



TaPS MASTER CLASS RESOURCE PACK: Applied Theatre and Health Education

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Theatre and the 'social'

Theatre is defined here as any act of performance or representation while the 'social' refers to the focus of such theatre: the practice engages with or responds to happenings or events located in the social spaces of people's lives, for example an isolated illness in a particular community or the global Aids pandemic. Such theatre or performance is not simply utilitarian with limited aesthetics; rather, depending on the context, it encompasses a wide range of approaches and aims. This type of theatre has numerous approaches and names, including Theatre for Development (TfD), Theatre or Drama in Education (TIE or DIE), community theatre, popular theatre, Theatre in Health Education (THE), social theatre, Theatre for Social Change, Forum Theatre, and applied theatre.

Applied theatre

Applied theatre is considered as an 'organizing category' (Thompson 2005:242) under which shelter forms of participatory theatre such as Theatre for Development, Community Theatre, Theatre in Education, and People's Theatre. It emerged as a term in the late 1980s alongside a move away from using terms such as 'community arts' or 'community theatre' (Gieseckam 2006).

Applied theatre shares its history with other forms of social theatre. Bertolt Brecht's *Lehrstücke*, the Theatre in Education methodologies developed in the 1960s in Britain, Freire's 'Pedagogy of the Oppressed' and Boal's 'Theatre of the Oppressed' have all influenced the development of the practice (Prentki & Preston 2009:11–13; Taylor 2003:2–7).

As a field, applied theatre is constantly evolving and the themes dominating in the past few years have focused on notions of citizenship, work in conflict zones and with refugees, practice in prisons, and disability. However, alongside the ongoing concerns over the effects and the outcomes of the practice (Nicholson 2005; Thompson 2009), a stronger focus on health and health care issues has emerged, spanning a wide range of contexts including mental health, HIV prevention, community health and different research approaches (White 2009; Brodzinski 2011).

Applied theatre practice does not take place in traditional theatre settings, rather it works in places where many of the usual theatre elements such as lighting and sound are not always available. The practice of applied theatre is both process and product orientated, with a specific focus on discussion and reflection.

Theatre for development (TfD)¹

From the late 1960s, many developing countries have used theatre as ‘an educative medium for social change and development’ (Epskamp 1989:11). The travelling theatre movement, where drama departments, in universities from Kenya, Malawi, Nigeria, Uganda, and Tanzania, set up travelling theatre troupes to visit rural areas and devise plays in the local languages in order to address the community’s problems, is one such example. This movement developed a way of working that became a framework for today’s TfD (Epskamp 1989). Kerr argues that one of the ways that TfD came to exist in Africa was a reaction to ‘the colonial tradition of theatre as propaganda’ and ‘a desire to displace the domesticating ‘top-down’ approach to communication with a more participatory ‘bottom-up’ approach’ (1995:149). Indeed, as a performance form, TfD has both a Western influence, stemming from development programmes, investment, and Western theatre practitioners (Kidd 1984; Kerr 1998), and has roots in African performance forms (Mluma 1991:26–7). Addressing themes as diverse as agricultural practices and health-care (Mda 1998), TfD traditionally takes the form of ‘edutaining’ or information-giving plays, which, like THE, are developed in conjunction with the local community, considering their views and experiences. It is described as having a ‘dialogical approach’ (Pompêo Nogueira 2002:105) in that it has been ‘conceived by the people and for the people’ (Bourgault 2003:104). Its overall purpose is community empowerment or facilitating some form of change, an approach that is strongly influenced by Freirean theories of education and ‘conscientisation’ (Epskamp 2006:10).

Theatre in health education (THE)

THE as a practice emerged in the late 1980s and early 1990s as a type of theatre focused on health education, influenced in some instances, such as in the UK, by TIE work. Anthony Jackson, for example, draws attention to the setting up of the Theatre in Health Education trust in 1990 in the UK whose purpose was ‘to act as a “broker” between sponsors and health companies’ (2007:200–3). Dwight Conquergood’s work in a Hmong refugee camp in Thailand in the mid-1980s, is one of the earliest published records of THE work (1988).

In his article, Conquergood acknowledges the influences in his work, which include Paulo Freire and Augusto Boal, Ross Kidd and other forms of popular theatre (1988:181). These are influences which are shared not just with other THE approaches but also with TfD and applied theatre practice.

However, the emergence of HIV/Aids has been a significant force behind the development of THE, especially within Africa. First accounts of such practice were located in Uganda where in 1988 a School Health Education Programme was initiated by UNICEF and the Ministry of Education, using dramas as a means of ‘sensitizing’ the

¹ TfD is sometimes referred to as popular theatre, community theatre, and theatre for integrated development in Africa (Abah 2005:99).

children about sexual health (Frank 1995).

Indeed, Esiaba Irobi has suggested that the Aids pandemic in Africa has created a 'Theatre of Necessity. This theatre is about survival' (2006:34). He proposes that this form of theatre is being used across the African continent with the purpose of educating people through multiple performance forms, including choirs, performance groups, music and dance, television and radio dramas (37–8).

Master class overview

The workshop will consist of a series of games and exercises, which together will help to demonstrate how an applied theatre workshop may be constructed to deal with different health-related topics. We will run through the exercises and then step back and reflect on them in more depth, considering how they might be used in different contexts.

Exercises

- **Brief intro to applied theatre**
- **The elephant and the blind men**
Discussion- what has this exercise showed us?
- **What's the story/complete the image**
Ways of beginning conversations with groups
- **Mental health – facts, feelings, ideas and objects exercise**
What stereotypes emerge around mental health and mental wellbeing – how do you begin a conversation about a sensitive subject such as depression?
- **Line improv**
In pairs, a relationship is assigned and there is conflict between the two – the point is not to find resolution, but to build the conflict. Eventually chose one of the scenarios and use forum.
- **Develop your own workshop/project in response to a health crisis**
Choosing one of the topics in groups, develop a workshop/project.
What are the key things you need to consider? What questions do you need to ask yourselves about the ethics of the practice? Give an example of the kind of practice you would do.

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Practitioner's pathway

My first encounter with applied theatre, or theatre for a social purpose, was during my IB years at La Chataigneraie in Geneva, where we were partnered with a local Swiss SEN primary school for a few months.

Every week, six of us from La Chat, and twelve students from the school would meet and play games and encounter different imaginary worlds. Part of the interest and excitement for me was finding ways of creating workshops that would interest and engage the children and provide spaces for them to imagine, create and have fun. Since then, I have been heavily involved in applied theatre work, particularly in the field of health care and sexual and reproductive health communication.

During my undergraduate degree at the University of Glasgow, I ran an Aids Awareness project in the Limpopo province in South Africa with a local school. I then worked for a number of Theatre in Education projects in Glasgow before beginning my Masters in Applied Theatre at the University of Manchester. During my time at Manchester, I worked with a local HIV/Aids charity running workshops and explored youth-led responses to HIV/Aids in Tanzania. I then began my PhD in Applied Theatre, exploring its role in developing appropriate responses to different sexual health concerns and considering how it may play a role in developing new communication pathways

around sensitive sexual health topics, such as rape or sexuality. My practice took place in Dar es Salaam in Tanzania and the Nyanga township in Cape Town, South Africa.

I now lecture in Applied Theatre at the Central School of Speech and Drama and at Goldsmiths College.
