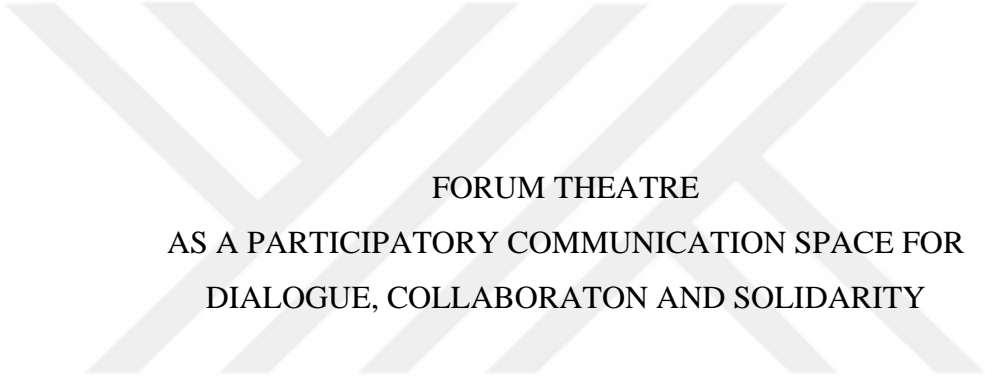İSTANBUL BİLGİ UNIVERSITY

INSTITUTE OF SOCIAL SCIENCES

COMMUNICATION PhD PROGRAM

FORUM THEATRE

AS A PARTICIPATORY COMMUNICATION SPACE FOR

DIALOGUE, COLLABORATON AND SOLIDARITY

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Forum Theatre as a Participatory Communication Space for Dialogue, Collaboration and Solidarity

Diyalog, Birlikte Düşünme ve Dayanışma için Katılımcı İletişim Alanı olarak Forum Tiyatrosu

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I dedicate this thesis to all the doctors who dedicate their lives to keep the Hippocratic Oath alive in every circumstance; to Augusto Boal and the theatre people making earth a better place to live.

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ABSTRACT

This research explores Augusto Boal's Forum Theatre as a participatory communication space. As an interactive form of performance, forum theatre is practiced with the communities experiencing various forms of oppression. As a methodology, forum theatre provides communities with the participatory tools for dialogue, collaboration and a space to develop potential strategies to understand and overcome their oppressions.

This study explores the potential of forum theatre as a model for participatory action research by focusing on its reciprocal roles: to reveal social knowledge and start a process for transformation both in individual and collective levels. The discussion is drawn from the fieldwork conducted with a group of doctors who voluntarily came together forming a forum theatre group to develop strategies for maintaining the practices of the good medicine. The three-month long forum theater sessions with the doctors have led to the play called *The Dr Good Physician*, performed by the doctors for the audience who were colleagues/ "spect-actors". The audience members became spect-actors by acting out the solution strategies presented on stage. The research investigates all stages of forum theatre in terms of its participatory processes through this fieldwork. It is argued that forum theatre presents as a model of participatory communication and action research by "minimising the hierarchy" imposed on participants and maximising the possibility for "becoming active citizens" in life.

Keywords: Augusto Boal, Forum Theatre, Participatory Media, Health System, Participatory Action Research

ÖZET

Bu tez, Augusto Boal'ın Forum Tiyatrosu metodolojisini katılımcı iletişim alanı olarak incelemektedir. İnteraktif bir performans biçimi olarak, yaşamlarında herhangi bir baskıyla karşıkarşıya olan topluluklarla çalışmalarda yaygın olarak uygulanan forum tiyatrosu topluluklara, diyalog, birlikte hareket etme ve baskıya karşı strateji geliştirilmesi için katılımcı araçlar sunar.

Araştırma metodolojisi ve araştırma konusu olmanın kesişiminde yer alan tiyatro pratiği için örnek oluşturan bu çalışma, forum tiyatrosu süreçlerini, aynı zamanda katılımcı medya ve katılımcı eylem araştırması modeli olarak inceliyor. Tezin saha araştırmasını, iyi hekimlik pratiğini korumak üzere stratejiler geliştirmek için bir araya gelen doktorların oluşturduğu forum tiyatrosu oluşturdu. Doktorlarla üç ay süren forum tiyatrosu çalışmasının sonunda "Dr İyi Hekim" forum tiyatrosu hazırlandı. Doktorlar, oyunu, meslekdaşlarından oluşan bir izleyici-oyuncu (spect-actor) grubu için oynadı. Forum bölümünde ise izleyiciler, sahnede kendi çözüm stratejilerini oynayarak izleyici-oyuncu oldu. Çalışma bu saha araştırması üzerinden forum tiyatrosunun bütün aşamalarını katılımcı süreçler açısından incelemektedir. Forum tiyatrosunun hiyerarşiyi en aza indirgeyen katılımcı iletişim ve eylem araştırması modeli olarak sunduğu olanaklar "aktif yurttaş" kavramıyla bağlantılı olarak tartışılmaktadır.

Anahtar kelimeler: Augusto Boal, Forum Tiyatrosu, Katılımcı Medya, Sağlık Sistemi, Katılımcı Eylem Araştırması

INTRODUCTION

> *It is not necessary to interpret reality: it is necessary to transform it*
> (Augusto Boal)

In this thesis, I explore Augusto Boal's Forum Theatre methodology as a participatory communication space and a catalyst for self-expression, collaborative thinking, and solidarity through the case of the forum theatre practice with a group of doctors within the context of Turkey. I trace the relationship between forum theatre and participatory communication as a way of articulating a notion of active and process oriented participation that starts with taking action, leading to a potential transformation both in individual and collective levels. (Boal 2006, Freire 1973) My aim is to illustrate the potentials forum theatre carries as a "participatory medium" exploring the socio-political axes involved in the definition of "participation" (Rodriguez 2011, Carpentier 2016, Mouffe 2005) that can benefit the research practice in the field of communication studies. Through the analysis of the case study of the doctors' forum theatre, I also position forum theatre as a model for participatory action research.

Forum Theatre is part of the "Theatre of the Oppressed" model Augusto Boal created during the oppressive socio-political circumstances in Brazil in the 1960s. Today, forum theatre methodology is being employed around the world, working with the communities sharing a common struggle involving a form of "oppression". Designed with the purpose of identifying the power relations beneath these oppressions, forum theatre aims to activate its participants to come up with transformation strategies. To do so, it redefines the functions of the basic components of theatre such as the director, actor, script and audience with the aim of enhancing participation to the degree that the creation of the play becomes a collective narration process and there is no hierarchy. The participatory process is extended to the audience -who are members of the same community, familiar with

the same struggles in life- when they are invited to stage to act out their own solution strategies by improvising.

One of the main components of the participatory communication space in forum theatre is "dialogue". Inspired by Paulo Freire's methodology of the "Pedagogy of the Oppressed" (1973), Boal, searches for a theatre system that gets rid of the monologue that he associates with a form of oppression. To have a system based on dialogue; Boal demolishes the hierarchy between the stage and the audience. Towards his aim of building a "people's theatre", Boal draws from Freire's book Pedagogy of the Oppressed (1987) that provides learning methods that are "based on dialogue, and are process-orientated, rather than focused on a quantifiable end-result as in the common education system."

This study is an example of performance at the intersections of research method and object of research (Alexander, 2002; Jackson, 1998; Johnson, 2003; Jones, 1997 cited in Madison et al. 2006). Through the forum theatre process, the knowledge is generated through the interaction of the participants with each other, as well as the interaction with the researcher. The participants of the research, who are seen as data sources in the traditional sense, are now transformed to "data generators". (Franzen, 2000, p.2) In this respect, performance is initiated with a social purpose and it creates the space for deeper understandings as well as being a pedagogical method (Madison et al. 2006) for "interactive knowledge production" (Pohl et al. 2010, p. 271). In a similar way, performance has been utilised as a catalysor for participation by the ethnographers for a long time (Rouch, MacDougal) as a mean to explore culture, to provoke participants to become active producers of knowledge about their own experiences. Forum theatre adds "taking action" to this equilibrium. However, its use for the communication studies fieldwork practice has been limited so far. Community theatre has been mainly explored (outside of theatre studies) within the framework of "public sphere" discourse of Habermas, Bourdieu. (Kennely 2006, Woodson 2015, Karagül 2015) This study contributes to this space, by exploring forum theatre as a participatory medium investigating the components of self-expression, dialogue and collaborative thinking with a critical approach to power relations, which is at the

centre of forum theatre work. I explore forum theatre as an implementation platform of radical participation in relation to the discussions of participation by Carpentier (2011) and Mouffe (2005). Forum theatre space is examined as a unique medium that makes equal access and interaction possible for all participants without the censorship or exclusion caused by the economic or socio-political system.

The personal roots of this research goes back to my childhood and my interest in "play" as a form of communication. I have been interested in the (philosophy of) game and the play features since my childhood, partially inspired through my father's involvement. At times, it was as though games created the space for communication between us. Later, I participated in an amateur theatre where I experienced the intersection of play space and theatre. I came to see other aspects of role-play and play as an opportunity to challenge the authority and the set-social roles; to discover about oneself and challenge power relations imposed by hierarchy. At the university, as I got involved in visual anthropology, I got interested in the medium of film as a catalysor for research as well as a medium for documentation of ethnographic knowledge. My undergraduate studies in social anthropology and sociology cultivated my interest in participatory modes of communication that evolved with the ethnographic work I have conducted both as a researcher and as a documentary producer (in later years). Exploring visual methods to capture people's lives and views on camera, I came across different genres/approaches that claim to be participatory and reflexive. Jean Rouch's ethnographic film "Chronicle of a Summer" (1961) (Chronique d'un été) where he used the camera as a provocative catalyst for participants to reveal their stories, inspired me greatly to explore further about the interaction of the researcher and the participant, and the research process as a transformational experience for both parties involved. The filming process itself was reflected in Rouch's film with the participants directly talking to the camera revealing their stories as if they were in a psychotherapy session, and the inclusion of their discussions among each other was an innovation at the time, as if including the backstage of the documentary in the documentary. In this practice, the film medium itself was the space that brought participants together, and led them to their transformation through experiencing the

filming process. It was not until I started my PhD in Communications, that I realised the foundations of this approach was to be found in Augusto Boal's Forum Theatre as a space for participation.

This dissertation builds on my experiences in the intersection of art, communication and research practice. It has been a journey where I took this quest further with my investigation in play and participation in ethnography under the interdisciplinary realm of communication studies. I strongly believe that the research praxis of different social disciplines and arts have a lot to offer to enrich the theory and practice together. My attempt in employing "forum theatre" for communication research is an endeavour in this direction, exploring the potential of community "theatre" as a space for participation with its double role: to reveal social knowledge and start a process for transformation.

With this study, I employ a multidisciplinary and multimodal approach that requires different theoretical lenses of participation and communication, Forum Theatre, Participatory Action Research (PAR). This approach is defined as an "experiential knowledge production" or "art-based research" that are in many ways opposing the "scientific approach" that requires comparisons of results in controlled environments with the claim of being "objective" and neglecting self-reflexive input regarding the researcher's presence and participation in the process. There is an "open enededness of research process" in terms of knowledge production. In other words, the "action needed for this type of research also creates the space that knowledge emerges." (Schneider and Wright, 2010). The knowledge is generated through the interaction of the participants with each other as well as the interaction with the researcher.

This study is a participatory action research (PAR), in which the control over knowledge production is shared with the participants without any agenda imposition by the researcher, and there is a concern about the impact of research on the participants- preferably an action strategy for the desired transformation. In PAR, theory and action follow each other in a spiral without any imposition for the "solution". In this respect, I propose to position forum theatre as an effective model for PAR.

Following this inquiry, I started my exploration of participatory theatre practice in Turkey. I came across practices that focused on interactivity and improvisation focusing on the entertainment aspect (i.e. improvisation theatre, playback theatre), but the social functions I was looking for were realised in the forum theatre practice, which is very limited in Turkey. Meeting with one of the most experienced forum theatre practioners, Jale Karabekir, also a dramaturg and founder of the theatre group Tiyatro Boyalıkuş, was a turning point for my research. Our correspondence provided me with a great opportunity to learn the practice through her workshops, and our discussions throughout this process provided insights for this research. Karabekir has been working with different communities doing forum theatre work. In the summer and fall of 2016, I attended all the workshops Karabekir facilitated related to Theatre of the Oppressed practice. After attending Theatre of the Oppressed workshops to learn about the practice of Forum Theatre, I became a co-facilitator/ researcher for the forum theatre put together by a group of doctors from the Istanbul Chamber of Medicine. It was a three-month long fieldwork, which gave me the opportunity to examine the forum theatre practice from within. The forum theatre workshops with the doctors has led to the play called "Dr Good Physician" focusing on the "oppressions"/ "pressures" of the health system policies on the doctors. At the end of the three months, *Dr Good Physician* play was performed with the audience who were colleagues/ "spect-actors".

Below research questions initiated my inquiry into forum theatre:

1) What do the basics of theatre -play and role-play- has to offer to communications scholars? In what ways these processes can be a catalyst for participation through self-expression and dialogue?

2) In what ways, forum theatre processes can be used as a model for participatory action research? Can forum theatre be a catalyst for data collection and generation/ for social knowledge to be revealed?

3) What role does forum theatre process can play in creating strategies towards change in a community?

4) Can forum theatre be a starting point of action for social problems/ oppression(s) shared by a community?

The Dr Good Physician forum theatre process turned out to be a field experience that also led me to a deeper understanding about the doctors' experiences of the health system, which would have not been possible in a formal interview environment. I used interviews as providing complementary data, which I conducted with the doctor participants of the forum theatre before and after their performance of the play. The experiences of the doctors that were portrayed through role-play added other layers of analysis during research in parallel with the action oriented nature of this research.

The first chapter covers the theoretical discussions related to "participation" and participatory theatre. The concept of participation is explored in relation to the works of Nico Carpentier, Clemencia Rodriguez and Chantal Mouffe. This research draws on the paradigm in communication research that understands communication as a process or "practice" as defined by Nick Couldry (2004, p115), where communication is not confined "to the media or to messages, but to their interaction in a network of social relationships. By extension, the reception, evaluation and use of media messages, from whatever source, are as important as their means of production and transmission." (Servaes, 2008, p. 23). In the first chapter, I provide a review of the discourse around participation in relation to the power dynamics in play at different socio-political axes. The criteria for "interaction" and "access" in participation; its degrees from "minimalist" to "maximalist" applications in relation to the political theory (Mouffe, 2005), the criticism of the "participation assumption" by the concept of "empty participation" (Arnstein, 1969) and "negotiation" (Sjöberg 2017) will be explored. The "community building" practice through networks will be explored in relation to the different models such as "community media", "civil society media", "alternative media" and "rhizomatic media". The social movement approach by citizens taking action in the media networks transforming them to "citizens' media" will be discussed (Rodriguez, 2011). The review of participatory theatre literature covers the evolution of the terminology of community theatre to set the

background to position Augusto Boal's forum theatre as a space of participatory communication. A short overview of the play literature as an introduction to the "play" compound in forum theatre is also described as a space "for liberation of the social roles and behaviours", "imagination" and "creativity" that are also crucial functions of forum theatre.

The second chapter explores Augusto Boal's philosophy in creating forum theatre as part of the Theatre of the Oppressed practice with a historical perspective; including the discussions on its theoretical connections to Paulo Freire's Pedagogy of the Oppressed, and the emergence of the other theatre of the oppressed methods in response to the needs of the communities. Augusto Boal's redefinition of the concepts of theatre such as the text, actor, audience and director will be discussed in relation to maximising the participatory processes involved. The demolishing of the division between the stage and the audience, the audience intervention strategy will be explored focusing on the inclusion of community in co-creation of the play. The foundations of forum theatre methodology with its tools to maximise the participatory communication processes for the involved participants will be discussed.

The third chapter discusses forum theatre methodology with its potential to enhance the praxis of Participatory Action Research (PAR). The methodological foundations of this research: Participatory Action Research (PAR) is discussed to ground forum theatre methodology as a model for PAR. The different methods of forum theatre such as the games for non-actors, role-play, improvisation, image theatre, joker system will be explored in terms of their functions for the character, theme and story building. The audience intervention and its joker system is discussed in relation to their functions of extending access, dialogue and interaction. The section ends by selected studies on forum theatre and participatory action research methods involving social issues such as gender, education, health policies.

The fourth chapter illustrates the stages of the fieldwork I conducted that constructs the main body of this research. Starting with my involvement in the practice of forum theatre, I discuss the limited sphere of forum theatre practice in Turkey and the efforts of Jale Karabekir, Ebru Gökdağ and Aylin Vartanyan, as

active members of the Theatre of the Oppressed Turkey. I describe my experience of the Theatre of the Oppressed workshops I had, and my meeting with the group of doctors to start a forum theatre with the concern of preserving the good medicine practice under the pressure of current health policies. I give an overview of the health system, confined with the content of the doctors' forum theatre practice. The conferences I have joined at the Istanbul Chamber of Medicine and my interviews both with the participants and with the active members of Istanbul Chamber of Medicine provide the research with a complementary set of data regarding the health system transformation. I illustrate the theatre workshops with the doctors in detail as this work compose the main body of work for the participants to construct the play, which is designed for non-actors constructing the play without having "the expertise of dramaturgy". All stages of the forum theatre fieldwork are illustrated with the research data generated in relation to the strategies for the "preservation of the good medicine practice" and the emerging "participatory communication processes" through the selected excerpts from the workshop, play and interview transcripts.

In the fifth chapter, I discuss the case of Istanbul Chamber of Medicine forum theatre as a platform to facilitate participation to come up with the strategies to preserve the "good medicine practice", coming up with a model that reflects the dynamics of its participatory processes. I examine the interviews conducted by the actors and the spect-actors of the play, and reflect on my observations and experiences throughout this process. I analyse the functions of play, role-play and improvisation in self-reflection and the image work that led to character building and scenes in the workshops. I explore these components in terms of the different kinds of data and experience they provide. The analysis focuses on the double role of providing the process and the space creating potential to "empower" communities and providing space.

In the conclusion, I evaluate the whole research process, and propose a relational map that shows the participatory process forum theatre triggers for its

participants. Exploring this model, I propose a new approach in the study of community media including "forum theatre" as a participatory space, drawing from Rodriguez in her quest for the "new direction for the debate on democratisation of communication and the need to find new conceptual framework to how democratic communication happens within alternative media." (2001, p.18)

I wish for this exploration of the communication space forum theatre opens in terms of dialogue and transformation to be beneficial for future communication fieldwork. This thesis also aims to draw attention to the fact that there is a need for "the culture of participation" to foster in a community/ country in order for social dialogue mechanisms to be established for the benefit of the people. The model I suggest for analysis of participation in forum theatre can later be adapted to any type of participatory community work. I also hope for my thesis to be a contribution to the participatory action research practice in Turkey, which is also limited. The below discussion on participation forms the basis of my research.

CHAPTER ONE

PARTICIPATION, COMMUNITY BUILDING AND PARTICIPATORY THEATRE

This chapter covers three distinct domains of theory and research in informing the framework of participatory communication in this research: participation (Carpentier 2011, 2016, Mouffe 2004), participatory theatre (Boal 1985, 2004, Freire 1973) and community/citizen's media (Carpentier 2016, Rodriguez 2011). I propose that the participatory processes and methods of forum theatre and their influence on its participants can be understood in reference to the multiple axes of participation in relation to its politics and process orientation. The study of participation as a process rather than an end product is important to take into account in exploring the forum theatre as a participatory communication space. As the process starts with the action and transforms its participants during this process, there is a two-way participation: Participation as both a method and an outcome of the participatory process. In this respect community theatre and community media share the common ground of being a vehicle for transformation for the participants involved, that involves the strengthening of the "sense of community".

"Participation" is a concept widely used with a big sphere of influence with reference to its political structure, hence difficult to draw borders around. As the definition of participation seem to vary among the social studies that have participation in the foreground, it is important to identify the different axes involved in the study of participation, as I attempt to do in this chapter.

1.1. DIFFERENT AXES OF PARTICIPATORY COMMUNICATION

"Participatory Communication" as a definition is accompanied by various debates on the means and aims; about the scale, being individualistic or collective, mediated or interpersonal. It is possible to identify common approaches in these definitions as Thomas L. Jacobson[1] (2016) suggests in Paulo Freire's emphasis on dialogical nature of participation and social solidarity. This approach calls for a perception of "reality as a process and a transformation" (Freire 1970) and is far from the linear model of message transmission of mass media to end-receivers. (Dunn 2009)

The task of identifying the participatory communication process in forum theatre calls for an exploration of this process with its different axes. The intersection of these three domains; forum theatre, community/citizen's media and participation, provides the framework for understanding this process in relation to the different scales and qualities of participation. I, first, explore the concept of "participation" in relation to Nico Carpentier's political theory approach that also draws from Chantal Mouffe who critically analyses the socio-political dynamics and power relations in play. This perspective also call for an evaluation of different levels of participation ranging from "minimum" to "maximum" or "empty" to "full". Although this is not an easily quantifiable scale, Sherry Arnstein's ladder of participation is an important reference to critically assess the "participatory processes" taken for granted in social relations. Arnstein warns us of the "empty participation" practices that can be manipulative and benefit the powerful "actors" in a community on the ladder of hierarchy.

Another framework for exploring the participatory communication involved in forum theatre is the community/ citizens' media theories and practices. I focus on the function of participation involved in community media that carries similarities with forum theatre- the process of becoming "a community" around

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[1] Past-president of the Participatory Communication Research Section of the International Association of Media and Communication Research (IAMCR)

shared oppression/ pressure points, "strengthening the ties of belonging to a community". I will illustrate an overview of the evolution of the terminologies ranging from "alternative media" to "self-managed media" in relation to the discussions of "interaction" and "access" components of participation, followed by Clemencia Rodriguez's "citizen media"[2] approach that focuses on the "horizontal communication and dialogue" among various stakeholders.

In many social fields, participation remains structurally undertheorized. Carpentier (2011) draws attention to the politics and power relations in play any time "participation" is at stake. "Democratic theory" has a lot to offer to describe the key characteristics of participation, and to increase the concept's theoretical foundation. Carpentier defines the key element of participation as "power" - "the distribution of power within society". He refers to the struggles about the distribution of power in society in fields such as media, the arts, development, and the attempts to make that distribution equal, when he describes what participation is about (2011). An analysis of these fields shows that the perception of participation as a "deep social construction" and "people's desire to gain some degree of control" over the processes in which they find themselves, which is directly related to the political decision making mechanisms in the macro level. This is why an empty use of the term "participation" (Arnstein,1969) does more harm to people involved as "participants" in any kind of community work, leading to immobility of these communities in taking action.

Carpentier's quote below is important to note that there is power dynamics in play starting from the relationship between two people:

> Participation is seen as a political-ideological concept that is intrinsically linked to power… The balance between people's inclusion in the implicit and explicit decision-making processes within these fields, and their

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[2] Clemencia Rodríguez coined the term citizens' media in her book Fissures in the Mediascape, "which emerged at the crossroads between Latin American communication and culture scholarship of the 1980s and 1990s and the proposal for a global New World Information and Communication Order (NWICO)."

exclusion through the delegation of power is central to discussions on participation in all fields… taking into consideration that at the same time power is an always-present characteristic of social relations. (2011, p.10)

Carpentier's critical approach in evaluating the quality of participation is important as there is the tendency of perceiving participation as beneficial. The political theory reminds us that the concept of equality should be called to question as a defining criteria for participation. This would be "a situation where the actors involved in (formal or informal) decision-making processes are positioned towards each other through power relationships that are (to some extent) egalitarian" (Carpentier, Dahlgren, & Pasquali, 2014, p. 124). How individuals think about participation is directly influenced by the democratic practices a community experiences. This is where different levels of hierarchy is introduced in social life, which can be taken granted as part of the social system such as a community of people living in a country with high levels of authoritarian tendencies. In this kind of system, the level of participation people have over the decisions directly effecting their lives are in opposite correlation with the level of democracy they experience in the macro - state decision level. This discussion also exists in theorising of a democratic model of government, where the civil freedom is contrasted by tyranny. (Carpenter 2011, Machiavelli 1984, Held 1986, Strauss 1978)

Sherry Arnstein (1969) coins the term "empty participation" for any occasion where the participants are "participating in participation" in relation to the rhetoric of participation (Carpentier 2014) With her words: "There is a critical difference between going through empty ritual of participation and having the real power needed to affect the outcome of the process." (Arnstein, 1969) When there is a claim in a social project that all sides were considered, it should be investigated who benefits at the end. Some of the development projects of 1970s are examples of this approach that will be mentioned in the second chapter. Arnstein mentions that the idea of citizen participation is celebrated as a value but when it comes to practice to include "the other", "the disadvantaged" "the oppressed" such are the ethnic, ideological, political "have-nots" it is not as simple. She goes one step

further than unrevealing power relations to redistribution of power. Being sceptical of the terms "citizen involvement", "self-help" and offering to look beyond the misleading rhetoric like absolute control, she calls for discussions of "feasible participation", equating citizen participation to "citizen power".

Table1.1. Arnstein Ladder of Citizen Participation (1969, p. 217)

Citizen control	Degrees of citizen power
Delegated power	
Partnership	
Placation	Degrees of tokenism
Consultation	
Informing	
Therapy	No power
Manipulation	

Arnstein's conceptualisation of the "ladder of participation" that draws attention to the different levels of participation is a useful analogy to critically analyse the participation process in society, especially when social policies are said to be shaped around "citizen participation". These categories are a simplification, however they still are useful analysing participation practices critically. The first two steps on this ladder of participation are "empty participation". Arnstein calls these categories as the "manipulation" and "therapy"; they are the PR practices and the education or cure of participants by the power holders. Steps 3 and 4 are levels to give voice to participants through "informing" and "consultation". There is no guarantee that their opinions will be taken into consideration. As the ladder goes up, the degree of participation seems to increase. In the 5th step called "palacation", the participants advice but still not have control over decision making processes. 6the step is where the negotiation starts with the power holder. 7 is the delegated

power, 8th step is the citizens managerial control, which would be the ideal case for participation. The fact that these groups may not be homogenous groups also add another layer for analysis.

Coming from a communication consultancy background, having worked with many different sectors for eight years, I have observed these different levels of "participation" discourse aiming at the stakeholders of companies or government agents. The moment participants are being presented with options to choose from, the discussion of minimalist and maximalist participation is relevant: "What level of participation is at stake?", "How will this form of participation effect the participants lives in return", "What is the benefit of the party that is providing the "options", how do the results affect them?" These are all questions to be considered in discussions of participation.

1.2. CRITICAL APPROACH TO PARTICIPATION

In forum theatre, the community of people get together in search for the strategies to overcome their shared problems/ oppressions. The aim is to empower the individuals facing oppression on the way to collaborative action strategies. Thus exploring power relations in group dynamics is important. As Natalie Fenton mentions, "participation that leads to democratization, requires the real and material participation of the oppressed and excluded of the victims of the political system Participation in group dynamics brings forward questions about the individual's needs versus the group's needs. I find the answer as does Carpentier, in Melucci's words that participation has a double meaning: "Promoting the needs of an actor as well as identifying with the general interests of the community" (1989, p.174). Here, the word "general interests" should be approached critically taking into accounts of rights of whichever group is the minority in number. Henry Jenkins (2014) identifies participation stating "when we see ourselves as part of a group that is seeking to achieve some shared goals through collective effort." (p.104) This is a discussion topic for another research, so it will not be explored here in much detail

but very useful to keep it as a background concern. This is an important aspect when working with heterogenous communities with conflicting stakeholders, too.

Adopting micro level exploration of the participatory processes in a society is useful in a range of ways. The questioning or rather unquestioning tendency about people's participation is reflected in micro levels in terms of social relationships. Carpentier suggests that what lies under the different approaches to participation is not an outcome but an "integrated part of this struggle between the minimalist and the maximalist variations of democracy". (2012) While minimalist participation is characterised by the existence of strong power imbalances between the actors (without participation being completely annihilated or reduced to interaction or access), maximalist participation is characterized by the equalization of power relations, approximating Pateman's (1970) concept of full participation. Although maximalist participation – seen as equalized power relations in decisionmaking – has proven to be very difficult to translate into social practice, it will continue to be a destination aimed at the agenda of participation research.

To explore power relations involved in oppression, democratic theory focuses on the hegemony over the individuals. When the political is linked to the acts of hegemonic institution, the tendency "to differentiate the social from the political" conceals the originary acts of the political institutions, and their reflections in social life are taken for granted. However it is always possible to challenge these perceptions and practices. Mouffe suggests that it is possible to take any of these "taken-for-grantedness of a social ordering and show its political nature." (2005, p. 17). This investigative approach to the notions of democracy and participation is important to constantly evaluate the power structures on behalf of all the parties involved. Forum theatre also shares this investigative approach to evalute power structures embedded in different forms of oppression. Having a relatively homogenous group sharing the same social problems enables forum theatre practice to utilise "participation" without the clash of interests. It is usually the case, different groups of stakeholders -let alone the smallest social relationship where two people come together- would have an issue of conflicting benefits. The easy way to resolve the conflict would be to ignore the power dynamics underneath

the conflict, and go with the social "taken for grantedness" approach described above. Any attempt that claims to have a participatory approach would on the contrary need to make power dynamics visible through the search of negotiations which sometimes would never be possible to settle.

Exploring how "participation" has been defined by communication scholars helps to choose between the different lenses to clarify the conceptual framework. This way, the discussion of participation in the field of communication goes beyond its main components of access and interaction.

1.3. PARTICIPATORY SPACE OF COMMUNICATION AND COMMUNITY BUILDING

For the purposes of this thesis, I draw on a new paradigm in media research that understands media as a process or "practice" as defined by Nick Couldry (2004, p. 115) where communication is not confined "to the media or to messages, but to their interaction in a network of social relationships. It is possible to argue that the term "community media" has become popular again with the expanding use of digital media. Here is another aspect of "participatory medium of communication" which is its relation with the "digital media" that needs to be referred in the discussions of participation.

When the interaction social media networks offer are taken for granted as "participatory" spaces of communication, it is important to take into account the limitations of this field when the use is limited to the closed circuit of personal networks. The participatory aspect of digital media is almost taken for granted in reference to its interactive technical capacities. With the increasing social use of digital media, the discourse around "digital communities" and "participation" is growing rapidly in the field of communication. Henry Jenkins coins the term "participatory turn" referring to the "long-standing discussions of "participation" in political theory" to be in rise in contemporary culture, in relation to the "rise of networked computing" as an encouragement for "reimagination of the public sphere."

Henry Jenkins in *Convergence Culture* (2006, p. 305) defines participation in the digital sphere being critical of the equal inclusion claim. Jenkins refers "to the social and cultural interactions that occur around media" and he questions the impact of the " expanding access to the means of media production" to "available political identities, tactics, and discourses" being sceptical about the "range of political options available to groups that have historically been disenfranchised from political elites and institutionalized politics."

Carpentier distinguishes between the participatory processes in the media that has a potential to be mistaken with the kind of "participation" that promotes to uncover the power relations and the decision-making processes. I follow Carpentier's approach that differentiates participation from "having access to media and interacting… which implies that "audience practices like watching television, surfing on the web, visiting a museum, talking to a neighbour, pressing the red button to initiate the interactive functions of digital television are perceived as necessarily participatory activities." In this respect, the "participatory" identification we have of digital media today is overrated in terms of the effect of the interaction of users of various social media platforms.

Christian Fuchs in Social Media a Critical Introduction (2004) gives an overview of the "participation" concept in relation to the digital sphere and criticises the actors of the field. He criticizes Jenkins, of ignoring the political and economic aspect of participatory media, and Carpentier of ignoring the socio-economic aspects of media ownership, although acknowledging him of having "a more advanced approach to participation grounded in political theory". Similar criticism to "democracy" and "participation" theories could be find elsewehere, too. The hegemony of capital on the democracies left unseen in the discussions. (Zizek, 2000) The poster that French students made in 1968 has this message in a short but effective slogan: "I participate, you participate, they participate, we participate, you participate, they *benefit*" (Arnstein, p. 216) This is a compact slogan to remind us of the importance of questioning the power relations involved in "participation".

As mentioned above, the process of participation has been widely discussed in the literaure of "alternative media production". A wide range of these theories

focus on the relationship of medium with "radical politics", "social empowement" or "critical citizenship", as political scientist Pippa Norris has named. Downing's theory of "radical media", Clemencia Rodríguez's "citizens' media", and Bob Hackett and William Carroll's notion of "democratic media activism" are among addressiong these theoretical discussions. Community media literature also draw from Paulo Freire's approach on participation, focusing on injustice acknowledging the impact of Freire's theory on the domain of participatory communication: (Thomas, 1994, p.51)

> Although Freire never really linked his analysis to the use of particular media, it is implicit in his writings that communication, in order to be effective, has to be participatory, dialogic and reciprocal. In fact, the entire enterprise of participatory communication projects, from the organization and production of community radio in Latin America, Australia, and parts of Africa and Asia, through the practices of popular theatre in countries like Brazil, Chile, Jamaica, South Africa, India, and the Philippines utilize[s] Freire's perspective.

