	9	7	
	Creativity/self-expression/spontaneity	8	8	
	Self-esteem/confidence	3	4	
	Coming out of shell/opening up	4	5	
	Self-knowledge	4	1	
	Being present/in touch with myself	4	1	
	Coping with unresolved stories	2	1	
	Inter-personal	Being with others	4	2
		Feeling part of group	8	4
		Enhanced empathic skills	2	3

courses. Here are 2 examples: *"It didn't give me too much time to worry or be anxious about my responses and acting, so I began to trust myself and my feelings more and more"* and *"Most of the time I'm preoccupied even when engaged in something. There is never a time in PT where I am preoccupied. I imagine that means I have the ability to not be so preoccupied."*

Most of the stories told in the courses did not involve mental illness or its symptoms, but instead told of other aspects of the teller's life. Playback may in this way emphasize the healthy identity of the participants, and offer relief from thinking about symptoms (Lubrani-Rolnick, 2009).

Self-esteem was enhanced in at least two ways. The first is overcoming the fear of public performance, noted by about half the participants in each course:

"It brought me out of my shell and isolation more. It's given me more self confidence because performing in a group setting week after week builds up confidence that wasn't previously there. In a positive setting when ones efforts at expression are supported and applauded, praise does wonders at touching the soul".

Self-esteem was also enhanced by the satisfaction of successfully learning and doing good playback:

"I felt a twinge of pride when I felt that I captured something in myself and the storyteller that I felt I expressed well".

In addition to relaxation and self-esteem, the acts of telling and playing back personal stories helped people gain insight and perspective on their own lives:

"Playing out other people's emotions and stories really brings out yourself and memories of your past and how you can deal with them".

"I feel hopeful since telling the stories knowing that there was something to do about the stories instead of just ruminating about them, gives me hope".

"I feel that I have a lifetime of experience and feelings that have been waiting for this opportunity to express".

B. Themes of perceived benefits in the *inter-personal realm* included connection with others, a sense of being part of a group and enhanced empathy. The reports mention repeatedly that the course helped people focus less on themselves by focusing on others, and to be less critical of others.

Connectedness seems to have been strengthened by the inherent features of playback theatre that center on the telling, listening and acting of personal stories. Telling stories addressed the need for understanding: *"The impact I received was that I felt understood by others and didn't feel so alone with my stories"*, and for connection:

"It's so very interactive, it forces me to be part of the group and not feel so alone. Looking into peoples eyes is powerful stuff!"

"From peoples stories I realized I was more like people than different. People took themselves somewhat lightly. The drama was confined to the stage and the playback process."

These surveyed feedbacks point to several components of the PT course that may provide benefits. Summarized, these lie in three main domains: core components of PT, ritual elements of the course, and the instructor's style. PT core components included telling stories, acting stories, and movement and drama exercises. Ritual elements of the course included the welcoming circle with eye contact, unconditional applause and deep sighs of relief. Instructor style included positive regard and lack of negative judgment, and a generally encouraging environment. Several participants mentioned the inclusive emphasis of the course, which helped people be less critical of other group members with whom they initially felt little in common (Table 2).

Table 2
Components of course perceived as useful.

Theme		Class 2 (n=9)	Class 1 (n=10)
Core playback components	Storytelling	5	3
	Movement/warmup	3	
	Saying YES AND	1	
	Learning acting skills	1	3
	Opening ritual	2	
Other components	Deep sigh of relief	6	2
	Eye contact	2	1
Instructor style	Unconditional positive regard	5	4
	Encouragement/applause	3	2
	Rapid pace	2	
	Inclusive	2	
	Humor/lightness	2	

Discussion

This study suggests that playback theatre is a promising approach for promoting recovery in people with mental illness. A 10-week playback course brought forth personal stories and created the environment in which they can be heard, responded to with empathy and artistic aplomb, and connected to the stories of others. Qualitative and quantitative study of the reports of course participants indicates that the course created a heightened sense that life is full of stories, and allowed the tellers to view their own stories as observers, gaining perspective and self knowledge. Participation in the course was reported to be relaxing and fun, enhanced connections with others, and helped people come out of their shell by means of artistic competence and expression.

