Title:
Using Theater of the Oppressed in Nursing Education: Rehearsing to be change agents.

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Abstract:
Theater of the Oppressed (TO) is used in a variety of setting and communities to explore ways of recognizing and overcoming oppressions. The main purposes of TO is to become more critically aware of oppressions and power relationships, to rehearse alternative solutions for real life, and to ultimately to be able to make change for social justice. This article describes the use of TO in a baccalaureate nursing education classroom as a way to rehearse for real

life situations, confronting the status quo, experience positive communication techniques for empowered thinking, and practice their role as change agents within the healthcare arena. The methods of "cops in the head," "forum theater," and "image theater" will be described along with a discussion of how these methods were used in a community health nursing course. Although the examples provided here are specifically for a nursing class, they could be used in any health related field with potential to transform healthcare and ultimately to improve the care experience of patients from the most vulnerable populations.

Supporting material:
Description of TO Techniques

Using Theater of the Oppressed in Nursing Education: Rehearsing to Be Change Agents.

"TO is a theatrical practice intended to shed critical light on oppressive situations, to stimulate genuine dialogue, to bridge the gap between audience and actor, to transform members of the audience from passive spectators to actors, and to culminate in action in the world" (Burstow, 2008, p. 274).

Introduction

Theater in a nursing class may seem inherently misplaced, but it can be a good fit when the theater that is used is Augusto Boal's Theater of the Oppressed (TO). Boal's work is based on Paulo Freire's *Pedagogy of the Oppressed*, which helps students critically question social power structures and work toward change (Freire, 1970). TO engages in empowered thinking by reflecting on problems and solutions while using the prior knowledge of the students (Boal, 2004; Räthzel & Uzzell, 2009). There are a host of uses for this type of experience in nursing, such as exploring the power hierarchy in doctor-nurse and nurse-patient relationships, reflecting on medical ethics, and rethinking horizontal violence. Horizontal violence occurs when non-physical aggression or hostility is directed toward other members of one's own group. It is symptomatic of unequal power relationships where members of this oppressed group feel powerless against their oppressors, and instead act out against one another (McKenna, Smith, Poole, & Coverdale, 2003). In order to move away from hierarchical power relationships of healthcare,one must be able to see the problems with the current structure, be able to envision a new structure, and transition toward change by experiencing these alternatives (CDC, 2001; Hebert, Sisk, & Howell, 2008; Rutten, et al., 2010; Smedley, Stith, & Nelson, 2002). This article will describe TO and show how its methods can be used to provide a supportive space in a nursing environment for students to experience reflection, envision alternatives, and enact change.

Background

TO is an outgrowth of significant social and political unrest in South America during the 1970's. Boal in particular advanced the idea that we all must be actors in order to transform society (Boal, 2008/1979). He observed that in both society and on the traditional stage, there is a powerful minority comprised of actors who make the majority of decisions and have the power to effect change (Boal, 1996, 2006, 2008/1979). Through the medium of theater, Boal attempted to influence the classic power relationships (powerful actors in control, passive audience) by having the audience members be a part of the drama. Instead of their usual role as spectators, observing on the sidelines, the audience members are empowered as "spectactors" who are able to participate, make decisions, and even act in opposition to the actors to confront real world experiences of oppression. For Boal, recreating theater events where all people present have an equal voice and ability to shape the action means that those who were traditionally disenfranchised, or voiceless, now have a medium to express frustrations about the institutional or cultural structures that were keeping them marginalized. TO works to diffuse power through dialogue, give voice to those traditionally without power, and provide the experience of communication (Howard, 2004).

Confronting social and cultural dominance in the context of theater provides a safer

space for spectactors to test out ways of overcoming real world experiences of oppression and allows for teachable moments where peers can judge whether or not the proposed actions would be viable in the real world (Burgoyne, et al., 2007). Boal (1995) created several theater techniques and experiences for the primary purpose of liberating oppressed peoples from "concrete, visible oppressions" (pg. 8), such as poverty, violence, illiteracy, and political unrest. Techniques such as Image Theatre, Cops in the Head, and Forum Theatre (see Table 1) provided an alternative lens of analysis to rethink and resolve oppressions. Boal (2008/1979) intended TO to be completely contextualized in the real world experiences of the spectactors calling the scenes "rehearsal for real life." The intention was that the spectactors would take what they learned from the TO experience and apply it directly to their experiences of oppression in everyday life.

