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Abstract

Theater of the Oppressed inspired a street theater project that began in Mexico City with graduate counseling psychology students. The theater provoked a Pedagogy of the Oppressed, challenging the students and the epistemologies of clinical psychology as the 'experts' and giving epistemological and ontological power to the participants. This article argues a depth psychological comprehension of oppressor-oppressed relationalities and integrity to assisted regeneration are necessary for Theater of the Oppressed projects to have a liberatory function. Public, spontaneous dialogue with embodied representations of social issues such as domestic violence has enduring collective healing potentials for the participants and for the facilitators.

Introduction

Theater of the Oppressed's creator Augusto Boal believed that theater could be utilized as a "weapon for liberation" to create fundamental social change (Boal, 1985). He believed that theater needed to be "a celebration in which all could participate" where "the barrier between actors and spectators is destroyed" (Boal, 1985). For Boal, the destruction of barriers in Theater of the Oppressed is a representation of the destruction between social classes such as the ruling class and the subordinate class. To accomplish this, Theater of the Oppressed must be flexible, porous, and shaped by the actors and by the spectators and invite a spontaneous narration of cultural and sociopolitical problems and their solutions. In Theater of the Oppressed, anyone can be an 'actor' participating in the meaning making of the theater, and the 'actors' are lay people embedded in society, they are not trained actors.

This project was inspired by the fundamental goals of liberation in Theater of the Oppressed, as expressed here by its creator, Augusto Boal. As emerging mental health professionals in a graduate counseling psychology program in Mexico City, it meant leaving our offices, leaving

the stringent conceptualizations of mental health and treatment models, and going into the streets. We intended to break the barriers of social and political power between mental health professionals generally or ourselves as graduate students in mental health specifically, and the general population.

This project's exceptional fidelity to *the oppressed* means that the public who will be called *participants* here, hold epistemological and ontological power, not the mental health graduate students. That means the participants have the power to define the problems, the belief systems and influencing factors that create and maintain those problems, the solutions, and the steps to reaching those solutions. Another way this shift in power may be understood is to recognize the emerging mental health professionals in this project as the bearers of hegemonic scientific knowledges that are not distributed equitably, thus they could contribute to cognitive injustice and an egocentric 'expertise' (De Sousa Santos 2018, p. 189). The students relinquished their 'expertise' and their epistemological and ontological power to the participants through Theater of the Oppressed.

The counterhegemony of this project and the modality of healing comes from the

epistemological and ontological power of the participants. As knowledge from the participants develops in the theater with the graduate students, the students overcome their ignorance and limitations of knowing created by mainstream psychology (p. 189). This occurs through an epistemological and ontological dialogue with the people in the streets who become the experts on the psychosocial and political issues impacting them and their communities, and the experts on how to heal (p. 189). And the healing process occurs mutually for the participants and the facilitators, or in this case the students. Dialogue here refers to both the verbal and non-verbal utterances.

Many educators and self-identified practitioners of Theater of the Oppressed have lost the essence of *the oppressed* in their work, and merely offer theater games under the title "Theater of the Oppressed". One purpose of this project is to encourage educators, the field of psychology, mental health professions and all community workers to understand Theater of the Oppressed as a tool for liberation. Liberation requires more than theater, it requires a depth psychological understanding of relationality, an artfully timed responsiveness, and a willingness to be witness. Liberation is a process held together by a triad of ontological assumptions intrinsic to the theater component of this project: actors and participants observe themselves and perceive what they are, then they discover what they are not, and finally they imagine what they could become (Boal 1995, p. 13).

Acquired self-knowledge is embodied in the actions of the actor or participant as imaginal variations of possible alternatives (p. 13). Facilitators of this theater must be willing to let things happen naturally, to make space for imaginal variations and alternatives. They must not impede an actor nor their own process of observation, imagining, self-knowledge acquisition and

embodied action. Healing becomes accessible for all involved in the theater through an embodied participation in the meaning-making of problems and an embodied participation of working through to liberation.

Another purpose of this project is to inspire a de-professionalization and de-ideologization of mental health workers, educators, students, and community workers. In addition to the limitations of 'expertise' within these professionalized roles that need to be challenged, our offices also need to be challenged. The office may produce constraints on creativity and reproduce individualism and the illusion of separation. Going into public spaces reminds us of our interconnectedness and our responsibilities to the people.

