

Theater of the Oppressed as a Facilitator of Psychosocial Rehabilitation of People in Psychic Suffering

Teatro do Oprimido Como Possibilitador da Reabilitação Psicossocial de Pessoas em Sofrimento Psíquico

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ABSTRACT

The objective is to evaluate the repercussions of the Theater of the Oppressed (OT) on the daily life of people suffering from psychic suffering from the Psychosocial Care Center (CAPS) I in Cuité, Paraíba-PB. This is an intervention research with a qualitative approach, carried out with fourteen CAPS users. The data were collected from June to July 2014, through semi-structured interviews and then submitted to the content analysis proposed by Bardin. OT was an important therapeutic resource and benefits were observed such as: expression of feelings of trust, joy, satisfaction; rupture of fear, timidity and afflictions; strengthening dialogue; discovery of new values and attributes of citizenship; improvement in the quality of sleep and rest; and desire for social rehabilitation. It is concluded that OT offers a care constituent of new practices and knowledge directed to the protagonism of the user in the conjuncture of the art of caring.

Keywords: Health; Art; Rehabilitation.

RESUMO

O objetivo é avaliar as repercussões do Teatro do Oprimido (TO) no cotidiano de pessoas em sofrimento psíquico usuários do Centro de atenção Psicossocial (CAPS) I em Cuité, Paraíba-PB. Trata-se de uma pesquisa-intervenção com abordagem qualitativa, realizada com quatorze usuários do CAPS. Os dados foram coletados no período de junho a julho de 2014, por meio de entrevistas semiestruturadas e, em seguida, submetidos à análise de conteúdo proposta por Bardin. O TO mostrou-se um importante recurso terapêutico e foram observados benefícios como: expressão de sentimentos de confiança, alegria, satisfação; ruptura do medo, timidez e das aflições; fortalecimento do diálogo; descoberta de novos valores e atributos de cidadania; melhoria na qualidade do sono e repouso; e desejo de reabilitação social. Conclui-se que o TO oferta um cuidado constituinte de novas práticas e saberes direcionados ao protagonismo do usuário na conjuntura da arte do cuidar.

Palavras-chave: Saúde; Arte; Reabilitação.

Introduction

Every model of mental health care establishes intermediations between the technical and the political aspects, and it must take into account the interests and needs of society, technical know-how, political guidelines and modes of management of public systems. As a result of the Sanitary Reform, the Psychiatric Reform plays an important role in the changes that occur in the care provided to the mentally ill, in contrast to the hegemonic model of care centered on the psychiatric hospital and the social exclusion of the patient, creating new forms of coexistence with the madness and seeking the transformation of the current reality of care ⁽¹⁾.

In this context, mental health care has been adding new spaces for the construction of practices and knowledge, redesigning a new policy and assistance scenario amidst the serious challenges of public health in the country, with the intention of providing an understanding of the madness and the social role of people in psychic suffering. It is important to highlight the need to produce a new culture that involves madness, not as tolerance, but as a gesture of acceptance of a condition inherent to the human being, for which it is urgent to seek technical and scientific answers that do not disqualify or punish those who already face limits to understand the world ⁽²⁾.

To that end, the creation of substitutive services to psychiatric asylums, proposed the breaking of a hospitalcentric and chronic paradigm. The emergence of the Psychosocial Care Centers (CAPS), based on Law 10.216⁽³⁾, allowed a new look at care and mental health practices, through family involvement, empowerment of the subject and social reinsertion and exercise of citizenship. The emergence of the CAPS took place through ordinance 336/2002⁽⁴⁾, which established the creation and types of CAPS, the Law helped in a way, since it redirected the assistance ⁽⁵⁾.

However, in the search for the social inclusion of the subjects in psychic suffering, one of the strategies used as a therapeutic resource is the formation of groups, with the purpose of enabling interactive exchanges, exploration of subjectivity and strengthening of relationships ⁽²⁾.

In health production, CAPS emerges as a space where it is possible to establish light technologies to establish a differentiated care for those in psychic suffering, such as home visits, therapeutic workshops, group activities, play activities, among others. Art is present in this context of care production, since it constitutes a producer of subjectivity, a catalyst for affection, as a means of production and social insertion ⁽²⁾.

The art used as a therapeutic resource in Brazil gained prominence in 1946, through

the pioneering works of the Brazilian psychiatrist Nise da Silveira, who through art workshops under the influence of Jungian sought to understand the images produced by the patients of the Psychiatric Center Dom Pedro II, in Rio de Janeiro ⁽⁶⁾. From then, in Brazil, art is used, through artistic activities, as therapy for people with psychic suffering.

