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**CREATING FUTURES: Research, Practice and Policy
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PAPER

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APPLIED THEATRE: PERFORMING THE FUTURE

OBJECTIVE: This paper provides an introduction to applied theatre and performance as a body of practice which may enhance the well-being of indigenous communities. Applied theatre forms are conceptualised along a continuum from “performance-oriented” to “participant-oriented”. Participant reflections are reported from a pilot workshop in Papua New Guinea, as a contribution to the evolution of theory and practice of applied theatre for health promotion in indigenous communities.

METHODS: Twelve Papua New Guinean nationals engaged in health promotion participated in the workshop. Participants were invited to reflect on the potential application of the theatre forms for their own health promotion practice. The workshop was qualitatively evaluated through a focus group at the conclusion of the workshop.

RESULTS: Participants identified specific theatre forms which they could use in their own health promotion practice. Several participants articulated a view that participant-oriented forms were more likely to influence health-related behaviour than performance-oriented forms, in their cultural context.

CONCLUSIONS: The Theatre-for-Development literature does not yet clearly articulate how specific theatre forms may be more or less efficacious in terms of influencing health-related behaviour across cultural contexts. More extensive research into this question will yield significant benefits in terms of focussing practice culturally.

KEY WORDS: applied theatre and performance, health promotion, indigenous communities, Theatre-for-Development, social and emotional wellbeing

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BACKGROUND

It is widely argued that one-way dissemination of health information is only a first step toward behaviour change^{1,2,3}. Models such as the theory of reasoned action⁴, the health belief model⁵, and social learning theory^{6,7}, assume illness prevention functions at the level of individual decision-making in a controllable setting⁸. By contrast, many health issues in the developing world are driven by economic realities and complex geopolitical and cultural dynamics. The current epidemic of sexually transmitted illnesses (STIs) in Papua New Guinea, which underlies the more publicized epidemic of HIV/AIDS, is one such example.

In 2003-2005, the PNG government undertook a major community awareness and social marketing campaign, which successfully raised awareness of HIV/AIDS in over 90% of the population⁹. However, no evidence of positive behaviour change was identified. HIV prevalence has continued to rise, and the forms of high-risk sexual behaviour which contribute to the spread of HIV appear to be rising also⁹. The awareness campaign's failure to change behaviour suggests a need for interventions which actively engage communities in collectively exploring group mores, cultural values and social expectations, rather than focussing on the motivations of individuals.

This paper reports on a pilot workshop conducted in Papua New Guinea to assess the potential efficacy of participant-oriented applied theatre approaches to sexual health promotion in this population. An intervention which addresses sexual and reproductive health is by definition an intervention addressing social and emotional wellbeing. More generally, this paper takes its place in a conference concerned with "Creating Futures" by virtue of the potential relevance of applied theatre and performance forms for addressing a wide range of issues which impact on social and emotional wellbeing in indigenous communities, beyond the relatively narrow arena of sexual health.

Applied theatre and performance refers to the use of theatre, drama and/or performance for the achievement of outcomes beyond the artistic experience itself. In his seminal text, *Theatre of the Oppressed*, Augusto Boal states "It is not the place of the theatre to show the correct path, but only to offer the means by which ... possible paths may be examined"¹⁰. This principle counters a tradition in theatre which extends from the morality play through agit-prop to modern Entertainment Education, all of which use public performance as a medium to "show the correct path" for, disseminate ideas to, and urge behaviour change on, a relatively passive audience.

By contrast, Boal's theatre practice sought to engage people actively in the creation of theatre, as a means of exploring, questioning, challenging, and seeking new solutions to issues of key importance in their lives. The notion of applied theatre today is usually associated with the use of theatrical forms in the interests of empowerment, capacity-building and social transformation.

RATIONALE AND OBJECTIVE

The first author was invited to demonstrate some potential uses for applied theatre forms in health promotion, by a non-government development organisation based in Papua New Guinea. The researcher was informed by the NGO that applied theatre techniques were viewed with a certain suspicion, as previous attempts by visiting theatre companies to use Boal's Forum Theatre had proved counter-productive. The NGO staff felt that Forum Theatre was not culturally appropriate in the local communities.

In Forum Theatre, a scene is performed by actors in front of a community audience. The scene presents a situation commonly experienced in that community, with a realistic and undesirable resolution (eg. a young woman succumbs to the sexual advances of a man, and contracts an STI). At the conclusion of the scene, individual audience members are invited to take the stage, assume the role of the protagonist, and make choices within the scene which are intended to alter the outcome. Boal emphasised the importance of encouraging audience members to transform from passive "spectators" to "spect-actors", who would gain power over their real-life situations by rehearsing new solutions and behaviours in performance. He also saw the communal nature of this play-making as a powerful tool for engaging communities in dialogue about important issues – a form of group learning - which they might never undertake without the catalyst of the theatrical experience. However, local NGO staff in PNG stated that this kind of theatrical demand was not experienced as culturally safe by local people, who were reluctant to take the spotlight as individuals in the context of a public performance.