Safety in private offices is an indispensable characteristic intentionally designed for us, for our clients, and for the vulnerable inner work undertaken in these spaces. I am not suggesting the abandonment of private, safe office spaces. In fact, there are ways to successfully implement this technique indoors, and that context will be addressed later. The tool offered in this project is being suggested as an additional practice to shift power and expertise, to deepen connections to others and to our communities, to deepen our connection to ourselves and to understand the issues that we are already entangled in within our ongoing work with others.

Methodology

Assisted Regeneration

This project illustrates an assisted regenerative practice in psychology. Fidelity to the participants being the theoretical and practical experts is essential in all areas of the methodology and in all possible applications of the theater. Watkins and Shulman (2008)

define assisted regeneration as the theorizing and practice of a psychology that attempts to “uproot” the “Western and universalizing assumptions that include the notion that experts trained in the traditions where these assumptions go unquestioned can be placed in charge of the well-being of others.” (p. 16). The graduate students are uprooted as the ‘expert’, and the experts become the participants who theorize the psychology of both problems and solutions.

Western and universalizing assumptions are an organizing principle of modern society, so there are ample contexts to implement Theater of the Oppressed as assisted regeneration. This theater is indicated whenever and wherever there are issues within a system (i.e., a community, a family, a classroom, a city or town or country) that would benefit from an uncensored, contained space to process and collectively work through otherwise unprocessed and unattended to psychological content associated with collective issues. In the modern world today, there is no context where this cannot be found. Some examples are a community where fentanyl overdosing is occurring; a family of four living with high conflict and tension where one child is always quiet, and one parent is always the speaker; a classroom of high school students or a group of teachers who fear school shootings or simply have concern about school shootings. The project described here is only a framework for the infinite possibilities.

Participants

The creators of this project were graduate students of a psychology counseling program (Marriage and Family Therapist) with an emphasis on Liberation Psychologies in Mexico City. Participants in the theater were any person(s) in a public area outside a busy underground metro station who voluntarily stopped to

participate with the students and the theater scene. Other participants were any witnesses who remained on the periphery of the theater scenes, though did not verbally engage nor had contact with the actors.

Settings

The theater was initially carried out at the Glorieta de los Insurgentes in Mexico City. The Glorieta is a heavily trafficked, circular area at the entrance of an underground metro train in the center of Mexico City. There are numerous businesses at the Glorieta; many people are in motion walking through the Glorieta or going in and out of the metro station; and many people relax alone or in the company of others at the Glorieta. Other applications of this project were carried out after the initial theater at the Glorieta.

They may be noted for the understanding of this project’s adaptability to other contexts: high school students were participants in a school auditorium in Mexico City; participants were the attendees at conferences where this project was presented in conference rooms in both Mexico and the U.S.; this theater was implemented as a course for graduate counseling psychology students at a University in Mexico City; and this project has been replicated in various locations in the streets of Mexico and the U.S.

Examples of Scenes in the Streets

At the Glorieta, the following scenes were chosen by the students to represent the most common issues brought to them by clients in their therapy internships. The students quickly reached a consensus that domestic violence was the most common issue that clients presented to them in sessions. In particular, male to female intimate partner violence, and male violence to children were chosen to challenge the status quo of silence

regarding domestic violence in Mexico. These scenes were directly applicable to the participants and are not intended to be replicated unless they are applicable to your community. Scenes need to be designed using data acquired from challenges the participants are facing.

Scene One. *Esposo and Esposa.* Two actors: a married couple whose signs around their necks read “Esposo” (male spouse) and “Esposa” (female spouse). “Esposo” actor stands with his hands on his hips. One foot of Esposo is on the back of Esposa as he gazes towards Esposa. Esposa is on her hands and knees on the ground, looking towards a cleaning brush she holds in one hand.

Scene Two. *Padre, Niña.* Two actors: a father and his female child. The signs around the actor’s necks read “Padre” and “Niña”. Niña has an enlarged, pregnant stomach and is standing with her arms and hand positioned to protect her from Padre’s raised arm and hand indicating a physical blow to Niña is about to occur.

Scene Three. *Esposo, Esposa, Infant.* Two actors: married couple and their infant (infant is represented by a bundled up white blanket in the arms of the esposa). The couple’s signs read “Esposo” and “Esposa”. The infant does not have a sign. Esposo is lying on the ground flat on his back with eyes closed and an empty glass bottle of alcohol on the ground next to his opened hand. Esposa sits on the ground next to Esposo cradling the infant and gazing lovingly at the infant.