I find it useful to explore the practice of community media in relation to the theoretical framework that emerged in the 1960s and still evolving today through the inclusive definition of the term from "photography, film, graphic arts, theatre, radio, video" to digital platforms. Following the words of AMARC and Panos, the participatory space of communication in this research is "not about doing something for the community, but about the community doing something for itself, i.e., owning and controlling its own means of communication" (AMARC Africa and Panos Southern Africa, 1998). This approach puts the emphasis on the process as well as the end product. As Clemencia Rodriguez (2001) proposes, the focus is not on the use of "communication technology" but "media practice understood in performative sense, where individuals and groups use media to experience the world as they construct it for themselves." (2011, p24)

Community media studies have stemmed from the efforts towards democratisation of media. In a sense it is a rebellious act against the commercial

media and the economic and political structures it imposes. (Algül, 2006) Rennie (2006) argues that that the community media should be seen as a cultural instrument of civil society to preserve itself. With its roots in communication for development, it has been tried to get institutionalised with efforts such as UNESCO's commission for communication in 1976[3] with the aim of exploring the inequality of information flow between the first and third world. The McBride report that came out of this commission has identified "access", "participation" and "self-governance" as the indicators of democratic media. (Rennie, 2006)

Drawing from Chantal Mouffe's theories of radical democracy and citizenship, Clemencia Rodríguez developed her citizen's media theory to understand the role of community/alternative media in society. She proposed "citizens' media" as a term better able to capture processes of social change and democratization facilitated by community media. Rodriguez draws attention to the function of this type of media as going beyond the journalistic needs with "a focus on the communication needs and daily realities of the people in their communities." Clemencia Rodríguez (2001, p.20) also proposes to avoid dichotomies such as 'mainstream' and 'alternative' and instead see such media as involved in cultural politics and working to empower communities through actively "intervening and transforming the established mediascape". This approach defines communication on the basis of their potential to trigger processes of social change, which also have common ground with participatory action research approach as well as forum theatre. With her words: "Referring to "citizens' media" implies first that a collectivity is enacting its citizenship by actively intervening and transforming the established mediascape; second, that these media are contesting social codes, legitimized identities, and institutionalized social relations; and third, that these communication practices are empowering the community involved, to the point where these transformations and changes are possible." (2001, p.33)

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[3] In 1984, US have moved out of the UNESCO commission for communication, and stopped its financial support.

Carpentier identifies four main theoretical paradigms that also show that these definitions have large intersection areas, two key aspects being "access" and "participation." (Carpentier, 2007; Howley, 2010):

(1) *Community media, where the importance to community is emphasised in its purpose to serve community, ensuring community participation and access, inspiring empowerment and fostering local expression* (being close to Rodriguez's definition of citizen's media.)

(2) Alternative media as proposing alternative discourses which can be positioned in opposition to maimstream media

(3) *Civil society media where the socio-political aspect is reinforced and the role of media as a means for facilitating participation and self-representation in the public sphere* (Carpentier, 2007, p.117)

(4) *Rhizomatic media as a radical version of alternative and civil society media, by insisting on the qualities of "elusiveness and contingency" and their "interconnectedness with market and state"*. (Idem, p. 118)

Carpentier also suggests not to get fixed on the labels attributed to community media and isolate related frameworks, but instead utilise them towards a deeper understanding of community media practices and theories. At the same time acknowledging the practices as always being in specific equilibria between the four approaches. (Carpentier, 2016) The "horizontally structured" position of alternative media, "allowing for the facilitation of audience access and participation within the frame of democratization and multiplicity; carrying the "non-dominant", (possibly counter-hegemonic) discourses and representations, stressing the importance of self-representation" is important to make note of as well as the non-linear approach of rhizomatic media. As 'unlike trees or their roots, the rhizome connects any point to any other point …' (Deleuze and Guattari, 1987, p. 19). The rhizomatic media using Deleuze and Guattri's (1987) metaphor being the most suitable to describe the "non-linear, nomadic and

anarchic" fluidity of the social movements and civil society networks that community media is part of, thus shifting the focus to the "non-media" aspect.

Rodriguez (2001) also explores how citizens, especially poor citizens, act mostly on their own to build peace in place of violence through media. Rodríguez argues that a relocation of the debate on democratization of communication should go beyond "a mere reaccommodation of the same old concepts to a local scale. The new direction for a debate on the democratization of communication should imply finding a new conceptual framework that can capture how democratic communication happens within alternative media". This involves working towards understanding the needs of these communities and to use media towards this aim, as tools "foster horizontal communication and interaction, dialogue between citizens and local governments, networking, and endless opportunities to resignify life worlds." (Rodriguez, 2001, p. 233)

The new technologies in audio-visual recording and the digital media has also expanded the reach on the relationship between participation and communication. The possibilities for interaction the digital sphere has been celebrated to an extent that "medium became the message" (McLuhan) again. Thus it is important to look for a "thick description" of the communication processes involving the people composing the "community" involved in this type of media-socio-economic-political relations realm.

Leunissen (1986) offers to put the structuring notions of the collective identity or the group relations that refer to geography and ethnicity. These structural conceptualisations are put firstly into perspective by introducing the concept of the 'community of interest', which extends community "across conurbations, nations and continents" (Lewis, 1993, p.13). A second type of re-conceptualisation is based upon the emphasis of the symbolic construction of community, where Lindlof's (1988) concept of 'interpretative community' and Cohen's (1989) 'community of meaning' are relevant. Cohen for instance pleads for "a shift away from the structure of community towards a symbolic construction of community and in order to do so, takes culture, rather than structure as point of departure" (Cohen, 1989, p. 70). The focus for the defining feature for 'community' is on the "direct and

frequent contact between the members and the feeling of 'belonging' and 'sharing'". (Carpentier, Lie, & Servaes, 2008, p. 349) It is important to take into account these meanings of "community" in order to assess the need for the type of community media. The relationship between communication and the actual community transcends 'ordinary' oneway communication, where "topics are chosen in the same way, by professional communicators, and targeted towards the apparent needs and interests of the audience" (Berrigan, 1979, p. 7). As illustrated in AMARC's (World Association of Radio Broadcasters) working definition (especially by the segment stating that Community Media should be "promoting the participation of this community"), relationships between broadcaster and community are defined by the concept of two-way communication. (Carpentier, Lie, Servaes, 2008, p. 350)

In this regard, access by the community and participation of the community are considered key defining factors. Referring to the 1977 meeting in Belgrade, Berrigan (1979, p.18) (partially) links access to the reception of information, education, and entertainment considered relevant by/for the community. Others limit access to mass media and see it as "the processes that permit users to provide relatively open and unedited input to the mass media" (Lewis, 1993, p. 12). Participation is seen here, following Pateman (1972, p71), as a process where the individual members (of a community) have a certain degree of power to influence or determine the outcome of that process.

The applications of this type of communication also changes according to the level of democracy experienced,. Bill Siemering in his work with community media in Africa and Mongolia, found that peacebuilding organizations tend to perceive community media as "loudspeakers for public service announcements" (Siemering 2008). He criticizes these producers with their "understanding of communication technologies to be tools of persuasion and one-way dissemination of information" Instead he offers to rethink the functions of media in terms of communities' communication and information needs saying:

> Instead of conceiving of a medium exclusively as a tool for information or persuasion, we need to uncover and consider each of the varied

communication needs of a community cornered by armed violence, and how a community medium can meet those needs.

The communication processes of forum theatre trigger "the performative abilities through which human groups improvise fresh beginnings" (Richards 1992, p. 5). Performance theorists explain that during certain type of performances, a sense of "communitas" emerges among participants (Bell 2008; E. Turner 2005; V. Turner 1988). Edith Turner describes "communitas" as "a sense of sharing an intimacy . . . the gift of togetherness . . . unity, seamless unity" (E. Turner 2005, p. 97–98). Madison describes it as "a moment of utopian unity [where] individual identities come together in a direct and immediate manner" (Madison 2005, p. 159). Performances that provoke "communitas" galvanize collectivity and diminish individuality. The experience of being part of a group, being a "we" intensifies and overwhelms the sense of being an "I."

Based on Victor Turner's anthropological work on performance, Richard Schechner defines "spontaneous communitas" as "the dissolution of boundaries shutting people off from each other" (Schechner 2003, p.156). During these exceptional moments when a gathering of people experience "communitas" triggered by performance, the groups' rules and everyday life codes are suspended, and the group experiences a moment when "everything and anything" can happen (Bell 2008). New rules, new ways to do things can emerge, as performance triggers a moment of "unprecedented potency" (Matthews 2008, p.177). In this sense, performance is spontaneous, unscripted, a sudden empty space of freedom to start new beginnings, to figure out, collectively, new ways to respond to the surrounding conditions.

The community media practice evolved with the need that emerged with the social movements of the time. Just like community theatre, its roots goes back to 1940s, when mainstream practices did not fulfill the need for democratization of communication; the views of the disadvantaged groups were not represented. Different geographies had different practices that emerged with the socio political needs. An example of alternative media in the 1940s is the radio station of the mine

workers in Bolivia founded during the workers' protests. In South America the community media took on the role of the public service. The examples evolved with popular radio, miners radio, peasants radio. In Africa there is a mention of local radio, neighbourhood radio or community radio. (Servaes, 1999, p.259).

As Deirdre Boyle mentions in the late 1960s and early 1970s, video enthusiasts rallied around the notion that community television was an exceptional vehicle to promote the social, political, and cultural change sought by artists and activists, students and futurists and other groups associated of the counter culture. (Boyle, 1997)

Combining the theoretical approach of Rodriguez and Carpentier, I suggest to explore forum theatre as a space of participatory communication in terms of its processes and potentials. This form of communication, starts an action, that would not exist without this interference with the community. There is an all encompassing term – poetics of media (Salazar and Cordova 2008) in which "citizenships" are created and enacted through everyday media/meaning making. (Salazar, 2009)

1.4. PARTICIPATORY THEATRE

The historical roots of participatory approach to theatre takes community in the center and uses theatrical tools to investigate social issues towards the aim of collaborative solutions to shared problems. This section positions Augusto Boal's Theatre of the Opressed within other participatory/ community theatre forms and approaches to social change. I use the term "community theatre" as a reference to all kinds of theatre where "the purpose is not to create art, but rather to use an artistic or expressive medium, theatre, to investigate problems" and social issues. As Baz Kershaw states this is a "slippery genre" where the "starting point is the nature of the audience and its community." (Kershaw, 1992, p.5) In this respect, "There is a grounding of the theatrical process in a community's interests; it does not mean that it is intended for a general public, rather it is for a specific public with specific goals." The terminology is also used interchangeably as "popular theatre",

"intervention theatre", "radical theatre", "theatre for social change" associated with a transformation of social reality by using community and individual participation.

The philosophy and principles of popular theatre are closely aligned with Paulo Freire's principles of education where "exchange, participant ownership, reflection and action" (Prentki & Selman, p. 8) are central. Working with groups who have limited resources for self-expression, community theatre is a multi-purposeful communication tool. It is also a catalyst for group communication. I suggest that "community theatre" itself can be used as a method for participatory action research to define the problems of a community in collaboration with the members of the community, whereas social researches conducted with the agenda of improvement for a community, assert ways for development from above and outside the community. These concerns will be explored in detail in chapter 3.

The evolution of theatre terminology is difficult to track down for various reasons explained below. In order to understand how the community theatre has evolved throughout history, it is important to examine the parallel theatre histories in different geographies. Academic research on community theatre mostly covers co-creation techniques as a method for "educational" topics that focus on the "positive transformation" of the participants. Experimenting with forms of staging and actor-audience relationships has a long history that goes back to the 1500s' tradition of commedia dell'arte. The changes in the form went hand in hand with the content and the targeted audience profile changed to include the "non-theatre audiences" (of workers, farmers...). Community theatre grew out of commitment to a community. Unlike earlier practices of political theatre they can be argued to have a weaker motive for a revolution. The political differences relate to "competing definitions of "community" which may encompass one or several regional, racial or ethnic groups, but usually involve excluding some groups as outsiders." (Kershaw, 1992)

Use of drama in conflict resolution and conflict transformation have also been explored by variety of scholars. As Joan B Kroc (Institute for International Peace Studies at the University of Notre Dame) mentions "Drama has the potential

to open insights and avenues for learning for conflict transformation that the didactic presentation of information often cannot. Through drama, one can readily approach the precise problems that can lock people in conflict -intolerance, the inability to perceive an adversary's point of view, and the prejudice of one's own contributions to antagonism." He refers to the work of Amani People's Theatre, an eleven-year-old Kenyan initiative that has developed an exemplary record of success in educating and empowering grassroots and mid-level East African communities to live and deal with difficult conditions of marginalization and conflict.

In Turkey, almost all the academic research conducted in the field of theatre is within the field, at the performing arts/ theatre/ dramaturgy departments of the universities. This literature mostly focuses on certain aspects of art history and aesthetics such as the political scene, the transformation of the genres, state relations, the dichotomy of tradition and modernism, the exploration of authentic Turkish theatre, techniques for acting and stage. (Karagül 2015) The alternative forms of theatre have their roots in the cultural socio-economic conditions. Cansu Karagül explores these forms in her thesis "Alternative Theatres" with a reference to Pierre Bourdieu focusing on "habitus" as collective individuals. This is one of the rare examples of research on theatre sociology.

There is an extensive literature on creative drama that has its roots in the field of psychology and psychotherapy. Different levels of psychological guidance employ "creative drama" with an aim of achieveing change in behaviour. It is a popular out of school activity for children as a way of expressing themselves. Studies conducted on the creative drama's role on the level of assertiveness, social skills, problem solving skills, recognizing oneself and others, empathy, and socio-emotional development; and its effectiveness for mitigating the levels of aggressiveness and violence. (Bailey, 1997; Danner, 2003 as cited in Çalıskan-Çoban, 2007; Emunah, 1997; Fong, 2006; Jackson & Bynum, 1997; Pomerantz, 2003; Smeijsters & Cleven, 2006; Taylor, 2000; Walsh-Bower & Basso, 1999; Yassa, 1999; Rezzan Gündoğdu 688) Thus it is most widely used in education.

Creative drama has been approached as a teaching method also, with an emphasis on pedagogy. Richard Courtney extended this field into psychology and psychotherapy in Play, Drama, and Thought (1968). The collaboration between drama and psychology has found strong acceptance in the academic circles. Research conducted on creative drama show that this kind of work has a goal to achieve a wide range of objectives in educating disadvantaged students (whether mentally or socially) including improvement of communication skills, discipline and teamwork, self-concept, and creativity. (Istanbul "Creative Drama and Social Violence Gender Roles Symposium", March 2016)

Gertrud Schattner's book on Drama therapy followed the others. In psychotherapy, Jacob Moreno's theories led the way to "a performance approach, the foundation of pschyodrama based on theatrical traditions and a somewhat generic improvisation or theatre game approach", based on Viola Spolin's work who gave the stage to children as a space for setting free of set conceptions through improvisation. Moreno is also known to criticize Freud in his healing process as giving patients a passive role. Moreno's Spontenity Theatre eliminates the written text, employs the "philosophy of everyone is participant everyone is actor". This is a theatre where actors and audience are creators, all play is improvised and the old stage as the division of life and performance disappears. The traces of this approach find its way in Boal's theatre.

The years 1985 to the present have seen the development of more sophisticated schools of thought emerge within the drama therapy field. Robert Landy, a drama therapy educator, developed distancing theory and in his book, *Drama Therapy: Theory and Practice*, (1986) provided one of the most in depth conceptual framework for drama therapy. Later he has deepened this perspective further with role method, which he has elaborated in *Persona and Performance: The Use of Role in Therapy and Everyday Life* (1993). Renee Emunah has developed her Integrative Five Phase approach based on humanistic and developmental principles, presented in her book, *Acting for Real* (1994).

Both community theatre and creative drama have an aspiration for social change, the difference might be argued to be in the ideology – creative drama looks

for solutions within the system, community theatre has a tendency to question the system. In this respect, community theatre also has commonalities with rites of passage, conflict resolution drama, playback theatre (real stories of participants enacted by actors improvising.) They all give participants a method for expression, representation, and in some ways, come to terms with the dominant ideology/ system.

My exploration in "not-staged performance" first brought me to the term "Applied Drama", which has been contested by various disciplines, gaining popularity towards the end of the 20th century to describe drama practice in an educational, community or therapeutic context. James Thompson states: "Applied theatre is a participatory theatre created by people who would not usually make theatre. It is, I would hope, a practice by, with and for the excluded and marginalised."

Interdisciplinary evolution of Applied Drama gave way to different forms such as Drama pedagogy, Psychodrama and Sociodrama, Theatre of the Oppressed, Theatre for Development, Prison Theatre, Community–based Theatre, Museum Theatre, Reminiscence Theatre, Theatre in Health Education. In 2000, Podlozny wrote "The plethora of terms is also problematic because it complicates researchers' and scholars' endeavors to use bibliographic databases to locate literature that is relevant or related to their work. This complication may thwart even the most diligent researchers' attempts to design their current research based on previous findings in the field." It is not only in the twentieth century that this definition is questioned by theatrical practice texts that do not comply with the demands of the definition. It is analysed for its capacity of modern employment of literary culture – especially of oral forms such as songs and plays, to influence audiences ("either by confirming beliefs or change their moral, religious or political convictions or conduct").

One of the earliest examples of the social theatre tradition that aimed for social change was Bertold Brecht's socialist theatre "the Ensemble" (1949). Through theatre, Brecht had the intention to animate audiences into political action. Zarilli et al. mentions that Brechtian theatre has its origins in Piscator's

"Documentary Theatre" of the 1920s. In 1960s a new generation of German artists have also looked at this tradition of documentary theatre to question their past about the Holocaust, including socialist playwrights as Rolf Hochhuth and Peter Weiss. Dialogues were used taken straight from the investigation archives. Photographs and films were also used in these plays to support the facts. "Theatre of the Fact" had similar moral and political intentions. In East Germany, the work of Heiner Müller and director Peter Palitzsch carried Brechtian approach in play, further. Tankred Dorst, Peter Handke were also among these names who believed in Brecthian politics. The politics of the Brechtian theatre has been associated with anti-militarism and democratic socialism. In Latin America Brecht theatre was also influential in the 1960s with playwrights and directors such as Osvaldo Dragon from Argentina, Luisa Josefina Hernandez from Mexico, Enrique Buenaventura from Colombia. (Zarilli et al., 2010, p. 378)

1960s was the time for the student and worker protests against millitarism, political and economical imperialism around the world. As Zarilli et al. (2010) describes the artists of the time influenced by the socialist ideals as hoping to forge an alternative culture that might help workers, peasants and others who oppose capitalist power. Regions of the world with authoritarian regimes have a tendency to develop this kind of theatre as a means of organising among themselves towards colloborative action for their rights. Their troups chose to move outside the boundaries of traditional theatre literally, performing in parks, community centres, popular demonstrations, village squares and similar places open to public. Peter Schumann's The Bread and Puppet Theatre Company began aligning puppet parades with antiwar demonstrations in 1964, in US. In Spain, several theatres opposed dictator Francisco Franco and his repressive regime during early 1970s, including Els Joglars and Tabano. Theatres of Dario Fo and John McGrath were examples of radical theatre in Europe. (2010, p. 378)

Augusto Boal's son Julian Boal, also a theatre activist refers to the political theatre of Bertold Brecht, Vsevolod Meyerhold and Vladamir Mayakovsky and draws attention to their activism in order to understand the evolution of theatre. Refering to theatre taking on the role of failed journalism at times, he mentions

David Hare who has developed the documentary drama, when the media coverage of Iraq Was was under question. In Colombia, Buenaventura have used street theatre to portray the oppresive political history of the country. In Brazil, Arena theatre has been established carrying Brechtian characteristics of social criticism. This is when Augusto Boal has entered the stage of theatre history. He joined the Arena theatre in 1956, writing and directing politically radical plays, "experimenting with the participatory forms of theatre". (Zarilli et al., 2010, p. 378-381) His innovation was to share the authority of writing a play with the audience. Establishing the "Theatre of the Oppressed" while in exile, Augusto Boal has been part of the "New Popular Theatre" movement in Latin America in 1970s and 1980s. (2010, p. 430-432)

In other parts of the world, such as the postcolonial African nations, indigenous theatre artists began to create more politically themed works. In South Africa the Peoples' Experimental Theatre performed plays and aroused their audiences to oppose oppresion by the state. "Phillippine Educational Theatre Association (PETA), a network of community-based theatres fought against the dictatorship of Ferdinand Marcos from 1967 until its fall in 1986. They were also influenced by the radical educational ideals of Paolo Freire (Brazilian educator who also influenced Augusto Boal) "Radical Theatre" or "Theatre for Development" were also used to describe these movements.

These movements had a demand for a more democratic and peaceful alternative to the system. The term "theatre for development" originated in Botswana in 1970 to describe performances with an intention to help communities with their shared problems of health, agriculture, education, etc. (Zarilli et al., 2010, p. 423) Employing a "top-down" research approach, the basic model involved theatre activists working for a solution. They would be researching a community problem, creating a debate and improvisation, presenting the piece to the community and following the performance with discussion and community planning.

Boal opposes this top-down approach and argues, it is the passive spectators of public affairs who stay as marginalised individuals as they are afraid to be active

agents because of fear from oppressors. The exercises he developed with the oppressed communities worked in both levels, individual and collective. In this respect he also focused on working with "*internalised oppression*" where people loose hope, hence the potential for movement. The work with the physical body, giving participants opportunities to undo their muscular structures-the way they move and talk- to realise the patterns of their body structure and voice embodying "oppressed/oppressor" relationship. (Harter, Sharma, Pant, Singhal&Sharma, 2007)

1.4.1. Community Theatre

After my initial exploration of different genres of applied theatre, I came to the conclusion that the category of "community theatre", which does not impose any type of improvement agenda on the participants would be suitable for the purposes of my research. I use the term "community theatre" in the context of theatre conducted with a group of people who share the same concern and employ theatre as a method to reflect on their lives on the way to transformation.

Augusto Boal's (1979) approach in community theatre includes all the dynamics with its system that almost automatically takes the participants into the transformation line of this theatre, providing the rehearsal space needed to prepare strategies to confront the conflicts in the real world. The participants embrace the conflicts only to use them as a tool for transformation. The process of creating theatre from the everyday issues faced establishes a process where individuals and groups can examine their experiences. The theatre process creates a space, an opportunity to establish some distance from one's experiences that supports critical reflection and deeper understanding. In this respect, theatre is a process that involves, even requires, not just spectators, but community members who are interested and actively engaged as both storytellers and audience members.

It is important to remember not all community-based performance is activist, but it is committed to be collective. Considering the contributions of popular theatre in a discussion of research can contribute to creating some space

between what have been traditionally been dichotomized concepts, including subjective/objective, truth/fiction, researcher/ researched. In participatory or popular theatre, participants are researchers, storytellers and story-makers, speakers and listeners. Interpretation of stories is made evident through theatre processes so that the individual or group telling the story is also part of the audience that actively engages in scenemaking.

Forum theatre practice adds a layer on "community theatre" practice which expands the stage using intervention methods to promote dialogue between everyone who exist at the performance time, everyone is invited to stand up and act in this format of interactivity. This will be discussed further in chapter four.

Different forms of community theatre continue to evolve in different parts of the world, adapting to the changes and problems communities face. This is important to remember in understanding the variations of practices of Theatre of the Oppressed around the world, also. In most of the work conducted with the methodology of Augusto Boal's "Theatre of the Oppressed" the main focus is for participants to express themselves through the use of "role-play" on the way to reach a collaborative solution. Boal's main objective with this type of work was "to make the oppression visible; to uncover social injustices, bringing attention to a social problem to provoke dialogue".

Boal focuses on the potential of creativity of the individuals (whom he sees as inherently artists and actors) to change their circumstances. (Boal, 2006). The social interactions an individual goes through in a day involves roles of being an actor and observer. The inner thinking as an observer and the self-expression when interacting with the others is similar to being on stage. Boal sees this action and reflection process a way to transform the environment and the self, as we are part of that environment. (Boal, 2002).

This innovative approach to enhance community dialogue came about when there was the military coup in Brazil that gave way to social movements in the 1950s and 1960s. Marie-Claire Picher, who is a Theatre of the Oppressed practioner in New York calls descrbes this form of theatre as "a dialogue process that begins in workshop and continues as performance to include new people". (Picher, 2007,

p. 82) This work also has an agenda of "empowering" the oppressed/ disadvantaged through exploration of their "problem". The aim is put forward as "introducing the methods that might help people learn another way of using theatre as a new method to help themselves". I see this as a process towards participation.

Law theorists Lani Guinier and Gerald Torres make this point about community-based performance's role in democracy. They see the shifting of the focus of democracy from the individual to the collective as the starting point for theorising the political in community-based performance. They assert that democracy is less about the "right of individuals to choose individual candidates" than "about the value of groups that form around common concerns and participate in an ongoing democratic conversation" (2002, p. 170). They also see Augusto Boal's forum theatre as a rich domain for participatory democracy, "as spectators intervene in scenarios to act out their own ideas for solving them."

The theatre practice that film director Pelin Esmer made into a documentary called "The Play" (Oyun) is an example of this type of work. The name of the play has a reference to the "play" as theatre and also "play" as in children's game. Esmer explores the communication opportunities theatre offers to a group of women living in a village in Turkey. She is interested in the dramatic structure of real life. This is a story of nine women who get together to act in a play about their own lives. These women have used the play space as opening up the private sphere of their lives into the public. Kırel explains this process as "not only talking about their problems" but "playing their problems". This is a very important step to bring out what they feel ashamed of talking about their private lives through turning it into a play so there is an opportunity of first hand representation. Playing itself opens a space beyond the responsibilities against seriousness of the hegemonic system. (2002, p.13) Sualp describes "the play" as the space-time of making change, the experience, to try out the possibility of change. To design a play out of daily life experiences, gives the freedom to being oneself (that they may not experience in their daily lives) and the freedom to question themselves and the life they live. (cited in Kırel, 2002, p.13)

This experience of acting is a transition from their private space to the public and this becomes the key for transforming their conditions and clean up the way from the limitations. Kırel describes this process as not an escape from real life, but a confrontation. The audience in this kind of setting, also has a chance for confrontation and building self awareness. This confrontation also gives them a chance to evaluate their lives looking through different perspectives. Kırel suggests this process brings about "change", "transformation" and "questioning". This is also a chance to question all kinds of hegemony. There is a similar alienation effect to that of Brechtian dramaturgy. This opens up the discussion on the self-expression of the private life in the public sphere, getting rid of internal pressure to keep it to oneself. "To be able to talk and to express has a direct relation to power." In this respect the transitive space community theatre opens as a between the "private" and "public" is important to explore. Public space is what gives us visibility and commonality. A space becomes public not only through common use but its use as a resistance to the despotism of keeping things private, commodification, and bureucraric hierarchy and pressure. (2004, p. 466-467).

1.4.2. Play as an Improvised Worldbuilding Practice

In this section, with the discussion of selected literature on "play", I aim to explore the mechanism of play that has a major function in the forum theatre workshop process. Forum theatre workshops are the main body of work where the participants go through game exercises that help them explore their problems and turn their stories into a play structure for performance. With the guidance of the forum theatre facilitator, the participants play a wide range of games in these workshops that all have different functions ranging from warm-up to improvisation, building the characters and themes of the play. Through the games played, the workshops becomes a transitional space to explore through fictional narratives inspired by real life stories of the participants. Thus I describe this play process as an improvised "world building practice".

Worldbuilding is a concept explored by Henry Jenkins in terms of transmedia storytelling. He refers to this kind of narration as "fantasy fiction, precisely because it's more distant from the 'real' world, has to work harder at world building, establishing the key differences between its world and the world we know. I borrow this concept to understand the function of play in forum theatre as a vehicle for creativity, imagination and liberation. Different disciplines have made use of play in search for creative inspiration for the participants. Design thinking is a popular area used by different disciplines where play is called into practice. The imagination and creativity play inspires, transcends the age differences of children and adults. As Jeffrey Ochsner argues, "It is this experience that allows us to see the external world as we rationally know it, but also allows us simultaneously to imagine the world as it might otherwise be.' (2000, p.52)

Johan Huizinga, considered one of the founding figures of game studies, discussed "play" as a free activity standing quite consciously outside "ordinary" life as being "not serious", but at the same time absorbing the players intensely and utterly. It proceeds within its own proper boundaries of time and space according to fixed rules and in an orderly manner. It promotes the formation of social groupings, which tend to surround themselves with secrecy and to stress their difference from the common world by disguise or other means." (Huizinga, 1938; Montola p. 15, 16) Play state is associated by going beyond the rules of the society, seeing beyond what is obvious, as if having a fresh perspective on what is going on around us. There is no self-evident conditions anymore, instead there is possibility for open ended creativity. The diminishing of play in adulthood can be traced back to schooling. The education system that follows a hierarchical approach being one way of transmitting knowledge and "right answers" from teacher as authority to student as followers, interrupts this creative process of play. The set boundaries, the search for one way of doing things without questioning prepares children to be individuals with obeyance skills. The transcending effect of play mode on the social behaviour patterns, creates moments of freedom where the "muscular mask" as strong as the "social behaviour" is confronted. Boal argues the words as being the greatest invention of human being, "bring with it the obliteration of the senses".

When the word is dispensed other forms of perception emerge (Boal, 2008, p.104) and Boal encourages these other forms of exploration with his theatre methodology.

This experience of being totally emergent in the experience, is described with the concept of "flow" by Mihaly Csikszenmihalyi ; "…action that follows upon action according to an internal logic that seems to need no conscious intervention by the actor. He experiences it as a unified flowing from one moment to the next, in which he is in control of his actions, and in which there is little distinction between himself and the environment" (Cited from Sjöberg, Csikszentmihalyi 1975, p.35-36 quoted in Schechner 2002, p.88). Through this experience, play opens the space in which participants are free to examine alternatives and explore their meaning and implications. The movement from a narrowed direction of thinking, to one that is open to multiple possibilities can be liberating. As Angela Brew suggests, 'extending the range of what we consider relevant to any given situation opens us to new insights. A chance is given to the least obvious approaches rather than the most likely ones. Equally formative is the opportunity to break out of existing patterns by making connections between seemingly unconnected things. Play provides an excellent opportunity to try combinations of behaviour that would not be tried under functional pressure. Winnicott suggests that a special feature of [creative] play is that it 'depends for its existence on living experiences, not inherited tendencies.' (Cruz & Schutzman, 2002, p.60,64) Creative play provides an opportunity to test out new ideas and possibilities, rather than to follow a predetermined course of action within normative conventions. One of its main advantages is the richness that it can reveal; all ideas are open to exploration as there are no explicit or implicit agendas and there is an opportunity to be broad and discursive in the exploration that takes place. It is, in effect, a game of "what if", in which participants are free to examine alternatives and explore their meaning and implications. The freedom associated with play has also to do with the fact spontaneity opens a space for "being". The only rules include refraining from judging one's own and other's ideas. (Spolin, 1990)

Improvised theatre practices take this game of "what if" in the worlds the participants create. The participants accept what the others offer in play and continue. The rule that is at the heart of improvisation, however, is never deny information, also known as the "yes and" rule (Crossan, 1998; Izzo, 1997; Johnstone, 1981; Spolin, 1990). When engaging in "yes and-ing," actors accept the information presented to them by other actors and build on it. This ensures that dialogue will not stop and that no one individual controls the scene. "The "possible worlds" encountered in the performance are carried back by the audience into the "real" socio-political world in ways which may influence subsequent action.

CHAPTER TWO

AUGUSTO BOAL AND THE THEATRE OF THE OPPRESSED

This chapter will explore Augusto Boal's Theatre of The Oppressed system that forum theatre practice belongs to; describing the relation between the needs of the community and the functions of its methods. The focus of forum theatre in its investigation of "oppression" involved in peoples lives, and how its methods bring out participatory communication processes that help identify oppression and desired change will be discussed, as well as the interactive mechanism that leads to the co-creation of the play plot.

Theatre of the Oppressed aims to critically explore the social, political and personal oppressions shared by a community to develop strategies with the community to overcome these struggles. The concept of "oppression" Augusto Boal uses has a wide range of coverage, not limited to the macro socio-economic or political divides. In his declaration of Theatre of the Oppressed principles, his definition of the "oppressed" is as follows:

> *the oppressed —are those individuals or groups who are socially, culturally, economically, racially, sexually, or in any other way deprived of their right to Dialogue or in any way impaired to exercise this right. Whatever the oppressions may be that make life feel unliveable – whether they be sexual, class-defined, racial, familial, and/or "all in your head" –*

In its practice, the concept of "oppression" extends to include "oppressed ideas" and "self-censorship". As all levels of oppression is included in this practice, I use the words oppression and pressure interchangeably. In comparison with other practices of community participation, Theatre of the Oppressed is about "playing/acting" more than talking; about "questioning" rather than finding answers and "analysing" rather than approving. (Boal, 1995)

Theatre of the Oppressed, being practiced all around the world, started as a practice that called people to action, opposite of being passive audiences of traditional theatre. Distinguished from the popular political theatre of its time

(1960s) being uni-directional in telling its audiences what to do for the political movement, Theatre of the Oppressed evolved its form to involve active participation of its actors and audiences. It was meant to stimulate people "to think and act, rather than simply receive a message, become an automation and do things because that's the way to do it." (Boal, 2006)

As a theatre activist, having involved in different forms of theatre all his life, Boal explored the limits of performance tools, changing the dynamics of traditional theatre, aiming for a creation of a theatre that the public could take part. The aspects of traditional theatre such as the "actor", "audience", "director" and "text" are transformed. This effort results in demolishing the borders between the actor and the audience, the play space and audience space, and linking these different parts to each other (Karabekir, 2015) that generates equality in participation among the actors involved. Boal acknowledged "the dynamic and changeable nature of power relations and their significance of individuals' inner struggles to their level of conscientization". "Conscientization" is the word Freire used referring to his pedagogical approach as a process of dialogue and action with the aim of exposing the social contradictions of unjust power and developing a critical consciousness. (Freire, 1973) He saw that by having a space to act out and explore these relations, it would be possible to bring about change. Boal's techniques point the way to awareness of the "society's politicization of gender, class, race, family and/or psyche. All are presented as real, external forces of oppression kept alive by memory and fear." (Schutzman, 1994, p.152)

Theatre of the Oppressed makes use of essential processes of theatre as translating/transforming intangible concepts such as power dynamics and oppression into physical entities. From the beginning to the end of the Theatre of the Oppressed process, the participants are encouraged to think of their own practical experience of the problems as physical revelations of their own emotions and the actual characters they are dealing with. In this sense, theatre is seen as both "a fundamental human activity (essential theater) and as the art of framing, examining, and playing with what we do naturally every day". Calling his way of theatre as the "people's theatre", Boal focused specifically on making the tools of

theatre available for non-actors. Thus the "workshop" phase involved in Theatre of the Oppressed system is an essential part of theatre practice where the participants get familiar with the tools and go through the steps in building their play with the help of the facilitator (Boal, 2004) that will be explained in detail in the following lines.

