The authors describe an interactive community approach that addressed the issue of domestic violence in a refugee camp in northern Uganda. Domestic violence had emerged at the time as one of the residents' most significant health problems. Based on principles of narrative therapy and Forum Theatre, this community-based approach, named Narrative Theatre by the community workers themselves, sought to address the causes and alter the trajectory of the potential outcomes of domestic violence at both the individual and community levels. The approach exemplifies working collaboratively with local psychosocial workers. The authors elucidate the participatory and contextually sensitive nature of Narrative Theatre, its ability to work individually as well as collectively, and its potential to keep the focus on local dynamics. The limits and potential of the strategy in terms of working recursively between individuals and society to address issues of social health are considered.

Although strong frameworks exist for working with issues of social health that bridge the individual and society, such as those of the World Health Organization (1986, 1991), many interventions end up focusing either on the individual (e.g., HIV interventions aimed at changing attitudes and beliefs; United Nations Programme on HIV/AIDS, 1999) or on structural change within society (World Health Organization, 1995). Grappling with the processes that operate recursively among individuals, families or households, communities, and society is much more difficult and, consequently, often avoided (Sliep, 1996). However, understanding these processes is crucial if there is to be an authentic shift of control of health issues from external agencies to the family and community, as advocated by the frameworks just mentioned (Labonte, 1994).

The developing world dynamically illustrates the shortcomings of a medical or an individual approach to health-related issues. For example, in the First World, HIV/
AIDS has become a chronic disease controlled by access to antiretroviral drugs. Drug compliance and a healthy lifestyle are the central issues. However, dealing with the virus as the focus of the problem obscures the personal and social effects of living with HIV/AIDS (Sliep, 1994). In the Third World, inadequate access to antiretroviral drugs makes the critical issue, rather than one of focusing on the virus itself, one of helping individuals, families, communities, and health workers to collectively understand the effects of the epidemic and develop local actions designed to address these effects.

Despite the importance and advantages of using an approach that applies a framework in which the problem is understood to exist at recursively linked levels of the individual, the family or household, the community, and society, few programs operate in this fashion (Sliep, 1996). Players in health promotion interventions often fail to conceptualize the effects of these interventions at more distant levels from those in which they play a central role (Sliep, 1995). Thus, for example, in relation to the AIDS epidemic, those involved in voluntary counseling and testing may be sensitive to psychosocial issues at the individual level but fail to see how actions at this level may have an impact at the family or community level. Similarly, program directors and policymakers may be aware of implications for policy and social transformation but be insensitive to effects at the family level.

The most effective strategies and tools for dealing with health-related issues in developing countries incorporate linkages among different ecosystemic levels (Sliep, 1996, 2003b). This is certainly true with regard to domestic violence, the health issue considered in the present article. These types of strategies and tools can expose the individual, household, and community processes that have particular effects on individuals and can mobilize collective voice and action (Sliep, 2003b). They can also provide the means for closing the gap between individuals struggling with problems in isolation and a collective response that addresses the underlying features of problems that are socially rooted. With regard to domestic violence, for instance, focusing on the family in which the abuse takes place in isolation from the greater collective can perpetuate shame, blame, and secrecy. It is only in highlighting the effects of domestic violence on the individual, the family, and the community concurrently that a shared response and, therefore, a shared responsibility can be mobilized to address both the cause and the perpetuation of the problem.

To help people make the linkages across system levels, it is important to shift the locus of control for addressing the effects of a health issue from the external agencies, which implement interventions, to the people who are directly experiencing the effects. This means that those within the local context, not those outside of it, have the power to determine processes, gain access to resources, and achieve needed outcomes (Ankrah, 1991). This shift toward greater local control can operate at least at two levels: mobilizing the power that operates interrelationally at micro levels and examining and marshalling the social controls that exist within the collective at a more macro level (de Guzman, 2001).

Shifting interrelational and social control to the local level where effects are experienced is not about shifting the responsibility of addressing the disease or social problem onto the shoulders of the local community. Rather, it is a strategy designed to engage the strengths and abilities of people. The enormity of health problems such as HIV/AIDS and domestic violence in resource-poor settings can create hopelessness and despondency. It is important, therefore, that strategies focusing on local dynamics actively avoid the trap of helplessness. Instead, strategies must enable people to bring forth their own strength and power and see the power they have to determine the processes of engage-
ment with those who abuse their socially granted power.