TO provides the participants with the experience of analyzing how language supports or challenges power and oppression. Learning the language of social power used by the dominant group, whether it is cultural, social, or professional, is necessary for creating change (Freire, 1970). TO uses Freirian dialogue as a primary tool to express, analyze, and collectively change reality. Incorporating TO in nursing courses can provide opportunities for nursing students to become aware of how social power and privilege are used in everyday language that might otherwise go unnoticed. Analyzing covert (hidden) and overt power relationships in language is a skill that can help students to become more empowered, and ultimately better advocates for their patients. Nursing students can learn and explore the language of power (verbal and non-verbal) in the context of healthcare.

Today, TO is used across a broad spectrum of oppression-based issues including eating disorders, bullying, sexual assault, gender/sexuality/racial discrimination, war, mental health, food insecurity, homelessness, and in education. Freire (1970) argued that students must be actively involved and responsible for their education and reflective of power relationships and social and cultural forces. This pedagogy is consistent with the goals of nursing education in producing nurses who can think critically, be advocates for populations (not just individuals), and have an orientation toward social justice (Beck, 2001; Chabelli, 2004; Falk-Rafael, 2004; Hughes, 1994; Mooney, 2006).

 Nursing education focuses on patient advocacy, which includes understanding social structures that prevent access to care, influence health disparities, and increase health risks such as environmental conditions and workplace dangers. Professional nursing also has imbalances in power between those who have information and those who do not (care providers versus patients), power struggles between doctors and nurses, issues of medical ethics, and horizontal violence among nurses (McKenna, et al., 2003). The power relationships between student nurses and faculty or experienced nurses are also a situation of imbalanced power and possible oppression (Chinn, 2001; Kreisberg, 1992; Rush, 2004; Smith, 2004; Van Niekerk, 1999). All of these power inequalities are possible contexts for TO in nursing classrooms to encourage student empowerment and have them explore how nurses can be change agents.

Method and Application

In order to describe a more continuous learning experience, the following examples are drawn from a single nursing course where TO was used as an emphasized teaching method. The example provided shows the progression of the students through this one class, with the intention of providing more insight into the potential impact of TO in nursing education. Given the rigorousness of nursing programs and the amount of didactic content covered it is not practical to

structure whole courses around TO, but it can be used in smaller ways throughout a course such as having a class setting aside one class to focus on the experience. The examples provided here were drawn from such a class offered toward the end of the course and are meant to serve as a guide to other nursing educators in the practical application of TO in a classroom environment.

The faculty member who served as facilitator for this class has a background in TO, including experience with using this technique as a learning tool. In this example, TO was used in a baccalaureate nursing program in New England. The course focused on community health nursing, and there were 44 female students, all of whom were graduating seniors in their spring semester.

A strong rapport among the students and professor already existed in the class, but creating a safe space was foundational to the exercises. A safe space is one where everyone must feel that they can share openly, choose to be vulnerable, or choose to remain silent.

Initial Activities to Create Comfort in the Classroom

There are a variety of theater games and exercises in TO, which are used to build confidence and help establish ways of analyzing power (Boal, 2002). TO games and exercises can be verbal or non-verbal, physical or non-physical, but most often focused on drawing out elements of relationships and dynamics of power and oppression (Boal, 2002). In all TO exercises the topics and specific scenes come from the community of spectactors, increasing relevancy and meaning for the group. When the teacher or facilitator gives the control of choosing the scenes over to the students, power is redistributed and the students can access their prior knowledge/experience, come up with alternative interventions, and decide on the most useful solution (Hewson, 2007).

The students were introduced to the idea of acting by simply moving their bodies. In one exercise they answered a series of questions about their personality such as "I am competitive," or "I am anti-confrontational," standing on the left side of the room to signify "yes," the right side to mean "no," and the middle to mean "sometimes." Another exercise helped the students become familiar with consciously using their voices. A ball was tossed around the room and the person who caught it would share an idea about change in nursing or healthcare. Students talked about access to healthcare, technology, the nursing shortage, and quality of life issues.

The three most common techniques in TO are Image Theater, Cops in the Head, and Forum Theater (see Table 1). The following are descriptions of technique procedure, with examples and discussion of the learning opportunity offered through each technique.

Analyzing Power Relationships

Image Theater uses the body non-verbally to create a snapshot of an oppression, such as bullying or intimidation, which the group analyzes and may change as needed (Picher, 2007). The images that the spectactors create resemble living statues. They may sculpt emotions, thoughts, and opinions. Such an activity makes a good warm up to get the group thinking in a new way and to get used to performing.