There are intriguing parallels between the factors that facilitate recovery, and the principles and practice of Playback theatre. In particular, sharing and re-authoring of personal stories are thought to be key processes in recovery. Re-authoring one's own story is the way to shed the identity of 'patient' and adopt a new identity with multiple roles (such as parent, volunteer, worker, and playback actor). Re-authoring usually occurs in the context of a relationship (MacAdams, Josselson, & Lieblich, 2006; Onken et al., 2007). It relies on a person's ability to see their life as a story (or many stories) that is constantly authored and adapted. Playback theatre provides a powerful framework for telling and enacting stories, and can provide the context for re-authoring of one's story.

It is of interest to note the relation of Playback theatre to drama-based psychotherapy. As noted by Fox (1986, 2004), playback theatre does not position itself in the therapeutic domain, even though it is grounded in the concept of constructive change. Playback theatre relies less on words than both psychodrama and psychotherapy. In a classic playback setting, there will be no sharing, no discussion; and no search for a solution or a cure – just another story. Playback theatre is compatible with the drama therapy principle of 'distancing'; playback, insists that the teller watch the drama, rather than participate in it. Playback theatre is sometimes introduced in psychodrama and drama therapy trainings, and a number of practitioners, recognizing the complementarity of the approaches, have developed formats that includes playback theatre with these more established forms (Fox, 2004).

Despite the fact that playback was not developed as therapy, the present study suggests that a playback course can provide benefits which, based on existing studies, are thought to promote recovery and healing in mental health. Interestingly, the lack of formal therapeutic stance in playback theatre may enhance its benefits, helping individuals to meet as equals and provide dignified service

to each other by playing out each other's stories. This mutual service helps build community amongst the participants, helping counter isolation and stigma. Playback may thus be useful as a modality to enhance recovery, supplementing other arts-based approaches.

Future work can address the limitations of the present study. Results may apply only to people who sign up for a playback theatre course and may have an inclination to benefit from this type of activity. Threats to internal validity include lack of control or comparison group, so that improved outcomes may be related to confounding factors. For example, the course was given in the context of a facility that has a recovery-oriented environment focused on empowering individuals in their personal recovery journeys. Many of our students took other classes at the center, which may have contributed to the positive impact in our study. The quantitative outcomes of this study should be interpreted with caution due to the small number of participants. Future research should include a larger number of people, and to test playback theatre in other cultures and places. In addition, the playback scale developed here warrants further use and testing to establish psychometric soundness.

People with mental illness are a marginalized group, with little opportunity to be listened to and understood (Byrne, 2001; Perlick et al., 2001). Therefore, healing must include a social context in which stories can be heard. PT provides such a setting, and helps in making meaning of events which would otherwise be invisible, hidden, or linked with shame and guilt. It builds connections between people and provides a relaxing environment. Furthermore, by focusing on artistic competencies and service to others, instead of disability, playback can help to encourage self-esteem and a new identity as a playback actor, and thus facilitate recovery.

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Appendix A. Class norms and structure

Norms were agreed upon in the first meeting: (a) Unconditional positive regard: only positive feedback, except for general coaching tips for improvement from the instructors. (b) 10 s of enthusiastic applause for anything done on stage. (c) Confidentiality: protect the tellers. (d) Containment: any unresolved feelings after the class can be discussed with instructors and with two CPR staff members. (e) Classes start on time. (f) Welcome anyone coming in late by taking a deep sigh of relief in their honor.

The instructors followed two principles (Lubrani-Rolnick, 2009):

- (i) Keep to roles of instructor and student/actors, rather than assuming the role of therapists and assigning the class the role of patients.
- (ii) Respect teller's autonomy and choice of which story to tell. For example, as conductors, avoid trying to elicit stories of recovery, or extracting recovery morals from stories.