The role of community health workers is crucial in these strength-based approaches. Community health workers are often caught in a difficult dilemma, however, precisely because they are at the intersection between the community and outside agencies. They either become the representatives of the external intervention, which distances them from their community context, or become trapped by the despair felt by the community (Gilbert & Rankin, 2000; Sliep, 1998). Any community-focused approach must take into account the effect of the problem and the intervention on health workers and incorporate them into the collective processes.

In this article, we examine a community-based approach in the particularly difficult social context of a displaced refugee community in northern Uganda with a history of trauma arising from displacement and armed conflict. During the work involved with this project, the community identified domestic violence as its most pressing problem.

SETTING THE SCENE

Domestic Violence in a Refugee Camp in Northern Uganda

To place this social health issue in some perspective, domestic violence—which we define here as physical, emotional, sexual, or financial abuse of women and children perpetrated by partners, ex-partners, relatives, or close friends in either public or private spaces—occurs in all countries and affects people of all classes, religions, and ethnicities (Coomaraswamy, 1999; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; World Health Organization, 1997). Domestic violence is linked to multiple short-term and long-term negative health outcomes that relate to its severity, frequency, and duration (Follette, Polusny, Bechtle, & Naugle, 1996; Koss, Woodruff, & Koss, 1991). It is a leading cause of injuries to women and girls around the world (Human Rights Watch, 2000).

It is common that women who have had to escape violent political conflict by leaving their home countries are subsequently subjected to domestic violence in refugee camps. Domestic violence is a frequent aftermath of political violence (Jacobs, Jacobson, & Marchbank, 2000; Weingarten, 2003, 2004). The pressures of life in the camps are difficult for all who seek refuge there, but particularly so for women who are responsible for maintaining households under conditions of extreme scarcity. Sadly, these very stresses strain remaining relationships, contributing to domestic violence (Human Rights Watch, 2000).

It is also the case that domestic violence is widespread in rural areas of Uganda, where the workshop described here took place. It is estimated that one in three women in rural Uganda experience domestic violence, with about half of these incidents leading to physical injuries (Koenig et al., 2003). No Ugandan laws prohibit domestic violence, although international law now recognizes that violence against women constitutes a violation of human rights (United Nations High Commissioner for Refugees, 1999).

Organizational Context

Yvonne Sliep carried out the workshop described in this article in a refugee camp in northern Uganda under the auspices of and in collaboration with the Transcultural Psychosocial Organization (TPO). TPO, a collaborative center of the World Health Organization, is associated with the Vrije Universiteit in Amsterdam as a nonprofit organization. The Netherlands Ministry of Foreign Affairs finances the majority of its worldwide projects. TPO, formerly the Institute for Psychosocial and Socio-Ecological Research of Amsterdam, was founded in 1995. The organization deals with refugees and other groups of people who have been traumatized by war, human rights violations, or other forms of organized vio-
ence. It mainly works in refugee camps or communities that have been affected by violence.

Uganda, a land-locked country, is located in East Africa (Majuga, 1999; Nzita & Niwampa, 1997). To the west, it borders the Democratic Republic of Congo, formerly known as the Belgian Congo and Zaire; to the north, it borders Sudan. It is from these two borders that refugees migrate, hoping for a safer life. TPO established itself in northern Uganda in 1994 to respond to the needs of 230,000 Sudanese refugees living in the West Nile area. The main objectives were to provide high-quality psychosocial and mental health interventions and to build the local capacity of the refugee and national communities (TPO, 2003).

The most common forms of crises were gender-based violence, especially against women, along with child abuse and neglect. Combined with family disputes, gender-based violence ranks highest in terms of the frequency with which it causes problems dealt with by counselors; more than 1,400 cases were reported in the year 2002 (TPO, 2003).

The approach outlined here was implemented in March 2003. In brief, it consisted of training in, and practice with, Narrative Theatre (NT), a form of Forum Theatre (as described subsequently). Training was provided to 35 psychosocial workers and middle management personnel including assistant field coordinators, assistant training coordinators, trainers of trainers, and a few selected senior counselors (Sliep, 2003c). The TPO members largely came from conflict areas themselves and lived around, but not in, the refugee camps.

Yvonne Sliep developed NT as a participatory and contextually sensitive means of working at both an individual and a collective level while keeping the focus on local dynamics. As such, NT is an appropriate strategy for addressing the causes of domestic violence and exploring possibilities that can alter its course.