Procedure

Two or three students were selected at random by the principal student organizers of this project. The students were selected from the student’s graduate program by simply asking if they would like to participate in a Theater of the Oppressed project. These students were not given any

additional information. All students planned on a location, time, and day. As stated by the fundamentals of Theater of the Oppressed, anyone can be an actor, though actors must be willing to be still or frozen in a position until moved by a participant.

At the Gorieta where the students met, they made a large cardboard sign that read, “Como cambiarías esta escena?” (“How would you change this scene?”) on both sides. The sign was set up on the ground a few feet away from where the actors were positioned. The students self-elected their role as an actor and wrote the title of their role (i.e., “Esposa”) on the cardboard, then hung the sign around their neck. The actors assumed their positions in the scene and remained frozen.

The student who was not an actor stood close to the scene and witnessed the reactions of people who passed by. This student would allow the passersby time and space to interpret and feel their reactions to the scene before approaching the actors. Then the student gently approached and initiated a dialogue with the public who were reacting. The dialogue included open ended questions such as, “What do you think of this?”, “Have you seen this before?”, “What causes this?”, “What is the solution?”. The dialogue was free of guiding, free of judgement and allowed participants to share safety and uncensored.

After allowing the public to dialogue, they were encouraged to approach the frozen actors and “change the scene” to solve the problem. The dialogue continued after the participant changed the scene. The student asked the participant why they made the first change, why they made the second change, and so on. And participants were asked how the new scene they created is a representation of solutions to the issues initially represented by the actors.

After the participant concluded their participation, the group of students constructed a new scene and repeated the above procedure. After completing several scenes, the group of students debriefed, often at a café, ice cream shop or simply by sitting at the location of the theater and talking.

Students were asked what it was like to be an actor, what it was like to be in dialogue with the participants and what implications the theater has on their work and the field of psychology in general. Other reflections outside of these questions were welcome and explored. Changes to this procedure are necessary and welcomed when this project is presented with a predetermined group such as with a group of youths or a family in a therapy session, and when it is carried out indoors. In these instances, scenes relevant to the group are set up inside a room without the participants being present and without the participant's knowledge of the steps included in this project.

The participants enter the room to find the scene with actors frozen with signs hanging around their necks to indicate their roles. No verbal instruction nor direction apart from a sign that reads, "How would you change this scene?" are shared. Participants are given the time and space they need to process the scene, to dialogue among themselves, and to eventually take action to change the scene until they appear to have constructed a new scene.

After the participants have completed their participation, the actors and/or facilitator initiate a dialogue with the entire group. The group is asked why they made the changes they made to the scene, why the person who physically moved the actors took on that role, and overall, what are the solutions being embodied in the new scene. Other reflections are welcomed and

bridging the scene to its representations in the larger community or broader contexts outside the room can create a deeper dialogue. This may include, "Does this happen in your life anywhere else?", "Do you see this often?", "Have you attempted to make changes before?", "What prevents you from making changes?", "Are you more willing to make changes if you see this again in your life?".

Variations of the methodologies of this theater may arise organically from the participants themselves. The participants may decide to become actors and generate their own scene(s). Having extra cardboard, markers and extra yarn for the actor's signs is imperative in case this occurs. Large groups may be divided into small groups to make their own scenes for the others to be participants. And the procedure repeats from there. Being flexible and listening to the desires of the participants is fundamental to the procedure of this project, as it creates the conditions for liberation.

What isn't flexible is the element of autonomy of the participants, which must be protected by the ways the actors and facilitators engage. This includes being patient, asking only open-ended questions, being non-judgmental, and compassionate to the participants. Other aspects of this project that are not flexible are: the actors need to be completely frozen, signs on the actors are necessary, and a sign that states "How would you change this scene?" are all required forms of non-verbal communication to invite participants into an inquiry with little influence.

Participants in the streets were given a business card with the student's university information on it. Participants were offered free counseling sessions at the clinic on campus as a gift for their participation, and as an ethical consideration to ensure the participants had psychological support for any impact

their participation may have caused.

Results

Changing the Scene

Common across all locations and scenes was the participant's initial removal of the aggressor's behavior. This meant taking the male spouse's foot off the back of their female partner, lowering the father's raised arm and hand from his pregnant daughter, picking up the passed out drunk father.