Each class was taught within a ritual series of activities. This ritual is taken from courses at the school of playback theatre, with elements from Orian's Open Circle approach to theatre (Orian, 1998).

Opening circle: Greeting. "Stand in a circle, take a deep sigh of relief. Make eye contact with each other, see what its like to say hello with your eyes."

Check-in circle: Each participant, including instructors, says how the week has been in a sentence with sound and movement. The rest of the group repeats that sentence, sound and movement.

Standing in stage position: Take a deep sigh of relief. Legs shoulder distance, back straight, long neck, short chin, eyes looking ahead.

Warmup: "Check in with your body, only do what feels comfortable, feel free to sit down at any time. Take a deep sigh of relief. Very slow head rotations in both directions, 10 backward shoulder turns, 10 forward shoulder turns. Turn your shoulder towards the center of the circle, send in your arm and make wavy motions. Repeat with other arm. Slow rotation of hips. Rotation of knees. Step in place and slowly enlarge steps to level of hips. Congratulations, we have finished the warmup, let's take a deep sigh of relief."

Playful game.

Exercises on PT skill, and/or short forms for several stories.

Break (10 min).

Post-break warmup: pass an impulse-like movement from person to person along the circle. Try to pass the motion along as quickly as possible.

Playback theatre (1–3) stories: arrange stage area and audience area. Conductor invites four actors. "Actors please connect with each other briefly". Invites teller. Take a deep sigh of relief, "lets all focus on the teller". PT interview and acting. Teller response. "Actors please connect with each other and congratulate yourself for giving a gift to the teller." Invite next group of actors and teller. *Favorite moment circle:* "The stories we have heard today are not forgotten, let's remember some moments". In circle, each person enacts a moment from the class in sound and movement, and then the rest of the group repeats. Continue until everyone has shared at least one favorite moment.

Closing circle: "Hold hands, close your eyes. Take a deep sigh of relief. Feel for a moment what it's like to be right here, right now. Think a good thought about yourself, something like "I'm good". Think a good thought about the people here, something like "You're good". Appreciate yourself and the others for coming here today. Good. Now gently let go of the hands, if you have a smile its ok to keep it as you open your eyes and make eye contact, you don't have to make eye contact with everyone as long as you go around the circle. And until we meet again, have a very good week (Orian, 1998)."

Appendix B. Course curriculum

The course curriculum was based on the core training course of the school for playback theatre. The topics covered are: introduction, fluid sculptures, saying 'Yes and' to offers of other actors, empathic listening, the playback ritual, the heart of the story, staging, playfulness & spontaneity, pairs, scenes.

Appendix C. Playback theatre impact scale

Instructions: Below are several statements. Please circle the number above ONE response that is closest to how you feel about the statement. Your answer should indicate how you feel now. First impressions are usually best. Do not spend a lot of time on any

one question. Please be honest with yourself so that your answers reflect your true feelings.

Please circle the number that best describes how you feel.

1.	I see myself as a capable person.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
2.	It's ok for me to be at the center of attention.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
3.	I feel easily intimidated by people.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
4.	I can still learn new things about myself.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
5.	I am at ease when performing in front of others.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
6.	I have a good imagination.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
7.	I feel bad about myself when I make a mistake.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
8.	It's hard for me to be spontaneous.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
9.	I feel a sense of connection with others.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
10.	I am aware of other peoples' emotions when they tell a personal story.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
11.	My life is full of interesting stories.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
12.	It's hard for me to express myself creatively.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
13.	I feel a commonality with other people.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
14.	I dread the thought of giving a presentation in public.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
15.	I feel curious to get to know others.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
16.	I am aware of others' emotions.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
17.	It's hard for me to come up with ideas.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
18.	I can show people that I understand them.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
19.	It's hard for me to speak in front of others.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	
20.	I have a perspective on my life.	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree	

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