**NARRATIVE THEATRE**

NT draws on ideas and concepts found in narrative therapy (Dulwich Centre, 2003; White & Epston, 1990; Zimmerman & Dickerson, 1996) and Forum Theatre (Boal, 1992, 1995). After learning about both of these approaches, psychosocial workers at the workshop in northern Uganda coined the label “Narrative Theatre.” By using their term, we keep alive the richness that emerged when formal theory interacted with community activities rooted in local contexts.

NT blends aspects of narrative therapy and Forum Theatre; thus, we provide a description of the areas of significant overlap. Narrative therapy is an approach to counseling and community work that views people as the experts regarding their own lives and views problems as separate from people. Narrative therapy assumes that people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them in reducing the influence of problems in their lives. The term narrative refers here to an emphasis placed on the stories of people’s lives and the differences that can be made through particular tellings and retellings of these stories (White, 1995; White & Epston, 1990).

“Externalizing” is a concept that was first introduced to the field of family therapy in the early 1980s. Initially developed in work with children, externalizing has always been associated with good humor and playfulness (as well as thoughtful and careful practice). There are many ways of understanding externalizing, but the focus is on facilitating a process in which the problem is seen as separate from the person (White & Epston, 1990).

One of the more well-known examples of community “externalization” occurred during HIV/AIDS projects conducted in Malawi. Problems such as stigma and silence surrounding HIV/AIDS that have
contributed to division within the community were externalized, and AIDS itself was personified ("Mr./Ms. AIDS"). The effect of this externalizing was that communities were able to have conversations with characters playing the role of "Mr./Ms. AIDS." In these externalizing conversations, "AIDS" articulated its strategies, hopes, and dreams. Confronted in this fashion with the intentions and effects of "AIDS," communities have been able collectively to take an opposing position. The identification and personification of an externalized counterplot, "Mrs. CARE," have also galvanized collective action (in this instance, CARE was an acronym for "Community Action Renders Enablement"; Sliep, 1995).

As mentioned, NT also draws on Forum Theatre, or "Theatre for the Oppressed," developed by Augusto Boal in Brazil (Boal, 1995). According to Boal (1992), he used the term theatre in its most archaic application. In this usage, all human beings are seen as able to act and can therefore be viewed as actors (this view has links to that espoused by the exponents of performative psychology; see Holzman, 2000). Similarly, everyone in life observes and thus takes on the role of a spectator. The purpose of Forum Theatre is for everyone to be involved, as actors and "spect-actors" (the latter are seen as active spectators). Boal used this technique to create change and to actively unmask and address practices of power. The methodology is participatory, nonjudgmental, and accessible to those of all ages, levels of education, and cultural backgrounds.

In Forum Theatre, the audience generates the scene or the facilitator can propose a scene that is recognizable to all. Participants become involved in the action through an invitation to provide commentary on what is witnessed. Scenes are replayed at the audience's request. The audience members act as "spect-actors" in that they can replace any of the actors at any point, and they are invited to stop the action if they are of the opinion that what is being played out is incorrect or unrealistic.

Discussion is encouraged when an interruption occurs, thus creating an awareness of the different elements of the scenario. The scenario is then replayed, with the new suggested elements resulting in a different ending. The acting of and reacting to the scenario, with its alternative unfoldings, promote a deeper understanding of the issues involved and a platform for active creativity in collective determination of suitable solutions (Sliep & Meyer-Weitz, 2003).

As is the case with Forum Theatre, meaning is negotiated in NT between actors and the "spect-actors" or audience. Unlike conventional drama, in which actors follow a script, NT becomes a democratic tool that can facilitate dialogue on many different levels. It cannot be delivered as a prepackaged message, which would imply that the voices of the members present, and therefore their specific contexts and situations, have not been included. NT attempts to raise levels of critical awareness so that situations can be examined collectively and appropriate solutions found; in turn, these solutions can be tried out to determine whether the desired outcome is feasible.

NT highlights micro scenes from people's lives. By putting these scenes on center stage, NT creates a space for reflection so that people can examine their problems. If they take on the role of observer and become less immersed in their circumstances, people are better able to see alternatives.

The spatial metaphor is further incorporated into the work by creating a literal physical space that can be used to focus a spotlight on what the community has found problematic. This can be under a tree, in the middle of the refugee camp, or in a school or classroom, and it becomes a space where "the potential" can become "the actual" through experimentation.