Changes after the removal of the aggressor's act included removal of defensive postures of the aggressed and uniting the actors/family members. The unity was created by moving all actors into a circle, with each member holding hands or with one arm around another family member. Some participants changed facial expressions of the actors from distressed to contented or smiling and instructed actors to look directly at the eyes of the other actor. No actor was ever taken completely out of the scene by a participant.

Occasionally, the participant's initial reaction was to reverse the roles by changing the target of aggression into the aggressor. This initial expression of retaliation was always quickly retracted. These participants verbalized an understanding that reactivity and violence as a solution to violence is not a solution.

Dialogue

Participants most frequently named communication as both the cause of the problems and the way toward solutions. Participants described the need to increase communication. Communication was defined as both active listening and talking openly to others.

Participants named systemic issues of racism, classism and gender discrimination as contributing factors to

the violence depicted in the theater scenes. Inequity of resources such as access to counseling, access to a healthy social network and access to safe places for victims were often mentioned.

Intersecting with communication as described above, participants spoke of a culture of silence regarding the systemic issues and inequity of resources that contribute to domestic violence. Participants acknowledged that talking about domestic violence, including exploring their causes and solutions, does not typically occur among friends, family, and peers.

Intergenerational trauma and intergenerational patterns of violence were named several times by participants. Participants believed that healing intergenerational trauma is necessary to prevent domestic violence. Empowering women was also frequently mentioned as a solution to domestic violence, though depowering men was never identified directly. Lastly, increasing education on healthy relationships, both formal and informal was stated as an answer to domestic violence.

Discussion

The potentials of liberation when facilitating Theater of the Oppressed may only be realized with a depth psychological understanding of oppressor-oppressed relationships. This means allowing uncensored agency among the participants so they may explore and release otherwise unexpressed psychological content. Working with a psychology from and for the people requires that we utilize the results from participants to inform our ways of working. This means implementing the solutions the participants generated in the theater, and prioritizing those solutions over our own assumptions about what people need. This includes non-clinical workers, and anyone implementing this

theater in their communities-every person is entangled in the liberation of everyone else.

The graduate students in this project adopted the epistemological and ontological frameworks of domestic violence from the participants at the Gorieta and applied them to their work with clients suffering from domestic violence. From an embodied participation of witnessing the participants exert complete control and agency, the graduate students acquired a bodily knowing to replicate with their clients in sessions, allowing their clients more control and agency over their own healing.

Non-clinical workers such as teachers and community workers may receive similar benefits through their participation in this theater. Non-clinical workers and participants will break barriers between them that were erected by the model of an 'expert'. Breaking that barrier will increase communication and connection and increase the likelihood of a student or community member reaching out for help in the future. The theater will allow for the flow of information to travel more readily among a system, shifting the epistemological and ontological control to include everyone. This is a system more ready and able to handle difficult situations in with an increase in support and collective responsivity.

Ethical consideration is encouraged, and the ethics of this theater will change with the context and population involved. Facilitators must be willing and able to be with participants as they work through complex issues and possibly their own traumas. Participants in the streets engaged in dialogue for an average of 20 minutes. They shared emotional stories of being victims of domestic violence. Participants were most often in the company of one or more friend or family member. One healing effect of this project

is the opportunity to be witnessed by others, and to be validated and counseled in community.

The participants mentioned that the act of dialogue evoked from the theater are unique to them due to a culture of silence on domestic violence. The ongoing dialogue between the participants and their company after participation is one extraordinary effect of this street theater. Future applications could follow-up with participants to assess where, when and with whom the participants continued the dialogue, and assess the short and long-term effects of participating in the theater.

The graduate students were often surprised at the impact that being an actor or dialoguer had on them. Students reported increases in empathy, increases in their connection to others and increased understanding of the impacts of domestic violence. Students found their participation invaluable to their work in mental health, reporting an increase in desires to learn from the people and put less emphasis on empirically driven treatment models.

The theater offered here blurs the material and psychic lines between the professionalized 'expert' and the pathologized, unknowing other. The impacts for all involved are multilayered, dynamic, ongoing and at times ineffable. The methodologies of Theater of the Oppressed I have presented here can be utilized in education, with mental health professionals and mental health graduate students, and with community workers. These are only examples of other applications; the possibilities of this theater are endless and intended to be relevant in various cultural contexts. As the principal creator of this project, I urge you to consider all aspects of this text and ask yourself, "Where might this theater be facilitated in my community?".

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