The main Theatre of the Oppressed methods are Invisible theater, Image Theater, Forum Theater, and Legislative Theater (Boal, 2002). While the performance modes of Forum Theatre, Image Theatre, Cop-In-The-Head, and the Rainbow of Desire are designed to bring the audience into active relationship with the performed event, the workshops are virtually a training ground for action not only in these performance forms, but for action in life." Augusto Boal's method of Cops in the Head is specifally designed to work focusing more on the individuals and with psychological processes of internal oppression. This shows Boal's dedication to work to transform all kinds of "pressure" on people. Later in Rio de Janeiro during the 1990's the Theater of the Oppressed became a tool for crafting public policy (Singhal, 2004)

Augusto Boal describes the evolution of theatre from Aristotle through Brecht and his own theatre in his book *Theatre of the Oppressed*. Boal draws attention to the difference of his theatre from traditional theatre, main differences being not a one way monologue from the stage to the audience, and the form of catharsis the participants go through. The main change in perspective from the traditional theatre with its roots in Aristotle is the one way delivery of the performance on stage where the audience is passive and ready to identify with the characters and the stories in the play. Instead, Theatre of the Oppressed does not impose a reality on a passive spectator who identifies herself with the characters in play. The type of catharsis this passive spectator experiences is that of the desire the play offers to change "the version of reality that the play presents." Boal calls the catharsis he aims for as "the catharsis of blockage", to clean oneself of what blocks one to act. Boal also emphasizes this point to distinguish his approach from that of Moreno saying it is the dynamicization of people-making people do: "I do not want people to use theatre as a way of not doing in real life". (Boal in an

interview with Taussig and Schechner, 1990, p.60) This approach also reminds me the "passive/false participation of people in social media. In political contexts when people express their ideas in their social media circles and feel satisfied -in parallel with the Aristotle catharsis in theatre- and go on with their daily routines without taking any action in their real lives. This is not to ignore the instances when the social media participation transfers to action.

Going beyond Brecht, Boal opened the way for dialogue between the stage and the audience. Audiences got active to a degree that more than creative thinking, they could go on stage, replace the protagonist and change the play. In an effort to transform theatre from the "monologue" of traditional performance into a "dialogue" between audience and stage, Boal experimented with many kinds of interactive theatre. His explorations were based on the assumption that dialogue is the common, healthy dynamic between all humans, that all human beings desire and are capable of dialogue, and that when a dialogue becomes a monologue, oppression ensues. Theatre then becomes an extraordinary tool for transforming monologue into dialogue.

"While some people make theatre," says Boal, "we all *are* theatre." In an interview when he was asked to explain about this statement, Boal, mentioned the role-play humans practice in their daily lives, saying that everything an actor does on stage everyone do it in their lives and that all components theatre involves are already in our lives. He coins the terms "subjective" and "objective" theatre which is important to take into account in terms of the space "participation" opens.

> We carry in ourselves a subjective theatre: we are actors (for we are
> alive, so we are always acting, producing actions) and we are spectators of
> ourselves in action. Besides we are playwrights because we write our texts
> in our dialogues with the others, we dress ourselves so we are costume
> designers, and we are all directors of all those people who co-exist in each
> one of us… The objective theatre happens when we sit down and in a group,
> suspend our necessity of action and transfer the energy of actions we did not
> perform onto a space, which I call aesthetic space, which becomes penta-

dimensional adding memory and imagination to the three physical dimensions it already had.

Boal's overall philosophy can be simplified with his statement: "To have the courage to be happy". As Richard Schechner says of Boal, "You have achieved what Brecht only dreamt of and wrote about: making a useful theatre that is entertaining, fun, and instructive. It is a different kind of theatre – a kind of social therapy . . . it focuses the mind, relaxes the spirit, and gives people a new handle on their situations" (Boal, 1992, back cover).

Boal describes the foundation of the Theatre of the Oppressed with stories about experimenting with this type of interaction. The necessity that led to the innovative techniques is embedded in these stories. The first one is when he was using "simultaneous playwriting" using people's real experiences in play, one of the spectators told the actors what the protagonist on stage should do, and the actor tried to perform as she said. It was tried many times but the spectator was not satisfied with what she saw on stage. Augusto Boal told her to come on stage to show, saying that the actors could not "interpret her thoughts". She came on stage and performed the solution she wanted to see on stage. Boal refers to this instant as "By doing what she said we understood the enormous difference between our interpreting and her own words and actions". Hence the "spect-actor" function was born out of a necessity which shows one of the functions of "acting" as a form of self-expression.

The idea of co-production of the play by the participants, where the participants decide on the conflicts and possible strategies to solve them was also an ethical necessity as described by Boal with a lived story. The story-based approach that involves audiences' interventions about what they want to or could do evolved after a play Boal was directing. Boal and his middle-class actors were performing for the peasants in the northeast of Brasil. In the play, the actors holding the prop guns were calling the peasants to revolt against the landowners and take control over their land, the means of production. After the play, one of the peasants approached Boal and said they would take action and fight the landowners, asking where their guns are to Boal. This was the moment, as Boal describes when he

realised the fallacy of telling a group of people a solution to their problem that he did not share and the implifications he would not face. (2001, p.194,195)

The fact that this type of theatre is more live than scripted theatre, as it is taking place at the moment being open to any possibilities just as in life, also makes it a participatory space. When Augusto Boal was asked to have his theatre as a TV show, he opposed to the idea that the participants would be pre-selected and be subject to censorship in terms of the content of the dialogues they would improvise. This was against the spontaneous dramaturgy he worked for. (Boal in an interview with Taussig and Schechner, 1990, p.60) Schechner describes this as "history made in the moment", saying the practice of media is that history made earlier: what you see is finished and not changeable, even if there are only a few seconds of delay." For ordinary people to affect their history even if it is their personal stories, one has to be on the side of the live performance.

In an interview Boal was asked "why use theatre? What is it about theatre that makes it the best form of exploring issues with groups?" (This is related to one of the core questions of my inquiry, "what is it about theatre that brainstorming around a table does not solve?") Augusto Boal's answer was:

> Some arts like painting organise form and colour in space. Some arts like music, organise sounds and silences in time; some arts, like theatre organise human actions in time and space. If you organise human actions, you give them a trajectory. You can see yourself here today, remembering the past and by doing so, inventing the future. (Interview by Michael Agnew, in New Art Examiner, 2001)

This type of theatre composes of a process, which is almost like a travel together in time and to memories around the issue the group wants to tackle/ explore. The participants involved share this theatre/play space together that transcends the limitations of daily responsibilities, roles. This process will be explored through the field work I have conducted in the next section.

It is possible to find parallels between Theatre of the Oppressed and Paulo Freire's methodology of the Pedagogy of the Oppressed[4] in terms of its basing problem-posing steps and democratic approach to communication: to percieve (see and hear and feel), to analyze, and to act. The ideas, feelings, movements are interwoven together, and it is possible to see them revealed physically; that is "the psychic and physical realms are connected and overlap" (Picher 2007, p. 81) In his book Pedagogy of the Oppressed, Freire (1987) develops learning methods that are "based on dialogue, and are process-orientated, rather than focused on a quantifiable end-result as in the common education system." He proposes a new relationship between teacher, student, and society. The critical imagination is radically democratic, pedagogical, and interventionist. Building on Freire (1998, p. 91) this imagination dialogically inserts itself into the world, provoking conflict, curiosity, criticism, and reflection. Freire's focus on dialogue has been inspirational for Boal's dialogue approach in theatre. (Karabekir, 2015) Dialogue is a confrontation of people with each other. It is an existentialist need to give meaning to the lived experience. It is an act of creation, not a vehicle for hegemony of people. It inspires people to act, to create and for the belief that all humanity has this right. Freire takes hope as the apriori condition for dialogue. Hope in this sense is born out of the belief that people are acting in pursuit with the intellectual and emotional collaboration with the others. True dialogue only exists so far as it lets critical thinking between the parts; be brave enough to think of reality as not a static value but a transformation, not removed from action. (1968, p.165-169)

Augusto Boal uses "images" as solidifying thought, emotions and experience. The story behind the creation of this work would be helpful to understand the layers it enhances. In 1973 when Boal was invited to Peru to take part in the national literary campaign, he developed image theatre with a purpose

[4] *Freire and Boal both worked at a Popular Centre of Culture in the north of Brazil in 1960, and although they never collaborated, Boal paid homage to Freire by naming his book Theatre of the Oppressed.*

that favours corperal communications over verbal expression. It is possible to find parallels with the connection of speech and movement theories and the Image theatre. (Shaun Gallagher 2005, Merleau-Ponty 1962, David Grant 2017) where movement is explored as a "primary vehicle for thought". As Grant emphasizes, "Merleau-Ponty tells us that language does not simply externalise or communicate a pre-formed thought; rather, language accomplishes thought'. In this regard, image work opens space for "unverbalisable embodied thoughts". When the image work is being conducted collectively by a group of participants, it also solidifies different perspectives all together at once. With Boal's words:

"On stage we see the world as we have always seen it, but now we also see it as others see it: we see ourselves as we see ourselves, and we see ourselves as we are seen." (1995, p.26) Boal names this link between reality and its image "metaxis": 'the state of belonging completely and simultaneously to two different, autonomous worlds: the image of reality and the reality of the image' (1995, p.13*).* The community member/ actors build a direct relationship between the image of reality presented on stage and the reality that occurs in life. By invading the aesthetic space of theatre, by involving as an active spect-actor and modifying the image, the spect-actor is also modified. Boal speaks of transformation taking place here: "If I transform my image, I am transforming myself."

Perry calls this way of knowing as "in contrast to words, prioritises a way of knowing that necessarily involves the body as well as the intellect' (2012, p107). The concept of "kinaesthetic empathy" provides layers to explore in this type of theatre work. As Boal calls, "Arsenal of the Oppressed" to work intuitively, manifesting intuitive 'unknown knowns' as embodied knowledge through stage images. "Those viewing the images can engage not only intellectually and semiotically through the reading of signs but also intuitively and phenomenologically through a process of kinaesthetic empathy". (Grant, 2017, p.200) This collective way of building the play with the participants and then involving the spect-actors invoke empathy among participants, however Boal is famously suspicious of empathy. He urges people to understand it as 'the terrible weapon it really is' (1979, p. 113), allowing the "morality of the world of the play"

to invade its audience by means of osmosis. In his later work, The Rainbow of Desire (1995), he explains this process in a more subtle way: The oppressed themselves have created their own world of images of their own oppressions, the active observer (spectactor) – character relationship changes in essence and becomes sympathy: sym, with. We are not led, we lead. I am not penetrated by the emotion of others; instead I project my own. (1995, p.42–43)

Augusto Boal describes the process of creation of the Theatre of the Oppressed as starting out as a forum with the "Newspaper Theatre" at a time when there was repression and imprisonment and torture in Brazil. He also had the idea to share with people the power of creating their own theatre. He wrote:

These forms of Theatre of the Oppressed have developed in response to concrete and particular political situations. When in 1971 the dictatorship in Brasil made it impossible for the people to present popular theatre, we started to work in Newspaper techniques, which were forms of theatre easily realisable by people, so that they would be able to produce their own theatre.

Boal's creation of the different theatre techniques were also in response to the need to resist the authoritarian regimes, when they were "barred from traditional and institutional theatre" with his expression. Boal has started implementing Invisible Theatre[5] in Argentina in trains and restaurants before the elections in 1973. He also started to work with certain forms of forum theatre in Peru, where the spect-actors assume the function of protagonists, thinking "they would have a role to play in near future". (1992, p.274)

Boal used the techniques to transform the newspaper into a theatre performance, revealing the content of the newspapers as a form of fiction; questioning the truth behind the stories, sometimes even concepts. There was also critique of the news content in this type of theatre where the journalists were not

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[5] "The Invisible theatre can be presented in any location where its drama could really occur or has already occurred (in the street or the square, in the supermarket or the fair, in the queue for the bus or the cinema . . .). Actors and audience meet on the same level of dialogue and power. There is no antagonistic relationship between the auditorium and stage, rather the two are superposed." (Boal, 2006, p.6)

free to present their opinions. Boal, referring to the semantics as a battlefield said, in an interview: "You have a word, and you say that word means such a thing, but it does not." Criticising the use of the word "democracy" when you need money to buy space in newspaper, or time in television." He called for a demystification of these media. (Boal in an interview in socialistworker.co.uk)

Boal uses the analogy of a tree when explaining the Theater of the Oppressed method in its always growing nature, adding new techniques responding to new necessities. On the trunk of the tree are the games that give both the freedom and the rules for the games to be enacted. He mentions just as in life, "game is not transformed into servile obedience. Without rules, there is no game, without freedom, there is no life." It is possible to find influences of his chemistry background in Boal's way of thinking, as he describes his work as laboratory, experimenting with different techniques, always open to new layers. The pressure of the freedom of thought has also led him to come up with new solutions, just like the newspaper theatre. His theatre becoming a vehicle for disadvantaged communities to use as forms of self-expression was a response to the political atmosphere in Brasil.

2.1. THEATRE AS A REHEARSAL FOR LIFE

Boal tries to make the dialogue between stage and audience totally transitive. (1995, p. 42). He refers to the created shared emotional experience, claiming that "in these moments of sharing, critical cultural awareness is awakened." Dialogical performances follow these directives from Augusto Boal (1995, p. 42):

1. Every oppressed person is a subjugated subversive.

2. The Cop in our Head represents our submission to this oppression.

3. Each person possesses the ability to be subversive.

4. Critical Pedagogical Theatre can empower persons to be subversive, while making their submission to oppression disappear.

Coming from the same family tree as Brecht and Marx, Augusto Boal does not want to be categorised with any ideology, thinking that any of these categorisations is a limitation for the individual. Even with his own techniques for this type of theatre, he sets the practioners free, by saying if they understand the main logic of the rules then they can do any adaptation to serve the need of the group they work with. By rules he means those that serve the purpose of Theatre of the Oppressed, related to maintaining social justices as not replacing the antagonist. In other words, rules are there to set up the structured investigation of the participants but not to limit the creativity or the fluidity of working together. (Cruz and Schutzman 2009, p.431) Boal explains this in his book "Games for Actors and Non-Actors", as "they (rules) can be modified but they still exist to ensure that all players are involved in the same enterprise, and to facilitate the generation of serious and fruitful discussion" (1992, p.268)

David Diamond, the artistic director of Vancouver Headlines Theatre, after having worked with Boal and practicing Theatre of the Oppressed approach himself, wrote to Boal asking for advice as his theatre was getting recognition from press and he felt like he had been pretending to be Boal and asking himself "What would Boal do in this situation?" Boal's answer could be followed by all the Theatre of the Oppressed practioners worldwide, so I quote David Diamond: "True to his (Boal's) generous nature, he wrote back that if people were paying attention to my work, it had nothing to do with him. – it must be because of what I was doing. Did I think he had invent all of it? No- he had built on the work of Freire, Brecht and many others. He told me I should be happy. It was the permission I needed to continue and do my own work." Sharing Boal's encouraging answer, Diamond shares the additional exercises he added to the original work. It is like with any strong art work that gives the foundation of a new language, in this case the language of Boal and letting the practioners try out their own sentences, their ways of storytelling. (Diamond, 2009, p. 434)

Augusto Boal imagined this form of theatre as a space where a group can improvise their own lives to search for strategies for transformation, collaboratively. As a form of interactive theatre, forum theatre had the slogan of

"rehearsal for life". It can also be argued that the forum theatre stage provides the implementation space to explore the theory. The theatre spectators always have a choice about the consequences of play on their lives. If the spectator shares the ideology in the play, there might be a commitment that leads to a future action. Thus it is important to take into consideration the "collective impact" on performance. As Baz Kershaw suggests, "For if a whole audience, or even a whole community responds in this way to the symbolism of a "possible world" then the potential performance efficacy is multiplied by more than the audience number." That brings the next theme of function of the play. The next section is an attempt to illustrate the participatory form played by members of a community sharing oppressive conflict/s, forum theatre as a collaborative performance space with social functions. It is composed of three stages: The Workshop, Performance and Forum (Audience Intervention).

CHAPTER THREE

FORUM THEATRE AS MODEL OF PARTICIPATORY ACTION RESEARCH

From one face of the mirror persons interested in aesthetic genres peep through at "life". From the other side, the persons interested in the "social sciences" peep through at "art". Everything is in quatation marks because the categories are not settled. The very activity of peeping through unsettles the categories. Or as Erving Goffman slyly remarked in 1959, "All the world is not, of course, a stage, but the crucial ways in which it is not are not easy to specify" (1959, p.72, Schechner, 1985, p.296)

This chapter will discuss forum theatre methodology with its potential to enhance the praxis of Participatory Action Research (PAR). Firstly, I will provide an overview of the participatory action research approach, discussing the "participation" claim in research -providing a trigger that gives access to the worlds of participants making different perspectives emerge about the shared problems and potentially start a process of social change. I will then explore art-based methods to trigger participatory processes in research through the discussion of the cultural heritage project I have been involved as a researcher: Plural Heritages of Istanbul: The Case of Istanbul Land Walls. I will give an overview of the participatory research methods employed with working with the members of different communities. In the second part, I will discuss the forum theatre methodology in terms of its potential for being a model for PAR and how it serves as a catalysor for action, dialogue and transformation, lifting the "leader" – 'follower' roles of the researcher and participants. The methods of forum theatre and their functions will be discussed in the subheadings under forum theatre followed by the case examples around the world.

3.1. PARTICIPATORY ACTION RESEARCH

Participatory Action Research seeks to bring together "action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities" (Reason and Bradbury, 2001, p. 1). It evolved as a multidisciplinary and multiform practice. Early examples of action research date back to the 1940s, after World War II, when there was the immediate need to overcome the discrimination based on ethnicity and religion. PAR has been implemented in various ways in different parts of the world sharing this most important concern. The theory of action research was developed by social psychologist Kurt Lewin in 1946 and described "as a spiral of steps involving planning, fact-finding (or reconnaissance) and execution" (Lewin in McNiff, 2002, p. 41). According to McNiff (2002), this was later to be known as the action-reflection cycle, consisting of the four steps: planning, acting, observing and reflecting. The steps in one cycle can be seen as a sequence of many cycles with re-planning and then the following steps to be continued. When Orlando Fals Borda, one of the first theoreticians of participatory research, reviewed the history of P(A)R at the World Congress on Participatory Convergence in Knowledge in Cartagena in 1997, he found at least 32 schools associated with the idea of participation in social, economic and political research. (1998, p. xii). Borda stated that this approach emerged with the practical need to connect research to national development and to avoid separating the university from practical reality, and the nation's stated political goals, which demanded mutual communication between researchers and people. The content of PAR had to be of immediate interest to the people in the studied community, involving them in formulating the study problems and in finding solutions. PAR was aimed at making research an agent of transformation in the rural community.In order to realize the educational and motivational potential of such a study it needed to be a common effort with villagers, elders, administrators, educators and researchers. Participation and action made research contextual.

The critique of objectivism and the need to do research with the people, instead of "on the people" were the main driving forces behind this approach. The roles of the researchers and the researched interchanged in the course of communication through which there was a mutual development of knowledge and learning to understand people's problems; to question the role of the researcher and analyse how her/his presence influenced the research situation. As action research requires a high level of involvement from all parties, reflexivity and clarity about the role of different participants are pivotal. In addition, the aims and objectives of the action research must be clearly articulated, and, as Arieli et al. (2009) demonstrate, they also need to be mutually understood by all participants. The research obtains its validation from clear subject-positioning and explicit understanding of choices made within the research context. Good action research has to be critical, theory-led and methodologically sound, and the fact that you have action in your research project does not give you headway in any of these aspects. (Ebba Sundin, 2010 ECREA European media and communication doctoral summer school)

"Participatory Action Research" has been an area where the research participants themselves co-create their stories and the role of the researcher and researched get blurred. The role of the researcher becomes one of a facilitator and catalyst. Salazar defines participatory research (focusing on social justice) as "more than being a research method; as an egalitarian philosophy of life designed to break unjust or exploitative power relations and to achieve a more satisfactory kind of society" (1991, p. 62). Participatory methodologies are often characterized as being reflexive, flexible and iterative. One of their key strengths is seen to reside in exploring local knowledge and perceptions. Participatory research methodologies also require self-reflexivity, like the auto-ethnographic approach of anthropology, that continuously require the researcher to adapt her approach, being open and ready to involve the categories or concepts participants provide in the process. Identified as a "bottom-up" approach the local perspectives and priorities remain in the forefront.

The "development studies" had its influence on participatory research, which has been criticized for various reasons. "In the late 1950s and early 1960s during the early phase of development communication (Sarvaes 2009), development was defined as a fundamental proposition" that people in traditional/underdeveloped/undeveloped "societies should adopt the characteristics of modern societies in order to modernise their social, political and economic institutions." (Foster-Carter, 1985, p.3) In development communication perspective, the communities involved would lack power in social, cultural, political level; described with "voice poverty". In this respect the researcher's role was seen as outlining a vision of voice, "as value, an ideal that can be attained when the social and political structures of a given society become inclusive of the disadvantaged, bridging inequalities and exclusion." (Tacchi in Sabiescu, 2012, p.4)

The first examples of participatory research had a "local" development focus when the name "participatory rural appraisal" (PRA) was coined. Robert Chambers at the Institute of Development Studies in Sussex has been a pioneer of participatory rural appraisal approach. He also used the term "activist participatory research" (1992, p.2) referring to "a family of approaches and methods which use dialogue and participatory research to enhance people's awareness and confidence, and to empower their action." This approach was also associated with Paolo Freire's pedagogy of the oppressed. Chambers saw the researcher as "an outside catalyst or convenor to facilitate dialogue about people's oppression and possibilities for their empowerment. (Chambers, 1994a, p.954). The criticism this approach got, had to do with its practice. Because this approach was taken as a short cut tool for people's involvement in local issues. In many cases, people have 'participated" in a process which lied outside their ultimate control. Researchers continue to set the agendas and take responsibility for analysis and representation of outcomes. "Indeed, some of the earliest applications of the concept to development had rather radical connotations. Found perhaps most lucidly in the writing of thinkers such as Paulo Freire who advocated the participation of oppressed peoples in authentic development as active subjects of knowledge and action, the participators- process

would ultimately result in the overthrow of their oppressors" (Freire, 1970: Goulet, 1989).

Participatory action research has parallels with the forum theatre approach such as the active involvement of the community about coming up with strategies for transformation, critical approach to power relations, and making an effort towards creating change. Forum theatre as a model for participatory action research, provides a democratic approach that opens a way for dialogue between the participants, minimizing the hierarchy between the facilitator and the participant-actors in parallel to the relation between the researcher and the researched. In terms of the data generated through the performance, forum theatre brings valuable insights for social research unlike the interview process that can be under self-surveillance of the interviewees themselves focusing on "what the correct answers to the researcher's questions should be". It gives a chance to explore through fictional narratives inspired by real life stories of the participants. The interviews with the participants in this research are used as a complementary data to add to the improvised play and the observations of the researcher through the play process.

Employing Theatre of the Oppressed methods also creates a space for a plurality of solutions and possible behaviours, similar to some texts of experimental ethnography, where anthropologists avoid presenting a singular, fixed interpretation of the situation described, but let a series of narrators present their interpretations side by side. Practices as such question anthropology as a positivist endeavor (Visweswaran, 1994, p.30). As Sloman argues, participatory approach in theatre engages people to think about how change can happen around issues, and particularly how relationships of power and oppression can be transformed, (M. Chou Et Al. 2015, p. 610) taking into account that the access to power and privilege is at the heart of the suppression of telling stories. In the next section, the participatory claim in research is discussed focusing on the politics of relations between the researcher and the participants.

3.2. PROBLEMATISING THE "PARTICIPATORY" CLAIM IN RESEARCH

As discussed in the previous section, research that is linked to social change is a choice of being critical in reflecting its influence throughout the process of research not just the end product of research. It has to do with taking a bigger responsibility than just representing data but being concerned about the function of the data generated; exploring the possibility of "research process and its outcomes" being democratic and participatory. Being reflexive about what the participants get out of the research is a main starting point for participatory research. The baggage the term "participation" in research carries, also has been under investigation by social sciences, humanities and arts that share the concern for their participants. Asking "how are research subjects involved in research endeavours: are they treated merely as research subjects or do they have a voice in the research process?" (Cox et al., in press; Green, 2000) have been my concern all throughout the ethnographic work I have been involved. The hierarchy between the one who asks the questions and the one who is asked is always there but with the understanding that the participants are not merely subjects to be extracted inside/local knowledge. In this respect, participatory research carries within itself a criticism for the positivist paradigm where "the participants are acted on by researchers by being researched". "Participatory Action Research" (PAR) has evolved as an approach that addresses the above issues with its methodology.

As the central concern of participatory action research is "addressing power inequilities in society; it endeavours to begin this process within the research relationship. Power, as we define it, is a potential (Giddens, 1979) which is created within the interaction of relationships (Foucault, 1994) and which can be used over others as domination (Giddens, 1993), or with others to make positive change." (Grant et al., 2008, p.592) Thus, participation claim in research needs to be investigated in different spheres such as the "academic epistemic privilege", "building relationships and mutual understanding", "sharing control over research process". (Sjöberg, 2017) Researcher and practioners using participatory processes should be interrogated in relation to how the power is negotiated in these

encounters. This is the first step of being reflexive towards a more democratic, and responsible participatory praxis. It is also important to remember that "research participants are not powerless in the research relationship – indeed, without their consent, the research relationship would not exist, and that power is not limited, but rather can be shared and this sharing can generate more power." (Grant et al., 2008, p.592)

The agreement between the researcher and the participants is also considered as "participation" however there are always negotiations as to what each part will be contributing and gaining out of this process. Ideally the research process itself becomes an experience focusing on the desired "transformation" and "understanding" of the problem shared by the group involved. This is also the aim of forum theatre. Participatory research as a research method and forum theatre as a participatory art form uses various tools to accomplish the desired transformation (by the participants) which usually involves a kind of "empowerment" of the people involved in the process, which will be discussed in detail in the Forum Theatre Methodology section.

"Participation" claims the abolition of the duality of the researched and researcher. The researcher becomes like a mediator of the problem solving process. Falls Borda (2006), describes this process as "becoming a collective problem solving process in a shared world to address dynamic and multifaceted problems incorporating all actors of power relationships." There is a commitment to "democratic praxis with people and communities most affected by the issue of inquiry", which "hold the potential to democratize and decolonize knowledge production (Cornwall, 2008; Flicker, 2008). Focusing on the power relations, there is also an exploration of the hierarchy between the researcher and the participants. The participants, accepting the hierarchy and who seem to be content through the attention they receive, at times checking with the researcher if the data they provide is satisfactory. There are also cases where the research participants who prefer to negotiate for the time and knowledge they share. Overall, the relationship between the researcher and the researched is that of "the other". Participatory research

reflects on this relationship also, focusing on the power dynamics with its many layers including this assumed hierarchy.

The artificiality of having researchers as participants in a community has been a challenge since the first days of anthropological practice. From "fly on the wall" approach to being an activist research, different levels of participation all call for the awareness of the impact of researcher's position in the research process. In sharing the concerns of the participants of the reseach to change conflict situations, the degree of involvement, the question of imposition of agenda are called to question. The ethical decision of "letting the community be", the balance of relativism and engagement for support are also other issues to be taken into account. Especially in terms of Participatory Action Research, where the commitment to "participation, empowerment and democracy" is on the foreground, the participants' own needs and desires should not be neglected even if it seems to conflict with the researcher's ideals. This also means respecting the knowledge and abilities of community members.

In terms of collaboration with the participants; as Grant et al. (2008) suggests, "As important as it is to resolve conflicts, it is arguably more imperative to develop the ability to recognize the occasions when conflicts will not be resolved". As the researcher takes on these responsibilities, checking on her approach and actions throughout research process; the community, on the other hand might also have expectations from the research process itself and the researcher. Previous experiences of the community with research practices might make them see the researcher as "more similar to service providers than to community members (Reid, 2000), and/or as members of an historically oppressive group." Thus the quality of the relationship between the researcher and the participants take on a different value for the research process and outcomes. Sometimes this means to unlearn approaches advocating distance and 'objectivity'. Being open about the research aims, processes in all stages of the research leads to having mutual expectations, "an important step in negotiating the research process". (Coenen and Khonradd, 2003; Hagey, n.d.; Heron and Reason, 2001/2006; Roberts and Dick, 2003 in Grant et al. 2008). Johannes Sjöberg's criticism about the "claim

to be participatory in research" builds up on this critical approach. He argues that in the field when researchers talk about collaboration, it is mostly a relationship based on "negotiation". The case of forum theatre as a research method adds another layer on this issue of negotiation.

Cooke and Kothari (2001) refer to participation as a possible 'new tyranny', in regards to encouraging participation through intentionally or unintentionally reinforcing existing power inequalities. This requires not making assumptions on "what is good for the people", instead, making the effort to understand the background knowledge on the existing issues. Shauna Butterwick, referring to Alcoff's (1991) explication of the "rituals of speaking", warns us that "speaking for others, needs to be questioned because the location of the speaker "affects the meaning and truth of what one says" and certain privileged locations are "discursively dangerous," particularly when privileged persons speak for less privileged individuals. Chambers' description of Participatory Rural Appraisal (PRA) as focusing on the "role, behaviour, relationship and learning" involved in the research summarises this approach focusing on the role and the responsibility of the researchers. The researchers as outsiders "do not dominate and lecture; they facilitate, sit down, listen, and learn. (1997, p. 103) I agree that similar methods can be used quite differently according to the choice of methodology researchers make, which in turn is influenced as much by their attitudes as by their training. It is a choice which is both personal and inherently political.

3.3. ART-BASED PARTICIPATORY RESEARCH METHODS

It is possible to see a reflection of the participatory research approach in the art-based co-production methods employed working with the communities around issues directly related to their lives, while sharing the control over research authority with them as researchers. This way, it is also possible for research to benefit from opportunities to learn from this experience (Collins and Evans, 2007) opening space for new issues relevant to research that might otherwise be neglected by experts/ researchers. (Fischer, 2000)

The research project I have been involved as a researcher for the last two years has also provided me with a different kind of experience for participatory research. With "Plural Heritages of Istanbul: The Case of the Land Walls" project, we as researchers aimed to develop new valorisations of the Istanbul Land (Theodosian) Walls, working with communities living at the site to co-produce digital heritage interpretation resources. (http://pluralheritages.ncl.ac.uk/wordpress/) Being one of the pioneering examples in the field of cultural heritage in implementing a bottom-up strategy to include the non-official and unauthorised understandings of the walls and their surroundings, the project is aimed to model a heritage interpretation practice through community engagement. To do so, a multi model research approach is followed that involved creative co-production activities with the community members. To explore community members' relations to the Land Walls, walking ethnographies and co-production activities were conducted. In the walking ethnography, the participants determined the routes around the site, taking the researchers to the places that are of importance to them, sharing their stories. These activities made it possible for the participants to reflect on their daily experiences about the site, shaping the route around the land walls, sharing stories from the past, as well as sharing their future plans and wishes related to the site.

The utilisation of the different participatory tools as cultural probes including "play" features (i.e. participants writing letters to the historical Land Walls to ask their questions and explore the answers) is also another component that helped me to articulate my approach in participatory methods involving community-based practices in research, further. Co-production activities of photography and video served as a catalyst for the participants to think about their experiences in different ways they have not been exposed before, which in return led them to evaluate their experiences with a different perspective. (Gaver, 1999) As Gaver states, taking daily experiences of participants and making these part of the design process involves components of "play" providing them with creative tools to express themselves. This approach aims to inspire participants to get

curious and lead to discover and build a personal relationship with the subject of research, to find these topics meaningful and embrace them. (Gaver 2001)

In order to evaluate the impact of the research on the participants, it is also important to take into account the feedback of the participants about their research experience. The participants were mostly enthusiastic to share their stories and experiences related to the land walls in various layers, from history to the cultural landscape, the sounds and their memories of the site. The research team has not intervened in the content creation other than providing the tools and the framework of the project for the participants. These co-production activities have also encouraged their subjective input and emphatic interpretation in relation to the land walls.

