Disarming Dialogues - the Workshop

A personal experience of Theatre of the Oppressed

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This article is based on the workshop - Disarming Dialogues: Reviving Humanities in Medical Education - conducted in November 2016 at the University of Chicago center in Delhi.

The workshop is a collaboration between the Medical Humanities Group, University College of Medical Sciences, University of Delhi, and Bucksbaum Institute for Clinical Excellence, University of Chicago, Illinois.

I was privileged to attend this collaborative workshop conducted by the Medical Humanities Group, University College of Medical Sciences, University of Delhi and Bucksbaum Institute for Clinical Excellence, University of Chicago, Illinois.[1] Dr. Satendra Singh, Professor of Physiology at the University College of Medical Sciences (UCMS), University of Delhi made my presence at this collaborative workshop possible. I could only attend the first two days. I would have liked to have stayed over on the third day as well, but commitments made it necessary for me to return to Mumbai.

Whilst the faculty for the workshop was drawn from the professorial cadres in India and Chicago, the participants ranged from professors to interns from several parts of India.[1] Youth dominated in the latter group.

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The title of the workshop is apt. On the first day individual speakers put before the participants a variety of issues on such subjects as the relationship between doctors and patients, how humanism is best taught by practicing humanism, crossing cultural barriers using the humanities, what constitutes the heart and art of medicine and the need for decisions to be shared between patients and doctors. Even during these talks, a free exchange of opinions between the

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speaker and the rest of the gathering was encouraged at all times by Dr. Vinay Kumar, who played the role of compere. There was no trace of formality or the use of the starched collar. As a consequence, younger members felt comfortable and were encouraged to ask questions and voice opinions. The dialogues were already disarming.

Let me give you a simple example of how relatively complex problems were dealt with during these discussions. There is no debate on the need for doctors to spend adequate time with each patient, take a detailed history, perform a meticulous examination, discuss the probable diagnosis, tests if needed and advise treatment, explaining pros and cons; however – and there is general agreement on this fact also - clinicians, especially in busy clinics and hospitals dealing with the very poor, are hard pressed for time. The consensus arrived at after discussion between speakers and participants was that the ends may still be met under the circumstances were we to develop teams to attend to the patients. Students, resident doctors, nurses, social workers, pharmacists (to discuss details on drug therapy) and other staff could assist the clinician. Such teams would function in coordination so that several patients would be attended to at any given time, all necessary data collected, and all queries and needs of the patients dealt with to their satisfaction.

Obtaining funds to help poor patients is another topic on which discussions led to a possible practical solution. The clinic or hospital could, of course, approach large trusts but these are already besieged by multitudes of applicants. Instead, 'micro-philanthropy' could be used to seek small but regular donations from well-wishers or individuals and families who have benefited from treatment at the clinic. The clinic could also have a small sales outlet where photographs of the institution, art created by its staff, students and patients and souvenirs could be sold.

The difficulties in making the humanities part of the medical curriculum are many. Discussion between the various speakers and the participants threw up the following suggestions. If it can be shown that the inclusion of the humanities adds value to medical education, acceptance of the proposal to alter the curriculum may be easier. This demonstration would, however, require scientifically valid research studies showing benefit to students and patients, better participation by patients and families in medical care and so on. Participants were urged to ponder answers to the question, 'If you wanted someone to buy humanities, how would you motivate them to do so?'
Had you been present at the workshop you would have thrilled to the enthusiasm and confidence with which the youngest participants questioned and commented.

As everyone filed out at the end of the day, smiles and animated discussions were in ample evidence.

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The meeting place had moved from the lecture theatre to an open area as lectures gave way to games and theatre.

The goal had been spelt out in the program information sent to all participants: "Using forum theatre of Augusto Boal's Theatre of the Oppressed, a liberatory praxis of education, the workshop participants will present unfinished stories of ethical and existential dilemmas in short plays of 5 to 10 minutes each. The spectators will be encouraged to stop a play at any time,

replace the protagonist who is struggling, and demonstrate what they would do to change the outcome. The essence of Medical Humanities is reflective practice. Reflection, and the action that is brought out help the transformation from spectator to spectActor. Forum theatre is widely regarded as a powerful form of experiential learning to hone empathy, ethical thinking, and professional behaviour."

A few words on this theatrical form are in order. Augusto Boal (16 March 1931 – 2 May 2009) was a Brazilian theatre director, writer and politician.[2] Boal often emphasised that he did not create laws arbitrarily while he was city councilor. Instead, he asked people what they wanted.

He propagated a form of theatre that originated in radical movements to improve popular education in Latin America. He incorporated techniques used by Bertolt Brecht, Konstantin Stanislavski and the Black Experimental Theatre in America to highlight citizenship, culture and various forms of oppression using theatrical language. The aim was to improve the lot of the poor and dispossessed. As he worked to provide better conditions for prisoners, Boal showed that while people in prison were not free in space, they were in time. He used the Theatre of the Oppressed in prisons to create different types of freedom so that people were able to imagine and think about the past, the present, and invent the future instead of having to wait for it.

His basic principle was that theatre, like language, can be used to highlight and understand the social realities and to improve them for the benefit of the oppressed.

In 1992 he wrote Games For Actors and Non-Actors – a practical guide to the use of his techniques in an atmosphere free from anxiety and apprehension. The spirit evoked whilst playing these games was used to inspire participants to work for self-improvement and empowerment of others.[4]

You could start your pursuit of the Theatre of the Oppressed in earnest by studying papers by Dr. Radha Ramaswamy and Dr. Satendra Singh et al.[5-7] The latter illustrates the application of Boal's theatre and games to the field of medicine. It also provides an account of how, with the help of Dr. Ramaswamy, the University College of Medical Sciences, University of Delhi, has effectively used Boal's techniques since 2009. As your enthusiasm grows, you might wish to proceed to the book and essay that kick-started the movement.[3,4] If you explore Google, you will find many more publications that will help you set up the theatre in your own institution and environment.