For example, "complete the image," a form of Image Theater, is usually performed with two actors. To start, the students were asked to approach each other and display a greeting of some kind and freeze their action. In this class, they chose a handshake. One person used both hands and grabbed the hand and forearm of the other. Freeze! This image was analyzed by some in the group as warm and embracing, while aggressive to others. Then a spectactor from the class replaced the individual whose hand was shaken. The same handshake was in place, but the person being grabbed acted out a stumble. Freeze! This image was interpreted by most of the

students as helping the person up, but some imagined that the grabber caused the stumble and was not helpful at all.

As part of the exercise, we explored body language and discussed cultural variations. How could a handshake show the power of the person from the dominant group? Students discussed gender differences, religious restrictions on touch, and how the person from the dominant group usually anticipates that the handshake will meet their cultural expectations. Image Theater helps explore the language of images, helps analyze non-verbal messages, as well as shows how different people look at the same image differently (Picher, 2007). The lessons of Image Theater are important for nursing students who will not only interact with patients and families from different backgrounds, but will work with the differences in worldviews of the interdisciplinary healthcare team as well. Transcultural education is foundational to culturally responsive nursing care of diverse populations and to gaining insight into the power relationships that may occur among healthcare disciplines (Cumbie, 2001; Frisch, Dossey, Guzzetta, & Quinn, 2000; Geller, 2006; Leininger & McFarland, 2002; Love, 2010; Pacquiao, 2007).

With Cops in the Head (also called Rainbow of Desire) group members enact an event in which oppression takes place. The spectactors explore multiple perspectives that influence his/her "Cop in the Head," or internal oppressions that influence their behaviors (Boal, 1995). For example, a typical situation to illustrate Cops in the Head occurs when a person who is homeless says "Excuse me" to a passerby. The passerby replies, "I don't have any money," clutches her bag, and quickly walks away. The group discussed the oppression in the situation, power, stereotypes, discrimination, and alternative storylines of what might have been taking place. For example, the person who is homeless may only been trying to ask, "Excuse me, do you know where the hospital is?"

Next, the spectactors reflected on the possible thoughts, feelings, and motivators of the woman's actions. The spectactors could position themselves around the woman in the scene to symbolically represent those different influencers of her actions. Someone may pantomime clutching a purse and say, "You might rob me." Others may display "I might end up like you," "You look familiar," or even "I hope he's only asking for money." A myriad of fears and stereotypes can be displayed to better understand the behaviors of people interacting with someone who is homeless. Cops in the Head shows internal oppressions and focuses on how these fears become behaviors which maintain an oppression as it is (Boal, 1995; Picher, 2007).

In the classroom, the students took the position of the novice nurse responding to a patient without outward signs of discomfort who was perceived to be drug seeking. After the scene was played out, the students then positioned themselves around the novice nurse and explored the different thoughts that might be influencing her behavior in the situation. The students moved beyond initial feelings that the nurse's behaviors were simply wrong and based on discrimination, and began to reflect on their fears such as "over medicating a patient," "being wrong," "making a mistake," or being perceived by other nurses as "being manipulated." Exploration of these feeling helped the students to reflect on the power a nurse can hold over a patient and the role of fear as a motivator for maintaining a power-over relationship.

Forum Theater uses real life situations of perceived oppression, again, offered up by the spectactors (Boal, 2004). The perceived problem must be concrete, in contrast to more internal, psychological problems associated with Cops in the Head (Boal, 2004). The situation is first acted out showing the situation as it happens and, as the protagonist does not know how to fight the oppression, resulting in an unsuccessful outcome (Picher, 2007). The scene is discussed,

power analyzed, and the group considers how the scene could be altered to respond to the oppression and either stop it or at least raise awareness of what is taking place (Boal, 2004; Boal, 2008/1979; Picher, 2007; Schaedler, 2010). The scene is performed a second time, but the spectactors stop the scene when they first see the problem emerging. The spectactor who called out to stop the scene replaces the protagonist and intervenes with a different approach to stop the oppressive action of the antagonist (Howard, 2004; Picher, 2007). As in "complete the image" the spectactor replaces the person being oppressed or witnessing the scene, and speaks up, changes their tactics, or fights the oppressors actions in some way. The other actors in the scene improvise their response to the new solution, to allow a sincere analysis of how this might work in real life (Boal, 2004; Räthzel & Uzzell, 2009). The spectactors must explore real reactions and consequences to examine whether the new solution would be successful (Schaedler, 2010).