Another co-production approach utilised was the "Photovoice" (Wang& Burris, 1992) where we brought the participants together with the visual artists in workshops, giving them cameras for them to take photographs of the land walls and the surroundings, which they have reflected on in these workshops. These photographs turned into digital resources where they have documented their relation and perspectives about the site. In the "photovoice" approach, camera is used as a data creation tool handed over to the participants. The knowledge that emerge through this work reflects the participants interests and the subjects that are of importance to them in relation to the themes they focus on. This way, content is generated directly and visually by the participants for the plural heritage interpretation aim. It was also aimed for the participants to share their experiences about their involvement in the project. This approach used as a visual based tool for participatory action research is an example of self-expression through the visual medium. (McIntyre, 2008) The participants showing their relations with the land walls and the surroundings through their own perspectives adds another dimension to the co-production activities. When the participants get together in regular workshops with the visual artists and share their experiences through the photographs they take, the visual details in the photographs also lead to new narrations and interpretations about their personal past at the site. This approach giving equal emphasis on the research process and participation has been

encouraging for the community members to embrace their surroundings more. (Israel, Schurman, & Hugentobler, 1992) This research experience has led me to be more self-reflexive on my role as a researcher in the forum theatre case with the participant doctors. Although the content and the intensity of the research process was very different than this project, the balance of researcher and researched relations and the creative exercises that triggered participants to think about different aspects of the research subject in relation to their personal stories, have reflected similar processes in terms of participation.

3.4. FORUM THEATRE METHODOLOGY

Augusto Boal defines Forum Theater as the most democratic of all Theater of the Oppressed methods. Its methodology has been one used around the world as a participatory form of theatre, and has been also applied in the context of community work aiming for social change and transformation. This section will investigate the different stages of forum theatre and discuss its potential as a model for PAR focusing on how it serves as a catalysor for action, dialogue and transformation.

Designed as a response for community's needs, forum theatre is an improvisational play, where the scenario is created through the workshops process with the members of a community who share a problem they want to explore through this performance experience. Forum theatre work is composed of three stages: The workshop, the play and the forum. The workshops compose the main body of work for the participants to construct the play, which is designed for non-actors to go through the dramaturgy without having "the expertise of dramaturgy". This mechanism for inclusiveness is one of the components of its democratic approach. In summary, the participants go through forum theatre process as follows: The group of participants come together around a problem of oppression they share to explore strategies for change and agree with a facilitator to work with. They attend the workshops that lead to deeper explorations of their experiences of

oppression and lead to the co-creation of the narrations that compose the performance. After the rehearsal stage, the short play is performed for the audience who is also part of the same community. When the play ends, the forum starts with that opens the space for audience intervention. Table 3.1 summarises the stages of forum theatre: preparation (workshops), play and forum.

Table 3.1. Forum Theatre Process

1.Preparation of the Play	Methods	Product
1.a. Group meets facilitator 1.b.Forum theatre workshops	Warm up Play -Games for non-actors- ImageTheatre- Role play With facilitator	- Defining the problem and desired change - Creating themes, characters, plot
2.Presentation of the Play	Rehearsed Improvisation	Participation extended
3.Forum – Audience Intervention	Joker System	Rehearsal for life

The time frame for the forum theatre workshops is decided according to the participants needs and expectations. Themes come up during the workshops when the participants also share their personal stories around these conflict areas. With the guidance of a forum theatre facilitator, the participants play games which help them to go through deeper in the analysis of their struggles. As a result of the Theatre of the Oppressed game exercises, these situations are turned into images; images into characters and the stories that make up the skits to be improvised and presented to an audience. Although there is no written script through improvisation the participant-actors create their own lines for play.

The forum play has elements of participation, interactivity and improvisation inspired by the participants' experiences of daily life. The workshops are designed with the activities involving physical exercises, games with or without words and techniques based on a theme that is part of the problem to be analysed

(and possibly transformed by the end of this process). The participants are encouraged to think about their existing situation, and the problem they want to explore; its elements, the history of the causes, the different actors involved. This process of investigation continues through out the process of forum theatre practice. The participants engage in the play/game exercises, which the main function is to explore the oppression and strategies for change. The group come together on a regular basis until they construct the theatre play. They perform to another group who is part of their homogenous community- meaning there is no social or political hierarchy between the actors and audience (i.e.forum play for students is presented to fellow students, do not include the teachers, or parents…) There is a constant effort in this practice to identify the power dynamics underneath the oppressions people experience. Through this practice, different forms and positions of "oppressions"/ "pressures" are identified that in return lead to working towards the strategies for change.

Open to all theatrical forms but not prioritising the aesthetic part of art, the play has to emerge out of a common problem that the participants all face/d in their lives. In parallel with other forms of participatory action research, the problems are defined in collaboration with the members of the community. Once a particular problem is agreed by all participants, then it would be enacted into a structure ready to be performed in front of an audience, where both the actors and the audience are part of the same homogenous group.

The workshop process leads to the awareness of certain kinds of oppression the community is facing, to express it and to make it visible through the play, exploring the power structures and dynamics existing in each conflict situation. The members of the community, with the support of the facilitator, create their own stories on stage that reflect their own experience. To be a facilitator does not require any specific training, a person who has been through the play process once, is ready to be a facilitator. This is another reflection of Boal's philosophy in extending this type of practice to wide audiences without turning this practice into a commodity.

Forum theatre calls for audience intervention and participation, through the improvisation of variations of the same play by replacing the protagonist (the

oppressed character). It is a practice to resist pressure and oppression.Through this process, the participants also explore the power relations underneath the problem. It works from rehearsal improvisation to create a scene of a specific oppression, which composes the play theme. Using the Greek terms "protagonist" and "antagonist," forum theatre seeks to show a person (the protagonist) who is trying to deal with an oppression and failing because of the resistance of one or more obstacles (the antagonists). At the end of the rehearsal process, the improvised stories that includes an oppressive conflict are presented to the audience just as in traditional play. There is a big structural difference from the traditional play that is there is no resolution in the play. The play ends when the conflict is its highest point. This is when the play is opened to the Forum. At this point the Joker comes on stage, who is a fellow actor and s/he moderates the audience interventions. It is the role of the Joker in the beginning of the play, to explain to the audience about the aim of the forum theatre and leading the discussion about the conflicts presented in the play. There is no judgements, but questions posed on the part of the Joker. The audience members are called to replace the protagonist and the play is replayed to try out audiences solutions to the problem portrayed. For this reason, Boal calls the audience "spect-actors" (instead of spectators), they come on stage to try out different solutions, resistances, actions. The joker takes the name from the card game as it is someone who facilitates, moderates, takes on different roles to conduct the Forum. The following sections are a more detailed description of the components of forum theatre methods.

3.4.1. FORUM THEATRE METHODS

The following sections are an introduction to the tools of forum theatre that makes the whole system work for non-actors without the experience of acting. Forum theatre is for non-actors, so its different phases are facilitated to make the participation as smooth and desirable as possible. Augusto Boal has described exercises that help build different components of forum play, also illustrated in his book "Exercises and Games for the Actor and for the Non-actor Who Wants to Say

Something Through Theatre. (2002)" He shares the responsibility of a researcher when approaching a group of people to work with. He even goes on to suggest for adaptations of his approach according to the social needs of the group.

3.4.1.1. Embodiment tools for non-actors

In his book Theatre of the Oppressed, Boal describes this "system" with great detail in relation to the philosophy and logic behind its workings. Boal suggests to not begin with an activity alien to the people "(theatrical techniques that are taught or imposed) but with the bodies of those who agree to participate in the experiment. He focuses on making the participants becoming aware of their bodies, the physical possibilities as well as of the deformations suffered because of repeated tasks they perform during their day. He calls this the "muscular alienation". (p. 103) In other types of play, he aims for confrontation of the participants with their memorised reactions of behaviour, like following orders. Boal calls this process as the "mask", being similar to Erving Goffman's "holding face" concept in public. He suggests that people with similar roles, start to act according to these role masks. According to Boal, if a person de-constructs these structures for herself, then she is able to interpret the other characters, as well as herself.

In this system, the first phase of the play function is to express oneself through the body, using tools of theatre such as the voice, body and the movement. This is reversing the conditioning of expression by linguistic expression. The second phase, is the sharing of the reflections of these games, first in relation to the physical aspects (before intellectualising the experience).

Boal emphasizes the importance of games for performance as follows:

Apart from this essential metaphoric characteristics, games help enable the de-mechanisation of the body and the mind alienated by the repetitive tasks of the day-to-day, particularly those related to work and to the economic, environmental and social conditions of those who take part in them. The body, in work as in play, as well as producing stimuli, responds

to those it receives, creating, in itself, a muscular mask as strong as the mask of social behaviour- both of which act directly on thought and emotions which thus become stratified. Games facilitate and oblige this de-mechanisation, being as they are sensory dialogues where within the necessary discipline; they demand the creativity, which is their essence.

These exercises of bodily expression are the first building stones towards a dramatic performance. According to Boal, at this stage, it is not important for the participants to be aware of these mechanisms behind each game, during the practice. These exercises will be explored with specific examples in the description of the forum play with the doctors, in the next chapter.

3.4.1.2. Image Theatre

Image Theatre is a basic component of Theatre of the Oppressed that uses the human body as a tool of representing feelings, ideas, and relationships. Through sculpting others or using their own body to demonstrate a body position, participants create anything from one-person to large-group image sculptures that reflect the sculptor's impression of a situation or oppression. Forum theatre involves the processes of Image work that is composed of games and techniques that emphasize physical dialogues, nonverbal imagery, consensus-building and problem solving processes, and techniques for developing awareness of both objective and internalized forms of oppression. Here, the body is used to transform the concepts into physical realm as explained above. The participants create images that help them to explore power relations, the existing problem situation and the process to reach to the ideal situation which would involve trying for group solutions for these problems. Boal describes image theatre as an embodied process:

> We start from the principle that the human being is a unity, an indivisible whole. Scientists have demonstrated that one's physical and psychic apparatuses are completely inseparable. Stanislavsky's work on

physical actions also tends towards the same conclusion, i.e. that ideas, emotions and sensations are all indissolubly interwoven. A bodily movement 'is' a thought and a thought expresses itself in corporeal form… (Boal, 2002, p.49)

"Movement" is a major discussion point of Boal's theatre, in relation to Hegel and Brecht's approach to thought and action; whether thought imposes action, or the action imposes thought. Drawing from Aristotles and Hegel in their arguments of subjects being free in their actions, and Brecht arguing for the opposite view in that the conflicts shape the character and their actions. Boal aims for a creation of a story world where the conflicts compose the infrastructure of the story, even if the characters are not aware of these conflicts and free in the Hegelian sense. The aim of this system is to rebuild the freedom of the subject-character within the framework of social analysis. Boal explains this need as not giving way to chaos in the play and not reflecting the play world as an unchangeable destiny. (Boal, 2014, p. 177)

3.4.1.3. Stories built through play

The "play" has been employed in forum theatre with two different functions, as a space for liberation for self-expression, and through the more structured play exercises; as a mechanism to explore problems and identify shared problems/ pressures/ oppressions. Shauna Butterwick describes the latter process of play with "its creative approach to analysing, naming, and acting on problems and working creatively with conflict", looking at the insights these processes offer "into creating conditions for speaking and listening across difference." (2002)

The reason why forum theatre method is easy to apply without any prior knowledge of acting is through the functional system of play mechanism Boal created. Through the interaction of the participants conducting these play-exercises, the issues that are of importance to the participants start to emerge. The role of the facilitator is to pay close attention at this stage, to all the details expressed by the

participants related to their experiences and reflections. The character building process evolves with this process of games in each workshop as the conflict areas are also evolving. The oppressed protagonist of each improvised short play tries to come up with a strategy to change her situation that fails, reflecting the real life situation.

It is the role of the facilitator to make sure each character has a storyline with characteristics that would reflect their past, their ideology, their take in life. There are also exercises that helps fine-tuning of the character building for the participants such as the interview process. Participants have one to one interviews where the other participants watch and join with their questions. This exercise helps the participants to think about the different aspects of their character's lives. The character's age, ideology, work, socio-cultural background, past personal and professional experiences are important to decide, so that there can be a logic to the character's evolution and the way they do things. The costumes also support this exercise of worldbuilding. There are rules that help the story line to develop as a reflection of real life. As the characters are free to express themselves, they are at the same time confined in the logic of reality (of the characters they have created).

At the end of the workshop process, the improvised stories that include oppressive conflicts are ready to be presented to the audience just as in a traditional play. However, there is a big structural difference, that is there is no resolution in the forum theatre play. The play ends when the conflict is at its highest point. This is to encourage audience's participation when the play is opened to the "Forum". Boal suggests for the original solutions proposed by the protagonist to fail in the original play, which is to be analysed in the forum section of the play. This also shows that Forum is not a didactic play, that it is searching for the answers, rather than proposing them. Boal calls this process as being "pedagogical" that both actors and the audience are learning and transforming together.

In the last workshops before the play, participants work on possible intervention points for the audience, if necessary taking the solutions included in the plot out, to encourage the audience to try out their strategies for change. It is the role of the "Joker", a fellow participant, to moderate audience's intervention in the

forum. The participant who takes on the role of the Joker works with the facilitator on the joker strategies. It is also the role of the Joker in the beginning of the play, to explain to the audience about the aim of the forum theatre and leading the discussion about the conflicts presented in the play. There is no judgements, but questions posed on the part of the Joker.

3.4.1.4. The Performance Game

This is the title Augusto Boal has in his book for the section where he explains about the creation strategies of the performance. He calls the performance "an artistic and intellectual game played between the actor and the spect-actor." The play is performed as a conventional play, where the techniques of performing can be put to use, although the expectation is not professional acting. (2002) Although it is not necessary to have experience in dramaturgy, it would increase audience's engagement to increase the quality of play through paying attention to basic theatrical components, like not talking while turning their back to the audience, etc. At the highest point of the conflict in the plot the play would end, and the play would be opened to the "forum". In the Forum the audience members are called to replace the protagonist and the play is replayed to try out audiences solutions to the problem portrayed. For this reason, Boal calls the audience "spect-actors" (instead of spectators), they come on stage to try out different solutions, resistances, actions.

The audience is encouraged to reflect on the conflicts presented and intervene by getting on stage to replace the protagonist when the scene selected is performed once more to perform the role of the protagonist as s/he reveals their alternatives. This way the audience members get a chance to try out their strategies by acting. The stage is seen as a rehearsal for action with a potential to lead to social transformation in real life. Boal explains this process as "the transformation of society in the direction of the liberation of the oppressed... both an action in itself, and a preparation for future actions." (Boal, 2006, p.6) When the play ends, there are two options, either the play can be replayed and the audience members can intervene saying "stop" and then come to stage to replace the character they choose,

or only the selected scenes will be replayed. This is a choice based on the group's needs. The actors then start the scene again from the prescribed point and the spect-actor plays the protagonist. Here, it is important to acknowledge the reality of the play world. The actors' reactions to the improvised intervention of the spect-actor is in parallel with the character they portray in the play, they cannot have a sudden character change. Boal is strict about not replacing the antagonist, as it would be not be possible to change the power relations in an instant, in real life. He gives an example from a forum theatre in Portugal, when a peasant who was replacing the actor playing the part of the boss started shouting "Long Live Socialism", the replaced actor had to explain to her "generally speaking, bosses are not great fans of socialism". Boal suggests to have a degree of tension between the spect-actors- "if no one changes the world, it will stay as it is, if no one changes the play it will come to the same end as before." (1992, p.269)

Boal suggests that the moment the protagonist is replaced by the spect-actor, all the actors transform themselves into agents of oppression (in degrees not in contrast with their character), or if they were already agents of oppression in the play, they make their stance stronger to show that the change in real life is not easy. Boal describes this process as the "game of trying to find a new solution", "trying to change the world" against actors trying to fight them back, force them to accept the situation as it is. This is to give a chance to spect-actors to try out their strategies for solution, face possible consequences of these new moves. Boal says this is to learn "the arsenal of the oppressors and the possible tactics and strategies of the oppressed."

In this trial, spect-actors have an option to give up, in this case the actors might continue the play as it is, another spect-actor may chose to intervene, and the play would start from that point, a new solution would be tried out. If a spect-actor manages to break the oppression, the actors must give in, one after the other or all together. Boal suggests that at that moment, spect-actors can be invited on stage to show new forms of oppression. "This then becomes the game of "spect-actor/protagonist" against "spect-actor/oppressor" Thus the oppression is subjected

to the scrutiny of the spect-actors, who discuss (through their actions) ways of fighting it.

What is happening with the spect-actor intervention is a form of transgression. Boal believes that without transgression there will not be liberation. Refering to the earlier slogan of Theatre of the Oppressed as "Rehearsal for revolution", he mentions that revolutions do not have to be violent and that he speaks of a revolution like changing a mentality, to understand one's self better. Law makers presenting a forum theatre about their problems and alternatives for solution is also revolution. He later changed this slogan for "Rehearsal for life" and called it more accurate representation of this theatre work.

Augusto Boal's philosophy of inviting the audience to the stage has two main purposes. Giving the tools of theatre, opening the space for communities to work on their problems collectively, and share the authorship with the "others" without assuming their views. He said "What would be also wonderful would be a theatre show where we artists would present our world view in the first act and where in the second act, they audience could create a new world". He believed that once they create it in theatre, they can be better prepared to create it outside, afterwards.

3.4.1.5. The Joker system

Forum scenes can be virtual one-act plays or more often short scenes. In either case, a full presentation is offered to the audience. The joker plays the key role for the "Forum" part that is when the audience is invited on stage to intervene. The joker who moderates these interventions, takes the name from the card game as it is someone who facilitates, moderates, takes on different roles to conduct the forum. Augusto Boal also describes joker as the "difficultator" as she also takes the role of challenging the spectactors. When the play ends, the joker asks the audience what they think about the play and if they would do something different than what the protagonist (not the antagonists) is doing. The protagonist will then sit down and the audience member is invited forward to show their solution of the

moment. Once the intervention is performed, the audience applauds, and the joker invites the audience to discuss the proposed solution, and to offer even more solutions. Boal describes the ideal Joker as a Sokrates figure, "asking their students what kind of questions they want to be asked". "Joker has to be extremely democratic", Boal says, like a teacher must sincerely be interested in learning from students what they really think.

3.5. FORUM THEATRE AS A PRACTICE FOR SOCIAL CHANGE

Forum Theatre's focus on "presenting, analysing and changing power relations" from the point of view of the people who are -relatively- (my addition) powerless", is a mechanism that starts the process of empowerment carrying the potential for social change. The participants of the theatre intervene in social reality to change it starting with the exploration of their own change. Below I illustrate examples of forum theater around the world that show its applications in terms of different contexts put to use by different groups of participants.

Jana Sanskriti (JS), Theatre of the Oppressed group in India has been practicing since 1985, inspiring with its work for women and resisting patriarchy. It has combined its local dance art with the community in Calcuta, aiming for democratisation of society through theatre. Augusto Boal called this troupe as the "biggest Theatre of the Oppressed Move in the world". They are implementing the multiplication and organisation of TO practice as Boal theorised. JS is a community activist organisation that first emerged in West Bengal, India, nearly 30 years ago. Drawing on Boal's Theatre of the Oppressed, JS's mission is "to confront existing power relations in society that are too embedded or taboo to question in formal institutional settings. For individuals systematically disadvantaged by prevailing power relations, JS offers a space that is ostensibly located outside the realm of formal politics so that actual political discussions can take place." (M. Chou Et Al. 2015, 613) Their aim is to apply Theatre of the Oppressed in rural areas.

In an interview with Jale Karabekir, the practioner Sanjoy Ganguly explained the decision to go to the villages with Theatre of the Oppressed due to

their belief that the root of the problem laid in the villages. Ganguly described the communication form they had in the political party he belonged to as a "cultural monologue". Tthey were told what to do, what to watch with directions from the party centre. At the same time they were trying to find out the correct language to talk with the villagers, because the villagers were questioning their intentions to be there. He found out about a local art form and realised that there was a democratic relationship between the audience and the actor. Learning about this art form helped them to be accepted by the villagers. Later they learned about Theatre of the Oppressed and started to practice it, too, which led them to work with women and for women. Ganguly explains this process as "opening up space for women". They continue this practice involving different contexts of oppression, from economic dependence, lack of education of women, compulsory marriage. Today Jana Sanskriti has thousands of actors around India. Ganguly also refers to the intellectual equality in relation to oppression. "Dialogue lets you to express yourself. Only when you find the space to express yourself-as we do with forum theatre- your thought is activated. When you start to think and realise the potential you have inside, then you decide to not stay as passive and silent." (Ganguly in Karabekir 2015, p. 54-55)

In Caribbean and Central American women's feminist inquiry through theatre-based action research, Boal's forum theatre has been applied as a methodology to support action research. Forum theatre here is used for women to share their experiences of discrimination. Previously created materials by women such as drawings, reaction journals, poems and transcription of focus group discussions informed the playwriting. The women's playwriting triggered both data gathering and data interpretation. The themes came up were "machismo, racism, bullying, labour exploitation, police racial profiling, abuse of authority". At the end of the process, broadening definitions of community were in exploration, and the actors demanded responsibility from different audience members to end discrimination.

There are also other similar theatre collectives around the world who work with women. Drawing from forum theatre theory, they build their own practice.

Sistren, a Jamaican women's popular theatre collective began in 1977. Similarly Ford-Smith mentions that it brought women's hidden experiences into daylight, *"it has shown the specific strength and creativity of Jamaican working-class women... It has encouraged women to organize and to express their ideas through the arts"* (Ford-Smith, 1989, p. 31).

As an example of work involving conflict transformation employing forum theatre is the Amani People's Theatre (APT) in Kenya. It sets an example for "the drama for conflict transformation" (DCT), involving specific indigenous modes of communication. In the experience of the Amani People's Theatre, the importance of the narrative and techniques of guided interactive and improvisational theater have emerged as centerpieces of their DCT. Kenya's Amani People's Theatre works with communities of people who are disadvantaged, hurt, oppressed, and/or enmeshed in conflict. The APT employs carefully-researched dramatic exercises through which their community audiences can actively participate to understand their present difficulties and potential futures through their own collective pasts. The APT works in conflict areas to change the ways that people perceive, value, speak about, and act toward each other and the problems they face. Through their participation in dramatic workshops and presentations, participants gain insight into their own feelings and perceptions and community structures that inhibit positive change.

In a Wits University case study, conflict management strategies were explored through forum theatre. This was a study focusing on the conflict management between university students. To not impose any resolution, the participants used enhanced forum theatre that allowed participants to explore more complex issues such as sexual harrassment. In one of the workshops Augusto Boal's Image theatre techniques were used, so the students created images of what oppressed them and explore ways for liberation. By creating and activating images of their reality on campus, they might be able to translate such images into the reality of their lives.

As a pedagogical case, "Yale University Siwela Sonke Dance Theatre", "Clowns Without Borders South Africa" and "People's Educational Theatre Swaziland" are also examples of this type of theatre, that can be seen as "an evolving model for artistic and pedagogical interdisciplinary, multi-institutional practice." Rebecca Ann Rugg leading the projects from Yale University, draws from Freire and Boal and takes artistic colloboration itself as a research paradigm, and names the ways the collaboration is structured as a methodology, "a grammar of research". In this research Yale School of Public Health students led workshops with theatre companies, support group of people living with AIDS, an underground political party, collective of grandmothers running a neighbourhood care point in Swaziland. These theatre exercises were also used to build channels of communicaton between the researchers and the participants. Working with local people, sharing the authorship in research, the practice evolved. In the second year, the work was more focused, the students only worked with the "People's Educational Theatre". Some of the challanges were discussed as kinds of power at work in conversation with the local people that were invisible to the researchers in the beginning. The equality of the "circle" came up which was used by the local people to forge joint decisions instead of alternating leadership. There was also the issue of attached ritual meaning to the theatre by the Swazi people that was taken into consideration for research design. (Rugg 2013)

Another example where theatre was used for research was a practice by Diane Conrad from University of Alberta, Edmonton, Faculty of Education. She has explored popular theatre as a research method drawing on "traditions in participatory research and performance ethnography" for her doctoral research. The project called "Life in the Sticks" aimed to help students to re-examine their beliefs and the researcher to reframe the notion "at risk" to include the perceptions of youth. From prior work she had noticed that the youth found the label "at risk" offensive. By using theatre, she aimed to collectively drive out and examine participants' experiences towards producing new understandings. 22 highschool students participated in this 30 hour study. "The students were engaged in theatre processes that drew on their experiences to examine issues they identified as

relevants. The theme "Life in the Sticks" emerged from the drama activities and discussion. The students enacted incidents. The themes came up as "boredom, rulebreaking, addiction, risky sex, gossip, gender relations and interpersonal conflict." Toward the end of the process, in the informal interviews conducted with the students, they rejected being victims of their environment. Conrad calls this notion of personal choice giving a sense of agency in and responsibility for their own behaviour and states that this attitude has a potential to be empowering- a step forward to finding solutions. In this practice, the forum theatre model was employed to engage audiences in further discussion.

Headlines Theatre in Vancouver, Canada; Giolli in Italy; TOPLAB in New York, and the CTO in Rio de Janiero, Brazil, are among other successful implementations of forum theatre (Babbage, 2004, p. 31). The Theatre of the Oppressed Website (*www.theatreoftheoppressed.org*) includes up-to-date information, literature, contact information, and a description of all the theatre organizations involved with Boal's work around the world.

CHAPTER FOUR

CASE OF "DR GOOD PHYSICIAN" FORUM THEATRE

On stage we continue to see the world as we have always seen it, but now we also see it as others see it: we see ourselves as we see ourselves, and we see ourselves as we are seen." (Boal, 1995, p.26)

In this chapter, I will illustrate the different stages of my fieldwork, starting with my search for forum theatre practice in Turkey and learning about the methods of forum theatre through the workshops, leading to the case study of Istanbul Chamber of Medicine forum theatre. I will give a detailed account of the fieldwork I conducted with the doctors' forum theatre group, that was formed to explore the strategies to preserve the "good medicine practice". As the practice of forum theatre at the Chamber of Medicine advanced, we built a rapport with the participants and to have a deeper understanding of their struggles around the health system. In this process, I joined their social media networks, have participated in their meetings in and outside of the Chamber and started to spend more time with them. I met with the other doctors who were active members of the Chamber, members of the executive committee, who were all welcoming sharing their time, views and knowledge with me in supporting this research. In this respect, it can be argued that I became an active participant researcher. Before the illustration of this field work, I will give a short overview of my research on the forum theatre practice in Turkey, in the start of this journey.

My involvement in this research has started with my inquiry into the forum theatre practice by the exploration of this practice in Turkey and reaching out to the practioners. Although forum theatre practice in Turkey is limited in its scope, the work realised by the practioners carry potentials for the circle of new practioners to emerge. The practioners I met all practiced the system implementing its inclusive and egalitarian approach aiming for the multiplication of this practice. In this system, when an individual participates in the forum theatre practice, they are

accepted to the community of practioners, to go on to their communities to start new groups of forum theatre.

Jale Karabekir and Ebru Gökdağ were the most active Theatre of the Oppressed practioners in Turkey, with whom I had a chance to join workshops together. (Theatre of the Media workshop with Ronald Matthijssen, 2017) Ebru Gökdağ, a professor at the Anadolu University School of Music and Drama, had her PhD thesis on "the Theatre of the Oppressed (TO) and its Application in Turkey" in an effort to understand how can TO be used as a collective tool for political intervention (Texas A&M University). Gökdağ took part in the foundation of "Turkey Theatre of the Oppressed Centre" (ETM), and worked with different groups in Turkey including students, doctors, police, prisoners and immigrant women. Working with prisoners at the "Open-Air" Prison in Eskisehir on the issue of hunger strikes, she aimed "to examine possibilities of helping prisoners to relieve some of their stress and anger- related problems and enabling them to use theatre to express these feelings. Another group was female students of the Eskisehir Imam Hatip Lisesi. In these, the goal was to explore their particular oppressions. The third group focused on working women and their oppressions and develop dialogue through Theatre of the Oppressed that could help these women. Ebru Gökdağ's books *Bir Tiyatro Devrimcisi Augusto Boal* (Augusto Boal a Theatre Revolutionist, 2004) is an important account as an introduction to Augusto Boal's life, and *Köylü Tiyatro Geleneği ve Forum Tiyatro Bir Model Olarak Jana Sanskriti* (Village Thatre Tradition and Forum Theatre: Jana Sanskriti as a Model, 2015) showing the parallels between the Turkish Village theatre tradition and forum theatre.

Jale Karabekir, with whom I had a chance to work with, has employed this approach in her work with women at the Okmeydanı Social Centre, exploring resistance using Judith Butler's theory of 'performativity' in relation to Augusto Boal's techniques of the theatre of the oppressed. As an active practioner of Theatre of the Oppressed, she was also involved in participatory research as her thesis was on TO as a feminist methodology. She explored performance in producing strategies for women's liberation in the dissertation titled *Performance As a Strategy for Women's Liberation: The Practices of the Theatre of the Oppressed in*

Okmeydanı Social Center. She is also a member of Turkey Theatre of the Oppressed Centre (Türkiye Ezilenlerin Tiyatrosu Merkezi). Her thesis which was later published as a book, explain stages of her forum theatre workshops in detail. (Karabekir 2015) Following Boal, she does not impose a solution for the participants, rather prefer asking questions that would make them question.

Aylin Vartanyan, a professor of Advanced English at Boğaziçi University is also conducting Theatre of the Oppressed workshops in Turkey and around the world. She employs "The Expressive Arts approach for "social transformation" with Augusto Boal's image and forum theatre approach. She describes the aim of the workshops as "to empower students through the space opened up by play and art, raise their awareness about the challenges they encounter in their lives and help them become individuals who can find solutions or look for possibilities when faced with a challenge. Problematizing and processing the notions of "help" and "transformation" also constitute a considerable part of these workshops. The further step of these workshops is for the students to carry their experience to the children and youth in the communities they are working with and become a facilitator in their journey of transforming the conflicts they are facing in their lives." (https://ezilenlerintiyatrosu.wordpress.com/2013/12/05/boun2011/)

During my exploration of community theatre, I have realised the scarcity of resources that studied theatre in a cross-disciplinary way in Turkey. Dramaturg Bülent Sezgin (2015) provides an important source examining the pedagogical essence of drama and theatre, focusing on the art and education relationship by analysing the aesthetics and political perspectives of four important artists who promoted social changes and critical pedagogy by using theatre and drama: Bertolt Brecht, Augusto Boal, Dorothy Heathcote and Gavin Bolton. Kerem Karaboğa (2003) is another theatre scholar whose work is in the foreground as he investigates the relationship between the pedagogy and the poetics of the oppressed through "Paulo Freire's "Pedagogy of the Oppressed" and Augusto Boal's "Theater of the Oppressed" arguing both attempt to change people –objects, namely students and

spectators who are passive beings in the most accepted educational and theatrical systems- into subjects, that is, actors and transformers of the social or dramatic action.

When I started searching the field for resources as well as examples of this type of work, I have realised in Turkey they were very limited. I have come across Jale Karabekir's name through her own feminist theatre group Tiyatro Boyalıkuş (tiyatroboyalikus.blogspot.com). From the first day we met, Jale Karabekir has been supportive of my involvement in forum theatre. It was in the summer and fall of 2016 when I attended all the workshops Karabekir facilitated related to Theatre of the Oppresed practice. I have completed Image Theatre, Forum Theatre and Cops in the Head workshops with Jale Karabekir. Each workshop was composed of a month long programme, that took place on the weekends, at a small theatre stage in Istanbul. Karabekir's experiences as a facilitator of Theatre of the Oppressed and as a dramaturg has given me strong foundation and opportunity to explore different realms of the Theatre of the Oppressed experience. This has been a six month long process, where I was learning about the theory and the practice of forum theatre. After these workshops, my collaboration with Jale Karabekir continued through other workshops and meetings. During this time I have also worked with Aylin Vartanyan who is also a practicioner of Theatre of the Oppressed and an academician participating in her Image Theater workshop and Transformation Through Creativity workshop. Working with her, I have experienced how different forms of art can be used in theatre work as a technique for self-expression, that can also be used in the exercises creating forum theatre content.

My journey of forum theatre has been also a reflexive experience of participatory action research involving the theory merged with practice and a "collaborative" approach. People from the field – practioners, academicians- sharing the same interest in working towards a possibility of transformation both for themselves and the participants (of theatre and research). My thesis advisor Nazan Haydari's participation in the forum theatre workshop with me and coming

to the forum theatre to watch the play, that composed the case study for my research are also reflections of this collaboration that comes with the participatory research approach. Questioning the borders of being a teacher and being a student; sharing the learning experience as a collaboration has been an experience of "transformation" for both of us.

4.1. AN OVERVIEW: THE CASE OF "DR GOOD PHYSICIAN" FORUM THEATRE

This section gives an overview of the forum theatre case I participated with a group of doctors from the Istanbul Chamber of Medicine. It was after the period of six months that I have known and worked with Jale Karabekir, I was looking for an opportunity to solidify my experience of forum theatre. The ideal case would be a community group coming together with a request to conduct forum theatre work. Around this time, it was the Istanbul Chamber of Medicine asking Jale Karabekir to be a facilitator to form a forum theatre group together. Karabekir, knowing my involvement, has called to ask if I wanted to work with her as a co-facilitator with the doctors forming a forum theatre play. The doctors who belong to the Istanbul Chamber of Medicine wanted to put on a forum theatre play for the week of the Global Medicine Day, March 14, to be staged at the Istanbul Chamber of Medicine for the fellow doctors. Happily accepting Karabekir's invitation to be the co-facilitator/researcher, I got involved in this work from the first day it started. In the following sections, I will illustrate my fieldwork with the Istanbul Chamber of Medicine doctors.

