

# Participatory theatre for transformative social research

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## Abstract

Reflecting on the transformative potential of participatory theatre methods for social research, the article draws on a project with ethnically diverse migrant mothers in London. The research reframes the experiences and practices of socially and ethnically marginalized migrant mothers as active interventions into citizenship. We also challenge recurring public discourses casting migrant mothers as threats to social and cultural cohesion who do not contribute but instead draw on the resources of the welfare state. We highlight how participatory theatre methods create spaces for the participants to enact social and personal conflicts. It also validates migrant mothers' subjugated knowledges of caring and culture work creating new forms of citizenship. By enacting different versions of collective stories, the theatre sessions therefore become rehearsals for socio-political transformations.

## Keywords

critical race research, migration, participatory action research, Theatre of the Oppressed

## Introduction

This article explores the transformative potential of participatory theatre methods for democratising social research. Drawing on the AHRC funded research *Care for the Future: Migrant Mothers' Creative Interventions into Citizenship* (AH/K00591X/1, <http://www.open.ac.uk/socialsciences/migrant-mothers>), it utilizes participatory theatre

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techniques with a group of low-income, racialized and marginalized migrant mothers in London to reframe the women's mothering practices as critical interventions into citizenship. Our analysis explores the potential of participatory theatre methods to contest public discourses in contemporary Britain which cast migrant mothers as threats to social and cultural cohesion. We explore participatory theatre as providing the mothers with creative spaces in which to validate their caring and culture work to contest hegemonic notions of citizenship. With an emphasis on the potential of the method for social transformation, this article contributes to debates on democratizing research. This democratization takes place on three levels: first, we suggest that participatory theatre methods allow migrant mothers to articulate their subjugated knowledges and challenge pathologizing discourses of migrant mothers as outsiders of citizenship. In this context, the process of democratization consists of giving an opportunity to migrant mothers, who are often socially isolated, to develop shared knowledges and collective understandings. Second, we show that by enacting a range of strategies for social change through participatory theatre, the participants widen their repertoire of social action within and beyond the research process. Third, participatory theatre as a research method involves both participants and researchers in articulating their desires for social transformation, democratizing the research process and the relationships between researchers and participants.

### **Migrant mothers enacting citizenship – deepening processes of democratization**

Migrant mothers are often overlooked in public debates about citizenship and democracy. They mainly become visible in discourses of integration (Hack-Polay, 2016). Racialized groups of migrant mothers are portrayed as posing a risk to social and cultural cohesion, or standing in the way of their children's successful integration into society, therefore threatening the very foundations of democracy (see Cameron, 2016). These migrant mothers are also constructed as a problem for social, health and other public services, as a result of using public resources, with suspicions raised over their entitlement to access these services (Loneragan, 2015).

Our research challenges such pathologizing representations. The theoretical starting point for our work is that migrant mothers perform caring and cultural aspects of citizenship (Erel, 2011; Erel and Reynolds, 2014; Erel, Reynolds and Kaptani, forthcoming; Reynolds, Erel and Kaptani, forthcoming). Our conception of citizenship goes beyond a legalistic notion of formal rights and duties to include wider sociological meanings of participation and belonging, which challenge hegemonic racialized and gendered norms of 'good citizenship' (Lister, 2003). Specifically we highlight how migrant women's mothering constitutes 'acts of citizenship' which bring into being new political subjects and forms of political engagement (Isin, 2008). By challenging national and racialized boundaries and oppressions, migrant mothers' caring and cultural work makes an important contribution to democratizing social relations (Erel, Reynolds and Kaptani, forthcoming). The project was based on a broadly conceived research question: If we take seriously the mothering practices of migrant women as contributing to society, how does this challenge and enhance our understandings of citizenship? This approach is part of an endeavour to increasingly democratize practices and theories of citizenship.

This research question relates closely to the methodology of participatory theatre, which has been applied widely in social justice projects, education, as well as applied theatre (Rifkin, 2010). However, its potential as a research method in the social sciences has been less explored. As a research method, participatory theatre shows how marginalized groups can engage in social transformations (Kaptani and Yuval-Davis, 2008). Through this, the participants constitute themselves as political subjects, challenging the ways in which hegemonic understandings of citizenship view them as marginal, this is an important aspect of democratization (Erel, 2009; 2011).

The theatre methods allow migrant mothers to build and articulate collective knowledges about their experiences, and on reflection develop arguments about social justice. The participants try out social interventions, thereby broadening their repertoire for participating in democratic deliberation, both through debate and in everyday practices. We also argue that the research process itself can be seen as a process of democratization because participants and researchers work collaboratively to make explicit subjugated knowledges for challenging the oppression of marginalized groups.