A distinction is made between experiential and experimental spaces. In the
former, there is an opportunity for people to gain greater awareness of marginalized or powerful others through embodiment of the patterns of action and speech they use. The scenario must resemble, to the extent possible, the “truth” as described by the collective. In the experimental space, the theatre becomes a place to test different ways of reaching preferred outcomes. The first time the real scenario is acted out, the participants have an opportunity to witness what actually happened. During subsequent enactments of the same scene, participants are encouraged to experiment with different strategies to reach more preferred outcomes. The alternative strategies still have to be realistic within the described context, and the participants must continually realize that there are no magica solutions. It is a combination of local knowledge and the development of appropriate skills that creates the experimental space. During the workshop, the following true-life scenario was chosen to allow practice of the methodology:

A man comes home drunk after being out all day. On arrival he expects food to be ready and waiting for him, but both the wife and the children know that he will find fault with the food. They also predict that the husband will use any excuse to beat up his wife. The abuse will happen in front of the children.

**THEORY AND PRACTICE OF NARRATIVE THEATRE**

**Importance of the Wider Sociopolitical Context**

NT draws on social constructionist paradigms according to which individual or group action derives from the social, historical, and cultural processes within which it is embedded (Gergen, 1994, 2001). Such a view understands individual action to be part of the social practices that operate in the local context. Social practices are communally defined, standard ways of doing things that structure and provide resources for action and relationships. NT seeks ways of enabling individuals and groups to come to an understanding of the broader contextual issues and processes that construct the meanings and effects of events in their lives.

NT also draws on Freire’s idea of “conscientization,” central to which is an awareness of social, political, and historical contexts (Freire, 1970). Freire’s work draws attention to the relationship of local context to the broader political context and webs of power within which communities function. Issues connected to globalization (Robertson, 1992) and the history of colonialism and dependency (Frank, Chew, & Denemark, 1996) are examples of the ways in which webs of power construct local contexts. Freire argued for a collective critical analysis of personal circumstances to raise to awareness the operations of power at play in the social constructs and relationships within which one is daily engaged.

With these foundational theoretical ideas in mind, NT does not look at problems as though they are located within the individual, as some personal unchanging characteristic or personality trait; rather, NT views problems as emerging from the multiple relationships in which the individual is immersed. The approach, therefore, attempts to start with the direct relationships that exist within the household or family, which are then widened out to the community to address root causes of the problem. In this sense, the work attempts actively to involve the collective—the network of relationships and interpersonal processes that operate in particular activities and social practices.

Social practices provide the local knowledge that becomes the tacit means of living one’s life. Such knowledge may provide a powerful resource for action, but, because of its tacit nature, it can also serve to make certain practices seem natural and inevitable. Moreover, it can silence and subjugate voices and positions. In the process of en-
abling people to understand contexts, NT also aims to make the tacit visible and the unspoken heard.

In the situation of the drunken, abusive man that was the primary scenario selected by the workshop participants, the woman tried to enlist the support of a male neighbor, but he indicated that he thought it was her husband's right to hit her if he wished to do so. Subsequently, in the enacted drama, the neighbor learned that the man had beaten his children. In the presence of the neighbor, the husband expressed regret that he had been violent. This led to a revisiting of the woman's position that the violence was not appropriate or acceptable. Ultimately, the woman made herself heard and seen, and the result was a revisiting of local values and the setting up of a structure of accountability on which all agreed. This created a platform for agreeing on future actions involving different members of the community if the abuse was repeated.

### Management of Intentionality

NT involves as an overall intent to promote social cohesion and social responsibility. This is particularly important in the case of disorganized and dislocated communities that have lost their access to a social structure that helps to control and make sense of general social practices. NT methodology, in moving from initial descriptions that highlight individual pathology to descriptions that clarify social structures, helps illuminate and form connections at the communal level.

The methodology of NT is tailored to meet the specific needs of the groups and communities in which the work is conducted. In the case of this community-based approach in the refugee setting, the fact that old social structures had collapsed and families had been torn apart was a central consideration. This had increased the sense of the refugees' and community workers' helplessness to deal with problems adequately. Thus, one of the intentions of the work was to increase social cohesion and stimulate the formation of social networks.