A leader of the group plays the key role of the Joker. In this class the professor, who acted as facilitator to the group, assumed this role. The Joker helps spectactors to think about the different aspects of oppression displayed in a scene; can help a scene progress if volunteers are stuck; and also guides the group through challenging or emotionally charged scenes of oppression (Hewson, 2007). The Joker must not dominate the group by influencing their decisions, but, rather, must act as a presence for helping the participants to reflect on their own feelings and experiences.

In this specific class, several different scenes were created ranging from experiences as students to experiences in community health nursing, working with other nurses, or being prevented from advocating for a patient. In one scene, the student nurse shared a real life situation in which she had been trying to call a doctor's office from a patient's home, but was blocked by a gate keeper, the doctor's wife who screened all the phone calls. The wife told the student the doctor was very busy but the student could tell her about the patient's problems and she would tell the student what to do. The student unsuccessfully tried to get past the wife to advocate for the patient.

After the initial failed enactment scene, the scene was analyzed. Who had the power and why? Would a student nurse feel differently if she or he were a registered nurse or advanced practice nurse? Why did the wife behave as she did? Then spectactors from the class replaced the student in the scene and tried different approaches. Some were successful; some were not. One started threatening the wife with legal action. Although this comedic intervention inspired laughs, and did disrupt the power relationship, it was determined to be unrealistic. Possible solutions were to tell the wife that she would call back later when the doctor was available; to put the student's instructor on the phone; or to simply to tell the woman that she was not licensed to make decisions about the patient and that she would wait on the line for the doctor. The goal is not to find the ideal solution but to create new ways of confronting oppression and exploring emotions that one does not often have time to do in a real life event (Picher, 2007).

As the class continued the students felt more comfortable in the experience and shared more vulnerable experiences. Another scene focused on a situation between a student and faculty member, from the point of view of the student. The student was given a poor midterm evaluation, but when asked for feedback the teacher could only tell her that she was "not doing a good job," "just not doing very well," and that she was "inadequate." This situation required bravery for the student to mention in class, so the established safety of the classroom environment was crucial. Other students sympathized with the scenario and reflected on their feelings of powerlessness as students. This scenario is particularly relevant to graduating seniors who will continue to work in

the hierarchical healthcare industry as novice nurses when working with preceptors, when advocating for a patient may require confronting a superior, or refusing to follow an order.

Several spectactors tried alternative tactics, and again, some were successful and others were not. Many were unrealistic, but offered the students an opportunity to vent their frustrations. Ultimately the group decided that calm, direct confrontation with what the student was hearing and what the student needed to know would be successful. The actor stated simply, "I feel like your comments are getting personal and I would like to stay professional. In order to improve and be successful this semester, I need specific feedback and measurable steps I can take to improve." In the original encounter, this student felt that she was powerless to confront a teacher because of her fear that the teacher had the ability to retaliate through grading. After this class, this student did report that she had tried in real life what she "rehearsed" through TO and ended up having a very positive interaction with her teacher who had been impressed by her ability to handle the situation professionally.

Since the spectactors draw from prior knowledge and experiences occasionally the facilitator or faculty member may need to help the novice student see other options. For example, in other Forum Theater scenes, students discussed ethical situations, such as when to give pain medications and how to handle verbal abuse from a more senior nurse. In both of these situations, the novice nursing students could not come to a successful outcome and the facilitator stepped in by either acting out a possible solution or simply posing questions to help guide the students. Overall, the class offered the students a simulated learning environment and a real opportunity to try out different actions to overcome their problems as students and future healthcare providers.

Benefits of TO

The potential benefits of TO are seen both in the classroom and in professional practice. Students are given the opportunity through TO to analyze situations and work through the problems. This encourages ethical thinking, improved clinical judgment, and a critical eye to the underlying forces impacting a person or a situation (Burstow, 2008; Freire, 1998; Pellegrino, 1996; Rutten, et al., 2010). Students can develop a critical consciousness, enabling them to recognize social pressures, norms, stereotypes, and how power structures maintain oppression (Boal, 2008/1979; Howard, 2004). The dominant perspective makes the ideology of hierarchy, for example, appear necessary and natural (Picher, 2007). Helping students to contemplate the "necessity" of hierarchy in the healthcare arena is crucial in moving healthcare toward its goal of interdisciplinary practice.