Among the artistic activities that establish the relation between the power of expression and the empowerment of the subjects, is the theater. The insertion of theatrical activity into the care of the person in psychic suffering is not only focused on the possibility of attenuating psychic symptoms present in mental disorders, but also aims to create spaces of open communication for the free exercise of cognitive abilities and body consciousness, permeated by the playful ⁽⁷⁾.

In order to disseminate such a practice, the playwright Augusto Boal created the strategy of the Theater of the Oppressed (TO) between the 1960s and 1970s. In this strategy he uses games, exercises and theatrical techniques to foment the debate of questions of the day - day, aiming at greater reflections of power, through the exploration of stories between oppressor and oppressed. The techniques of the Theater of the Oppressed are Theater-Image, Newspaper Theater, Invisible Theater, Legislative Theater and Theater-Forum ⁽⁸⁻⁹⁾.

As a way of disseminating and strengthening this strategy of care, the Ministry of Health, in 2004, established a partnership with the Center of the Theater of the Oppressed, with the intention of promoting more humanized actions that encompassed the user, the family and health professionals mental. This project established the training of mental health professionals by TO technicians and was sponsored by the National Health Fund ⁽¹⁰⁾.

The TO is presented as an important tool for the production of new knowledge and practices, focused on social participation, debate on citizenship, enabling the creation of new de-alienated interactions, allowing more concrete social relations, based on justice and equality ⁽¹¹⁾.

This research contributes to the broadening of discussions and reflections on this proposal of care and social reintegration, aiming to evaluate the repercussions of the Theater of the Oppressed (OT) on the daily life of people in psychic suffering users of the Psychosocial Care Center (CAPS) I in Cuité-PB.

Method

The present study is an intervention research with a qualitative approach, which was performed with individuals with psychological distress, who make use of a mental health service.

They are called interventions, the interferences (changes, innovations), carried out by researchers. Such interferences are planned and implemented based on a certain theoretical framework and aim to promote advances, improvements in these practices, as well as to test such reference, contributing to the advancement of knowledge⁽¹²⁾.

Intervention research, considered as a variable research method of action research, is not only constituted by action or participation, it is an experimentation of the real situation, allowing the researchers to intervene in a conscious way⁽¹³⁾.

In this sense, intervention research seeks to follow the daily practice, creating a problematic field so that meaning can be extracted from traditions and established forms, establishing tension between representation and expression, which provides new modes of subjectivation. The process of formulating intervention research deepens the rupture with traditional research approaches and expands the theoretical-methodological bases of participatory research, as a proposal for transforming the socio-political reality⁽¹⁴⁾.

One challenge of intervention research is the conception of everyday reality. Therefore, to think about the modifications of reality, the support lies in the possibilities that are found in the concrete reality where the changes occur⁽¹⁴⁾.

This research was anchored in the assumptions of the playwright Augusto Boal (2012)⁽⁹⁾, and these are intertwined with the ideas of intervention research, since they make possible the change in daily reality, through concrete transformations in the quality of life of the participants.

The study was developed at the Center for Psychosocial Care I (CAPS I) "Sebastião Paulo de Sousa" located in the municipality of Cuité, located in Curimataú Paraibano. The population was constituted of users that are attended in CAPS I "Sebastião Paulo de Souza". The sample consisted of fourteen users who attended daily. The following inclusion criteria were adopted: users who participated actively in at least half of the TO workshops offered by us for four weeks and who were interested and willing to participate in the study.

The workshops were carried out through eight meetings, which were held between June and July 2014. Two meetings were held each week, on Tuesdays and Thursdays, with a time of 9:00 am and duration of a maximum of two hours. The planning of the workshops was carried out jointly with the CAPS professionals. The workshops were conducted through TO's arsenal, composed of games and exercises, extracted from the book *Games for Actors and Non-Actors* by Augusto Boal (2012)⁽⁹⁾, where a schedule of activities was elaborated,

comprising days, hours, duration and exercises proposed for each day.

The empirical material was collected only after the workshops. The collection was conducted through semi-structured interviews, which were recorded and later transcribed in full.

The empirical material was submitted to content analysis, which started from a more superficial plane, where it reached a deeper plane that went beyond the immediate meanings, where systematic procedures were used to describe the content. In order to do so, successive readings were performed and the excerpts of interest were highlighted, then it was organized into categories⁽¹⁵⁾.

The development of the study followed the precepts of Resolution No. 466/2012 of the National Health Council, being approved Committee of Ethics and Research, according to CAAE: 22365313.2.0000.5182, protocol no. 677.76. In compliance with the ethical requirements, the participants were asked to sign the free and informed consent form in two copies. To maintain the anonymity of the research participants, pseudonyms were used making reference to renowned theatologists of our country.