## The study

The project worked with a group of racialized migrant mothers. It formed part of a networking project, including two seminars and a large international conference with practitioners and academics, which explored how migrant mothers reframe citizenship. The study aimed to bring migrant mothers' subjugated knowledges into dialogue with researchers' and practitioners' knowledge. The epistemological framework for the study acknowledges the situatedness of knowledge (Haraway, 1988) and views knowledge as embedded in the lives and experiences of participants. Research findings are developed 'through a cooperative process between researchers and experiencing individuals' (Borg et al., 2012) and requires both personal and research reflexivity (Bergold and Thomas, 2012). As researchers, we actively participated in constructing this knowledge by posing our research questions and participating in the theatre workshops and reflections. As such, this project was clearly signaled to participants as being a research project rather than only a social justice project. However, there is overlap between both aspects. Analysis took place through iterative readings of videos and transcripts from interviews, generating new layers of meaning (Ifekunigwe, 1997). We collaborated with a health organization in order to recruit participants from ethnically diverse groups, and to include a range of mothering experiences. The participants were from diverse ethnic and racial backgrounds including Polish, Congolese, Somali, Turkish, Kurdish and Lithuanian backgrounds and were mothers who were racialized in different and at times intersecting ways: as 'Black African', 'refugee' or 'Muslim'. Our intention was to initially recruit 15 participants but 20 women turned up to the first sessions, and most continually attended the 8 weekly workshops. The mothers were reimbursed with a £20 gift voucher for each session. For the research team this represented a small but important way of putting into practice the guiding principles underpinning the research: migrant mothers, irrespective of their labour market status, undertake socially important work and as such the knowledge they share is valuable. While some participants knew each other before the start of the group as neighbours or friends, this was not a pre-existing group. Through the

workshops a community space was created for the mothers to reflect on their diverse experiences and build social networks.

The weekly three hour-long theatre sessions used techniques of Playback (Fox, 1994) and Forum Theatre (Boal, 2000). 'Playback' theatre (two sessions), involved the participants sharing their stories, which were then interpreted and acted out by professional actors. This was a helpful way to 'warm up' the participants and familiarize them with theatre methods, especially for those participants who did not have much experience of watching or playing theatre. Moreover, the playback technique allowed individuals to see their stories taking on a theatrical reality. This process allowed the tellers a reflexive distance towards their own experiences. This was also pivotal to the participants reflecting on how individual experiences related to each other. The playback theatre generated key themes central to participants' experiences of being migrant mothers. It also allowed the mothers to expand on similar or divergent experiences or interpretations. It is in this sense then that playback allowed the mothers to get to know each other and foster group development.

The remaining six sessions utilized Forum Theatre techniques, based on the Theatre of the Oppressed (hereafter, TO) (Boal, 2000). In this technique, the mothers were invited to construct dramatic scenes relating to their experiences of being migrant mothers in London. The mothers offered personal stories of social problems they encountered and then the group chose some of these stories to develop and elaborate further. In the process the mothers played out theatrically everyday scenes of difficulties, conflicts or dilemmas and then as a group collectively developed strategies on how to address these.

'I felt before I didn't know nothing. I didn't know what was going to happen if you have children, (...) if you go to GP (...) [at the workshops] I got different ideas' (Gamila)

Sharing these knowledges with each other helped them to become 'more brave' (Judyta). By sharing their personal experiences of sociopolitical problems they realized they were 'not alone' (Aida), which in turn enabled participants to 'know more. I have more information. How I can do things' as Natasza put it. For many participants, the creative space of the theatre allowed them to widen their repertoire for social action:

(...) they never had the confidence to intervene. So this time it was like it was their turn-this is what they would have done if they spoke the [English] language or if they were more assertive towards the situation' (Mandy)

In this way, the workshops 'encourage us (...) as a woman, if something happened (...) we know what we have to [do]' as Aida reflects.

A smaller group of ten mothers continued over a 3-month period to develop a performance based upon movement, music and scenes generated in the earlier workshop sessions, presented at the end-of-project conference for academics and practitioners in September 2014. Extracts of these scenes can be accessed on the project website (<http://www.open.ac.uk/socialsciences/migrant-mothers/participatory-theatre/>). These theatre workshops were accompanied by individual semi-structured interviews with the mothers on the methodological process and their experience of being migrant mothers.

