

BRIEF REPORT

THE USE OF INTERACTIVE THEATRE IN AIDS-PREVENTION EDUCATION

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Preventing the spread of AIDS, as the numbers of those infected increase daily, presents an immediate challenge to society, particularly for health care policy-makers, educators and providers. The stigma that quickly became attached to this disease has had far-reaching consequences, evoking virulent antagonism toward those connected with it. Creative, innovative programs are needed to address the myths, attitudes and beliefs that obstruct the communication of vital information individuals require to protect themselves and that would serve to reduce the aura of fear and shame surrounding those infected and affected by HIV/AIDS.

This report describes an approach to AIDS education that attempts to deal with the attitudes and beliefs that interfere with receptivity to accurate information about the illness. As the program continues to evolve at this time, there is as yet no research data documenting its effectiveness. It is, however, received with great enthusiasm by participants and represents use of the arts to teach and to build community in the face of a societal crisis.

An original play entitled "Tapestry of Hope" was written by this author, with original music composed by Tom Elliot, a professional musician in the Long Island, NY community. Public performances showcasing the production were made possible out of a joint project involving several not-for-profit community organizations. Take-One Theatre Arts in St. James, NY, a regional theatre offering interactive theatre for children and theatrical training and experience

for young adults and adults, provided artistic and technical assistance as well as their theatre for performances. A New Light, an agency providing professional support services for people infected with or affected by HIV/AIDS and education for the community, sponsored the performances. Art Without Walls, an experiential arts workshop for children, created Quilt panels as part of set design. The New York State Council on the Arts provided financial and artistic support and The AIDS Collective donated use of a section of the NAMES Project AIDS Quilt. Cast members were volunteers from the theatre community who responded to an open cast call. The Interactive Theatre workshops are coordinated by AIDS educators in schools or health service organizations serving the community. Facilitators are social workers, psychodramatists or creative arts therapists with training in HIV/AIDS counseling. The purpose of the project is two-fold: to demonstrate a community response to the AIDS crisis and to use the creative process to facilitate effective communication about HIV/AIDS.

The fact that AIDS struck within the homosexual and IV-drug-using populations within the U.S. has greatly contributed to a highly-charged emotional response (Fineberg, 1988; Lehmann & Russell, 1987; Price & Hse, 1992). Stipp and Kerr (1989) suggested that homophobic attitudes interfere with receptivity to accurate information about the disease. Behr and Iyengar (1985) and Dunwoody and Hevirth (1987) stated that information alone does not change attitudes. Blatner and Blatner (1988) stated: "Ideas that generate

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anxiety or socially negative consequences tend to get pushed out of people's conscious awareness" (p. 49).

People with AIDS, rather than the virus itself, have become objects of fear and dread, linked as they are to social "outgroups" (Allport, 1954, pp. 58-59). The life-and-death nature of AIDS implies its importance, and its link to sexuality and drug use its ambiguity, key factors in the development of deep-seated fears that engender negative rumors and myths (Allport, 1954). The social processes that create prejudice reflect the power of the group upon attitude development (Allport, 1954; Coe, 1978; Frank, 1974; Goode, 1978). The dominant groups served by a value system or belief determine that a problem exists for a particular subgroup because its members are deserving of it, have only themselves or some defect unique to that group to blame (Ryan, 1976). When a problem is seen as belonging to someone else's "difference," as has been a dominant argument regarding HIV/AIDS, it becomes far-removed and less worthy of attention by dominant groups in society.

Sontag (1978) pointed out that "diseases of passion" are singled out as indicators of personality and character flaws due to their ambiguity, "lingering" aspects and non-highly infectious modes of transmission (p. 25). She maintained that a disease as a metaphor for character traits is part of the social process that not only isolates the "undesirables" afflicted with the illness, but inhibits people from seeking information about it (p. 12).

Effective AIDS education includes exploration of prevailing attitudes about the disease, beliefs about one's own vulnerability and specific skills for prevention (Piot et al. 1988; Wertz, Sorenson, Liebling, Kessler & Heeven 1987). A program for health care workers, fearful of contact with HIV-infected patients, that involved AIDS patients willing to share their experiences and that provided specific precautions workers could take to protect themselves was created by Wertz et al. Despite moral arguments to the contrary, studies show that explicit films and lectures are effective in reducing high-risk sexual behavior (Kolata, 1987; Sherer & Rogers, 1984). The literature strongly supports clear, unambiguous discussion of sexual realities as well as specific behaviors and communication skills.

Use of Interactive Theatre to Meet HIV/AIDS Prevention Goals

Live theatre has traditionally served as a mirror to society, a means of examining life and culture as well

as aesthetic enrichment (Hagen, 1973). The contemporary dramas "As Is" by William M. Hoffman, "Safe Sex" by Harvey Fierstein and "Falsettos" by William Finn, among other works written about AIDS, follow in the historical tradition of theatre. Interactive theatre combines the multilayered but emotionally safe experience of live theatre with the possibilities of sociodrama, in which participation in the action can be used for purposes of role training. Steinberg and Garcia (1989) discussed the role-training potential of sociodrama, the opportunity it affords for safe exploration of new behaviors and skills within a spontaneous interaction. This approach is particularly useful in addressing the cultural norms, beliefs and attitudes that guide decision-making about AIDS-preventive behavior. Role-training offers opportunities to rehearse or refine a role specific to a task or need and to experiment within a supportive group process (Blatner & Blatner, 1988).

Interactive Theatre differs from sociodrama in its use of trained actors who are prepared to interact with group members in roles appropriate to the issue being explored. In traditional sociodrama, "sociodramatic enactments" are "developed, decided upon, and created by group members" (Steinberg & Garcia, 1989). Interactive Theatre utilized sociodrama's basic principles and the phases of warm-up, action and sharing (Steinberg & Garcia, 1989), with the distinction that the warm-up predetermines the issues to be explored.