The doctors have already come up with a theme to work around the struggles they were facing for a long time. The theme was the ideal of "performing their practice as it was supposed to be conducted". They wanted to conduct this theatre around the theme of "good medicine practice". It was not an innovative approach in medicine but it involved how they would do their job ideally. I was surprised as "the doctors" as a category seemed to be far away from a

"disadvantaged" community facing oppression. This turned out to be an opportunity for me to explore different levels of "oppression" in relation to forum theatre. As I dwelled in this research, I came to realise the many layers of pressure on the doctors imposed through the health system that was being transformed through the new policy regulations.

The doctors have got together to be part of the forum theatre through the announcements of the Istanbul Chamber of Medicine. There was a short explanation about the forum theatre, being "an interactive and improvised form of theatre" and it was emphasised that "no skills for acting" was needed. The doctor who inititated the group was also a psychodramatist and an active member of the Chamber, she has also informed her network of doctors. Initially there were nine doctors who responded to this call; six women, three men. The group would meet once a week for nearly three months to practice forum theatre. As the workshops advanced, a man and a woman doctor left due to their heavy work load. They expressed that they did not want to risk the play in case they would not be able to make it to all the rehearsals. (They both came to the performance to watch the play.) Except for two doctors, all the doctors were working at the state hospitals. For anonymity reasons, the doctors' names are replaced by numbers. This is a choice that also corresponds to the gender neutral roles of the doctor participants in the play.

Through this field work with the Istanbul Chamber of Medicine Forum Theatre (CMF) group, the details of my research data is composed of pre-interviews, after interviews, field notes, the video of the play as shown in Table 4.1.

Table 4.1. List of research data

Method	Participants	Date
Forum theatre workshops before performance, Field notes	9 doctor-actors, facilitator, co-facilitator(me),	<u>2017</u> 6,16,23,30 January 6,13,20 February 4,8,12,15,16 March
Chamber of Medicine meetings	City Hospitals Good Medicine Practice	2 March 3 December
Interviews (before play)	7 doctor-actors	5 March 17 February 20 February 20 February 21 February 21 February 27 February
Interviews (after play)	5 doctor- actors	18 March 22 March 29 March 28 April 28 April
Interviews	4 Chamber members	22 June 27 June 4 July 10 July
Interviews	2 Spect-actors	26 April 11 July
The forum theatre (the play and forum with the audience)	The actors and spect-actors	16 March
My reflections, fieldnotes	Self	2016-2018
Theater of the Oppressed workshops I have attended	Self	<u>2016</u> 2-5 June

		8-9 October
		11-18 December
		<u>2017</u>
		11 November

Data collected from participant observation of rehearsals (n=12), Chamber meetings (n=2) and Theater of the Oppressed workshops I attended (n=3); semi-structured interviews with CMF members (n=10); semi-structured interviews with spect-actors (n=2), semi-structured interviews with CMF members (n=4)

In the next section, I illustrate my fieldwork at the Istanbul Chamber of Medicine with the doctors' Forum Theatre group. I followed the process dividing into three components stages: before play (preparation with workshops), performance, after the performance: the forum (audience intervention). I will present the data generated as a result of this practice under sections that refer to these phases of the forum theatre practice.

As discussed in detail in Chapter 2, the methods of forum theatre makes it possible for non-actors to build the forum play with the assistance of a facilitator(s). In this case, before each workshop, I would meet with Jale Karabekir to discuss over which exercises would compose the next session of the workshops. I would study games from Boal's books and other creative play techniques and propose games. It was a great opportunity for me to experience each stage of work that led to the components of the forum play. The forum methods used in the workshops each had a function as a catalysor for participants to express themselves, share their stories, and try out roles of oppression and oppressed, play games that explore power relations.

For the purpose of the play "*Dr Good Physician*", (the name was found by the group, at the last workshop), the game exercises were the first step to explore power relations in reference to embodiment. The participants would use their bodies for creating images of oppression. The two games (Google Map, Equilibrium) I describe in detail were the two main games that generated the main body of the play content, through the exploration of the "practice of good medicine", in relation to

the criteria participants attributed. Below there is an overview of the stages of this field work, leading to the forum theatre play: *Dr Good Physician* (Table 4.2).

Table 4.2. *Dr Good Physician Forum Theatre* **Phases**

Phase	Method	Product
1.Preparation of the Play		
1a.Group coming together with a facilitator	Agreeing on a common umbrella theme of "oppression" – to be transformed to the "desired state".	"Good Medicine Practice"
1b.Forum theatre workshops	Play - Image theatre Games of power relations	- Identifying types of oppression experienced. - Identifying the properties of oppression
	Google Map Game – Image Theatre Reflecting on the game – therapy circle	- Identifying the desired practice: Good Medicine Practice. - Identifying the not-desired Medicine practice
	Equilibrium Game	- Identifying the different levels of criteria for Good Medicine Practice.
	Image theatre + Role Play Improvisation	-Creating the role-play of characters representing oppressor / oppressed
	Image theatre + Role Play Improvisation	Stories of oppression enacted

2. Performance	Dramaturgy methods for Play plot	Presentation of the Play
3. Forum	Audience Intervention	Rehearsal for life

4.2. THE FORUM THEATRE WORKSHOPS

The forum theatre workshops compose the main body of work for the participants to construct the play, which is designed for non-actors to go through the dramaturgy without having "the expertise of dramaturgy". This section will explore the components of the workshops: the play, role-play and image theatre exercises in relation to the emergence of the themes, characters and stories that composed the forum play, *The Dr Good Physician*. I quote participants' reflections after these exercises that sets the context of the need "to preserve the good medicine practice".

In summary, the forum theatre workshops I co-facilitated with Jale Karabekir generated performances of five short plays illustrating the conflict points in the existing health system transformation through the doctors' narrations. It was decided by the participants that the protagonist of the play would be the "good physician", representing the doctor who would conduct the practice the ideal way, following the Hippocratic Oath. The main themes evolved around these struggles between "the Dr good physician", "the patients" and "the hospital management". The stories were created working with the images of these relations. This process can also be evaluated as an exploration of the hypothesis of forum theatre's approach in coming up with strategies to face these conflicts in health practice by the doctors for the community of doctors. Each workshop had a similar structure of starting with warming up games, continuing with the exercises as tools for deeper explorations of the oppression/conflict points that were "obstacles" for the conduct of the "good medicine practice".

Image theatre method, based on the use of body as a sculpture without using words, was used for the visualisation of "oppressions" in the form of people or

components of the health system. For example, to represent the "oppression of speed" imposed on doctors with too many appointments per day, the image of a machine was constructed. The embodiment technique was used to engage the participants to think about action points in real life, instead of theoretical discussions about the "wrongness" of the system. Through the exercises described below, the themes, the conflicts/oppressions, characters and the stories for the performance emerged. The exploration of the conflict areas required exercises of "memory" that took participants to the past, that called for other perspectives. Remembering the cases of the ideal practice, contrasting it with the current conditions, opened up new layers of narration. The construction of the images of the "oppression", and the desired position, were also critical in determining the steps for change.

The strategy to explore the good medicine practice with its opposite and the obstacles in between was critical to start the exploration process of power relations in play that will be explored in detail in the following sections. The play sequences that emerged from the workshops are illustrated below. (Table 4.3)

Table 4.3. Workshop products: themes, characters, stories of forum theatre

Selected themes of oppression	Health system transformation as an obstacle to the "good medicine practice": - Speed: Five minute appointment time for each patient - Economical: Commision based on profit performance as part of doctor's montly wage - Isolation: Limitation of team work – Abolishment of Health Centers
The themes of "oppression" turned into "Acting"	The pressure on the doctor for 5 minute appointment time, The patients with the role of "consumers" insisting for the health products and services (MR, blood tests, inappropriate prescription medication) The mechanisation of the medicine practice
Characters	1) Five oppressor patients

	2) Oppressor management- CEO
	3) Dr Good Physician - Protagonist
	4) Doctors in the hospital meeting room
Scenes	1) The CEO's "high profit/performance" inquiries to the doctors in the meeting room - contradicting the "good medicine practice"
	2)Doctors complaints to eachother when the meeting ends
	3)Doctor Good Physician examining the five "oppressor" patients
	4)Pharmaceutical representative visit, offer for sponsorship
	5)Doctor friend's offer for paid extra duty hours
	6) Change of Dr Good Physician to adapt to the system
	7) The breakdown of Dr Good Physician

Below, I describe the workshop process in detail with the examples that describe how the different tools were used as catalysors to trigger processes of self-expression, dialogue and collaborative thinking about the issues raised by the participants. The workshops took place at the meeting room of the Istanbul Chamber of Medicine, which was a familiar place for the participants that they felt comfortable at.

The first day of the forum theatre workshops, after the initial introductions with the doctors, we have discussed about how they came up with the theme of "good medicine practice" and what it meant for them. They have immediately referred to the masters of their profession such as Ceyhun Atıf Kansu, Türkan Saylan… as examples of "good medicine practice" and how much everything has changed since their time, especially the last 10-15 years with the changing health policies.

These exchange of ideas continued outside the workshop time, too, in conversations over tea before and after the workshops, where they shared their daily medical practice, which increasingly was positioning them as opposing sides with the patients and the directorial positions in their hospitals. As the workshops advanced, different layers of these conflict points emerged. The preparation phase of the forum theatre was mostly composed of exercises that focused on image

building and play; the foundations of forum theatre. The sessions started with the warming up exercises in a circle where everybody could see each other. Physical warming up exercises were merged with play. For example, each person would make a move with a sound and the whole group would imitate the same move and the sound. In another exercise, the participants would walk around the room with a pace between 1 to 10, 1 being the slowest pace. The facilitator would change the speed. Another exercise would be following orders but with a reverse or changed meaning. For example when the facilitator tells the group to say their name they jump, when they are told to jump they say their name; when they hear "shoulders" they touch their "knees", when they hear "knees", they touch their "shoulders". This is a phase where the mind and body relaxes at the same time, like a passage to the "play world" from the outside world. After this exercise they metioned that they got confused, realised the orders they would follow as memorised moves. Someone mentioned that to not make a mistake he got tense. Someone said that he was thinking that the others were also making mistakes.

There were combinations of using different senses, like one of the plays that made participants focus on sound rather than words as they are used to in their daily lives. In the play where people got in pairs, each person decided on a sound expression, either by voice without words, or sound made by using different body parts (clapping hands, tapping the feet). Then, one of the pairs closed their eyes and tried to find the other one by following the sound of the partner. As there were few pairs it was a challenge and required focused concentration on the part of the followers. These kinds of plays that stimulated different senses created excitement among the participants. I also joined this play and felt both frustration and joy at the same time by the trials that failed.

There were also exercises as preparation for acting, such as the "Chekhov" exercise. When the participants were moving in the circle they close their eyes and stop with the direction of the facilitator. The facilitator tells a name and the they try to point to the direction that person is. This was to help the participants realise and build the reflex of being aware of what was going on around them on stage. After the warming up when all participants were in "play" mood that was associated with

"being childlike", it was easier to role-play and construct the images they wanted to create. The first two weeks were mostly composed of warming up exercises that led to building images about their practice. After each exercise, the group exchanged their reflections. The exercises were of combination of physical, emotional, sensory stimuli, which then led to image theatre work. For each play, there were rules, they were not as what is right or wrong, but for the purpose of keeping the game going.

4.2.1. Exploring power relations through play

In the first week of the workshops, the exercises focused on exploring the visibility of hierarchy and power relations in different social contexts. In the beginning we have worked heavily with the image theatre, participants composing still images with their bodies. It was not easy to construct an image without talking about how to coordinate the moves. The tendency to lead and being led also come into question. This was also a chance to reflect on their relation to the power dynamics in play.

Jale Karabekir asked questions that made the participants try for other options or try harder, encouraged them for trying new solutions, approaches. A simple exercise was conducted with three chairs, table and a water bottle; changing the positions of these four objects. Each participant tried to position the bottle so it would be the most powerful among the other objects. Participants tried different positionings, putting the bottle on top, in front, putting the chairs up side down. Karabekir asked them questions about the position of the power, how the image constructed can be more effective, etc… She said "we try to find it and understand it by trial." Someone mentioned that when the power sources are dispersed the important actor becomes visible. When someone mentioned the bottle will never be higher up alone, Karabekir asked "is it so" as if taking the role of the Joker in Forum play. Pouring the water on the table was an unexpected move, which was considered as being equivalent to the point in forum theatre where the audience get involved in the plot. There were also instances when the participants did not like the solution

they suggested themselves, but preferred another participant's solution. This also made me think of the intervention of the audience member in forum play, as a collaborative way of thinking. A participant mentioned that she thought about moving, taking action when she thought about power- as equating power to taking action.

In another exercise, the participants had to choose one person (without letting that person know) among the group whom as if they were afraid of and try to stay away, and choose another person as their protector, and try to stay close to that person. When the game started, everyone was constantly on the move to try to achieve this aim. After the game, there were comments about relating the game to finding a balance in relationships between people in real life. A participant mentioned that when they find their balance, another person's balance might be off or when they move fast it gets chaotic.

In an image theatre exercise, Jale Karabekir encouraged the participants to act fast to construct an image and expressed this as "When you think about what you will do, your act is being limited. When you do it without thinking about it, the image is constructed in an instant as a clear image." In the first image exercises, simple concepts or subjects were chosen such as numbers or objects as bus, fridge, boat. For example groups of four or five tried to become these images using their bodies to construct the image, without talking to each other. This was also an exercise that made participants think about the group dynamics. They have experienced ways of communication, without words, that is outside their daily procedures.

In this type of work, a common challenge is that the participants have to act right away, before intellectually analysing the move they will create, relying on physical gestural expression without speech. Often times, when the facilitator invites the participants to describe their experience in terms of the physical aspects, they would go into deep psychological explanations. This type of exercise is also leading the participants to realise the physical expression of the thoughts or emotions, that helps the participants to translate their expressions into performance.

In the later weeks, the same exercises were conducted, this time with the themes that corresponded to their medicine practice, introducing themes to game exercises from their real life conflict situations.

In the Image exercise, they were divided into two groups and they chose their story of conflict and performed it through several images one after the other without talking. Each group had to guess about the other group's conflict. In the first exercises there were big differences between the intended image of the actors and the understanding of the spectators. These were all exercises provoking the participants to share stories. Following are a few examples of this exercise.

What the first group performed:

"There is a negotiation going on in the doctors' office, as if saying "no one but me can conduct this operation".

What the audience (other group) perceived:

"Having a patient who was shaking hands with the good physician, the patient got well they have eye contact and it is a positive image."

What the second group performed:

"A child is being examined, all the family is there in the consultation room."

What the audience (other group) experienced:

"No one being happy with the simple consultation."

There were more exercises conducted with the images, the two groups comparing what their intent was and how the audience perceived it, made them think about the images in more detail and explored different ways of using their body as a vehicle for expression.

The other themes were of patients without the money having pain, but there is no examination, just the tests are conducted. The doctors were not paying attention to the patients, talking among themselves. The doctors looking after the rich patients. The doctor trying to give vaccination, the patient runs away. There is good practice inspite of the pressure.

There were self-criticism in these images, linked to their previous discussions about the negative circumstances of the profession today. These were among the last exercises before the forum play was constructed. The next step was

to talk about the play. In the last workshops, the participants focused on the improvisation on the themes they wanted to work on in the play. Doing so, they also started to work on building the characters of the play.

The next sections will illustrate my interpretation of the data regarding the workshop phase that led to the construction of the play with the selection of themes that are of concern to the participant doctors. It was on the second practice when the issue of "good practice for medicine" was introduced. The participants were in pairs creating images for "good medicine practice". There were patterns that showed such as the doctor greeting the patient, where the difference of class or status dissappeared. This exercise started discussions about the power relations between the patient and the doctor. The ideal images were constructed as ones without the hierarchy with the two sides having equal status.

There were two major sessions where the smaller group games of the previous workshops got together: "The Google Map" and the "Equilibrium". Starting with the first one, the following sections will explore these themes and the selected themes that made into the play, followed by the selected fieldnotes portraying the participants' reflections.

4.2.1.1. Google Map Game

The play called the Google map, had instructions that led the participants to travel in time. The participants were asked to imagine the workshop space as a map and moved around the room according to the suggested positions like "the place they first started to work", "the last place they worked", and "where their masters worked". Then staying at the same points, they created the image of themselves working, and added some movements in steps. They have continued this exercise with the role-play of their masters, masters' masters and went back a few generations. Then they came back to their present day work place. At the end of this exercise, they had some time on their own for reflection. Later, we sat around a circle and I facilitated a group talk, where the participants shared their experiences about the exercise. It was a very intense experience for them and they have

expressed their sadness for the present situation of their profession. For the exercise they have travelled back in time, and they have acted out their masters, whom they referred to as having had much less opportunities but have been much more useful as doctors. I was taking notes for this part, trying not to intrude, only ask questions where it was appropriate to extend their answers. At the end, with the help of my notes we went over the themes they came across during this experience. The major themes the participants focused on were about the struggle to keep the essence of good medicine practice due to the new health system regulations through the comparison to the past with the times of the older generation of doctors. This was the main play exercise that brought about the conflict areas they were looking for solutions. The themes were divided into two categories of past and present. There was almost a dichotomy between the medical practices of the past and today; identifying the past with the ideal practice of medicine.

We have made a chart with the themes that came out of their discussions that day, which later would compose the themes of the forum play, as illustrated in Table 4.4.

Table 4.4. Google Map exercise themes on doctors' experiences on medical practice

Present	Past
Loneliness- no sense of team spirit, no team	Freedom

Speed
 	
        - Limited time for patient's examination, not possible to examine the patient thoroughly within the 5-minute time frame.
 	
        -The speed of information
 	
        -With the increasing speed there is a decrease in the physical examination time, not enough time allocated to each patient
	More time in hand

The lack of trust for the doctors	The eye contact with the patient, physical examination, medical history of the patient were important
Complaint oriented medical approach	The approach to the patient was biopsychosocial, holistic
Feelings of unhappiness, hopelessness, limitation	Loneliness- struggle alone
Dissatisfaction in general and professionally	Professional satisfaction
Mechanisation	It was a more prestigious and precious profession
Avoiding responsibility and legal risks	
Depreciation	Moral values were higher
Health has become a market	Doctors were not materialistic
Medical students are not interested in the professional experience they rather prepare for the exams	Masters were researchers, curious They have come up with new inventions and methods despite the limited opportunities

Through this exercise traveling in "memory", going back to their youth, the participant doctors have remembered their student days, the masters they have worked with and imagined the masters of their masters, and the masters of masters of their masters. They each acted out with the use of the movements and image work how they and their masters conducted their work at that given time and place. They had to locate themselves in the room, thinking as if there were a map on the floor. Out of this exercise, a summary of their existing circumstances and the feelings of discontent of the health system emerged.

They shared their reflections in a long session, which was almost similar to a therapy group in a circle. Through these stories, they also evaluated their present position within the health system. Doctor 5 mentioning she felt sorry for herself after this exercise, because she had a chance to see herself through the perspective of the "management" and realised her work was "valueless". There were discussions of self-worth and declining respect from the patients, these themes came up in other image work as well, this time with different content. Below (Table

4.5.) are the excerpts from the group talk in circle, after the google-map play, through which the themes related to the conflict areas experienced by the doctors.

Table 4.5. Google map reflections

Dr 1: I heard doctors examining 80 patients in half a day, leading to incomplete diagnosis.

Dr 5: They are so much in a rush, the doctors can examine chest over the jacket, or look at blood pressure over shirt.

Dr 7: There are stories of wrong diagnosis and patients. My doctor had a wrong diagnosis for my illness and I have found my diagnosis and the doctor did not want to see me again.

Dr 5: I thought of the masters as lonely, they created healing by themselves.

Dr 3: My professor was calmer, sincere. When I travelled to the past times, I had images of the master who used healing plants going to the villages. The antique period, they were multi-disciplinary and they were into astronomy.

Dr 1: There are so many patients, we have the technology and we have speed, but we do not have time for eye contact, we just record on our computers. In the past, there were difficulties, but they had time for research and they were more curious. My master experienced respect, he was Frank's student. Frank was the master of the masters, he came from Germany and he paid attention to every single patient at his hospital.

Dr 4: I go to work at 6.30 in the morning, there is an automated system, I enter with my fingerprint. If my hand is cold, I need to do it again to record the time. My master Funda, when she came through the door, she would give the patients hope and affection. Türkan Saylan has stayed in the tents, has been in political struggle, has produced scientific work. Today there is the pressure of time, it effects the productivity. The education we have is more technical. Today the young doctors do not want to go for the compulsory service. They come for internship but want to study for their proficiency exams during that time period. The quality of professionalism decreased a lot.

Dr 2: Professor Nusret Fişek had had a leading role in the health system, the compulsory trainings. When I first started working, I felt amateur and lonely but I was

happy. Now even the patient sees herself as a client, wants to come for examination when she has time at her lunch break. We were valuable, as we knew so much, now the knowledge expanded. We do not write prescriptions anymore but enter data into the system.

Dr 7: When we thought about the masters of the masters, we went back in history. Starting from the beginning of 1900s... WW1, Refik Saydam finds the vaccination for typhus, produces it. Then in 1930s, Hitler is in power, Frank comes from Germany. His students were our professors. In 1940s medical school is opened in Ankara. Then Cerrahpaşa. Medicine is art, we would conduct it touching the patient (makes the hand move for physical examination). Today we do not have enough time for the patient, we do not have eye contact. It got fast. The patient does not trust the doctor.

Each doctor examines 50 to 100 patients per day. Patients go around seeing many doctors to get other opinions. Today it is free and easy to reach the doctor, but the patient cannot reach the cure. Technology is advanced. Before they used to heat the injector, the same injector would be used for all students, the school would smell. Where there is no preventive medicine today, medical service is becoming a market, becoming commercialised. The market expands. The nutrition is political (it does not have to write corn syrup anymore in the package) The preventive health services should have priority, instead, today the services for the treatment has the priority as a result of the liberal policies.

Dr 5: During this exercise, I pitied myself. I felt restricted. From time to time, I feel that this is an important job. Sometimes it is as though it is nothing. This is the perspective of the management evaluating our job. In the master's time, when they were doctors with a month experience they were more free. There were services tailor-made for the patient. The masters were proud of themselves. I felt as a good physician, good human being, and good professor. The patients today are not aware of what is good medicine. There is an exaggerated sickness perception. When I went back all the way in timeline, I came across the healer in India, there was an idealist approach.

When asked about which play had an impact on them almost everyone differed in their answers.

Dr 2 has mentioned that the exercise about their masters was a very effective one as it made her question the daily practice of medicine today. Doctor 2 explained her experience as follows: *It was the one session that I most got effected emotionally, the*

expression of the generations of masters. I have realised that as we go back in time and think about the lives of our masters, the good practice is something so far away from our current daily life. That day I suffered a lot with this realisation.

These were the main conflict areas that got included in the play, later on. The performance pressure they had been affecting their practice, and how they felt hopeless living in the times of the health system transformation. There was a longing for the work conditions of their masters, although they had poor technological conditions, they were able to conduct research more, they were more successful with their patients in terms of treatment and communication. This exercise was one of the most influential ones, as it opened up layers bridging the past experience to today, giving them the opportunity to compare.

4.2.1.2. Equilibrium Game

It was on the second practice when the issue of "good practice for medicine" was introduced. The participants were in pairs creating images for "good practice". There were patterns that showed the first greeting of the patient, where the difference of class disappeared. Jale Karabekir (the facilitator) summarised the idea of the play being "the existing problem is turned into a specific dramatic form to share with other doctors, in a 5 to 10 minute play".

The play called the "The Equilibrium" was about the group dynamics, where the participants expressed their surprise about the commonalities of the symbolic play with the workings of their social life. In this exercise, the participants would be walking freely in the workshop place and choose one person to symbolise something that makes their work difficult, and then choose another person to symbolise what supports their work and a third person to symbolise something that they should not loose contact with while conducting their work. Then the participant tries to escape from the first, try to be close to the second and try to have the third in their sight.

After the play, the group reflected on their experiences and we have come up with another chart that summarised the themes emerged out of this exercise. The column A stood for themes that they could not do without in their profession, that was their priority. B stood for issues they wanted to avoid, and Column C composed of assets they would want to watch for, having secondary importance. Table 4.6. illustrates the "qualities" participants associated with the "good medicine practice" according to these three criteria.

Table 4.6. Equilibrium Game: The Themes Emerged

A. "Must have" for good medicine practice	B. "Should be avoided" for good medicine practice	C. "Would be good to watch for" for good medicine practice
Ethical values, responsibility	Political pressure, medical misconduct, legal problems	My happiness, money
Knowledge	Liberal economy, health transformation	Patients without social security
Code of conduct	Patron, Social Security Institution	Wage, the sustainability of job
Chamber of Medicine, Professional Association	Changing perspective of society, depreciation	To follow the recent developments in network
Ethics, experience	The system	Professional solidarity
Trust, respect, values	Bad policies	Payoff of labour
Science, justice, love for people	Ignorance, disrespect, ingratitude	Joy of life, empathy, communication

This was also a play that led to discussions about "good practice". After each exercise, the group has shared their reflections. Jale Karabekir successfully reflected back what they have expressed as follows: "If we want to work on good practice, only "good practice" may not be enough".   In the following workshops, when there were more images about "good practice" there were also images about "malpractice".

This simple symbolic play Equilibrium, made the participants think about their actions in life, how it effects the others (like a model of cybernetic systems.), when one thinks about this equilibrium as the society and see how individuals try to reach an equilibrium. When the images created separately in the exercises resembled each other there was a sense of unity.

The participants emphasized the feeling of solidarity about this process in the interviews as follows:

Table 4.7. Participants' reflections on Equilibrium game

Doctor 2 said: "*To think collaboratively is something that supports creativity and it is a multiplier. In other words, one compensates for the other. Another person can be commenting on something totally different and you realise something you have not noticed before. The fact that you are sharing the same problems with the others brings a sense of cooperation. Consensus like 'two heads are better than one... There is a process of isolation at the Chamber, in many places in Turkey. So this is in a way a stance against this.*"

Dr 1 said, "*As we try to have our balance, we may destroy someone else's equilibrium. Once we find our balance then the rest follows. When I get far away from the others and give them chance then it got easy for me*".

Doctor 4 stated, "*The others also see it the way I see it. Yes, they have been seeing, evaluating, and criticising it the same way. Or they try to do it that way. I came to this realisation*".

Doctor 6 said, "*I enjoy this setting because there are friends who think in a similar way with me, and together it is a nice production, I enjoy this. This transforms me, causes change in the way I see things.*"

The conflicts portrayed during these preparation sessions have led to the construction of the forum play. The major themes for struggle were the pressure imposed by the commercialisation of the health system. As the promotion of the

health system as free and easily accessible by the public grew the expectations on the patients' side increased. There would no longer be long waiting lines at the hospitals like in the earlier times. This was the new performance criteria used by the hospital management to evaluate the doctors. As a result, the doctors were facing five-minute physical examination time, which was not enough to thoroughly examine the patient. Thus, there was a vicious circle created. The patients would not be able to recover and they continued to make appointments to see the doctors. The number of patients the doctors were expected to have in a day were much more than they could ideally handle. The statistics supported these claims. The number of patients who came to the emergency services was 110 million in 2015. (Turkish Statistical İnstitute data, Istanbul Chamber of Medicine meeting, 16.2.2017*) This caused the conflict between the doctors and the patients. As the doctors could not conduct "good medicine practice", the patients' respect and trust for the doctors have decreased, as the participant doctors have stated. These themes came out of the discussion based on their experiences. As they watched each other animating their characters and shared their reflections, they started commenting on the similar experiences they had. This is one of the strongest examples of "collaborative imagination" and "collaborative thinking" in this work and also a chance to explore others' perspectives as Boal defines: "On stage we continue to see the world as we have always seen it, but now we also see it as others see it: we see ourselves as we see ourselves, and we see ourselves as we are seen." (1995, p.26)

4.2.3. Building the characters and the play

In the last workshops, the doctors focused on the oppressor and the oppressed roles, relating with their daily experiences. The participants conducted exercises of becoming the oppressor and the oppressed in turns through role-play. They first acted this out by walking in these two roles. The main character of the play (protagonist) was the doctor practicing good medicine, described in opposition to the "oppressor" qualities defined by participants. As there was role-play involved

and they practiced "being the oppressed and oppressor" they switched roles between the management, patients and doctors, which led to discussions of "empathy" for the patients. After this play, we have discussed what happened in their bodies. It turned out when they were the oppressed the body expanded. In the oppressed role, the moves became more difficult, the voice was low, they felt less confident. Trying the "dr good physician" role made them distance themselves from the "oppressed" feeling. Doctor 4 has expressed her experience of the "oppressor figure" as the slow motion fighting was difficult for her explaining that role-playing the "oppressor figure" made her feel uncomfortable maybe because she thought if she played these roles then it meant to be like that oppressor figure. In another role-play exercise, when playing the patient, Dr 1 has mentioned that the patients are also oppressed. They feel oppressed when they see a doctor, they are demanding their right and it is upto the doctor, as if the doctor is higher up, the patients do not feel free to express themselves. Below are the participants' reflections from the role-play exercise of "oppressed" and the "oppressor". (Table 4.8)

Table 4.8. Participants' reflections on the "Oppressor" and the "Oppressed" roles

- *Good physician is someone who needs to have inner peace. This is necessary to serve the others.*
- *The oppressor is not alien to me.*
- *I thought about the assistant who committed suicide and I felt nervous.*
- *The walk I had, thinking of the good physician, is similar to my walk in daily life. Eyes have sparkle, this person has emphaty.*
- *The oppressed role, I did it thinking, not feeling. I believe everyone in this room was the same.*
- *In the oppressed role, the system was embodied.*
- *The oppressor and the oppressed were both alien to me.*
- *I felt close to the oppressed.*
- *In the oppressed role, I had so much work to do, like a slave, they wanted things from me. I was gazing down.*

> - *My oppressor was also the oppressed.*
> - *The oppressor is not in that position because she deserves it. The role of the oppressor must be done one way or another.*

After sharing their reflections, the participants were asked to become part of a machine for another exercise. Like a machine, they would have movements and sounds. They performed the machines of happiness, hope and the existing health system. Towards the second half of the workshop phase, it was time to choose among the different conflict areas to build on to construct the story of the play. The group got together and discussed about the conditions necessary for the good medicine practice. They have reflected on the previous work they had during the workshops. In this part, we as facilitators left them alone for them to discuss together. Table 4.9. illustrates the themes they have selected to build on stories for the play.

Table 4.9. Themes for the plot

> - Wholeness. The doctor should have good quality education, needs to be open to learning, should have sufficient assets
> - Physical examination for the 90 percent of the examination time is a must
> - The doctor should be independent and free of the commercial constraints or the pressure of the management
> - The trust of the patient is a must for a working relationship between the doctor and the patient
> - The life standarts of the doctor is important; the work guarentee, social rights
> - Communication skills of the doctor is important to understand and hear the patient's complaint; to allocate time for dialogue and to inform the patient.
> - To respect the patient's privacy. Respect the patient. Not to have prejudice (i.e. LGBT issues)
> - It is not possible to perform good medicine under the heavy work load and speed.
> - The violence from the patient.

- Commercialisation
- Untrust
- Good medicine until what point? We will always aim for the recovery of the patient and have the right actions.

The participants have expressed their worry towards the last weeks of the sessions, saying they could not foresee the play coming together as there was still no plot. The last two weeks before the play there were extra meetings to practice. At the end, once the themes were set, the participants have decided on the characters and the conflicts they wanted to include. The first step was going through the life story of the protagonist who was the "Dr Good Physician". Then the plot was formed out of the improvised dialogues between the participants for each theme.

All the participants except the protagonist improvised being a patient, and through these role-play trials, different stories emerged. Other struggle points for the Dr Good Physician were also discussed, such as the economic difficulty he was in and the decision he needs to make to accept overnight shift. The pharmaceutical representatives who would be offering useful gifts as plane tickets for the medical conferences was also another issue the protagonist would struggle with. At the end of the play, all of these stories came together that would cause the good physician to have a break down. The play would end with the breakdown of the Dr Good Physician when he could not handle all of these pressures. As the participants were not professional actors there was a need for coordinating the traffic of the play. We decided to have a bell as an alert for stops and changes of scenes. I became the person who rang this bell through out the play, sitting on the side of the stage, thus I also had a chance to witness everything closely on stage.

4.3. THE PERFORMANCE

The play has started with the "Dr Good Physician" surrounded by his masters telling him about the major messages in the Hippocratic Oath. The first scene took place at the hospital Dr Good Physician was working at. There was a meeting where the CEO of the hospital was talking to the doctors about the performance target. He was telling the doctors that they should not worry about having long thorough examinations, but go by the examination procedures as tests or MR. He called the patients as "customers" by mistake, saying their satisfaction was more important than anything else, just as it would be with any commercial corporation. He would complain about how he was working with the bids for construction work and aims for the hospital to get involved in health tourism, which is a promising profit area.