## Participatory theatre methods: scenes of conflict and transformation

In our analysis we observed that participatory theatre was an important technique in exploring the potential of marginalized mothers to enact citizenship. The researchers and participants worked together to understand social oppression, making it visible from the perspective of the oppressed and exploring how it can be challenged. The TO builds on the tradition of Brecht's Epic Theatre (1964), aiming to achieve social transformation, rather than emotional identification of spectators with the characters. However, the TO goes further by challenging the role of audiences as passive spectators. Boal (2000: 98) broke down the boundaries between actors and spectators, audience and the 'sacred space of the stage' to allow participants to become 'spect-actors'. This form of theatre developed as part of wider social movements and campaigns, e.g. for literacy or land reform. Boal elaborated a body of exercises and techniques to train participants in basic theatre skills. Using the body as a tool for expression, a series of games and exercises help the participants to make conscious how they use their bodies in everyday life. The exercises allow them to build new ways of moving, acting and using the voice to represent characters other than their own. Participants can use the theatre scene as an arena to rehearse challenging inequalities of power. Participants' interventions are about trying out different solutions and experiencing the steps necessary for social change. While interventions may not be successful in fully achieving the spect-actors' aims, they can nonetheless lead to a changed situation.

In our project, and drawing on these techniques we asked the participants to share stories of when they experienced a problem, conflict or dilemma relating to being a migrant mother. In the following sections we reflect on a particular scene - accessing health services - that the group chose to represent sites of conflict and transformation.

Migrant mothers are often made responsible for the health and well being of their families. This means they are often in contact and potential conflict with service providers who can question their rights to access services (Luibhéid et al., forthcoming). During workshops, Aida, recounted an experience of being denied access to her General Practitioner (GP), where she had been registered for many years, which resonated with other members of the group. Aida reflected that when she came in for an emergency appointment, the GP receptionist questioned her right to attend this GP surgery, arguing that she does not live in the correct postcode. In contemporary Britain many patients experience difficulties in securing appointments with their GPs or communicating their needs effectively to receptionists (Stokoe et al., 2016). However, being denied access to health services has a particular significance for migrants. The GP receptionists and other frontline NHS staff are increasingly mobilized to act as gatekeepers to control the right of immigrants to access services (Yuval-Davis et al., 2016).

The scene at the GP surgery started with Aida's character, the 'patient' asking to see the GP and being turned away by the 'receptionist', performed by another participant. During the scene, different women intervened taking on the role of the patient, trying out different strategies in order to convince the receptionist to allow them to see the doctor. These strategies ranged from: asking the receptionist to focus on her job; prioritising the patient's health rather than the rules; making a formal written complaint, trying to

by-pass the receptionist to talk to the doctor personally. In each instance the receptionist remained inflexible and turned the patient away. However, we should emphasize that the spect-actor playing the receptionist was asked to play the role as she thought realistic: if the patient's arguments moved her to change her reaction, she was allowed to change her behavior. As the scene evolved it was interesting to observe how the varied interventions made her demeanor friendlier or at times elicited a more detailed explanation of where the 'patient' might find help.

Another interesting aspect to observe during this scene was how the patient became increasingly desperate. For example in some interventions, the patient did not speak at all but expressed herself only through body language. Another patient presented her baby, also without speaking English, showing with her body movements that the baby was severely ill. A third patient tried to get medical attention by simply collapsing at the reception desk. In these moments of desperation, the receptionist's response became more accommodating. In our discussion following this scene, the question was raised, whether migrant mothers' needs only become recognisable and elicit an attentive response when the women conform to the social role of 'victim'. In direct contrast strategies that attempted to reason and claim rights were greeted by the 'receptionist' with an attitude indicating that she saw the women through the social role of 'impostors'. We suggest that the 'receptionist' response reflected deeply entrenched negative attitudes of migrant women and their families in contemporary media representations (Lonergan, 2015; Reynolds and Erel, 2016). The GP surgery scene also reflects the everyday lived realities of accessing services for migrant mothers.

Participatory theatre methods do not offer any simple solutions but are valuable in highlighting conflicts and the obstacles to effectively claim rights when recognition as equal and entitled is withheld. Despite the receptionist's harsh reaction, the participants found it an invaluable exercise in beginning to try out different strategies. The theatre scene is perhaps most valuable in showing that even in instances where access is denied, this can be contested. Some of the strategies the participants rehearsed can be applied in real life everyday encounters. Yet, others are perhaps more suited to the fictional space of the theatre. Over the course of the sessions it became clear that each successive strategy builds on previous interventions, as Malika points out the workshops helped 'to get different ideas' on how to intervene in difficult situations. In this way the group built up a collective repository of strategies for challenging exclusion, the denial of access and respect.