The term *intentions* is used here to capture the objectives and outcomes people have in mind when they are engaging in specific activities. Thus, facilitators may have intentions that are not understood, or even seen, by the people with whom they are working. Furthermore, when individuals work collectively, there is no necessary guarantee of a shared intention within the collective. This is especially the case if there are power differences and vested interests within the collective that do not have equal effects among everyone involved.

Work at a collective level, therefore, requires conscious management of intentions. We argue that this involves two levels of management. First, it requires that the facilitator and those participating in the workshop become aware of the intentions behind their own and other people's actions, including an understanding of intentions concerning their involvement in the social practices that are under the spotlight as well as their intentions in participating in the work itself. Second, it involves naming these intentions and then facilitating their collective understanding and coordination.

The skill of managing intentionality requires that the facilitator have a high level of reflexivity in relation to her or his intentions. Reflexivity here is understood to be more than reflective practice (Schon, 1983) and includes a critical stance toward taken-for-granted assumptions that exist within specific contexts. Gergen (1999) captured this more active and contextual quality in his definition of reflexivity as "the attempt to place one's premises into question, to suspend the 'obvious,' to listen to alternative framings of reality, and to grapple with the comparative outcomes of multiple standpoints" (p. 50). Reflexivity is a process that involves ongoing sensitivity to contexts as well as relationships, and it
should lead the facilitator to be flexible in acting in relation to the multiple intentions that operate in local activities.

The issue of management of intentions came up in several ways during this work. At the start of the workshop, it turned out that participants had thought that the workshop would deal with HIV/AIDS only and that the outcome of the workshop would be that they had learned how to use drama as an educational tool. The facilitator clarified that creating a play for an audience to observe was not the aim of the workshop; rather, the goal was to collaboratively, through the use of interactive theatre, experience and develop strategies to deal with presenting problems.

HIV/AIDS might be the problem they wished to work with, but the workshop could also include a variety of other problems. The facilitator modeled and discussed that having reflexivity as a tool and skill to apply the NT methodology would directly increase the workers’ capacity to deal with the presenting problems of their constituents, the refugees. This principle of action led to the workshop agenda being developed collaboratively rather than being pushed through by anyone from outside of the context and country. As it turned out, a domestic violence problem, not an HIV/AIDS problem, was selected as the content focus of the workshop.

Implementing Intentions Through the Use of Exercises

The experiential work done in NT by the participants is as valuable as the development of specific skills. NT creates the opportunity to refer back to actual examples during the workshop process to highlight meta-constructs that one wants to clarify. Exercises are built in as a process that is nonthreatening and involves an element of fun to help people relax and to stimulate group cohesion. The experiential exercises vary from expressions of nonverbal communication (e.g., the other members of the group have to guess a characteristic you aspire to by viewing an enactment of that characteristic) to expressing oneself around small familiar situations. As confidence grows, the enactments can begin to deal with experiences built on actual situations confronted by the community.

The exercise described in the following, used during the beginning of the workshop, demonstrates the utility of the initial exercises in terms of giving the facilitator an opportunity to use the “here and now situation” to reflect on the strengths and abilities of the participants in having overcome many difficulties. In this way, the facilitator could demonstrate an intention to counteract the despair and sense of helplessness in the refugee camps.

Participants were asked, in the “icebreaker exercise,” to share with the group the name they were given at birth and why they were given this name. If they now used a different “call name,” the history of that name was also explored. This exercise was used with the knowledge that, in this part of Africa, children are given names to describe specific events and feelings at the time of birth. The exercise led to dynamic discussions about cultural context that highlighted the importance of gender and the circumstances, often including trauma or suffering, that surrounded the birth of the person now attending the workshop.

One of the participants shared that his name meant “from the dead,” because his father had died during a conflict at the time of his birth. He then told how he had become a pillar of strength for his family and how, when he was a young adult, he had led them across the border, helping them relocate in Uganda. He was now the most educated man in his family, well respected by everyone, and his family still talks about how his father’s spirit must have been transferred into him. It was clear how proud he felt of his own development. At a later stage in the training, when he spoke about feeling despondent and defeated by the endless problems he faced, the facilitator made reference back to the story of
courage and leadership he had told and connected the past and current struggles to this story.

Participants had to be eased into using embodied communication rather than relying on verbal communication. The participants were not accustomed to experiential body and interactive work and expressed anxiety about having to demonstrate an ability to act to master the methodology successfully. The facilitator emphasized that the intention of the workshop was not for them to become adept at acting.