Developing a critical consciousness is just a first step toward creating change. Although seeing the problems and how they are maintained is important, action is when real change takes place. The goal of TO is social justice and helping oppressed groups feel empowered to work toward justice (Boal, 2006). It is important for the students to perform the actions challenging oppression, rather than merely watching actors, because this encourages that student to perform similar actions in real life (Boal, 2008/1979; Faigin & Stein, 2010). Albert Bandura theorized the importance of perceived self-efficacy as necessary to changing behaviors (Burgoyne, et al., 2007; Schaedler, 2010). "When people believe they have no power to produce change they will not try to make things happen" (Bandura, 1997, p. 3). If, for example, a student nurse does not believe he or she can advocate for a patient against an insurance company, he or she will not.

Bandura also suggests that "Seeing people similar to themselves perform successfully typically raises efficacy beliefs in observers that they themselves possess the capabilities to

master comparable activities" (Burgoyne, et al., 2007, p. 97). TO allows this to happen as spectators, the students' classmates, act out their ability to change a situation. They become their own advocates, and the drama gives them the experience of using their voice in a powerful and effective manner (Bandura, 1997). Boal noted that "It doesn't matter that the action is fictional, what matters is the action" (Schaedler, 2010, p. 122).

The group also benefits from TO by seeing that others share their experiences. The validation they gain creates group cohesion through a shared common experience. Participants feel "heard" and valued which allows for a mutual support, alleviation of frustrations, and validation (Boal, 2008/1979; Faigin & Stein, 2010). TO also creates a safe classroom space, encourages accountability and respect as trust, safety, and team work are all requirements of this type of work (Nicholson, 2005). The students feel empowered in their own learning experience (Boal, 2008/1979).

Finally, TO creates a space where alternative possibilities can be imagined and tried out. The person can experience conflict and resolution in a safe, non-threatening way without judgment of peers or evaluation by their teacher (Picher, 2007). Not all solutions offered are realistic, but each inspires critical thinking and allows students to try out fictional behavior in a safe environment (Day, 2002). Overall, alternative possibilities are tried; the group gains cohesion and validation; a critical consciousness is developed; and students gain experience practicing ethical and critical thinking.

Future Suggested Uses

TO could be used in nursing programs as early as freshman year to teach professional conflict resolution and appropriate communication techniques. A common complaint of faculty in all disciplines is that students often do not know how to communicate professionally in emails or in class. This is something not only could be taught, but also experienced by the students.

Likewise, TO could be utilized in the clinical practicum environment to deal with interactions that take place or are observed throughout the day. It would provide the students a safe learning environment to try out different techniques and also to help demystify the institutional power structures of the healthcare arena. Students could also explore oppression and discrimination issues of race, class, age, or physical limitations without the trial and error risks of experiencing such issues in real life.

Finally, TO could be used to help prepare nursing faculty by reflecting on student encounters, discussing issues of diversity in the classroom, or even to debrief after confrontations between students and faculty or faculty and employees or patients in a healthcare setting.

Limitations

Limitations of this TO work include that this was a fairly small group of nursing students in their final year of nursing school in New England. Future studies should explore the TO techniques and scenarios with a wider audience and note their applicability to nurses at different stages in their preparation. Additionally, these nursing students knew each other quite well prior to taking our course. Future studies might explore the success of the T.O. curriculum, particularly in creating a "safe environment" where students felt comfortable being vulnerable, in students who may begin the class unfamiliar with their peer colleagues. Lastly, this faculty member was well versed in T.O. and how to engage students in this manner of learning. Future studies would need to address the learning needs of faculty who employ T.O. teaching methods in their curriculum. Success of the T.O curriculum is dependent upon experienced faculty imparting and engaging their students.

Conclusion

The main purposes of TO are to become more critically aware of oppressions and power relationships, to rehearse alternative solutions for real life, and to ultimately to b e able to make change for social justice. Bringing the techniques to a nursing classroom can benefit students by validating their own experiences with oppression, helping them to recognize the power position they will be in as nurses, and to help them experience positive communication techniques for empowered thinking. This will ultimately support the novice nurses transition to becoming agents of change. Although the examples provided here were specifically for a nursing class, they could be used in any health related field with potential to transform healthcare and ultimately to improve the care experience of patients from the most vulnerable populations.

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