The participatory theatre methods are valuable tool in raising questions, and initiating collective reflections. However, it is important to address structural power relations because the technique of forum theatre can otherwise become too individualized, focused on individuals' ability to deal better with oppressive situations. These pitfalls of forum theatre practice have been highlighted by theatre and social justice practitioners. It is important to be careful not to simplify social relations in suggesting that a conflict involves only the protagonist and antagonist (Pratt et al., 2007), as contemporary forms of oppression are complex. It is problematic to reduce a system of oppression to the character of the 'antagonist' (oppressor). Furthermore, the forum theatre technique, if not facilitated carefully, may risk putting the onus for improving a problematic situation on the 'protagonist' (oppressed) (Hamel, 2013). It is important to embed forum theatre in a

critical and emancipatory discourse of social transformation that highlights a range of different power relations on many levels, ranging from structural, institutional, group and personal. Otherwise, the forum theatre technique may contribute to neoliberal 'victim blaming' rhetoric on social inequalities. Another risk is that strategies for intervention can emphasise the protagonist's need to adjust to social norms, rather than challenging the oppressiveness of these social norms. Thus, while TO holds the potential to empower participants to try out alternative modes of action and behaviour, it is important to embed personal development within a broader process of analyzing, highlighting and challenging social inequalities.

As part of the scene at the GP surgery to address this tension between personal responsibility and wider power structures, we conducted an exercise where participants were asked to voice the thoughts of all the characters as 'thought bubbles'. This was one aspect of character development and also helped to make visible the complexity concerning the social location and positionality of the characters involved. The participants (spect-ators) suggested that the receptionist's thoughts could be 'I just want to be left in peace to do my work', or 'I didn't make these rules' as well as 'I can't help this woman'. This shows how the participants acknowledge the pressures on the receptionist, and also the limitations to her power. We suggest that this points to the need to position the protagonist-antagonist relationship in the context of wider social structures, rather than simply identifying the receptionist as the problem. It is important to acknowledge that these social structures encompass a contemporary politics of multiplying the spaces and practices of bordering, whereby immigration control is presented as the task of an increasing number of workers in a public facing role. Furthermore, this takes place in a climate where neoliberal policies concur in underfunding and creating a constant crisis of demand on public services. In this context, the theatrical and verbal reflection highlights that an individual gatekeeper at the level of GP's receptionist is, of course, the least powerful link in this chain. This exercise, then helped us to understand that social transformation goes beyond eliciting a helpful response from the character of the receptionist. Even if the receptionist allows this one patient to see the doctor, the limited access of migrant women, the suspicion of all ethnic and racial minorities to be potential illegal immigrants and the restricted access to health for undocumented migrants all remain as structural systems of oppressions.

Another challenging aspect of the method of forum theatre became apparent when we showed the scene at the end of project conference (<http://www.open.ac.uk/socialsciences/migrant-mothers/publications/seminar3.php>). The audience consisted of conference participants, who were mainly women, most of whom academics or professionals in the fields of education, migration or health. The audience was ethnically mixed and encompassed many international participants, yet it is important to remember that the academic setting where the conference was held is an institutionally white space (Ahmed, 2007) even if the conference attendants included a number of migrant and racialized women. When the audience asked to play the scene at the GP surgery as a forum theatre scene, one white, female middle class professional with English as a first language came up to intervene and take up the role of patient. She challenged the receptionist, saying it was the receptionist's mistake to have registered her with the wrong postcode and insisted that she would remain at the surgery until she could see the doctor and that it was her

'right' to see the doctor. The receptionist's demeanor changed noticeably: whereas she previously avoided eye contact with the patient and turned her body away from the patient toward her computer screen and spoke in a loud, rough voice, she now used a more friendly tone, turned her body towards the patient and even occasionally made eye contact. In the discussion the audience identified as key factors of the changed behavior: that the patient now spoke fluent English, and voiced her 'right' to see the doctor, also invoked a higher authority (presumably the right to access to health services). Another salient factor why this spect-actor's intervention was successful - in ways that during earlier workshops, Aida's and the other migrant mothers was not - was that she successfully embodied a white, middle class, entitled subjectivity, which legitimated her 'right' to access health services. One interpretation of this scene could be to call on the patient to adjust more to these norms of ideal citizen: if the migrant mothers as patients learned to speak proper English, attempted to embrace and approximate white British middle class bodily comportment, then she is most likely to succeed in her aim of seeing the doctor. Yet, such an argument we believe runs counter to the ethos of social transformation and needs to be deconstructed in reflecting about this scene.