The facilitator further emphasized to the participants that they were the experts about their lives and not the facilitator, who came from outside. In like fashion, the psychosocial workers would not be expected to set themselves up as experts on the lives of the refugees with whom they worked; rather, they would learn to facilitate collaborative activities designed to understand and manage presenting problems. Working overtly through the concept of "capacity building" became a useful way to implement this point (Labonte & Laverack, 2001).

During the process, it was also necessary to clarify that although the facilitator was not an expert on the details of people’s lives, she nevertheless had very clear and informed thoughts in regard to why the work should unfold in a specific way. It is not helpful to pretend that there is no power in place; working transparently at all times is the preferred style. For instance, the facilitator chooses when to interrupt the process to ask participants why a certain action is being taken or when to help them externalize a problem or feeling. Applications of different techniques at specific moments guide the process in desirable directions. This constitutes an appropriate use of power that the facilitator has to acknowledge while remaining sensitive to the ideas of others.

In the workshop, most of the initial work was done in small groups, and these groups then performed their particular scenario. Approaching the work in this way created a space where the participants and, indirectly, the communities in which they were working determined the content of the training. An example of a technique used in the process of acting out a scenario is a "snapshot" created from a common experience of a problem. A scene is acted out of the experience of the problem and then stopped in a "frozen" position, creating a sculpture on which all of the group members can "work." This creates an opportunity for the facilitator to bring in the local context and indirectly the voice of the absent community in which the participants are working. Discussing the sculpture as an image of "the problem" and its effects further creates the possibility of determining the prevalence of the problem through review of the extent to which actors and "spect-actors" see the problem as most prominent and most difficult to manage in their context.

A "snapshot" from the workshop unfolded in the following manner. The facilitators were asked to make a "snapshot" of a problem they encountered often. Four of the five groups depicted gender-based violence, with the man always being abusive. A group discussion that occurred among the men was "overheard" by an outer circle of women. Follow-up discussion focused on what they had heard that was new and their thoughts regarding a preferred way of managing the problem.

### Deconstruction and Reconstruction

Deconstruction, used in an everyday sense, is about taking apart and disassembling objects or mechanisms. Deconstruction in a more philosophical context, based on the ideas of Derrida (1978), is about taking apart the meaning of things with the specific intention of revealing the hidden practices that construct how something comes to be understood in a particular way. Derrida concerned himself with "decentering," by which he meant unmasking the problematic nature of "centers."
The center refers to the pivot around which all meaning is constructed in a particular context, which, in terms of relationships, has to do with power and privilege. Decentering means rendering visible what is marginalized by the focus on the center (i.e., making the unseen visible and the silenced heard).

In NT, this is actively done by bringing marginalized people, their experiences, and the meanings they make of their experiences into the spotlight. This, then, explicitly gives them voice and makes their meanings visible and significant. Another means to this end is to place the powerful in a marginalized position so that they can experience the effects of power from a position of powerlessness. NT represents an experiential embodiment of powerlessness and powerfulness that goes beyond mere verbalization. A single experience may be deconstructed from many different points of view and social positions to increase awareness, clarify the effects of the scenario on oneself and others, develop a position in relation to the revealed effects, and substantiate that position. The effects of such practices are to unmask the power hierarchy, subvert the center, and clarify the effect of power.

Following the deconstruction activities, reconstruction takes place toward a preferred scenario that is communally constructed by all of the participants. Such a reconstruction ensues from greater sensitivity in regard to how one’s own and others’ actions constructed the issue such that it became a manifest problem.

Whose knowledge and insight is valued and used is determined by the positions of power and privilege that operate in particular social practices. Within communities, this can result in the knowledge of marginalized groups being masked or denied. Engaging in different activities and occupying different positions in collective actions generate different knowledge.

For example, in communities where there is rapid change, the power of tradition may silence the voices of young people who are challenged by new social and technological demands. This subjugation can also occur in interactions of local community residents with outsiders. Thus, in development work the power of the knowledge of external “experts” can potentially silence local knowledge (Gilbert, 1997). In NT, facilitators work to reveal such marginalizing processes, taking care that such action does not privilege their voices as the expert ones regarding local wisdom or dynamics. The deconstructive nature of NT provides an opportunity for expression of subjugated voices and forms of knowledge.