Cultural differences in acceptance of Forum Theatre have also been noted in South Africa, where an audience refused to intervene to change the ending of a scene on the grounds that 1. the tragic ending presented was "true", realistic and likely, and the audience felt that any more positive ending would be artificial and inauthentic, 2. the authenticity of the ending contributed to a sense of closure, unity and beauty about the scene, and the audience did not wish to discount or disrupt the aesthetic experience of the scene by recreating it, and 3. the audience could not imagine any way in which the protagonist could change the outcome of the scene through individual action, as the society in which she (and they) operated was communal and hierarchically-organised¹¹.

The pilot workshop therefore used forms drawn from process drama and improvisation, towards the "participant-oriented" end of the applied theatre spectrum, in conscious contrast to Forum Theatre and other "performance-oriented" forms. The rationale for this approach was that involving the whole group in simultaneous "performance", without a separately constituted audience, would be less threatening for individuals, and would more closely approximate traditional forms of performance in Papua New Guinea in which groups of people sing and/or dance together.

METHODS

The improvisation tradition from which several of the short forms were sourced is that of Viola Spolin and Keith Johnstone^{12, 13}. Process drama describes a form in which improvisations are expanded and linked together, with a clear emphasis on the educational outcomes which result from engaging cognitively and emotionally in enacting drama¹⁴. Process drama is typically used to assist a group to explore a problem, situation, theme or series of related ideas through the artistic medium of unscripted drama¹⁵. Since process drama is a negotiated form of drama which cannot simply be imposed on participants¹⁴, participants are empowered to think beyond their own point of view and considering multiple perspectives on a topic through playing different roles. In effect, they have the opportunity to “rehearse the future”¹⁶ by practising behaviours in response to situations, and experiencing consequences, in a way that is both real and imagined, meaningful yet safe.

The pilot workshop engaged participants around three themes: 1. health promotion education about the body, STI transmission and prevention, 2. gender relations and interpersonal respect, and 3. experiences of help-seeking and accessing healthcare, particularly examining issues of stigma and shame which may pose a barrier to help-seeking behaviour. Throughout the workshop, participants were invited to experience the forms from two perspectives: as themselves, as people participating in a workshop; and in their professional roles, as potential users of these applied theatre forms for health promotion work with their own client groups. It was emphasised that although this workshop focussed on sexual health, applied theatre forms can be used to explore a wide range of health issues including infectious diseases (eg. malaria), maternal and child health, and mental health, not to mention the wider gamut of environmental, social and political issues.

Participants were 12 Papua New Guinean nationals (6 male, 6 female) employed by non-government organisations or working in local theatre companies, in areas of health and welfare. The majority spoke English and all spoke Pidgin, so the group translated for each other and for the English-speaking facilitator as necessary. Participants came and went throughout the day, although a core group of approximately 7 remained for the whole day. The theatre forms included a suite of exercises to introduce participants to each other and to the conventions of process drama work; forms exploring emotions, status relations, and communication skills including persuasive techniques; re-enactment of and reflection on patients’ and healthcare workers’ experiences in the healthcare system; dramatisation of the illness processes involved in the transmission of STIs using dance and dialogue; a powerful sequence in which the participants used tableaux to vigorously debate cause and effect in a case of domestic violence; and some small group performances by which participants had the opportunity to integrate their existing knowledge and skills with new learnings from the workshop.

RESULTS

The workshop was evaluated through a focus group discussion using structured questioning. Participants indicated that they had gained particular value from the exploration of emotions, status, and communication skills, and from the section of work on gender relations.

When asked in what ways they expected to operate differently in their roles, as a result of the workshop, three participants indicated that greater awareness of their own body language and “playing a different status” would help them to interact more effectively and persuasively with clients, subordinates and managers. One participant’s words were particularly poignant: “I have always been a shy person. I have always felt ashamed of myself and I think my ideas are not as good as other people’s. When I work with clients, I am afraid to tell them what they need to know. Today in this workshop, I felt safe and I felt as good as other people. I feel I have begun to open up, and I will tell my clients things they need to know with much more confidence”.

The participants expressed a general feeling that, with more training, they would be able to facilitate a drama workshop like this with their own client groups. Several participants already felt equipped to conduct one or more of the exercises with a group, and had taken notes to help them do this. Two participants saw particular value in the technique of dramatising the processes which occur within the body, at a microscopic level, which are difficult for people to grasp since they cannot be seen: “I will be able to use the idea of dramatising what goes on inside the body – people will understand difficult concepts easily if I present them in that way”.

Participants reiterated the belief that the applied theatre forms could not be used “cold”, or in a performance context where people from the audience were expected to join an onstage improvisation. The group generally endorsed the participant-oriented workshop form, recognising the importance of careful design to build trust and establish ground-rules through the warm-up exercises, to create an appropriate group environment for exploring challenging issues.

CONCLUSION

The pilot workshop reinforced the hypothesis that participant-oriented applied theatre is a potentially powerful approach to enhance social and emotional wellbeing in indigenous communities. By engaging groups, this approach provides a structured environment in which group mores, cultural values, and social expectations, can be articulated, examined, questioned, and viewed from multiple perspectives. The process drama and improvisation traditions are also rich in forms which support individual and communal resilience and self-efficacy, and encourage positive interpersonal interactions.

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