Results and Discussion

Using the content analysis, the data obtained were constituted in four thematic categories: "Category I - TO (Theater of the Oppressed) as offering of emotions and positive feelings"; "Category II - TO as a tool in improving dialogue, social interaction and body expression"; "Category III - OTO as a generator of quality of life"; "Category IV - OTO enabling psychosocial rehabilitation", which will be described below.

I. The Theater of the Oppressed as an offering of positive emotions and feelings

In this category, the expression of positive emotions and feelings voiced by the study participants in relation to the Teatro do Oprimido (TO) workshops offered at the CAPS was perceived.

Oh, I'm very happy, very cheerful, very lively [...] (Maria Clara Machado).

It brought a lot of happiness, peace and love. (Gil Vicente).

[...] left me with a clean, light heart; the head also light. (Machado de Assis).

For me it brought so much good [...] I liked it, to tell you the truth. (Plínio Marcos).

The theater of the oppressed (TO) is an artistic proposal and aimed at determining the performance, debate, reflection and

transformation of the individuals that interact with it through the action of the stage. In this assertion, the playful and the political correlate and allow possibilities of experiencing learning, where the elaboration and sharing of the roles between actor-spectator allows all those involved to participate actively in the scenes and even to transform them⁽¹⁶⁾.

Participating in therapeutic workshops of TO provides to the sufferers of psychic suffering, satisfaction and pleasure, besides, as an artistic activity contributes to the aid of the control of emotions, thus avoiding new acute outbreaks and hospitalizations, as well as, it allows these subjects to become, more active citizens, aided by a technique that alone contributes to the resolution of each person's day-to-day problems⁽¹⁷⁻¹⁸⁾.

These testimonies, according to the findings in the pertinent literature, show that TO can provide positive emotions and feelings, such as happiness, tranquility, pleasure and satisfaction, in this way, it is emphasized that the offer of artistic activities can bring well-being to the users of mental health services, favoring a better adherence to the therapeutic project proposed for the user.

II. The Theater of the Oppressed as a tool in the improvement of dialogue, social interaction and corporal expression

Dialogue and social interaction are important points in the social context of people suffering from psychic suffering, since these individuals tend to close themselves to the outside, fearing that they will not be accepted by society⁽⁷⁾.

Psychic suffering can make it difficult to express expressions. Depending on the pathology, the individual with psychic suffering feels unable to dialogue and make themselves understood. Through activities of an artistic character, like the theater, what appears to be inexpressible, finds a way of expressing itself⁽¹⁶⁾.

Theatrical plays help in the process of "de-mechanization" of the body and mind, which are entirely linked to the repetitive tasks of the human being's daily life. The body acts directly on the thought. A private body structure will directly reflect and influence thinking⁽⁹⁾.

In TO, spectators become spectators (7), they are invited to move from an alienated and uncritical posture to actives, critics and protagonists of theatrical productions, permeated by reflections of everyday life.

*I've lost my shyness. Now
I'm talking to people,*

*because I was very shy.
(Nelson Rodrigues).
It improved the ease with
people, to talk to people
and that's what I found,
that I realized after the
theater classes ... (Ariano
Suassuna).
[...] I got looser. (Hermilo
Borba).*

It was possible to verify by the reports that among the benefits of TO for people with psychic suffering, improved communication and dialogue.

The Theater of the Oppressed provides improvements in dialogue and socialization, making the person in psychic suffering more active, more dynamic. Thus, the theater grants a space for transformations in its autonomy⁽⁷⁾.

"Theatrical language" is the human language par excellence, and this language is essential. We have to recognize the importance of the voice, the gestures, the sounds, the body, the emotions, the feelings, the mind, the theater in our daily life. Theatrical language, in addition to being very rich and unlimited, leads us to challenges that transcend the stage and insert us into life, enabling us to exercise freedom, thought and action⁽⁹⁻¹⁸⁾.

Taking a group of people with psychic suffering, who suffered or suffer oppression, where there is a greater inclination to not relate to the other or who have great difficulty in approaching people, adhere to theater as a therapeutic resource is of great significance in social life, thus revealing a greater need to bet on proposals of this nature, since they certainly represent a door opening for the world⁽¹⁷⁻¹⁸⁾.

Individuals who participate in theatrical workshops present moments of freedom of expression, being freed from judgments and prejudices. In addition, they reveal the possibilities they had to live situations that help improve their daily lives⁽⁷⁾.

According to the findings in the literature and the speeches of the interviewees, it is clear that TO is a strong instrument for improvements in dialogue, social interaction and body expression, as it creates a relaxed environment, causing the individual to lose the fear and the shyness of speaking, of communicating, of expressing oneself; showing that there is a world open to him, thus offering the discovery of new values and favoring the achievement of a better quality of life.

III. The Theater of the Oppressed as a generator of quality of life

Quality of life concerns the living conditions of a human being and involves physical, mental, psychological, emotional

well-being and social relationships, such as family and friends⁽¹⁹⁾.