The following scene was with the doctors in the meeting room talking with each other after the CEO left. There were different levels of discontent between the doctors, some were hopeless that there could be any change, some were afraid to revolt because of their financial concerns. The Dr Good Physician was unhappy and expressed his worry that he might not be able to go to the conference he wanted to, as he could not afford it. In the next scene, he would be dealing with the different kinds of patients, all but one would be giving him hard time to do his job. Only one patient was the ideal patient that let him thoroughly examine her. Doctor 1 was playing the old woman who was eager to have her blood tests and not wanting a physical examination as she was hungry and did not want to wait. She was asking for specific tests. Doctor 2 only came for a renewal of her prescription, she would say she had seen a professor at a private hospital and she would be using the same goup of medication all her life, refusing to be examined by the Dr Good Physician constantly asking for the prescription of the pills she has brought to show the doctor. Doctor 4 was the ideal patient who let the doctor to conduct good practice, answering all the questions the doctor asked and letting to be examined. Doctor 5 was there to have a prescription of her mother's medication, who was living in

another city, forcing the doctor to give her the prescription saying she just got time off work to come to the hospital. Doctor 6 was a villager who came for a MR as his brother in law had one recently and got over his headache. He insisted on having the MR and was upset accusing the doctor to not treat him as his equal. As the good physician was dealing with each patient trying to explain them how the examination process should take place, the other patients also kept knocking on his door warning about the 5 minute time limit for each patient.

In the following scene, the pharmaceutical representative came (Doctor 1) and started explaining about the pill she was promoting in a very eager way with exaggearation about the effects of the pill. She ended up telling about the benefits he would get with different amounts of the pill he would prescribe to his patients. In the next scene, the Dr Good Physician was sitting at his desk exhausted, when his friend came in asking if he would be interested in an overnight duty. She told him that he was taking his job too seriously and that he would get sick working this hard. She heard him worrying about not being able to go to the conference he wanted to (due to economical concerns) that is why she was offering this duty to him. The scene ended when she left and the Dr Good Physician was at his desk confused about what to do.

The joker stepped in to tell the audience the time lapse in the play for 4 months later. In the next scene, the CEO made a shorter speech, saying he was happy with the performance of the doctors, they reached their aim of having 100 patients examined by each doctor per day. He added, "The patients are happy with this situation too, except the few who has used violence against the doctors." He wanted them to continue this way, saying they were ready to expand for health tourism. He walked away fast without taking any questions from the audience of doctors.

In the next scene the doctors were talking to each other again, this time they were less eager to do something against the CEO. The Dr Good Physician went to his room, to greet the same group of patients, this time he did not argue with them

giving them what they wanted, still asking a few questions but without insisting on a thorough examination. He accepted the offer for overnight duty, thinking about his debt. In the next scene, the patients got in line one by one by having a moving image with repeating moves (like a machine) and eaching saying a word with an expressive sound. They looked like part of a machine, moving faster and faster and the Dr Good Physician went back and forth between them in a state of trance imitating their moves, and repeating the words "performance", "speed", "pressure", "payment per performance", "overnight shifts". These were the main areas of oppression they came up with all through the workshops. At the end, the machine exploded and the Dr Good Phycisian collapsed to the floor. This was when the play was opened to the forum for audience intervention.

4.4. THE FORUM: SPECT-ACTORS' INTERVENTIONS

The main part of the forum theatre started right after the short play performance finished that lasted around 15 minutes - when the conflict was at its highest point instead of a resolution at the end, as opposed to the "Aristotelian theatre" with Boal's terms-. There were six audience interventions after the play, and one spontaneous scene after these interventions, which was not a planned act. After the play finished,it was the joker who moderated the audience's involvement in the forum. When the spect-actors (audience members) who were fellow doctors wanted to tell what they thought was right instead of performing, it was the joker's encouragement that led them to try different roles on stage.

When the play was over, the joker said "We have all got bit tense. Let's play a little game together with you. With your right hand would you try to draw a circle, and with your left hand a cross sign?" This was when the audience stood up and they tried to do it only to realise how difficult it was to coordinate these two distinct moves at the same time. There was laughter in the room. The joker thanked them and announced that she was starting the Forum, opening the play for the audience intervention. She asked the crowd if what they watched looked realistic, and asked if they experience similar instances in their daily lives.

One person said "It is too real." Right away, the joker asked if there are any solutions they can think of. The audience member suggested to change the chief physician of the hospital. This is one of the rules of the Forum Theater, where the role of the "oppressor" cannot be changed as the play space is agreed to be a "rehearsal for life". So the joker asked "Do we have a chance to change the chief physician?"And the audience replied we do not have such power just yet. The joker suggested to talk about the things that are possible to change in search for a solution together. The spect-actor talked about Dr Good Physician being positive as he just graduated and that he has the potential of being a good physician. Right away, the joker asked if she would like to play this role and invited her to stage asking "Which scene would you to explore so we will retake that scene?" The joker encouraged the spect-actor 1 saying that she will be by her side.

4.4.1.The first intervention: Resisting the CEO to conduct good medicine work

Spectactor 1 wanted to play the second part when the Doctor Good Physician changed, giving up his idealistic attitude towards his patients. The play started again, the first patient came for examination. Spect-actor 1 performed the ideal situation for the physical examination asking the patient questions and paying attention to the patient ignoring the 5 minute long examination time. The other patients started to complain outside saying the patient inside has spent too much time.

Dr 2 went inside saying it is her appointment time.

Spect-actor1 said "Yes but I examine the patient".

Dr 2 insisted that she herself is also a patient.

Dr 3 interrupted saying she is in a hurry, she left her food cooking on stove.

Dr 1 came in complaining she is going to faint because she is hungry waiting for the blood test she expected to have.

They continued complaining as the Spectactor 1 tried to continue the physical examination, in the role of Dr Good Physician.

The CEO of the hospital phoned and said "Doctor, there are many complaints about you. You are too slow. It cannot go on like this".

Spect-actor 1 answered "I give the patient the time that is needed."

CEO said "Leave the old system behind and support your examination with the tests."

Spect-actor 1 insisted that this is the way she will be and the CEO is free to act as he pleases. The CEO warned again saying she either needs to comply with this system or else she needs to leave. ("Ya bu deveyi güdersiniz ya bu diyardan gidersiniz demişler atalarımız".)

Spect-actor 1 did not obey and continued to treat the patients. The complaints at the door continued. The CEO came and told her that her new duty station will be elsewhere, gave the official paper to her to sign. The Spect-actor 1 said she will sign but with a note saying she does not approve.

The CEO said they will do whatever necessary and she can fight for her rights in a threatening voice.

The scene ended. The joker thanked and asked the spect-actor 1 how she felt.

Spect-actor 1 said that these were things she has experienced before.

The joker asked if this the solution.

Spect-actor 1 said *"Yes it is the solution. I am at peace with myself. I always acted this way during my 25 year old professional life."*

The joker said, "*You got the support of the audience."*

Spect-actor 1 replied*, "This state of togetherness keeps me strong."*

The joker asked the audience what they thought about this solution.

Spect-actor 2: *When seen from the point of view of the patients, it is obvious that it is not the solution. It is good for the doctor, she is ethical. She tries to conduct her profession in the right way but at the end there is the society.*

The joker asked the spect-actor if he has a suggestion for a solution.

Spect-actor 2: *There is a solution but not possible to resolve here. We can solve in the meeting where the CEO is also there.*

The joker suggested to take that scene and asked Spect-actor 2 to replace the Good physician after initial conversation of introduction.

4.4.2. The second intervention: Warning the CEO about Hippocratic Oath

This was the most radical intervention in the Forum, as the spect-actor chose the meeting room scene when the CEO was talking to the doctors about their performances. The spect-actor intervened by increasingly raising his voice to let the CEO hear his rejections on the health policies imposed. The scene where the CEO talked to the fellow doctors was replayed.

The CEO said that the 5 minute examination time has been successful and the patients were happy.

Spect-actor 2 opposed but the CEO did not let him speak, saying the patients are waiting so he needs to finish his speech soon.

Spect-actor 2 shouted: *You say 5 minute examination time but you too are a doctor. What did your professors teach you?*

The CEO asked the speactor's name in a threatening manner.

Spect-actor 2: *It is not possibe to examine a patient in 5 minutes. But there is also something else…*

The CEO interrupted asking "Who sets the rules here?"

Spect-actor 2: *You have woved when you graduated saying you will not harm the patients, you will behave according to their benefits.*

The CEO interrupted again only to be interrupted by the Spectactor 2 saying "*We cannot talk this way. If you do, do not have meetings with us, leave us."*

CEO asked for his identity information in a threatening way.

Spect-actor 2 said that he will file a report for him to the Chamber so he will not be able to perform his profession.

(The other actors stood up and clapped, and the audience joined them)

CEO said, "You will not get anywhere by acting this way".

Spect-actor 2 said that they cannot accept this.

Dr 2 joined from the crowds saying "We always say this. We will get together and change this system".

Spect-actor 2 said that the chief physician/CEO should *come to power by election and asked: "Who gave him this position without our content?"*

The CEO said "*Your performance*" to be interrupted by Spectactor 2 who said "*Do you believe in your practice, having this position without being elected by your fellow doctors? I am a doctor, I am not obliged to obey you, I can work anywhere.*"

The CEO said "*Ok, you talked without permission*" and shouted "*Security, security!*"

The scene ended.

The Joker said "*We have listened to the Dr X Good Physician and saw his proposal for solution all together. Can this be a solution?*"

An audience member said that to rebel can be a solution. Spect-actor 3 said it is possible.

The joker asked if rebellion can be a solution by itself.

Spect-actor 3 said "Not by itself. These voices should join the group together."

The Joker asked "If this scene would be played again how would you play?"

Spect-actor 3 said "*In that case the chamber or a professional association would be the solution and to keep this activity alive*".

4.4.3. The third intervention: Act as a collective

The joker offered for Spect-actor 3 to try his solution on stage and asked for the scene to be replayed. Spectactor 3 said that he just imagined at that moment thinking various institutions can be part of this. The joker asked him to set up his solution by acting, asking "For example what happens? This is the practice space." Spectactor 3 started to explain the scene and the joker asked him to come to the stage saying the fellow actors are his play friends and they are close friends. Asking if he is going to be the Dr Good Physician. Spectactor 3 came on stage and said "I have friends we can act together and thus we can try what should supposed to happen in reaction to the CEO." The Joker asked if he wanted the scene where the CEO is talking. Spectactor 3 said that this set up does not have any base. The joker

said "You will practice and we will see. Let's see what we are going to do. This is our application space". They agreed on the meeting room scene after the CEO is gone.

Spect-actor 3 said to the fellow doctors in the meeting room, "*The system does not work, we all have worries, from life worries to security. We can only together...*"

Spect-actor 2 interrupted saying "*You say so but we do not have assurance as you do. If we are fired then who is going to take care of our kids?*"

Dr 4 said "*I have a contract, if I oppose then I will loose my job*"

Dr 5 said "*When we take our time to examine our patients then the other patients complain about us.*"

Spect-actor 3 asked "*Are you happy with your existing situation?*"

Audience 1 said "We are not happy but what can we do, who will protect us?"

Spect-actor 1 said "But if we do things in common can't we extend this time?"

Spect-actor 3 asked what should be done to be peaceful and content.

Audience 2 suggested *"Once there is solidarity than we have a chance to rebel. We cannot do this on our own. We will not accept pressure. If everyone acts the same, the system will have to adjust itself accordingly."*

Spect-actor 1 said that there are always some people who do not participate.

Audience 2 suggested "If we are the majority, then they will feel the need to join us, they will not have any other choice."

Dr 2 said "We neither have the nurse nor the security with us".

Spect-actor 2 asked "*Doctor you are out there but what is your solution?*"

Dr 2 said "*Is there a way to move on?. Do you have a solution, we can follow that.*"

Spect-actor 3 said "*Yes, at least when communicating to the patient, we can explain the situation and see what will happen next*".

Spect-actor 2 said, "*You have an individualistic approach. Do we do this on our own, I allocate little time, another doctor allocates less, the other even less time...*"

They all spoke at the same time. One spect-actor repeated her desire for solution, in a loud voice.

Spect-actor 3 asked why she is shouting. He stood up, said "*Let's go all together and tell our demands*".

Some of the actors left the meeting room, talking to eachother saying that the patients are waiting and they get violent if they wait.

The scene ended. The joker asked if this is the solution.

Jale Karabekir (the facilitator) said "*But they gave it a try. We can see what works what does not work, here.*"

Joker said that this is the practice space, to test whether the solutions work or not, that this is the reason of the forum. She asked if there are other solution ideas, what they would like to change.

Spect-actor 1 said that they continue with the meetings with a representative from the Chamber or the Union.

Joker asked if she would like to try.

4.4.4. The fourth intervention: Reach out to stakeholders

This intervention started with a suggestion to talk with the fellow doctors in the meeting room when the CEO/ head physician was not around.

Spect-actor 1 stood up facing the audience and said:

"*We have a problem with the 5-minute process about examining the patients. We both get complaints from the patients and we worry about how well we do our job. We talk about what we are going to do. I am a representative of the Chamber of Medicine at the workplace. We talk about the distress we have. Let's have a common attitude. You all know the Medical Association has an agenda, a common theme for Good Medicine Practice for 14 March (World Medical Day). We propose to do something together. What do you say?*"

There have been questions among the audience about whether to be a member of the Chamber or not. It was mentioned they did not have to be a member, but if they want to, it is a simple procedure.

Dr 3 protested that this is a meeting organised by the Chamber.

Spect-actor 1 continued saying there is a call from the Chamber and the Unions about having a common attitude for work place practice.

At this point someone from the audience said:

The non-governmental organisations are missing from the Medical sector. Non-governmental organisations are looking after the rights of particular profession's work standards. The Associations related to medicine are also profession associations. The doctors who belong to these groups protect their own rights. There needs to be a NGO that also includes the patients, this way it will be possible to offer about the whole circle of Medical practice. We are working for such a foundation that brings together all the stakeholders. It may sound like the quality management but we aim for a NGO that listens to all the parties open to everyone over 18. Not being pro government, but not support the opposition because then the government will not pay attention.

Dr 2 answered saying it has been 10 years since she retired and she can no longer handle the target of 100 patients per day. She emphasized that she has lived good days practicing her profession and in those times there were problems too but not as bad as this. She said she want to end her professional life in a happy manner. but her conscience at the moment was not content. She said "*When I examine patients every 5 minutes I must be making a lot of mistakes. It is very concrete: 5 minute long examination time. I want the ideal 20 minutes. In my last days in practice I want this. I am in for any organisation who works for this aim.*"

Spect-actor 1 said the last meeting was about this, about the obstacles to come together: *If it would be possible to accomplish this. The meeting consisted of representatives from different hospitals. This is the reason why the theme for 14 March is "Good Medicine Practice". Patients, the public also are part of this service, and it is possible for NGOs to be part of this. We have announcements for the public, we can inform them. We can do this together. Even if we can not change at least we give it a try. Doctors are not happy with this situation.*

Dr 3 continued the play saying "You are talking here but we are tired looking after the patients inside."

An audience member disagreed saying this is a very important subject and that they were suffering from investigations. Doctor 3 reminded them that the CEO was requesting this and that there was nothing else to do. Another audience member protested, "The CEO wants this but what about your profession?"

Spect-actor 3 answered "You can go head and look after your patients."

Dr 3 said she is bored. (The audience started talking and there was laughter)

The representative said: *These issues should be discussed publicly, so the patients will see for themselves that this is not right and they will defend their rights for good medicine practice. It is obvious that no actor is happy with the existing situation, both the public and the private medical sectors. Why? There will be positive discrimination for the longer examination time. You will be explaining that this hospital is forcing the doctors for the 5-minute examination time. This will be bad for their reputation. No management will be happy about this. The formula is simple. All the stakeholders should be included for these issues to be discussed being open to different viewpoints. We do not exclude any institution, Unions and Chamber are included in this solution, no one is in the forefront.*

The joker thanked.

Dr 1 said, "Let's do whatever it takes."

Dr 2 said "*The expert associations should be included. We need to increase the examples for good medicine practice starting from our fellow doctor friends.*"

The joker asked:

As a result, being together under the same roof, either as individuals or 3-5 people coming together from a hospital, to act together, to build this solidarity is the solution we offer. Is it a solution? Do you agree?

Audience member: *Yes.*

Spect-actor 1*: It does not solve the problem but…*

Dr 1: *One step…*

At this point an audience member raised a complaint about not having enough people attending the meetings at the chamber, also acknowledging that this is not directly related to the play. Jale Karabekir, the facilitator intervened saying this is not the issue of the play, saying the issue under discussion is the way to solution for Dr Good Physician. She continued saying "I liked the solution you have proposed but I could not quite understand how you planned the next step. I wished it would lead somewhere but could not imagine. I am actually thinking what can be done." Hence she wanted the participants to clarify action points.

Dr 1 said that the doctor was very tired and unhappy, and that there are many problems but at least as doctors they could allocate the necessary time for each patient.

Everyone can put a sign to their door at the polyclinic, what we have heard from our professors such as:

-The ideal patient examination time is this long.

-The physical examination, anamnesis is the foundation of this practice.

May The Chamber of Medicine, The Union support us with the meetings and being on our side and let's do this together. May our friends who are tired support us. The ones who suffer from selfishness, let's force them a little in a soft way.

At this point, the facilitator said, "This is exactly what I ask, I ask "how?""

An audience member said, "With the question of "how", I thought today family practice (aile hekimliği) is wide spread all around Turkey. Every patient has a family practicioner. And there we can increase the time for examination compared to the hospitals. This first step family practice should be the place to offer patient training. The patients should be informed how to receive health services. Organisation should start from this first step.

The joker asked if this is sufficient and how it can be systematised.

An audience member suggested if there is a family practioner in the audience they can play this part to see if there is any opportunity here.

The joker asked "To have the Chamber of Medicine or expert associations by our side how can this be systematised? Any ideas?"

Spect-actor 4 said that she is a family practioner with three years of experience, and she is new. Her observation about the most problematic area instead of the "limited examination time" everyone focused in the play, is the doctors' focus on the "patient's satisfaction". The health system at the moment has a focus on patient satisfaction, but the doctors are not satisfied and no one asks the doctors if they are satisfied. And there is no appreciation.

"10 days ago I experienced the same thing. The ministry came up with "e-signature". So the ones who do not use e-signature, there would be cuts on payment. There was a written notice published that had a threatening tone. The same day the ministry announced the rates for "patient satisfaction". I am being threatened and the aim is patient satisfaction. In this kind of system we cannot be happy.

The joker asked "Do you think the patients are happy in this kind of system?"

Spect-actor 4 said "I do not think they are happy, this is something to show off, like an ad. We, as physicians should, first of all focus on "under what conditions of work

we would be content". If we are content then the patients will be content, because we are getting close to a position where we would no longer be able to conduct good practice."

The joker intervened saying "The problems are already stated all together. These are the problems. The solution…"

Spect-actor 4 said "We will not try for patient satisfaction, when they ask for MR, we will not obey."

Spect-actor 4 was invited on stage.

4.4.5. The fifth intervention: Resignation

This intervention was debated among the doctors after the play, discussing whether the actor was too harsh in playing the oppressor, and whether this action of resignation could be evaluated as a "strategy" for solution. Spect-actor 4 wanted to retake the scene when the patients come for examination and she replaced the Dr Good Physician.

The first patient- Dr 1 came asking for a prescription of her existing medication, dropping the boxes of her finished pills on the table.
Spect-actor 4 asked questions about her complaints which Dr 1 refused to answer saying they were already prescribed medication. Spect-actor 4 insisted in a proper examination but the patient- Dr 1 refused to comply, saying the doctor she saw previously who has prescribed all the medication was a professor and she left.

The second patient- Dr 6 came in asking for MR for his head. Spect-actor 4 refused saying this is a high level inspection. Dr 6 protested saying if requesting MRs have to do with the status of the people. Spect-actor 4 tried to explain patiently that it is not a standart procedure, the doctor needs to decide if it is necessary. The patient' insistence continued while the other patients came to warn for the time.

The third patient- Dr 2 came for a thorough examination, this time the spect-actor 4 warned the patient to let her have an examination. The patient-Dr 2 agreed. The

head physician/ CEO phoned to say there are patient complaints saying the doctor is spending too much time with the patients. Spect-actor 5 said that this is a good thing and the CEO should be proud. CEO rejected saying that it would not be possible to finish the line of patients with this speed.

Dr 2 asked to lower the number of patients she is having per day. This time the CEO protested saying this would lower her performance rate. Spect-actor said she wanted to be a good physician. The CEO replied that would cause a decrease in turnover.

The other patients came and started to complain. The Spect-actor 5 in the role of the Dr Good Physician said *"The best solution would be for me to leave work"*.

End of play

4.4.6. The sixth intervention: The all encompassing Health Association and participatory democracy

This instant was an interesting example for audience intervention because the spectactor who wanted to intervene in the play, was enacting his own character in real life. His agenda in coming to the Chamber to see the play was about the announcement he wanted to make about the new foundation of Health Association he was part of. Almost half of the time it was part of the play, half of the time he would be talking as the representative of the Association. This example could be studied in reference to the "in between worlds of ritual" with Victor Turner's terms.

The joker asked if there were are any other solution offers.

Spect-actor 4 said "*The patients made us give up*."

The joker asked the representative of the Association if he would like to play the solutions he has been offering.

Spect-actor 5 (the Association representative) wanted to be someone from outside in the meeting room scene.

Actor-Dr 2 asked if the spectactor got permission from the head physician/CEO for this meeting.

Spect-actor 5 said they did.

The CEO came and confronted him asking for why he wanted to organise a meeting.

Spect-actor 5 started to explain about the Health Association.

The CEO said there is no need for this meeting and that they already are involved with the public's health.

Spect-actor 5 said that they are involved for the doctors' problems but there are still problems.

The CEO insisted that they do not need anything else such as the Unions or other organisations, and said they did not give permission for these kinds of meetings and asked if he had a reference.

Spect-actor 5 said when all the institutions other than this hospital become part of this foundation they would be left out.

The CEO said they are the top, they did not worry about being left out, asked what is their relation with the government.

Spect-actor 5 said that they will also influence the government.

The CEO said if they are close to the government it is ok to have this meeting but if they support the opposition then it would not be possible.

Spect-actor 5 said they are not pro government or pro opposition.

The CEO said they do not get involved in this kind of work.

The joker thanked the spect-actor and said that the hospital management did not give permission for this meeting. The representative changed his strategy and he decided for the management of the Association to ask the Chamber of Medicine to organise the meeting at their conference room.

Spect-actor 5 started his speech in the meeting room addressing the doctors, explaining that there are various problems about health issues for various stakeholders such as the patients and the doctors and sector workers, even the public management has issues not being able to come up with the solutions. The private hospital management is criticised for issues they cannot solve. For all of these the Association would bring the different actors together.

An audience member asked what is their difference as an Association from the Union.

Spect-actor 5 replied that they are not criticising them, but the difference is that the public will also be part of this foundation. The Unions have health workers, The Chamber has only the doctors, and there are Nurse Associations. This new foundation will collaborate with all of them and will ask for their opinions. This work would be based on volunteers.

Spect-actor 2 asked what exactly they aim for.

Spect-actor 5 replied that there will be different work groups related to different topics such as the air pollution or violence in health or health workers' rights.

Another audience member asked if there is place they got organised.

Spect-actor 2 said that everyone is involved with all these topics and asked what would this foundation do differently.

Spect-actor 5/ representative said that they will get all these opinions together and try to find the right way, getting the public's support also, and reach thousands of members. He added that he was talking for real not as role-play.

Dr 2 said that there is an unrealistic expectation from the public health services, that is promoted to public and this has become a problem of the health workers. She asked the representative about their relation to the Ministry or the health insurance system asking how this would be of benefit for the doctors.

The facilitator asked "*What is the benefit for me as a patient? I am not interested in the doctors' personal rights.*"

Spect-actor 5/ representative answered saying that the patients do not have a place in professional associations.

Spect-actor 2 asked what is their difference from the Patients' Rights Associations, and that there have been lots of new associations that were founded and some did not survive.

Spect-actor 5/ representative said that those associations have only one point of view, such as the patients and they only aim to solve their problems and they have a small number of members, 100 at most.

An audience member said that the Unions are not as democratic as the political parties, asking if they have a structure to overcome this concern about the Unions.

Spect-actor 5/representative answered saying in time there will be, now they are just starting.

The same audience member asked what kind of a participatory democracy would they be providing for their members and said "No NGO who does not offer participatory democracy to its members cannot address pluralist base", asking for their solution.

When the Spect-actor 5/ representative started to answer saying they do not exclude any of the groups, the same audience member said none of these compose a solution and asked if they know what is participatory democracy.

Spect-actor 5/ representative said they know and asked who they think is deprived of participation.

Audience member stated that the election method of NGOs works like this: If there are seven board of directors, one member determines the board of directors. This realizes the participatory democracy because when there is a group of 100 who has 2 percent, the 2 percent part dominates the 98 percent part and asked "Hence with your election system can you offer a different method different than the other NGOs?"

Spect-actor 5/ representative answered their system is opened to the other 98 percent, there is no attachment to any political party, any ethnic group.

Audience member asked how they will reach out to thousands of people and what kind of a training system they will provide. What they will do against those problems. "The other Unions and organisations have many members on paper but when there is a violence of rights or it is necessary to go out on streets, is it possible to get the support of the members. For example, recently there have been thousands of people who have been laid off work, 100 people came for the press meetings. Having members on paper is not satisfactory. Right for example, some private hospitals see the patients as money or customer, the same is true about your

organisation style. You don't mention anything new about your organisation style, your programme or constitution. You only say different groups will come together" Spect-actor 1 said "Let's not prolong this meeting…" The discussion ended.

4.4.7. Spontaneous new scene after the audience interventions

In this scene, the initial forum theatre doctor-actors gathered around the table, as though they were going through what they have talked about all along the play, evaluating their conditions. Facilitator asked the group what is the setting of the scene, if it is after the meeting room scene in the play. The joker reminded them of the last scene saying "In the meeting room some people came and talked to you about different things and then you got out."

Dr Good Physician asked if they would like to drink tea, the others joined his play.

Actor/ Dr 2 asked him if he became the hospital representative and what is going on with him these days.

Dr Good Physician said that good solution suggestions came up and continued: "For years we have been talking about our problems by ourselves, and complain to each other. Today for the first time, there were some suggestions for the solution."

Actor/ Dr 2 said that everyone was so full (of what they have gone through) and no one knew it.

Dr Good Physician said "I saw the hope that we can do something."

Actor/ Dr 1 asked "What can we do?"

Dr Good Physician said to hang a written note on their doors is a beautiful idea. If they do it all together then no one can stand on their way.

Dr 2 asked Dr 5, who has been on the side of the management, throughout the play, "You want it too, right?"

Dr 5 said she wanted the nurses back to chat, she is bored on her own.

Dr Good Physician suggested for the examination time being at least 20 minutes could be discussed and mentioned that the funny thing is that since he

graduated he always worked in this system. He said "You are all older than me in this profession. You can compare the old system with the new system. I only examined patients for 5 minutes since I started working."

Dr 2 said he would remember what his professors have told him and then re-adjust.

Dr Good Physician said it is another training process because the practice for medicine has changed; it is based on finishing the examination in 5 minutes. There is even a record of looking after 100 patients in 2 hours.

Dr 5 asked the other doctors that she wanted to hang out with them while they examine the patients.

Dr 2 suggested that in their free days they could support each other and she really liked this idea.

Dr 5 mentioned that in the private hospital she worked at there were not many patients either.

Dr Good Physician said in their training they learned the ideal way, but once they were out in the field, it was limited to 5 minutes.

Dr 5 asked if she could come to see them to see if she is missing anything in her practice.

Dr 4 said when she is in the service she can come for help.

Dr 1 said that while they were trying to practice being a doctor they were being harassed by the management and said, "If we get together then it would be difficult for them to disregard us all together".

Dr 5 asked them to not go anywhere because she would not be able to look after all the patients.

Dr 4 gave family practioners as an example, their resistance for their night shifts.

Dr Good Physician said if he hangs a written note on his door the management will send him to exile but if they do it all together, they will not be able to do anything.

Dr 2 said, "We will support each other"

Dr 1 said, "Everybody will be together"

Dr 5 asked to come together another time for a meeting.

Dr 2 asked if she can bring the young doctors, she goes to lunch with.

Dr 5 said she would bring the doctors who takes on night shifts at her husband's hospital too, offering a meeting on a weekend with a more relaxed time spend to discuss these issues.

Dr 2 suggested every day before work, to have a 15-minute conversation with each other and making a daily plan, then start the day. At nights to devote at least 10 minutes to see each other and to grow their relations with the Chamber of Medicine saying 14 March National Medicine week for example they plan activities around "Good Medicine practice".

Dr 5 expressed her worry about her husband's take on the Chamber of Medicine. Dr 2 asked not to worry and maybe he does not have to know everything. Dr 5 asked if there is anything she needs to be cautious about involving with the Chamber. Dr 2 invited her to come to see for herself saying they are all like themselves. Dr Good Physician said it is in the Constitution, just like the Chamber of Engineering and the Bar, it has theoretical and practical assets. Dr 5 said, "There is nothing to be cautious of then"

Dr 1 suggested that these decisions they took, could be extended to other hospitals.

Dr 5 mentioned their chain of hospitals have five branches, she can organise them too. Dr 2 said to take it slowly. Dr Good Physician said "Even if it is not every day let's care at least to come together regularly." Dr 4 suggested to strengthen the communication among themselves.

Dr Good Physician mentioned that there are decisions made but no one asks for their opinions. They should create a system that lets their decisions taken into consideration.

Dr 2 said they don't do anything wrong, they allocate the time for their patients to be able to have the right diagnosis for treatment, that is all.

Dr 1 said that the patients should be requesting this.

Dr 2 said they need to explain these to the patients.

Dr 5 said that they organise meetings with their patients and they are quite big.

Dr Good Physician asked about the times when there were the community health centres (sağlık ocakları). The relationships were different, he heard.

Dr 4 explained that in the community health centre there was a team working, they were not on their own like the family physicians right now.

Dr 2 said that in those times the patients valued the doctors, there was no loud arguments or violence like the recent incidents.

Dr 3 – Dr Good Physician asked if there were any distress on the public to reach the health services or medication.

Dr 2 said she worked at a public hospital, there were many patients but the relations between the patients and the doctors were not like this. In the 25 years, she did not remember any incident when a patient insulted her, but now it has changed.

Dr 1 said the other day a patient hit the table and said, "I am the customer you will do as I wish".

The joker thanked and there were clappings. The joker asked the audience what they thought of this solution.

Spect-actor 1 said it was a good beginning.

The joker ended the forum thanking the audience.

After the play, there was a speech by one of the doctors among the audience who was also in the executive committee of the Chamber. She referred to the problems the doctors have been facing and she said that everyone is experiencing similar situations. She said in the play, the most important thing in dealing with problems was the ability to organise and that if they are together they can succeed. Emphasizing that the good medicine practice has been on the agenda of the Chamber for a while now, she thanked the forum players and the audience.

The end of Forum

The Dr Good Physician forum theatre has been a successful implementation of forum theatre methodology, following its stages and rules necessary for the integrity of the "imagined play world". The egalitarian approach followed can be described as:

> *"Even after a forum performance and discussion, there is no single solution offered in a forum. Instead of "saving" a group of people by supposedly knowing what is good for them, the play builds on the experiences of the participants to show a variety of possibilities. The manner in which forum is conceptualized allows for an egalitarian, reciprocal relationship between all participating parties*." (Carola, 2011, p.14)

CHAPTER FIVE

ACTIVATING PARTICIPATION FOR ACTION

Let us hope ... that we will be able to convince our governments, our leaders, to do the same; to ask their audiences –us- what they should do, so as to make this world a place to live and be happy in.
(Boal, 1992, p.246)

In the previous chapter, the Istanbul Chamber of Medicine Forum Theatre case was illustrated with its stages of the three-month long preparation phase, the performance and the forum. This chapter analyses all the data generated and gathered through the play *Dr Good Physician forum theatre*, field notes, interviews with the participants, audience members, and other doctors who are active members of the Chamber. I argue that the "participatory communication processes" forum theatre involves can be assessed with the qualities of "maximalist participation" (Nico Carpentier 2011, 2018, Chantal Mouffe 2005). This approach requires the study of different stages of forum theatre that I aim to illustrate here with the Case of *Dr Good Physician forum theatre*.

The stages of forum theatre involve methods that enables different capacities of maximalist participation to emerge. I follow Nico Carpentier's definition of "participation" that requires the assessment of different layers of participation in terms of power relations. Carpentier describes the spectrum of "participation" as having minimalist form at one end, and having "maximalist" participation at the other end. As mentioned previously, "maximalist participation" is characterised by the equalization of power relations, approximating Pateman's (1970) concept of full participation. Carpentier suggests "Instead of intensifying the democratic relationships between the citizens and the political system, we should spread the logics of participation to other spheres: family, work, but also political parties." In this sense, the aim for maximalist participation and "the communicative opportunities" (Carpentier 2018) is parallel to the processes of participation involved in forum theatre. Building his analytical

model for participation, describing levels of assessment of participation, Carpentier goes beyond defining levels of participation to critically analysing the effects, asking the question "Is this societally beneficial?" This question by itself shows the critical approach taken to assess the results of the participatory process, and the quality of participation (between minimalist and maximalist levels). His model distinguishes between fields, processes, actors, decisions, power relations and proposes to study all the micro decisions made by different actors. Behind Carpentier's critical approach that differentiates between access, interaction and participation, lies a concern related to "social justice" that is also shared by Augusto Boal. Augusto Boal provides the qualities of the "maximalist participatory communication space" with the forum theatre methods that I illustrate with the discussion of the *Dr Good Physician forum theatre* case.