Foucault (1980) discussed challenging the constellation of power even if one cannot remove it. During NT, as in Forum Theatre, one preferentially works with the person on the receiving end of the display of power and not the perpetrator. The rationale is that it is difficult to change the perpetrator’s position and easier to change the effect of such power. This process is about finding ways of working with power. An appropriate time to explore a more desired outcome is when there is both danger and opportunity, the commingling of which is represented by the character for crisis in the Chinese alphabet (Boal, 1995). The facilitator works with situations that may depict danger but also have the potential for a different outcome if different strategies are adopted. In the scenario in which the woman is abused regularly by the same man, the pattern can be broken if a different action is taken by the woman individually and by the members of the community collectively.

In community work, it is important to represent and contextualize “collective consciousness” and collective oppression and to work toward collective action. One of the ways in which “collective consciousness” can be made more visible is to interview the characters involved and ask their intentions. Alternatively, questions can be posed to the audience, such as “Why is it
important to the man that the woman re-

mains afraid of him and silent to outsiders

about the abuse she suffers?"

In the "drunken man" scenario, the

woman who was going to be abused by her

husband decided in her performance to re-
movetheherselffromthedangeroussituation,
even though the children would be left in

the house at the mercy of the man. This is

a strategy that the facilitator would never

have conceived of as an appropriate way of
taking action. It was, however, enacted to

experiment with what the outcome might

be. The outcome in this example was that

the husband did beat one of the children

but was very remorseful about it, an emo-
tion he had not shown toward his wife,
because she always "deserved" the beat-
ings. In the structure of the ongoing the-
atre experience, this remorsefulness led to

an opening in which "the neighbors" had a

conversation with the abusing man about

preferred outcomes. The leader also be-
came involved as part of the dialogue. Act-
ing out what began, in the eyes of the fa-
cilitator, as a potentially negative outcome
very clearly generated a collective solution
rooted in local reality. During this process
it became possible to address social norms,
and it became clear that the facilitator, as
an outsider, was not an expert on the lives
of others.

The variety of techniques used in NT

enabled the participants to express their
understandings of the problem of domestic
violence. What emerged in the workshop
was their conviction that women and chil-
dren are most informed about domestic vi-

olence. The psychosocial workers then
made a decision to recruit the women and
children onto their team as experts on the

problem of domestic violence and to gener-
ate a collective strategy that would ulti-
mately involve the voice of the overall col-
lective. This reflection by the psychosocial
workers became an example of promoting
reflexivity at different levels during NT

work.

Strength-Based Approach Toward Vision

and Hope

In NT, the spotlight has to be kept
continuously on people's abilities and
strengths. The entertaining nature of prob-
lems can seduce both the facilitator and the

audience into letting them dominate the
floor. It is in the nature of working with
problems that energy is drawn to them,
which becomes debilitating and demoraliz-
ing. The art of NT resides in juxtaposing
the "problem-saturated story" (White &
Epston, 1990) next to the strength-based
story and continuously eliciting strength
and hope.

It is useful to remember that one of the
aims of NT is to facilitate the unseen,
which can be contexts, marginalized indi-
viduals or groups, or strengths and abili-
ties that have become camouflaged over
time. This goal can be accomplished
through a variety of techniques. One is

bringing in relevant history in which spe-
cific abilities can be highlighted.

The refugees often have rich stories of
courage demonstrated during their jour-
neys of flight to countries of safety. These
specific acts of courage have to be unpacked
and retold by those who are currently cap-
tured by problems to bring them back in
touch with the special abilities such acts
required. Another way of facilitating a
strength-based approach is to use circular-
ity, such that the voices of others are
brought in to highlight strengths. The aim
is to move from a thin conclusion about
people's lives in relation to their problems
to a thick description focused on their abil-
ities (White & Epston, 1990).

Placing the focus on people's abilities
and strengths rather than their difficulties
had to be done many times in the course of
training. During the workshop, while the
psychosocial workers were acting out the
scenario of the "drunken father/husband,"
one of the actors—"the wife" involved in the
domestic violence scene—said, "I am not

strong enough to deal with my drunk hus-
band.” At this stage, the scene was stopped, and the main character—“the wife”—was interviewed. Questions were directed at eliciting stories of strength and courage, and an opportunity was given for her to verbalize and experience those feelings again.