### **Participatory theatre for transformatory research**

For practitioners of TO the method aims to create in participants a desire to enact social change beyond the confines of the theatre. The theatre itself is not meant to satisfy the participants, but instead 'these theatrical forms create a sort of uneasy sense of incompleteness that seeks fulfillment through real action.' (Boal, 2000: 120). Therefore, practitioners often endeavour to measure the efficacy of forum theatre by asking about the medium and long term effects in empowering participants for social activism (Hamel, 2013).

In this article, we approach the relation between research and participatory theatre differently by highlighting its usefulness for social research, rather than using social research to evaluate its impact. We argue that the methods are valuable for researchers generally as they can generate data beyond text and language based methods. This is particularly helpful for doing research with participants who do not have the linguistic or cultural capital to easily address researchers in interviews or focus groups. The method is also useful for exploring research questions pertaining to lived experiences which are difficult to verbalize, such as experiences of discrimination, which may be conveyed through bodily postures and gazes.

As a participatory method, it embraces principles of participatory action research producing shared knowledge with the participants; valuing all voices; producing and exchanging new knowledge useful for social change (O'Neill et al., 2005). Theatre methods allow participants to articulate their own generative themes and elaborate what constitute important social problems for them. By working with a skilled theatre facilitator, researchers and participants learn new skills of basic theatre techniques which can be applied in different areas of social life, to empower participants to more effectively communicate their concerns. More subtly, but just as powerfully, the theatre process allows participants and researchers to develop shared knowledge. This includes sharing practical knowledge with each other, such as which councils provide free school meals

to primary school pupils. However, these methods also generate more reflective and theoretical shared knowledge. For example, during individual interviews and in the later theatre workshops, participants explicitly formulated that their caring work for their families should be recognized as skilled and should be valued in the labour market and as an engagement with citizenship,

migrant mothers put a lot of work into their kids actually by sending them to homework club and things so if they don't physically contribute, they are contributing with their kids. (Mandy)

Participatory theatre is an open-ended process, where researchers and facilitators encourage participants to become directors, playwrights and actors, taking centre stage. In this sense, it also creates a space for researchers and participants to enact a public space for deliberation and citizenship (Edkvist, 2005 cited in Österlind, 2008:79; Pratt and Johnstone, 2007). This creation of a space for enacting citizenship, where participants can create their own narratives is epistemologically transformational. It allows participants to voice and embody their own versions of their experiences which are not prompted by researchers' questions, but rather by a collective process of reacting to other participants' stories and experiences. This process is transformational in that it allows participants to see the social world as one that can be changed. By enacting the same story with multiple spect-actors and with different endings, participants see the world as one of possibilities where there is more than one possible course of action. Experiencing the multiple interventions of other spect-actors in forum theatre raises awareness that social change is achieved by multiple, sometimes small, sometimes decisive, individual or collective acts.

Earlier we noted that theatre practitioners and educators are concerned with the efficacy of theatre methods in mobilizing participants to become more socially active. We would like to make a more modest claim for participatory theatre as research method. We believe that theatre methods can be highly effective for identifying participants' experiences and knowledge of the social problems they experience. It can accentuate social power relations and allow participants and researchers to reflect on these from different perspectives. In doing so therefore, participatory theatre has the potential to make visible the subjugated knowledges of participants. This is in itself a transformational social intervention that can give way to social action beyond the research and theatre space.

## Conclusion

Participatory theatre as a research method can be mobilized for social transformation on several levels; first, participants can build a community in which to share their experiences. This is particularly significant for those whose marginalization is partly constituted by their social isolation and the idea that their experiences are not a subject worthy of politics. Second, participants and researchers can make visible experiences of oppression, thereby becoming more conscious of the power relations at work. Third, participants and researchers are able to explore and analyse how these power relations operate in concrete, embodied situations. They can use forum theatre techniques to rehearse different options for intervening, challenging and changing these situations, thereby changing the course of

action. Fourth, in the research process, researchers and participants collaborate in sharing subjugated knowledge. Developing, making explicit and sharing such subjugated knowledge is already an important part of social transformation. Finally, research can contribute to social transformation by disseminating knowledge to wider audiences, challenging social exclusions and hegemonic constructions of citizenship. It can help to make visible social injustices and claim legitimacy for participants' acts of citizenship which challenge these injustices. By working together as producers of knowledge, participants and researchers have the potential transform the process of social research.

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