In the case of the *Dr Good Physician forum theatre*, the participants' engagement with the methods of forum theatre, brought up certain qualities, behaviour and thinking that are expressed by the participants as well as reflected in my observations. These methods had the double role of "constructing the theatre" as in dramaturgy and start the process of "maximalist" participation that goes beyond the stage, to the real life situations, also having effects at the individual level, as change of self and effects at the collective level as a group through action. Thus in my exploration of the stages of forum theatre, I take into account these double functions of the methods: for stage and real life; individual level and group interaction level as summarised by Augusto Boal in his slogan of "theatre as a rehearsal for life".

The below relational map of "Forum Theatre as a Space of Participation": the Case of *Dr Good Physician* (Table 5), summarises this model for "participation" that this case emerged. The methods of forum theatre and the impact on the participants is shown in terms of the theatre functions and the real life functions with the possible results in real life as defined by the participants of the *Dr Good Physician forum theatre*.

**Table 5. Relational map of "Forum Theatre as a space of participation":
The Case of *Dr Good Physician* forum play**

Stages of Forum	Methods	Function for Play	Function for Life/ Personal	Function for Life/ Interaction	Result
Workshops	Play/games, Role-play, Image Theatre, Improvisation, Embodiment, Simultaneous Dramaturgy Facilitator-Joker strategy Rehearsal **Action**	Story and character building, Identify oppression, Solution strategies	Emotion, Imagination Freedom, Creativity Self-expression Confrontation with conflicts, Empathy, Joy, Flexibility, Perspective	Self-expression, Dialogue, Understanding Collaboration Co-creation Building trust Connection Sympathy Reflection Democracy Identify power dynamics	Motivation Hope Empowerment Change Transform Solidarity **Action**
Performance	Improvisation Joker System	Play presentation			
Forum	Audience intervention Actor-spect-actor interaction		Alternative solution strategies and conflicts	Alternative solution strategies and conflicts	Rehearsal for life Public dialogue

The Stages of Forum in the relational map (Table 5) refers to the three main stages of forum theatre in chronological order. *The Methods* refers to the techniques used in each stage of forum theatre. The columns of *Function for Play, Function*

for Life/ Personal, and *Function for Life/ Interaction* refer to the "function" of forum theatre in different levels, as constructing the forum theatre play and the impacts on the participants as individuals and as a group interaction. The *Results* summarizes the key themes in the evaluation of the forum theatre experience. These components can also be read as the components of the "participatory communication". The whole process of forum theatre was described as a transformational experience that continues beyond the forum theatre space, in real life. In this sense, the action that started the participatory communication processes has a potential to lead to new action points. The arrows in the top and the below of the table emphasize this process of action and the the circularity of the theory and practice in forum theatre as a methodology and practice. (Table 5)

With the forum theatre, Augusto Boal designed a space that aimed for "equality in participation among the actors involved". Making use of the essential processes of theatre as transforming intangible concepts such as power dynamics and oppression into physical entities. The forum theatre's first phase of participation in the workshops with the participant-actors and the second phase including the spect-actors interventions makes it a community medium, with Carpentier's terms "not only allowing but also facilitating the participation of members of the community in both the produced content and the content producing organization."

Forum theatre with its three distinct phases of "workshop", "performance" and "forum", and its methods that corresponds to these phases (such as play, role-play, image Theatre, improvisation, embodiment, simultaneous dramaturgy, facilitator and joker system, rehearsal, and audience intervention) enables "equal" and "collaborative" participatory communication processes. The methods serve the aim of encouraging the participants to activate mechanisms of change through forum theatre. The close analysis of these dynamics revealed three main components of participatory communication: dialogue, collaborative thinking and solidarity. Dialogue being the first level to reach an understanding of the current conditions of oppression experience; through self-expression and active listening;

opening the space for the participants' "process oriented critical imagination" and "radically democratic interventions" that call for the confrontation of the oppression(s). In this regard "dialogue" stands for an understanding of "equality" in self-expression and empowerment of the self for action, as proposed by Freire and Boal. The "collaboration" component is what comes about with dialogue in a group sharing the similar oppression(s) and desire to overcome these oppressions. In forum theatre, this means not an outside intervention stating what the problems and the solutions are, but a group dynamic that co-create their own stories as a play, and develop collective strategies for change. In this way, "dialogue" can also be experienced as "a way of discussion on stage through spect-actors' actions, trying out new options that lead to new understandings of the "self" and the "group" and share the authorship with others without assuming their views. I find the most important outcome of this participatory communication space as the "full participation" (referring to the opposite of "empty participation" claims) that brings out the experience of "solidarity" as also expressed by the participants themselves.

After all the trials in the forum play to solve the conflicts, the participants of the process found out altogether that the main goal was not supposed to reach an ultimate solution; as it was not possible to come up with solutions for all the problems of the health policies. The important outcome was the expressions of the empowerment the doctors felt through the process, as a way to lead taking action together for these change strategies. The participants referred to the changes in their feelings they started with. They talked about their feelings of hope, courage and togetherness that I formulate as the components of "solidarity".

The three stages of forum theatre (the workshops phase, the play itself, and the audience intervention) function in different capacities of participation. Having experienced all the phases as the co-facilitator of the group, my most intense experiences were the workshops. The hours of play, the space it created, the memories triggered by these exercises and the personal stories that came up were not all transferred into the play format. My instinctive expectation about theatre space as a sharing platform among actors behind the curtain was in a sense

realised. Their memories, imagination, plans for future all existed at the same time transcending the boundaries of daily life. At the end of my fieldwork, my impression is that the preparation stage of forum theatre is as effective on the participants as the play itself, if not more. Because each meeting with the participants opened up different layers in their perception of their lives and not all of these experiences get a chance to be reflected in the play, shared with the audience, due to the length of the format.

In the workshop phase, with the different game exercises involving different tools as role-play and improvisation, the doctors explored different dimensions of their work experiences, identified and confronted the different types of oppressions they faced. These methods of role-play and improvisation had a function to facilitate the group's identification of their "problems", that is also an important reflection of the quality of participation involved in forum theatre. The game exercises provided tools that led to self-awareness and understanding "the other" as oppressed and the oppressor through the embodiment of these characters in role-play. Through the image work, they have also explored the qualities they identify with the oppression and the desired medicine practice. The transition between the images of oppression and the desired conditions opened up new layers of investigation for change. This process also had psychological dimensions when they experienced intense emotions during the improvisation of their daily experiences of struggle for keeping the good medicine practice. The role-play of the different actors involved in their daily medicine practice such as the patients and the management opened up layers of investigation in terms of power relations and hierarchy, which led them to self-realisation and confrontation with the oppression points, also. The no-censorship driven approach for participation with the use of "play" enabled them to free themselves of "set social roles", "behaviour patterns" and also of "physical habits", as Boal called "muscular masks" that set off creative self-expression processes.

The forum play that emerged at the end of the workshop phase evolved around the oppressions the doctors experienced, as identified with feelings of

isolation, hopelessness, immobilisation (as in the case of 5 minute appointment time). They shared their reflections after these plays, openly, as if they were in a therapy session, and expressed the realisations they got. At the end of the play, with the forum, the audience interventions opened the dialogue to the bigger circle, which is a form of public dialogue by its nature. The function of the joker was to facilitate audience's active participation by coming on stage and co-writing the play with the fellow actors, trying strategies for solution to the problem(s) performed on stage. Paulo Freire's concept of "dialogue" where the participants have the communication tools to express themselves free of any self-censorship or social pressure imposed by hierarchy is made possible. The practice of dialogue experienced in the workshops by the participants was now extended to the audience through the forum.

The methods of play, game exercises, role-play, and improvisation with the guidance of the facilitator(s) resulted in the empowerment of the participants by making it possible for them to try out the solution strategies in real life. In the case of the *Dr Good Physician Forum Theatre*, the solution to the oppressions shared was to "act", to "take action", both literally as in movement in theatre, and self-expression and taking these actions to real life. In this sense, this is a reflection of the intertwined theory and practice process of forum theatre. The next theatre experience with the same group of people have a potential for new conflicts and new solution strategies. As stated by the participants "the participation process itself was "transformative".

The exercises forum theatre provides for its participants to investigate and to evaluate power structures embedded in different forms of oppression is the starting point of "equalising power relations" with Carpentier's words towards "maximalist participation". Having a relatively homogenous group sharing the same social problems enables forum theatre practice to utilise "participation" without the clash of interests.

From the first day of the Forum theatre workshops, the participant doctors expressed their content to be part of this practice. My observation was that although it was a very intense process dealing with their "work" problems through play, it also gave them joy to be part of this action oriented and activist theatre work. Where the workshops took place, the Chamber was like a second home to them, and just as Boal described, the play space itself too provided them with a safe environment to try out anything they wanted; as role-play, as play, as conflict, as an expression of joy, excitement or anger. Participant doctors themselves referred to this play state as "being like a therapy", associated it with the "feelings of freedom" and "encouragement for expressing themselves" and "sense of sharing with their fellow colleagues".

Through the workshops, as the doctors shared and enacted their stories – real or fiction- the sense of community was strengthen. They have stated that although they knew what the problems/ oppressions were, hearing from the other colleagues having similar experiences and emotions has led to new realisations and feelings of togetherness. A sense of trust and a strong relationship between the members of the theatre group were also emphasised in all the interviews by acknowledging its empowering influence on the participants. (Fairchild 2010).

For the purposes of this research, here I illustrate the health system transformation in Turkey limiting the discussion to issues related to the forum theatre content emerged in the research. After some meetings I have attended at the Chamber, I came to realise that the participants were not content with the way they were conducting their profession under the current health system, which put pressure on them with the new performance criteria. The recent policies under the "Transformation of the Health Programme" was in parallel with the liberal economy. In the last 15 years there have been major changes such as the liquidation of Social Security Institution hospitals, the changes in state hospitals; the closure of the health centres and foundation of the family medicine system. New structuring of the state hospitals considered together with the City Hospitals following the World Bank model where the government guarantees certain number of patients each year have been some of the major changes. These changes directly influencing

the doctors' daily medical practice has been a major concern for the Chamber of Medicine in Turkey for the last several years. Doctors felt these pressures in their daily work practices. (Özturk, 2017) The new performance system's reflection on their economical conditions was also negative. For the first time in history, salaries were cut down, and to earn it back, they needed to earn by keeping up with the targets set for them as the high number of patients they need to see each day, which contradicts with the good medicine practice.

The nature of their work as stated in the Hippocratic oath (which was also the opening scene of the Dr Good Physician play) focused on working for the life quality of people; having a straightforward aim; defending the human rights for lives. Their case was different from all the other sectors because the aim for profit – as imposed by the policies- did not fit into the picture of "health", at all. At the same time, this was a struggle shared in the other parts of the world too, under the instructions of liberal health policies.

The first step to conduct forum theatre work with the group of doctors was to familiarise ourselves – as facilitators- with their struggle. In our discussions before or after the workshops, we talked about "what good medicine practice" mean. To do that, we also explored "the opposite" of good medicine practice through the forum theatre exercises. The main area of struggle being the "performance criteria" to see many patients in a day (the 5-minute appointment time) that puts pressure, turned out to be connected with other issues that effected their practice and motivation. With each Theatre of the Oppressed exercise, new layers of narration came out, such as the dichotomy of their practice of today and the past. Behind their longing for the ideal medical practice was their role models, doctors from the past, whom they named in the sessions, as Türkan Saylan, Nusret Fişek, and Dr Erich Frank (who came to Turkey from Germany when Hitler came to power). Inspite of the technology and advancements in medicine practice since then, as the participants stated they were not happy with their practice today.

This forum theatre process also triggered personal reflections of themselves. The themes they associated with the past medical practice being more ideal had to do with how they perceived themselves within the practices of today. Their struggles was with the system where the patients perceived themselves as "customers" and the health sector became a growing "market". This also effected the hands on trainings, where the doctors had less time for their assistants. As one of the professors has mentioned in an interview, "the surgeons had a target of operations, when the assistants come along, the process slowed down", which might lead to doctors not preferring to have their students with them."

The practical experience of having obstacles to conduct their work, as it should be (as the good medicine practice) has left them with feelings associated with oppression. These themes came up in the workshops as well as in the interview: isolation, unhappiness, limitation, dissatisfaction, dehumanisation, loosing respect, trust, which were common symptoms shared with oppressed or marginalised communities.

These themes have formed the basis of forum play, where the protagonist was named "Dr Good Physician" as a symbol of their desire to preserve their practice. The forum part of the play with the interventions of the fellow doctors/spect-actors has brought up new points for strategies of transformation that the actors also built a new part of the play at the end as an improvised dialogue among themselves about their needs to feel connected to each other and the good medicine practice.

5.1. FORUM THEATRE AS REHEARSAL PLACE FOR "GOOD MEDICINE PRACTICE"

Boal focuses on activating the audience, to show the audience that they are capable of changing things, to make them feel they have a right to do so. He emphasises that when the audience stand up, they start to change things in their lives. Even if the audience cannot achieve any results on stage, it is important for them to feel that they can influence the flow. (Jale Karabekir interview in yesilgazete.org/blog/2015/06/20) Forum process in a way is as close as a group gets

to the practice of direct democracy or radical democracy by Mouffe's terms. The no-censorship driven approach for participation with the use of "play" to promote freedom of expression with mixed improvisation techniques to hold off pressure from the participants, sets up a model for active participation (Mouffe, 1992)

Augusto Boal imagined this form of theatre as a space where a group can improvise their own lives to search for strategies for transformation, collaboratively. As a form of interactive theatre, forum theatre had the slogan of "rehearsal for life". It can also be argued that the forum theatre stage provides the implementation space to explore the theory. This approach claims that "empowerment begins in that ethical moment when individuals are lead into the troubling spaces occupied by others. In the moment of co-performance, lives are joined and struggle begins anew. The individuals come to face their own as well as eachothers' experiences of oppression, finding out the commonalities and also the different perspectives. With the freedom the play space provides them, they try different roles and different ways to assert their will to resist and react.

The stage we would meet every week for the duration of the three months of the forum theatre workshops was like "a magnifying glass" with Boal's terms, on which human impulses, passions and conflicts are played out" and the narratives are created as a result of this process. (Boal in Feldhendler 1994, p.87) Each time we met, we were building on the past experiences of workshops, which was a work in progress, that extended through the creation of the end product; the play. During the interviews after the performance, the doctors expressed that they were still thinking and reflecting on this process, which showed that the process of "transformation" continued beyond the space of performance; to real life. In my quest for participatory communication, the process of forum theatre has revealed different axes of participation with its diverse methods.

As Augusto Boal claimed "by having a space to act out and explore the power relations and their significance of the individual's inner struggles it would be possible to bring about change". With the *Dr Good Physician forum theatre* play, the play space functioned as a rehearsal for life by participants utilising the tools of

theatre in order to explore their daily life struggles by enacting themselves and improvising together on the possible scenarios to reach the desired change. The role-play experiences they had opened new ways of perceiving themselves and confronting the oppressions they face. The experience of being together with colleagues and trying out their strategies to overcome the oppressions in the safe and fun rehearsal space of forum theatre has led to the feelings of motivation, freedom, hope, couarage and empowerment. The most powerful impact has been summarised as the solidarity that came with spending this regular time together in search for strategies for change and transformation.

5.2. PLAY AND ROLE-PLAY AS A METHOD FOR COMMUNICATION

Play and role-play were the main methods of forum theatre that led to the main processes of participation: self-expression and dialogue. The participants have expressed these methods as a trigger for self-expression, active listening, opening their senses to perceive the other participants' actions. These methods made the "dialogue" possible in Freire's terms, as opposite of "the monologue at the root of oppression". There is also a ritual like aspect of play and role-play that supports the mechanism of dialogue that has been explored by different disciplines, also.

Anthropologist Victor Turner and Performance Studies scholar dramaturg Richard Schechner have explored the dynamics of performance in terms of ritual, focusing on the ways in which role-play transforms the participants the same way as inititation rites do. Augusto Boal himself has explored the ritual process in terms of acting. His approach in breaking the walls and hierarchies between the actor and the spectator is a result of this approach. In the carnavalesque times of theatre, these divisions did not exist. (Boal, 2004) It is important to take notice of this interdisciplinary approach when investigating the function of play and role-play in forum theatre. When asked about their experiences of "playing" in the interviews, the participants' responses were similar in relation to the way the play mechanism worked as a vehicle that freed the mind, reminding one of the "liminal" space Victor Turner coined. Turner used this term referring to the threshold between what is real

and not real. Turner's use of the term as referring to the role similar of the participants in ritual, places them in between modes of awareness.

To choose from the diverse play scholarship has not been easy for me as "what is left out" is also a political choice. For the purposes of this thesis, I find the intersection between theatre/performance studies and anthropology most useful. I choose to focus on the ritual characteristics of play carrying the potential for action. Play reflecting "the open-endedness of everyday life intimately connected with a disordered world that, while of course largely reproduced from one moment to the next, always carries within it the possibility of incremental or even radical change" (Malaby, 2009, p.210).

The forum theatre workshops have composed of plays that were based on Augusto Boal's techniques. Through these plays, a space was created for the participants to reenact and reflect on their experiences. The initial 10-15 minute play session at the beginning of each workshop made the transition to "play" state possible. These were the warming up exercises, which in the interviews were referred to as "*leaving the outside world outside*". This part of the forum theatre workshops with warming up exercises similar to children's play have been most interesting to observe and participate on my side. I was able to witness the joy it brought to the room; just having to concentrate on the aim and the theme of the play, made the participants relaxed, almost as stepping into another realm of reality. This was the space in between real life and role-play, and the play process helped the transition to be faster and smoother. The rest of each workshop would involve more structured plays with the techniques to serve different "forum" purposes of forum theatre.

Analysing the role-play process in forum theatre, its effects on the participants, it is possible to see the changes as self-realisations at the micro level. Practicing switching between the roles of oppressed and the oppressor, concept of the fluidity of the roles emerged. The participant doctors expressed their surprise in finding difficulty in some of the roles, expressing this as the distant feeling between themselves and the oppressor. What Boal mentiones as the "muscular mask" being strong as the "social behaviour" revealed itself in this play. Through this exercise,

the participants were able to study and analyse these muscular structures. Boal calls this process as "being able to physically interpret characters different from oneself." (2008, p.104) As the doctors took on the role of "the oppressed" and "the oppressor" in turns they expressed themselves with the physical properties they associated with these roles, with the possibility of using their voice but without using any words. The scene of the doctors walking in the room trying out different body postures moves and sounds, sometimes led to laughter, sometimes more tense moments emerged in the role played was a scene parallel to the ritual space.

The role-play exercises when the participants took roles of solid characters like the doctor, patient or the CEO of the hospital, they mentioned of "empathy" towards the patient, questioning their role in the hierarchy when facing the patient. This is an example of Turner's claim of "theatrical performances empowering people with the ability to experience and re-experience each other's cultural identities." (Turner, 1969, p.82)

In the image theatre exercises, the participant doctors tried out roles in conflict situations they chose, playing in a group of people. To try out creating images of conflict situation with the other group members brought out relational power dynamics including pressure imposed by the hierarchy. One of the very simple but effective exercises was the first moment where the doctor and the patient saw each other in the examination room. This exercise was conducted in pairs with the role of the patient and the doctor. How the doctor greeted the patient in a frozen image was analysed afterwards. The emphasis on the facial expression, the position of the handshake, how the doctor greeted the patient in this first moment of encounter had so much baggage to talk about. I, as a participant researcher, have realised at times, I would associate myself with the patient in the illustrated cases with role-play, thinking of the taken for granted hierarchy between the doctor and the patient in the medical practice. Reflecting on my role as the participant-researcher, I also had different positions in terms of these power dynamics. As a patient in real life, a slightly hierarchical position, as an activist-researcher, identifying with the causes of oppression felt by the doctors. Adding another layer

of interpretation by conducting participatory action research, has led me to realise the fluidity of my roles too.

One of the key elements that triggered self-expression was the play qualities forum theatre techniques involved. Theatre games and activites that involved themes of focus such as collaboration and improvisation also provided the participants to build basic performance tools using their body, voice and imagination to express themselves. The participants have referred to this aspect in the interviews when talking about their role-play experiences. These also provided them with more tools for self-expression, active listening, opening their senses to perceive the other participants' actions. These methods made the "dialogue" possible when the participants were able to express themselves freely through play- as the whole system of Theatre of the Oppressed was set for this ideal of promoting dialogue- it is even possible to get over the self-censorship for self-expression through this play space. Thus, my main inquiry of role-play and play as a catalysor for research also found its response through my observations in these workshops I experienced. The doctors' reflections they shared after most of the plays and the interviews emphasised the feeling of freedom. The "freedom" play provided for the participants as a feeling transcending the intellectual articulation were expressed as a "childlike mode", "unblocking force", "memory of the body" by the participants. There was emphasis on the "transformational experience". These themes were also related with the "spontaneity" and "improvisational" properties of play, which the "forum play" also shared. As Johannes Sjöberg claims, role-play also allows the protagonists of the fieldwork to distance themselves from their existing situation and act out intimate aspects of their lives, which would have been more difficult to voice directly. (Sjöberg, 2017)

Richard Schechner (1985) in "Between Theater and Anthropology" mentions that performing is a paradigm of liminality, and says "…what is liminality but literally the threshold, the space that both separates and joins spaces: the essence of in-betweenness?" Identifying two realms of performance theory; first, looking at daily behaviour as a genre of performance; second, looking at performances (theatre, dance, and other art forms) as a kind of interaction. Having a theoretical

framework to analyse the play qualities in theatre is not clearcut as Schechner explains, "because in so many levels or modes of seeing, or experiencing are present simultaneously. This mimics the reflexivity of research". This also describes the qualities of the play mood. As Schechner mentions "the quality of acting out", "of becoming another", of displaying a normally hidden part of yourself – and becoming this other without worrying about consequences" sets one free to express herself.

Boal explains the play process as "demachanisation" (of the body and the mind alienated by the repetitive tasks of the day-to-day) Csikszentmihalyi coins the term "flow" for this kind of state where the action and awareness coincide. This is a state that has the opposite of reflexive awareness. The participant is aware of her actions but do not think about the awareness itself. He calls this "the heightened concentration and focus…obliterating ordinary consciousness: critical, cognitive, perhaps even cynical and solipsistic…" It is always possible to argue, as Myerhoff also mentions, for one to be in flow as well as being aware of her actions. Going back to what Victor Turner described as "liminality" the mind being "in between states". (Myerhoff in Schechner and Appel 1997, 245) In forum theatre practices also, there is a dialectic relationship between the flow and awareness. "As if" mode of play leads to forgetting oneself about pretending. The joker and the audience intervention brings out awareness in Brecht's terms or the anti-catharsis approach of Boal, which keeps the audience "active". The influence of the play features on interpersonal relations came out strong in the interviews, as well. Dr 4 has expressed that playing games had a positive influence on their relations with each other, saying it made them concentrate and being more compassionate towards one another. "*The team spirit or the spirit to create something together came out of the play experience*". The participants were describing processes of solidarity as a result of these experiences.

In the interview with Dr 2, mentioning her experience of psychodrama practice she told how in the process of play there is no censorship about their expressions. In her words: "If everyone would stop talking and start to play in life, it would be better. Play is something that increases the person's self-perception

(self-awareness) and their sensitivity... Each role-play provides one with a different kind of experience. It unblocks the thinking process. It unleashes the barriers of thinking or oral expression because the body and the memory of the body is totally something else. They are more innocent and real things. It is the same way with psychodrama."

The play qualities also was associated with bringing out creativity, which made it possible for the participants to imagine a different reality in the creation. Dr 4 referred to this process as "*When you play you transform, they make you create an image, at that time you have transformed in your mind. It transformed into experience. This is more fun.*"

Doctor 3's description of play as being a simple vehicle to form connections with the others: "*For example when we closed our eyes and we followed each other with the sound we make, it raised spatial awareness… It is better to get to know each other not just by talking but also through various senses… At the end, we got so close to each other knowing and understanding each other better that we know what the other meant without saying a word*"

There is a shared sense of "openness for dialogue through active listening" and "connection" giving more importance than being "approved" as Doctor 1 suggested: "*Through play I am more open, we can ask questions to each other more easily, we listen to each other more effectively. I can express myself more freely and give ideas more easily. It might not be that important if our views are approved or not. I am becoming friends with my colleagues there. It has this kind of effect.*"

The exchanges that took place during the workshops also provided different perspectives on the effect of the play process. After most of the games, the participants were invited to reflect on their experiences. When they started sharing their experiences as feelings; "the joy", "the risk of winning or losing"; "having a different level of trust" with the others in the group; "experiencing different ways of knowing each other" with different modalities (sound, touch, movement) came up. I realised these were the vehicles for building group dynamics in a safe environment, which was the "rehearsal place for life" with Boal's terms.

The participants at various times, explained that they were surprised to see that the play plot was created at once, that they were worried about how the play will be managed as there wasn't any ready scenario or a pilot. As Moreno describes in the theory of spontaneity-creativity", the creation of the play process comes about by itself. Spontaneity and improvisation encourages the participants to address their issues in a creative way. Play lets them to react spontaneously and the fact that there is impulsiveness makes them discover new ways of seeing things, be it problems in their lives or new roles they can inhibit.

As the participants were playing the games without knowing the purposes, they already got familiar with the techniques they would use to build their forum play. Most of these exercises had an equivalent in real life, and the way the participants choose to perform had to do with their own will, without any imposition by the facilitators. During the workshops, the participants realised these aspects, and often times expressed their surprise about the realisations they had.

As Dr 7 mentioned "*Improvisation is something totally different, it gets you in that mood. If there is a written text, I may not feel this. This is so different.*"

Just as with any other group who practiced improvisation, these doctors acted as ordinary actors of improvisation, questioning their hierarchal relations with the patients, which at times showed in the images that contained both as doctor and a patient. The practices they had performing the oppressor and the oppressed role, focusing on the physical properties like body posture, the sound, the move made them realise the experience they had with the "oppressor and the oppressed" in their daily lives.

Drawing from Merleau-Ponty, this type of performance as embodied performance is a means of knowing and demonstrating how performing can create new understandings. (Pollock 2015) In the interviews, this has been expressed as building an understanding towards the patients they were facing in their daily lives as well as being more considerate towards each other, through the workshops. In the role-play exercises when they were having the roles of the oppressor and the oppressed, one of the participants have stated that while she was playing the CEO of the hospital identifying with the oppressor, she also felt that CEO was also

oppressed under the pressure of the capital. When she was playing the doctor, she also felt the oppression of the patient. It was surprising that this experience unfolded different types of emphaty through self-realisation.

Dr 1 mentioned that while she was playing the patient, she could feel the bad feelings that the doctor was being harsh, and felt the oppression. Playing the patient role, she felt the doctor was being unjust and that she would fight for her rights. She said, "The patient who comes to the hospital is requesting her rights, but it is up to the doctor's will, the patient is having difficulty to express herself feeling pressure. The doctor is as if he is higher up, acts like he does not understand the patient". Right after telling this, Dr 1 also said that she realised her attitude as a doctor in her work life that might have created an impression of looking down at patients, at times. She mentioned, *"Even the physical aspects, like staying behind the desk, when the patient comes in, makes me uncomfortable, I want to greet the patient in front of the desk"*.

This is also an instant of where Boal's exercises of physicality transfers into real life realisations, when the power relations are made visible in relation to the space dimension. These examples also show that self-realisation, empathy and sympathy with Boal's terms exist together and they lead to change in behaviour. (Boal, 1992)

5.3. IDENTIFYING OPPRESSION THROUGH POWER RELATIONS

The critical approach to "participation" takes power relations into account, as both Carpentier and Boal claims. Boal's concern for equality in participation among the actors went so far as to demolish all the mechanisms that existed in traditional theatre as the hierarchy between the actor and director, the text and the actor, the spectator and the actor. Boal provided the tools to identify power relations starting from the main tools of theatre, making an egalitarian approach in participatory communication possible. At this point, it is possible to see the opposite relation between "oppression" and "participation."

In the beginning of this research, "the doctors" as a category seemed to be far away from a "disadvantaged" category as a community. However as I dwelled in this research I came to realise the many layers of pressure on them imposed through the health system. At this point, I would also like to draw attention to the spectrum of "oppression" humans experience. When I first started working with Theatre of the Oppressed techniques during the first workshops I attended, I was not comfortable with using clearcut dichotomies like the division between the "oppressed" and the "oppressor", as the roles were interchangeable according to social situations. The political and historical circumstances that led Augusto Boal to create these techniques were different from the 1960s, and each culture, even each issue had a right to be treated in context, rather than an universalistic approach. Still keeping this reservation, after having involved in this type of work as a participant, co-facilitator and a researcher for the last two years, I claim that it is a "work in progress" methodology and reveals its layers as one works with different communities. Augusto Boal also lived through the changes of time from the 1960s to the 2000s and evolved his techniques, was open to adaptations according to each implication. Most importantly, he did not create a system that would turn into an economic sector like the other creative theatre work conducted for educational or social purposes. He let the spirit of the foundation of Theatre of the Oppressed to be free, as the name suggests, without imposing any kind of pressure other than providing the benefits for people's needs, rules to follow not as a limitation, but guidance. To be a facilitator of Theatre of the Oppressed having been a participant once is enough. His concern was to multiply this work to make the change people imagine, possible; also making it possible for people to imagine. The fieldwork I have conducted is also a practical example towards Boal's way.

The forum theatre workshops in the three-month long preparation period have led to stories to emerge based on the participants' experiences such as the experiences with different types of patients, each reflecting a negative side of the current health system policies. The stubborn patients acting as customers almost like requesting "commodities" to consume; MR scan when not needed, patient requesting medication on behalf of someone else. Patients' lack of trust for the

doctors emerged as another theme when the patient refused to be examined but insisted on getting the prescription from another doctor. The protagonist of the play, Dr Good Physician represented the "ideal doctor" and he could not keep up with the performance criteria of today, the fast pace, the disrespectful and not trusting patients, the pressure of the performance system. One of Boal's major contributions to use play space as "a rehearsal for life" has been the transformation of intangible topics such as "power" and "oppression" into tangible factors through play. With this tool, he aimed for the preparation and transition for action. In other words, instead of talking about power structures, the actors find ways to act in a way that they can transfer to their daily lives. The first stage was making these relations visible through the image theatre work. The role play exercises related to the "oppressor" and the "oppressed" and the images that reflect the hierarchy of the different actors as the patient, doctor and the management have been the main parts of the play, where these structures were revealed. To be able to transform the conflict areas, the first action is to identify the actors of oppression.

The narrations of the oppressions/pressures they experienced were mostly related to the health system regulations. The themes came out as performance criteria which resulted in pressures affecting their medical conduct; how they performed their work as doctors. One of the conflict points came out in themes of work hours and the mechanisation of control, as the procedure of the finger print recording for entrance to work. Dr 4 has expressed the times she could not get in her work place because her hands were cold, the toil would not move, and felt "de-humanised with this system" which also showed the "lack of trust" on the doctors. This process had an alienation affect on the doctor, who mentioned she finds the motivation to continue in her belief, her dedication for her profession. She also expressed that young medical students have a different attitude towards the profession. "Being more professional in the sense of the existing system", they would not wait for extra five minutes for the patient who comes in late, or that they would prefer to study for their exams at the hospital where they work as interns, rather than do hands on work.

Oppressed role has revealed different levels of pressure the participants come accross in their daily lives. The performance criteria that they have expressed since the beginning of the forum process, related to the 5 minute appointment time at the state hospitals and the connection to this performance to their wage was discouraging and made them express their conflict in this situation. When they wanted to do their job well, and the physical examination is 15 to 20 minutes as it should be then the other patients would be complaining to be waiting in line. There were cases of physical violence towards the doctors.

The doctors have played out their experiences in the image work and voicing the images, which had an effect on them to see themselves through the role. The feeling of "hopelessness" associated with "being disrespected", "not appreciated" by the patients and the management were expressed. On top of this, there was the economical side of the problem. One of the active members of the Chamber, who was also among the spect-actors of the play mentioned that being a doctor dealing with these problems related to the work system, on top of ordinary life problems was "too much to handle." The "isolation" theme also came out of these role-plays. As the health centers are turned into "Family physician centers", they lost the practice of working with a team of nurse, health worker, etc. "Being a team", "working in a team" were the themes they kept going back in the workshops as a work practice they had before the health system transformation, but with the new system they were complaining to loose it, either due to the organizational structure, that led the family physicians to work on their own, or the competition that put performance criteria in the foreground that left them compete with the time pressure.

One of the problems doctors were facing with higher proportions was the "violence" from the patients. This is an example of an issue that did not make it into the play, but was explored during the workshops and the interviews. Dr 1 stated that it was due to the communication failure between the patient and the doctor. The circumstances that makes it hard for the doctors to keep the good medicine practice (the performance system, the loneliness of the doctor against the system) caused violence. "*When there are 80 people*" *at the door waiting for you as a doctor, and*

the head physician wants you to take care of them, there is a conflict with keeping up the good medicine practice… The absence of hope for the future, we can loose our jobs any time, these make life difficult for us."