Drs. Navjeevan Singh, Upreet Dhaliwal and Satendra Singh conducted the theatre at our meeting, Dr. Navjeevan Singh playing the role of joker. The joker guides the participants, issues instructions and sets the stage for each topic. He does NOT impose his own opinion, make any decision, or influence participants into moving in one or another direction. 'The joker is the midwife, assisting in the birth of all ideas, of all actions.'[4]

Although it is stated that '…in Theatre of the Oppressed there is no room for the passive spectator',[4] I chose to form the audience at our meeting. This was for two reasons. Psoriatic arthropathy makes it painful and difficult for me to sit on the floor and get up from it. Arthropathy and age also make my movements somewhat slow with a touch of unsteadiness. I felt it wiser to learn from

observation than impede the flow of the theatre through clumsiness or a fall.

As is common in performances of the Theatre, there was a combination of exercises and games. These are initially aimed at breaking down the sense of apprehension and formality that newcomers inevitably experience. An element of fun is incorporated and was seen throughout the day, chuckles and even bursts of laughter punctuating the performances.

One such game involved the use of the sense of touch (and, perhaps smell as well!). Pairs were formed. This step, in itself, provoked hilarity as a venerable male professor was paired with a young lady or the north-Indian participant with the hat with a teacher from Vadodara, or the lady from Australia with one from Chicago. The leading member of each pair was asked to form the blind partner. The other member guided her from behind with the gentle pressure of a finger and helped her negotiate the maze of moving bodies as each pair continued to walk about filling all available space.

In another blind game - the glass cobra - participants stood in a tight circle each facing clockwise. With the eyes shut, each person was encouraged to use the sense of touch to identify the person immediately in front of her. The back, clothes, neck, and head could be used for such identification. As you can guess, the person wearing a hat made identification very easy. Once all the participants expressed confidence in their ability to recognize their partners, the participants were jumbled up by making them walk to and fro aimlessly, eyes closed, crisscrossing their paths. After the group was truly mixed up, they were asked to walk around - eyes still shut - and to try to find their respective partner solely by touch. Once the partner was found, the participant was to place her hands on the shoulders of the person 'found' and follow her around till that person found her partner, and so on. As people began to reunite, a lengthening chain formed that kept moving around the space until the last blind person found her partner. The joker, Dr. Dhaliwal, and Dr. Satendra ensured that no one bumped into walls or chairs. You can imagine the delighted yelps as the partner was identified and the two were incorporated into the chain. It is of interest that the blind partner of the person wearing the hat had a tough time locating that person as they were at the opposite ends of the space and there was much bumping into other persons or into the mobile chain before he could be identified.

Over the course of the day, topics of concern were introduced and participants were encouraged to voice their feelings, emotions and means for improving the situation. In our workshop, these topics were chosen from a list of concerns voiced by the participants themselves. Scenes such as the manner in which a patient is treated in a general hospital's outpatient clinic, the hierarchy that governs the system in a medical college hospital, the plight of the mother with a very sick child, the travails of the poor were enacted. Comments on performances by participants led to animated discussions amongst them on such topics as what was wrong with the systems that exist in India and why seniors behaved the way they do with patients and junior staff members. These, in turn, led to discussions on corrective measures. In many instances, the joker left the scene unfinished and then asked the participants to provide their own endings.

In some games participants not actively playing any role in that scene were encouraged to stop the performance at any stage and then take over the role

played in order to demonstrate and to work towards an alternative solution.

In the late afternoon, the participants were asked to narrate stories for mini-plays - five were selected out of the thirty five stories narrated. The participants were divided into five groups and each group was asked to create a playlet on one of the five stories. They were made to rehearse these for final performances the next day.

What were my impressions as an observer? I was astonished at the ease with which the Theatre broke down barriers – hierarchical, social and personal. Hitherto shy individuals now showed eagerness, initiative and willingness to question and voice opinions. Nothing was sacrosanct. Everything could be and was questioned. Contrary opinions were encouraged and then debated.
The goal was constant. How can we restore dignity to the oppressed and help them obtain what was rightly due to them without their having to bow and scrape? What can each of us do to reach this goal?

The Theatre was intended to bring out raw emotion and personal feelings, provoke free and frank discussion and remove inhibitions that could restrict constructive thought and change in personal feelings on the issues dealt with. I find that it succeeded in achieving its objectives.

References

1. Disarming Dialogues: Reviving Humanities in Medical Education. Workshop announcement. Accessed 25 Nov 2016. Available from: http://medicaleducationunit.yolasite.com/dd.php

2. Biographical note on Augusto Boal. Accessed 25 Nov 2016. Available from: https://en.wikipedia.org/wiki/Augusto_Boal

3. Boal A. Theatre of the oppressed. New York: Theatre Communications Group Inc., US. 1979;pp208.

4. MacDonald S, Daniel R. Augosto Boal's Forum Theatre for teachers. Notes from a workshop at Athens Conference 2000. Accesse 25 Nov 2016. Available from: http://organizingforpower.org/wp-content/uploads/2009/03/games-theater-of-oppressed.pdf

5. Ramaswamy R. "Medical humanities" for India. Indian J Med Ethics. 2012;9:144-7.

6. Singh S, Khosla J, Sridhar S. Exploring medical humanities through theatre of the oppressed. Indian J Psychiatry. 2012;54:296-7.

7. Gupta S, Agrawal A, Singh S, Singh N. Theatre of the Oppressed in medical humanities education: the road less traveled. Indian J Med Ethics. 2013;10:200-3.