In this category, the interviewees express how TO contributed to the improvement of the quality of life.

It's because I was not sleeping! Oh, thank God, I can already sleep. (Gil Vicente).

[...] everything is good for health, health more for me, theater is good. (Plinio Marcos).

[...] because it is a business of improvement for people who are users. (Amir Haddad).

The TO as a therapeutic resource is an instrument used in mental health, where it allows the improvement, stabilization and rehabilitation of the users, making the intervals between the psychiatric crises are greater⁽⁸⁾.

Because I spent all night walking inside the house, it seemed like an animal ... I was very nervous, and thank God I got better. (Gil Vicente).

It helped a lot [...] Because I was not like that, I just lived like this, I just wanted my father to

come and get me, I cried so much. (Maria Clara Machado).

Analyzing the present findings and in accordance with the reports presented, it is possible to observe that the TO works as a mechanism that favors the improvement in the quality of life, making the user who participates in this type of therapeutic workshop can achieve its long-awaited rehabilitation psychosocial.

IV. The TO enabling Psychosocial Rehabilitation

The theatrical exercise goes far beyond a simple auxiliary therapeutic resource, it is configured as a true instrument in the psychosocial rehabilitation of patients suffering from psychic suffering⁽²⁰⁾. The following report sets out the idea that the above-mentioned author brings:

[The Theater] Influenced me to go to work with my brother who is out there. I'm going to work with him. God willing, if in the theater is going to be something else. (Nelson Rodrigues).

It is important to emphasize in the speech of the interviewed Nelson Rodrigues

the emphasis of the desire to rehabilitate himself in the psychosocial scope, but specifically, in the field of work. This desire emerged from their experience in TO workshops, since moments experienced in theatrical activities by people with psychic suffering can serve as a subsidy for these people to be better able to face challenges outside their usual field⁽¹⁷⁾.

The TO is an important strategy of psychosocial rehabilitation, while through games, exercises and scenarios, shows the ways for users to recover their autonomy and fight for their rights as citizens. In this sense, psychosocial rehabilitation emerges as a fundamental factor in the process of devolution of autonomy to the bearer of psychic suffering, from the moment in which it retakes the activities of the social context and returns their right to citizenship⁽⁸⁾.

The human being must be impelled to expand his potentialities and recognize that he has limits and difficulties that must be faced and assumed, as well as seeking autonomy, which leads him to understand and exercise his role of "social being" capable of experiencing his actions. The TO provides a new way of caring, a more dynamic way in the search for reinsertion and rehabilitation of patients suffering from psychic suffering in society^(8,18).

Now I'm unrolling [...] I presented a piece here yesterday, which had the theater (Nelson Rodrigues).

[...] gave us more confidence to speak, to think, to act ... in the question, for example, of conquest, we are more confident. (Ariano Suassuna).

In view of the discourses presented and the considerations of the aforementioned authors, the Theater of the Oppressed stands out as a therapeutic resource that may be able to help psychosocial rehabilitation, since the participants feel encouraged to perform social activities, rescuing their place as a citizen, becoming independent and free from the bonds imposed by society; where the participants presented here are no longer oppressed, nor are they oppressors, they are only human beings seeking their best.

Conclusion

In the framework of the Brazilian Psychiatric Reform, the dedication to health offered in the field of psychosocial care should have as one of the main objectives, the elaboration of actions aimed at people with demands in mental health, in order to ensure or intensify their inclusion in the community life. Considering that this can be promoted through innumerable strategies, the theater of the oppressed (TO), as an offer of therapeutic resource in the CAPS, has the primordial

intention of rehabilitating the oppressed subject to the social environment and not of making him an actor.

Thus, considering that the heart of caring for a person in psychic suffering inspires the breaking of the deprivation of freedom, low esteem, exclusion and the psychosocial torment that surrounds life, TO presents itself as a new form that assists in rehabilitation and caring for these people.

In this study, TO proved to be an important therapeutic resource offered to CAPS users, through whom the workshops, games and theater exercises were observed, benefiting users, such as: expression of feelings of trust, joy, satisfaction; rupture of fears, timidity and afflictions; implementation or strengthening of dialogue; discovery of new values and attributes of citizenship; improvement in the quality of sleep and rest; desire for social rehabilitation; and improvement in quality of life. It is noteworthy that the changes extrapolated the reports obtained and were perceived by the researchers as well as by the service professionals through the workshops.

During the research, a limited number of studies were observed on the subject, so it was suggested that more studies be done in this area, including family members and professionals working in mental health services.

Finally, the relevance of this study to mental health is highlighted, to which it seeks an expanded care, integrated, free and constituent of new practices and knowledge directed to the protagonism of the user in the conjuncture of the art of caring.

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