Through the forum theatre work, it was possible for the participants to reach deeper levels of understanding for their experiences of oppressions. The participants have expressed that the game exercises that tested power relations and the role-play of the "oppressor" and the oppressed" provided them insights about the fluidity of these roles and to evaluate the motivations of the "other" that is the oppressor; not to emphatise but to study strategies for action for change.

5.4. THE ART OF "COLLABORATIVE PARTICIPATION" THROUGH ACTING

The theatre spectators always have a choice about the consequences of play on their lives. If the spectator shares the ideology in the play, there might be a commitment that leads to a future action. Thus it is important to take into consideration the "collective impact" on performance. As Baz Kershaw suggests, "For if a whole audience, or even a whole community responds in this way to the symbolism of a "possible world" then the potential performance efficacy is multiplied by more than the audience number."

The term collaborative participation emerged in one of the interviews on the subject of what the forum space provides the participants with. Doctor 6 said, "*Not only the players on stage but everyone in the room can be effective, there is a collaborative participation in this action theatre way.*" Doctor 7 emphasised the stage being a safe space for trial, as Boal imagined forum space to be a "rehearsal for life". Doctor 7 stated, "Stage being a practice space, being able to see what can be done is a very important thing. I know many people who jump into action saying let's do this let's do that. Most of them realise it does not happen just by talking, after they try. Forum theatre provides one with an implementation space about if it would work or not. There is solid feed back, the person who is in it sees it."

Boal suggested giving the tools of theatre, opening the space for communities to work on their oppressions/ problems collectively, and share the authorship with the "others" without assuming their views. Boal said "What would be also wonderful would be a theatre show where we artists would present our world view in the first act and where in the second act, they audience could create a new world". This shows his intention of creating a space for a community of people to utilise the participatory communication processes to the maximum.

Forum theatre describes "a maximalist" level of participation. The three stages of the Forum play- the workshops phase, the play itself, the audience intervention, even though they are linked to eachother- their functions have different capacities. The workshops provide the tools to provoke the participants to travel in time to re-live their memories, to free their imagination. This way the past experiences and the plans for future all existed at the same time transending the boundaries of daily life. At the end of my fieldwork, my impression is that the preparation stage of forum theatre is as effective on the participants as the play itself, if not more. Because each meeting with the participants opened up different layers in their perception of their lives and not all of these experiences get a chance to be reflected in the play, shared with the audience, due to the length of the format. At the same time, the Forum part, where the audience experiences the forum theatre play for the first time opens up this space of possibilities for the audience. This is where different versions of oppressions and solution strategies emerge with the intervention of new spect-actors.

The interactivity forum theatre provides is the key to the second step of collaboration among the community of actors and spect-actors. Julian Hilton's term "performance consciousness" refers to the "collective imaginative capacity" to engage in the construction of "potential worlds" through the interaction of performer and spectator. Elizebeth Burns' analysis of theatrical duality also focuses on the two levels the performance takes place: the interaction between the actors and spectators and the interaction between characters in the play. (Burns in Kershaw 1992, 25) The forum theatre's first phase of participation in the workshops with the participant-actors and the second phase including the spect-actors interventions

makes it a community medium, with Carpentier's terms "not only allowing but also facilitating the participation of members of the community in both the produced content and the content producing organization."

In the interviews, the question of the difference between the forum space and the meeting room, led to answers emphasizing this point of action. In the following lines, the participants refer to the theatre space promoting "collaborative thinking and self-expression".

When asked about the function of the form of communication in forum theatre compared with their regular practices for brain storming and organising such as the meetings and panels, the participants distinguished forum theatre process as being more "relaxed", "without any judgement", "open to new ideas", "self-imposed", "building a sense of solidarity opposing isolation", "motivational".

Referring to the meetings, they have in their daily lives where they try to come up with solutions Doctor 4 said, "In the formal meetings, the atmosphere is very serious and the issues are discussed in a theoretical way, whereas in forum theatre it is the "doing", it is like rehearsing here. There you are passive, you are either listening or you are giving advice, saying this and that happened. But here, you yourself play; at least you have the opportunity to change yourself. "

Doctor 1 and Doctor 2 emphasised the effect of the physical meeting format in their interactions with each other, the way they need to hold onto their social roles. This is similar to what Erving Goffman calls by "holding face", when people act in their regular surroundings, they are attached to the roles and the expectations of the people who know them shapes their behaviour.

Doctor 1 answered saying, "*There is no hierarchy in our regular meetings (at the Chamber) but the fact that you are sitting around a table or in a specific seating arrangement, there is a certain way of social expression as it is in society, naturally. In forum theatre when you are acting, all of a sudden you come out of your role and laugh out loud, in a meeting you cannot do that. Forum theatre also has its own set of rules but they are not against the individual. In other discussion formats the rules can be against the individual. If you are thirsty, you can not drink*

at that moment, or if you want to smoke you have to wait. In forum theatre what I experience is more self imposed.

Doctor 2 talked about the influence on the interpersonal relations; "Forum theatre makes interpersonal relations warmer. Compared to talking at the lectern saying this is this and that, it is much more humanistic and functional. It is more free and natural, which includes human feelings." Doctor 3 emphasised the planning process of meetings making the interactions formal with theoretical discussions, but the "action" side of play makes a big change on making the experience "real", saying, "Let's organise a meeting, let's organise a panel around a topic". Play is much more sincere for me. Because there (in forum) we brought the real situation to stage, everyone approach this as it were real. Instead of telling about it, making a presentation about it, we put it out through practice and we have tried different methods across that practice. In the classical meeting room gathering it does not happen this way, everything follows the theory. For example, people say, "let's do this and that and then this will follow and that will be the solution". They come up with a solution but it does not get realised. I think we get closer to real solutions in the forum. That is why it is more sincere and effective for me."

5.5. TOWARDS STRATEGIES FOR TRANSFORMATION THROUGH SOLIDARITY

Anthropologist Norman Denzin argues that the co-performed scenerio can be argued to enact a "feminist communitarian moral ethic". He describes this ethic presuming a dialogical view of the self and its performances. This is the process experienced in forum theatre, the transformations in the public and private spheres; when the participants confront their oppressions in the safe space of rehearsal. The stage is seen as a rehearsal for action in real life with a potential to lead to social transformation. Boal explains this process as "the transformation of society in the direction of the liberation of the oppressed... both an action in itself, and a preparation for future actions." (Boal 2006, 6) The workshop process itself and the

forum has opened up new ways of thinking among the participants, however it is obvious that it would not be possible to expect sudden changes or transformation at the end of a forum theatre practice. As Boal says, Theatre of the Oppressed process is a neverending one. It does not aim to close a circuit, end a development. It encourages an autonomous act, stimulate transformative creativity and turn the spectator into a protagonist (from a passive audience). (Boal, 2006, p.289)

When the participants were asked about the changes there might have been in their attitudes towards the problems tackled in the forum theatre, there was not any major changes expressed, however there was an acknowledgement of the small changes or new realisations which is pointing towards the potential to uncover new possibilities for action. The play process as a dialogue method was celebrated.

Doctor 3 said "Forum theatre has been the vehicle for change that I have been looking for, for years. Instead of a monologue, being in a dialogue; to create solutions for problems together in an interactive way is a very good method." Doctor 2 expressed, "The solutions are obvious, at the end if we fight as an organised group together with the Chamber of Medicine and the Union, maybe we can gave a gain. I see Forum Theatre as a way of strengthening the democracy." The relation of participation to the practices of democracy came up in the discussions with the forum theatre group and the interviews. This is in line with Mouffe's approach to participation in the maximalist sense, and in everyday politics. Participants have also expressed how participation is directly influenced by the democratic practices a community practices. Doctor 3 has took this discussion beyond to question the participation of different stakeholders. He argued, "I have always felt alienated from the society. When accusing the system I think it is wrong to see the oppressed as clean as a whistle. The oppressed also has a role in this system. I would want the individual to make an effort to change the circumstances. The nonchalance causes the system to continue the way it is. In our circumstances, the system exists through the exploited groups of the society to fight with each other. For example, The Ministry of Health makes a decision from above, the patient does not see the ministry as the responsible party, but accuses the doctor... Different solutions to the problems were expressed by the audience, which

would be appreciated by everyone, and through experiencing practically they came up with some answers. At the end, one of our friends (among the audience) has proposed a solution, and we invited her to the stage to perform as the "good physician", she tried on stage and then she could not stand it and said she quit. Actually she came up with another solution out of her proposed solution: quitting work."

Discussing this choice with Doctor 3 in the interview, questioning whether this decision to quit is to give up or really proposing a solution, Doctor 3 has expressed that if many people quit work, this would be one way to reach a solution. Later in the other interviews, this instance was also considered as "a wrong decision by a very young and inexperienced physician". In addition, there were generalisations about the difference of generations in their attitudes to struggle with the problems. The young doctors were seen as "giving up too easily" as opposed to the older generation who is ready to fight for their rights no matter how long or difficult it would be. Doctor 2 who in the play was one of the patients that gave a hard time to the spect-actor young doctor has questioned herself if she was too harsh and expressed she was sad that she resigned. And resumed that the young generation give up easily. For the future action, there was a consensus after the play that the forum theatre should be taken to other places on a tour. Doctor 2 has expressed that if the doctors would get more interested in the forum theatre and practice it, then the discouraged doctors' well-being would also be restored. Doctor 4 has expressed that when the play is staged in different hospitals it will also help more people to participate in this struggle against the system. Taking this forum theatre play to different hospitals and having new forum theatre practice with new groups of doctors are now in the agenda of the participants. If they realise these aims, this will be a further step for extending the impact of participation.

5.6. COMMUNITY PARTICIPATION EXTENDED:
PUBLIC DIALOGUE THROUGH SPECT-ACTORS

In forum theatre, the audience can stand up, act and write her own play. All of these processes extend the sphere of dialogue among the participants. Boal created the joker system only to make this collaborative participation between the stage and the audience possible. This way, the audience is provided with all the opportunities the actors have for self-expression, dialogue, rehearsal space for searching for strategies for change. The play format is also shaped to provoke this intervention: the play is short and does not have a resolution so the audience would be encouraged to try out their own solutions by replacing the actors.

In the forum play Dr Good Physician, when the play was over and the audience were invited for forum, the invitation was accepted with the active involvement of the audience. There were mainly five interventions, and sometimes while there was performance on stage, there were also interventions from the audience. My impression was that they engaged in an enthusiastic way seeing their struggles enacted on stage, which was also confirmed by the audience members I talked with after the play was over. The three audience members I have interviewed among which two of them took on stage as spect-actors expressed that they were impressed with the forum play and that it was an effective tool to reach out others sharing the same problems at work place. Spect-actor 1 who was also an active member of the Chamber expressed his belief in this type of work as being an catalysor for finding solutions. He mentioned that everyone has come to the realisation of a new solution for themselves and said, *"I have realised that the solution must be of the whole (not individualistic, short term solutions)"*

There was also an emphasis on bringing the play to the work place, where these conflicts are being experienced each day. They were not sure if it would be as safe as the performance stage of the Chamber, because the audience would not be homogenous, the management of the hospital would also be there, representing the

authority. They might even not give permission for the play to be put on stage. However, this plan of taking the play to other hospitals, even to different cities were shared by actors of the play too. During the interviews they were enthusiastic about this tour of different cities, and started contacting their friends from the other city Chambers. This was an example for play, leading to new forms of taking action. The "play" itself was seen as a strategy for transformation through sharing the same "consciousness" about their experiences. They also mentioned that they thought the plot was successful, it reflected the problems they were facing and it generated lots of discussion around. They all mentioned that what they have experienced similar struggles in their lives.

Spect-actor 1 expressed this as "making the solution collective". He also mentioned that the motivation he had for volunteering to be the first spect-actor to try his solution on stage as raising "motivation" among the fellow audience members. He has lived a similar experience where he reacted to the head physician of the hospital for the policies he did not agree with, and later things got better at the hospital. This made me realise that the spect-actors also share the solutions they experience in their lives to be of example to the fellow community members.

Spect-actor 2 was also an active member of the Chamber. She emphasised the benefits of having a homogenous group of actors and audience. She said, "*This way the performance can be more sincere, we can make our experiences more visible, and build empathy with each other*". "Turning individual experiences into theatre and reflecting on them through theatrical methods of research leads to condensing the shape of scenes and images that can be worked up creatively in multiple ways."(Wrentschur in Cox, Geisen, Green 98) As Boal claims, "the Theatre of the Oppressed argues that if the oppressed performs an action then this action, performed in theatrical fiction will allow the oppressed to change things in real life by exposing him to alternative resources." (Schechner and Cohen, p.90)

Doctor 4 mentioned that one of the spect-actors' solution was impressive. She has answered back to the CEO of the hospital and then she was sent to exile. She said as a group, they were mainly trying hard to preserve the "good medicine practice" as they were trying in the play. This whole process of forum theatre gave

her hope for future actions as the group of "good physicians". Later when I interviewed the spect-actor mentioned here, she shared the story that she lived the same experience as her forum experience and was sent to exile in real life.

My forum theatre experience with the doctors has shown me that it is a process of transformation with different layers; the play exercises leading to self-awareness and understanding "the other" oppressed and the oppressor through the embodiment of these characters in role-play. The use of images and movement added to the "talking head" discussions create socio-psychological stimuli that lead to "change" and "understanding of different perspectives"; and most important of all the "practice of dialogue" extended in circles, first among actors, then including "spect-actors", which then has a potential to be multiplied with participants becoming "practioners", "facilitators" of forum theatre.

5.7 FORUM THEATRE AT THE INTERSECTIONS OF PARTICITAPORY RESEARCH AND PERFORMANCE

There are similarities between the philosophy and the structures of Participatory Action Research (PAR) and forum theater reflecting their investigative approach to authority and the underlying power relations. Like PAR, forum theater is about creating space for participation, minimising the hierarchy and oppression between its participants. The most possible type of oppression being the "limitation to self-expression" and "different voicing of the different ideas". As with the researcher's position in PAR, the facilitator in forum theater also approaches the space with great care as to not impose any preconceived ideas about what the content should be. Participants are free to use the forum space to experiment with their stories and the characters they want to portray. It is through the play process, the images of conflicts that would make up the forum play is established. In this regard the game exercises have a big impact on the participants in terms of reaching a different level of awareness about their present situation and how they would transfer it into the forum play. Sharing the approach of PAR, forum

theatre gives the space for participants to identify their own problems, providing the participants with the tools for dialogue, analysis of their existing conditions and changing power relations to overcome their problems. The participatory space forum theatre opens for research is initiated with a social purpose and it creates the space for deeper understandings as well as being a pedagogical method (Madison, 2005) for "interactive knowledge production".

5.8 CRITIQUE / LIMITATIONS OF FORUM THEATRE

Adrian Jackson (Boal, 1995), in his Rainbow of Desire foreword mentions: "Boal's pedagogy never delivers the finished article to its audiences to be digested whole--if anything it delivers a process, a provocation. The greatest benefit of his work is that people leave the workshop with a 'sense of determination" and the mind to "sort things out" (xxiv). This statement is an answer to all the questions about the success of forum theatre in its aim for its participants to come up with strategies to overcome oppression. In other words, how do we judge the results of the forum theatre experience? On the same line of thought, forum theatre's limited scope as a micro level community involvement is also criticised as having a limited power to influence big number of people. However, this micro example provides rich knowledge resource for research with communities. These forms of micro-participation are to be considered important, because they allow people to learn and adopt democratic and/or civic attitudes, thus strengthening, the possible forms, of participation. (Servaes 2008) Verba and Nie (1987:3) summarize this as follows: 'a participatory polity may rest on a participatory society'. Held (1987:280) uses another catchy phrase to exemplify this: 'we learn to participate by participating.' (2008, p. 357)

This micro-level criticism is also related to its methodology of working with homogenous communities, seen as an obstacle to reach a solution to the oppression, as the "oppressor" is always on the other side and there is no contact with them in this type of work. In this respect, working with a homogenous group might seem like a negative aspect, however there is a logic behind this choice.

Practioners state that the forum theatre approach works better with homogeneous groups. When groups come together with clashing interests then the participants don't feel as free to express themselves, as they might feel threatened by the authority of the "other". Jale Karabekir's experience in the case of theatre with and for women, has been an example of this. Karabekir has mentioned that when the representatives of government institutions come to their forum theatre as audience, the women on stage were shy to act. (2017, personal correspondence)

When the philosophy of forum theatre is studied, then it is possible to explore the advantages of all these decisions that seem technical but have important functions for "presenting, analysing, changing power relations from the point of view of the people "relatively" powerless, with Boal's words. In the forum theatre work, the participants are encouraged to the maximum to express themselves, even coming to realisations on a personal level. This requires being open about ones' feelings, thoughts and experiences, which is a difficult task in the presence of the "other" in the ladder of hierarchy.

The dichotomy of the "oppressed" and "the oppressor" categories might also seem to be questionable before practicing forum theatre. In my own experience of learning forum theatre and my fieldwork experience, I observed that the critiques directed towards forum theatre could turn into advantage with this system. It might seem as problematic both as a definition and as categorisation of people into two stable role positions. This division also makes this type of theatre work non-applicable for heterogeneous communities, calling for the question of the fixation of these categories. In other words, the question if this theatre would be ignoring the fluidity of the roles of "oppressor" and "oppressed". However, the participants of forum theatre stated that working with people whom they share the same problems with was the strongest assets of forum theatre, as they felt at home and free to try anything they wanted without the concern of any social pressure.

Boal approaches "the stage" as a rehearsal place for real life problems. It is important to approach this as a test of the stage as a catalysor for participants to tell their stories without the pressure of coming to a conclusion, unlike the traditional conflict resolution practices. The participants will not have to "pretend" as if they

agree on a single solution; rather, the whole process of play would let them find out about their own narratives. The dichotomy between the oppressed and the oppressor may not be applicable in all contexts, as in Boal's clear-cut descriptions. However, it is possible to talk about counter-narratives that do not find their way to the institutional system (i.e. government's discourse). Boal's forum theatre provides a platform for these counter-narratives to emerge. In order for this to happen, the participants have to let go of their self-censorship and internalised oppression, which is a first step for the community-based theatrical approach. Boal gives great emphasis to liberation of the participants of all types of social oppressions including social roles. He explains in detail how the "muscular alienation" as memorised reactions of behaviour is similar to following orders without questioning the power relations existent in any social setting. Boal calls this process as the "mask", suggesting that the people with similar roles start to act according to these role masks. According to Boal, if a person de-constructs these structures for herself, then she is able to interpret the other characters and the circumstances of oppression. In this regard, forum theatre work can be seen as another level of community work, which is a necessary step before conflict transformation work that involves different parties.

The definition of a "homogenous community" is also a vulnerable point in some contexts. As found in community theatre literature, "narratives representing a group of people may also prove oppressive, depending on how "we" is defined." The community defined in Boal's practice transcends the limitations of physical communities, the criteria for the group to be involved in this practice is to "share the same struggles". Forum theatre uses the medium of dialogue, in a similar way to storytelling as a traditional form of passing on practices, experience, and knowledge that affirm the collective identity of the group. When forming a forum theatre group, the challenge at first would be find the groups to take part in this practice. As they need to see what is in it for themselves for motivation. The presence of the researcher is another factor to be acknowledged, negotiated and consented by the participants. This was the case in my workshop experience when I was learning the forum theatre methodology. As different people got together

around this workshop, we found it difficult to decide on a common struggle we wanted to work with.

The other difficulty of forum theatre is to do with choosing the theme. If the group is not clear about the issues they want to deal with, if they are not focused, if they have vague ideas. Then how to interfere about the content without manipulation would be another challenge on part of the facilitator. The initial stages of building rapport with the participants would be important to build a shared understanding of the practice. "Francis Babbage, author of "Augusto Boal" also raises some interesting questions about the future of Boal's work in relation to the validity as a method. Since Boal's theatre is only a *rehearsal* for revolution, it does not claim to *solve* problems, but only to facilitate dialogue. A theatre organization called Hope is Vital based in Theatre of the Oppressed theory states that "Hope is Vital poses questions. It does *not* offer answers. Audience/ Participants propose answers. Together, everyone looks at options" (xi). Still, Babbage asks what *does* Theatre of the Oppressed attempt to do (33) How does one judge its success? Alternatively, can it be judged at all? Boal does say that this is —a race without a point of arrival, the point is to run; not to win, but Babbage's questions still hold significant weight for the future practitioners of Theatre of the Oppressed (Morelos)." My answer to this -as explored with the case study - is that this question can only be answered by the participants of this theatre.

CONCLUSION

"This is not a race without a point of arrival, the point is to run; not to win"
Augusto Boal

In this thesis, I explored the ways in which forum theatre processes create a space for participatory communication, through my fieldwork with Istanbul Chamber Medicine *Dr Good Physician Forum Theatre*. With a multi-modal research approach of applying theatre as a means of creating and analysing content, complimenting the fieldwork with the interviews and observations; this research aimed to provide knowledge in different axes concerning the theory and practice of forum theatre in relation to "participation". This effort made the research process a reflexive and a spiral process of theory and practice, which has been difficult to tackle in the linear format of a text with an introduction and a resolution at once. As Fabian claims "some types of cultural knowledge cannot simply be called up and expressed in discursive statements by informants, but can be represented only through action, enactment and performance" (1990, p.6)

My initial quest starting this research was about defining the processes of participation – dialogue, collaboration, solidarity- in relation to the community practices and illustrate the forum theatre's potential to serve as a participatory medium through the fieldwork I conducted. My hypothesis was that the play process itself would bring out narratives of the community which otherwise might not come out, in traditional research settings (of linear question – answer surveys). I was also interested in the contrast of different forms of group interaction in terms of different communication spaces and formats, such the meeting room space (talking heads) and the theatre space (play, move, talk). The forum theatre practice with the doctors has led to the discovery of different modalities and layers existing in these participatory communication processes in this respect, that are also beneficial for social research. Through the exploration of each step of the *Dr Good Physician forum theatre* process, it was possible to illustrate how each component of forum theatre led to another quality/ layer of "participation".

Forum theatre methodology opened up layers for narration, which would have not been possible otherwise. With the workshops, I spent each week at least three hours with the participant doctors, going through fun and intense form of theatre practice with them. I experienced what Perry calls as the "way of knowing as a kinaesthetic empathy, in contrast to words, prioritising a way of knowing that involves the body as well as the intellect". (Perry, 2012, p.107) Boal calls this the "Arsenal of the Oppressed"; to work intuitively, manifesting intuitive 'unknown knowns' as embodied knowledge through stage images. There is also another level of participation when the audience becomes part of this experience. With Boal's words: "Those viewing the images can engage not only intellectually and semiotically through the reading of signs but also intuitively and phenomenologically through a process of kinaesthetic empathy". (Grant, 2017, p.200)

The traditional ethnographic approach to field work being a participant observer, spending time with the participants as a "researcher" is a passive and partially restrictive position, compared to the art-based research practices that trigger processes that "activate" participants to explore their own "problems". The researcher's role is to support them to analyse their problems to search for ways of action. The research process itself involves the transformation both on the participants' and researcher's part. Forum theatre provides a vehicle for this process with its methods of play, role-play and improvisation, making it possible for the participants to start expressing their thoughts and feelings. It is like a "social therapy" focusing the mind, relaxing the spirit, and giving people "a new handle on their situations" (Schechner in Boal, 1992, back cover). Each time the group comes together for forum theatre workshops new layers of narrations emerge about the shared experiences and new confrontations, realisations, reflections come up. Forum theatre itself becomes the vehicle that triggers these participatory processes that involve psychological aspects of communication, expressed by the participants as the experience of "joy, hope, emphaty, emotion, imagination, flexibility, perspective, connection, motivation, empowerment…" This way, my initial questions of the potential of play and role-play for the communication fieldwork

has been addressed through the articulated and observed experiences of the participants. This is in parallel with the definition of "play" as reflecting "the open-endedness of everyday life intimately connected with a disordered world that …. always carries within it the possibility of incremental or even radical change" (Malaby, 2009, p.210).

The forum theatre practice and the audience intervention have illustrated the ways in which forum theatre can be utilised to understand the doctors' struggles under the current health system with its different layers including personal stories of the past and present. They not only shared their stories from the past and present, but also shared their experiences of confrontation with their daily struggles through re-enactment through role-play. They have shared the different perspectives they have experienced of the "other" as in the role-play of the patients or the management; how they felt in the oppressor and the oppressed roles, openly.

The mechanism of forum theatre that maximises the participation process through systems that generate dialogue in the Freirean sense, where he describes as being "against the traditional system, which he regards paternalistic and non-participative; considering "knowledge as something that is passed on as a ready-made package rather than being the result of a dialogic meeting between subjects."As Freire transforms this equation allowing students and teachers to develop a system aiming to change power imbalances, Boal has enabled theatre space for people to take over.

At the end, my research findings lead me to define two distinct layers of "participation" involved in forum theatre when working with communities. Forum theatre as a medium of communication inherits the "qualities" that maximise participation (Pateman 1970, Carpentier 2014) in the sense of maximalist or radical democracy (Mouffe) as a vehicle, without any need of capital, special expertise (except to experience it once, as being a participant) it provides the system. The other layer of participation is its mobilising effect on the oppressed. This is also the step towards the democratisation of a community (Chapter one) that only happens through the inclusion of the "excluded" (Fenton) forum theatre makes full

participation[6] "where all power relationships are equalized - is a utopia (and a eutopia), a never-to-be place, a fantasy" - a possibility.

The main quest of this research was using academic knowledge to facilitate social change and transform the hierarchy/inequality/injustice and conflict through participation. Forum theatre provided me with a multidimensional tool that was most suitable for this aim. As Lambert mentions, when participatory theatre turns into an experience where the community members appreciate the shared process that can have a long term impact and become the fabric of the community, (Lambert, 1982) which creates potentials for action towards desired change.

The experience of forum theatre of Istanbul Chamber of Medicine has been a "rehearsal space for life" as Boal described his work. Experiencing the whole process of forum theatre as a participant myself and a participant observer through the doctors' forum theatre has opened up many other layers that have to do with the dynamics of improvisation and role-play as well as the action oriented approach embedded in the methodology specific to the forum theatre. Its participatory processes has carried the reflections of the participation/political theory, unrevealing power relations. Forum theatre gives its participants the tools to deconstruct the "oppressions of the economic, social or political system" in order to come up with action strategies. As Boal suggests breaking down the "oppression" in its components to analyse is the only way to come up with real life strategies for change. (Boal, 1995)

Working with a special group of people, who do not seem as the "oppressed" traditionally, but experience the circumstances of any profession under the pressure of policies; the doctors, has broadened the meanings and levels of "oppression" in the context of Theatre of the Oppressed work. The doctors' forum theatre case

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[6] Utopia is used as referring to "… participation as a driving force for progressive social-democratic innovation. In other words, the discourse that we should move toward a full power equilibrium between all actors in society, in all locations and settings, at the micro, meso, and macro levels of society, is a powerful and necessary tool for the further democratization of society. As a fantasy, it motivates people to perform and organize the social in a way that is more egalitarian." (Carpentier, 2014, p.1139)

showed the steps to this process that started with the discussions around what should good medicine practice be like and it portrayed the difficulties doctors have in their profession within the existing health system. When we got together to work on a forum theatre play together, they already had the issue of preserving good medical practice on their agenda.

The different stages of the forum theatre process has provided the group with different strategical tools to go deeper in their experiences of oppression/pressure and come up with strategies of transformation that I tried to portray in detail. The technique forum theatre provided participants to identify their conditions of oppression seem as simple as making the "concepts" of oppression solidify through creating images; which led into exploration of power dynamics through images of "oppressor" and "oppressed" relations. It is important to take into account the different levels of "oppression", ranging from internalised oppression – as self-censorship- to the presence of a dictator. These kinds of images came up through the forum theatre work I experienced myself, also. Identifying these power relations related to the "oppressions" experienced is the first step towards building strategies for change.

The doctors' discussions and improvisations showed how the existing health system amplified feelings of hopelessness and isolation where the performance and time pressure form the basis upon which one's practice can be called into question: The impossibility of conducting their profession as "it should be", being a "good physician". Throughout the study, the doctors articulated a desire towards change, if not as an imagined future for themselves, for the next generations. They were open about their experiences, of play and role-play in this study, various layers of their narrations unfolded about the content, discontent and the pressures they lived through in relation to their work practice. They were able to express themselves freely (in the ritual like state of play- with the instructions from the facilitator) and exchanged their ideas and feelings around these narrations. In the 3 month long workshop processes, we had a chance to explore the conflict areas in their daily practice through techniques that build up each week.

The performance itself and the active participation of the audience has showed how the interactive physical space; theatre provides a unique communication medium, with all the advantages of live participation without the limitations of technical equipment. This space is where the democratic participation becomes possible in practice, inviting the actors and the spect-actors to be active participants, switching from the "monologue state of good citizens" to the "dialogue state of active citizens." Carpentier's description of the two way process of participation as - "… participation as both a tool to further democratize our society and as the outcome of that democratization process" (2011) finds its realisation in the practice of forum theatre.

The literature on the community media had been helpful to explore and specify the relationship between communication and community. (O'Connor 2006, Jankowski 1991, Howley 2012) Having emerged around the 1960s, when different types of social movements were taking place in different parts of the world with the influence of New Left; forum theatre carried the ideal to transform society, interrogating the existing power structures and hegemonies. Today, it is possible to see the same efforts for change for social justice and social equality. If social researchers, communication activists, artists decide to answer this call bringing the potential of their disciplines together, involving the communities around them in this effort; "forum theatre" would serve as an effective space to start action.

Rodriguez suggests that "when people abandon local public spaces, the processes of social cohesion, conversations, social bonds, instances of getting to know someone are blocked". The description she has for the role of citiziens' media as "a vital counterpart to overcome this isolation, "nurturing a sense of togetherness and collective identity— a sense of "we" (2001, p. 238) overlaps with the process of forum theatre. Forum theatre, carries the potentials of strenghtening and supporting "instances of collective solidarity and togetherness as these emerge in the community". It offers its participants the communication tools and processes for dialogue, collaboration and solidarity, making the next step for action possible. As Boal suggests, forum play itself does not fight oppression; it simply exposes it,

inviting the participants to become active. It can serve as an entry point to study power-relations:

"Whatever the oppressions may be that make life feel unliveable – whether they be sexual, class-defined, racial, familial, and/or "all in your head" – Boal's techniques point the way to awareness of the society's politicization of gender, class, race, family and/or psyche. All are presented as real, external forces of oppression kept alive by memory and fear." (Schutzman, 1994, p.152)

As Boal imagined, when the circles of this practice extend, the possibility of change will extend also. I aim for this effort of exploring the communication space forum theatre opens in terms of dialogue and transformation and the ways it can be used as a catalysor for research to be beneficial for future community work. With widely practiced forum theatre around the world today, Boal continues to remind us to observe and create our own images for transformation when faced with any kind of "oppression". It is possible to use any of these techniques as a part of exploring the dynamic of this oppression to transform "it"; even when there is no "stage", but the world we wake up each morning.

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APPENDIX

The interview questions

I. Interviews with the participants during the 5th week of the workshops.

1) How did you first hear about the Forum theatre?

2) Did you have an acting experience before?

3) What are your expectations?

4) What do you think about this experience? How does it feel? (Does it macth your expectations?)

5) Is there anything you would like to add?

II. Interviews with the participants after the play

1) What kind of work are you involved in related to your profession? (workshop, meetings, conferences…)

2) How did you decide do take part in this forum theatre?

3) What do you think about this experience?

      a. How did the process of collaborative thinking involved in forum theatre work influence your perception of your work/ the problems you are conducting your work?

      b. How did it effect your self-reflection, your relations with the others (colleagues, patients, management)

4) How did you find the workshops? How did it effect you, what did you feel?

      a. What surprised you, what made you upset/ happy?

      b. Which game exercises did you enjoy? Why?

      c. Which game exercises did you not enjoy/ enjoy less?

5) You performed the play last week, would you like to share your experience, reflections?

      a) What happened during the performance?

b) What did interaction bring to play?

c) Did the play and the audience interaction have an effect on you? (Do you connect it to your daily life experience?)

6) What do you think about the role-play? Leaving your "doctor" identity for role play – enacting your experiences- both real and role-play- how did it effect you?

7) Can this forum theatre experience have an effect for change? What can it influence?

8) When you compare forum theatre with other formats you use for solution strategies for your problems, what can you say? (performance instead of discussing in a meeting format)

9) What did you think about the parts when audience intervened?

   a. What did you think about spect-actors' solutions through play?

10) Do you think there were other subjects that were not mentioned in play but you think should have been included?

11) Did you hear any feedback from the audience after the play?

12) What kind of works does Chamber of Medicine do for the solution of the problem? Do you take part in them?

13) What would you like to change in the heralth sector if you could? What is needed for that?

14) Would there be anything you would prefer to be done differently with the forum theatre practice you have experienced?

15) Who were among the audience? Would you like for other stakeholders be part of the audience (hospital workers, associacations) How would it effect the process?

16) Did you know the group you worked together before? What effect did it have?

17) How does playing a game affect the relations with the grıup?

18) What do you think about this practice taking place at the Chamber of Medicine? What does the Chamber mean to you?

19) Where do you work? For how long? What is your position?

20) How do you spend a work day? With whom are you in contact with? (patient, management, nurse, Chamber, association)

21) What do you think about your profession? How do you see yourself in this sector? (in relation with the patient, the management, system)

22) What makes you happy when you are practicing your profession? What was it before?