The principal goals of AIDS-preventive education are:

1. To reduce or eliminate the spread of the disease through behavior change.
2. To reduce or eliminate the effects of stigma and discrimination upon people infected with or affected by HIV/AIDS.

Objectives of Interactive Theatre workshops for AIDS-preventive education are:

1. To provide clear information about the disease, reducing ambiguity of AIDS information obtained through the media or other means.
2. To reduce anxiety about AIDS and those associated with it.
3. To influence attitude change through subjective norms of the group.
4. To empower participants to practice safer sex behavior.

Structure and Process

Warm-Up: Participants watch a presentation of "Tapestry of Hope," a musical theatre piece based on the NAMES Project AIDS Quilt. Six fictional characters share their lives and stories in dramatic enactment and music, just as the Quilt panels depict personal stories through the visual form.

The characters represent the diversity of individuals affected by the illness and their stories illustrate the issues raised by the disease.

The principal characters are:

Alex: Jewish gay man, age 33, suffered from internalized homophobia most of his life, pushed into activism by the AIDS crisis.

Imani: African-American woman, age 39, has infant daughter. Struggles with issues of stigma and shame.

Joseph: Gay male, age 34, gentle disposition, charismatic. A physician who finds it difficult to receive help from others.

Rana: An angel, host of a celestial talk show, tells of her experiences as an oppressed woman. Tells of the consequences of inadequate sex education, sexual double standards, inability to protect herself in her life on earth.

Sean: A 17-year-old hemophiliac, has contracted AIDS through a blood transfusion.

Charles: A 44-year old Vietnam veteran, recovered IV drug user.

Secondary characters significant to the principals:

Imani's Mother: A political African-American woman.

Alex's Father: A Holocaust survivor, has difficulty with emotional intimacy and accepting gay son.

Jess: Lesbian woman, age 37, close friend and caretaker of Charles during his illness.

Jean: Jess' lover, supportive of Jess through Charles' illness.

Mrs. Johnson: Sean's mother, embittered and confused because AIDS has come into her life. Does not recognize her own bigotry because of myths and misconceptions she has been taught all her life.

Action Phase

1. Facilitator explains process of Interactive Theatre, and begins discussion by asking questions:

Examples: What do you know about people with AIDS that you did not know before?

Which characters did you particularly like or dislike and why?

Which characters reminded you of someone you know or a situation you have experienced?

To which characters did you have the strongest reaction?

What feelings or reactions would you like to discuss here?

As participants verbalize their responses, the facilitator guides the group to clarify the issues.

2. Facilitator invites group members to interact with the character(s), express reactions and feelings, ask questions. As attitudes and conflicts are clarified, facilitator engages group members in role-playing with characters or, if appropriate, other participants.

After the following example, workshop objectives will be identified with the procedure used to address them.

Example: The character of Imani reveals in her scene that she was infected with HIV through sex with her husband who had been unfaithful. Several female group members reacted openly to her powerlessness and expressed anger about sex being "dangerous" even in familiar, long-term relationships. They strongly identified with the horror of finding out that a sexual partner could have "secrets" with fatal consequences. They explored their discomfort with discussion of condom use with their sexual partners. They cited embarrassment, being thought of as promiscuous if they carried condoms or were knowledgeable about sexual protection.

Process

To provide clear information about protection from HIV, facilitator provides information specific to the issues at hand.

To reduce ambiguity surrounding AIDS, facilitator encourages participants to interact with the character, ask questions, challenge or debate.

Example

"HIV is transmitted through bodily fluids, especially blood and semen. Latex condoms with non-oxynol 9 prevent transmission of virus."

Participant explores "why did you sleep with your husband when you knew he was unfaithful?"

Process

To reduce anxiety about AIDS and those associated with it, facilitator encourages group to reverse roles with character and speak to group.

To reduce anxiety about AIDS and those associated with it, facilitator leads group in discussion of the characters' minority status in society.

To reduce anxiety, facilitator and characters demonstrate proper use of condoms.

To influence attitude change through group norms, group members rehearse role of asking sexual partner about condom use.

To empower participants toward safer sex behavior, specific skills are modeled by characters in role-plays with group members.

Sharing Phase

At this time the group is encouraged to share their perceptions and reflect on the process. Sharing is critical toward the objective of changing group norms and behaviors. Ample time is given for a group to distill their learning as the process toward integration begins. Facilitators encourage members to speak as freely as they can and feel comfortable.

Discussion

The musical play "Tapestry of Hope" and the Interactive Theatre workshops are being developed and refined at this time. The actors and artistic staff work on a volunteer basis and the project's expenses are funded by public performances of "Tapestry of

Example

Participant speaks as Imani saying, "all of you think I'm disgusting. I feel alone."

Imani shares story of bigoted health care worker who would not touch her, called her racist names and said, "people like you make me sick."

Imani uses humor to describe her difficulty asking husband to use condoms.

Group members role-play situation in which they discuss safer sex options, while observers assist in developing the scene using new information.

Imani models communication about safer sex behavior with a group volunteer, while other group members join in, then reverse roles with Imani.

Hope." Future plans are to conduct training workshops for facilitators of Interactive Theatre, to fund the project and perhaps add to professional staff.

Theatre can be a powerful means to teach, heal and reflect the human experience. During the AIDS crisis, in which division and stigma increase the already painful realities of AIDS, there is a grave need for the profound and immediate human connection possible through the performing arts. Interactive Theatre adds the personal and group learning dimension that has the potential to turn awareness into action.

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