The woman was asked whether she had ever managed to persuade her husband to see something differently. She gave an example of letting him see that it was also important for their daughter to get an education. She told an elaborate story that had involved his mother and had led to satisfactory outcomes. Her knowledge about dealing with power relations and bringing about change was emphasized. The scenario was then allowed to continue. The next time it was stopped and the woman was interviewed, she said, “If the enemy could not kill me and my children with their big numbers and their bombs [referring to her flight to the refugee camp], then certainly one man is not going to kill us.” Immediately, a very different energy entered the room, and this energy then took the form of an experiential drama. This is an example of how eliciting stories of a past episode can give voice to subjugated knowledge with powerful effects.

DISCUSSION

NT has the potential for surfacing and promoting strengths while working at the intersection of the individual, family, and community. The conceptual framework of narrative therapy provides tools to work with issues of power, and the use of drama provides a method and space for such work, enabling greater reflexivity and creativity by participants. The creation of social and physical space to see one’s own intentions and those of others allows an exploration of the effects of the problem and the dynamics of power that operate in relation to the problem. NT, however, does more than reveal what is often tacit or unspoken; it provides a base for moving forward through exploration of preferred options in a safe space.

There is, however, a very real challenge involved in sustaining the reflexivity that is a central part of NT in the ongoing activities of community workers. One of the ways in which this challenge manifests itself involves attitudes toward performance. NT harnesses the power of performative actions for the purpose of revealing problems and their effects rather than for the purpose of public entertainment. It is possible, however, to run with the thrill and power of performative work and use it simply to entertain or educate in a more didactic way, which greatly limits the potential of NT.

Community workers, in the approach described here, had an initial desire to gain performance skills so that they could establish drama competitions in their communities. Although public performance of scripted plays about social problems is a powerful educational tool in development work and can be used to mobilize certain sectors of the community (e.g., young people), NT attempts to intervene more directly in the lives of those engaged in the drama. Thus, community workers must establish a level of skill that moves beyond putting on community theatre presentations to educate or inform local residents.

CONCLUSION

This description of a workshop conducted in a refugee camp in Uganda illustrates NT as a vehicle for change. NT highlights the potential of this form to be participatory and transformative by making use of local knowledge. Although we have focused on a refugee setting that is far from the circumstances in which readers of this journal may practice, the central philosophy of this article is consistent with the first-world call for an orientation toward research and practice that centralizes community participation and links health care interventions to social change (Minkler & Wallerstein, 2003). Furthermore, the NT
approach may be directly applicable to learning about and collaborating on approaches to management of chronic illness in the first world.

We have described interactions for change aimed at four levels: the individual, the household/family, the community, and society. Individual problems are often rooted in collective problems. Although one can start working with individuals to understand context, participation of the collective is more likely to maximize the possibility of sustained behavior change. During the workshop, there was a progression from a focus on an individual to a focus on the household, the greater community, and, ultimately, the society. Entry can be made at any of the four levels and should be seen as an ongoing two-way spiral with the potential to yield collective conscience, collective efficacy, and collective action.

This community-based approach makes capacity building an integral part of the process. Building capacity in this context is about acknowledging the skills, knowledge, and resources of everyone involved in the process. It encourages building upon such abilities and linking others through coalitions and networks. Increasing a sense of social networks and social cohesion while moving toward collective action is an inherent part of such a capacity-building process (Sliep, 2003a).

The dynamic interactive process of NT coupled with its highly relevant thematic content promotes increases in awareness and the bringing forth of local knowledge while permitting experimentation and practice with appropriate skills. It is a strength-based and nonjudgmental strategy that strongly encourages a shift from dependency on external agencies to reliance on the capacity of local contexts and communities. It does, however, need to be emphasized that the responsibility cannot stop at the local collective but has to be taken up by the institutions at the societal level that develop policy.

Sociopolitical and economic conditions will always have an influence on how effectively work can be done. The greater the support from the overall society, other organizations, and government, the greater will be the ripples out of the work. Rather than pointing fingers at different stakeholders—from individuals and collectives affected by the problem to organizations and governments attempting to deal with the problem—a shift to shared responsibility that addresses the underlying causes of problems as well as their perpetuation needs to be made. The existing tacit knowledge of people, along with their historical strengths and abilities, needs to be brought forth in a way that generates energy and facilitates a belief in efficacy. Sustaining hope is a collective endeavor and activity, what Weingarten (2000, 2003) called “doing hope.” This is crucial not only for those directly affected but also especially for the community workers who are continuously confronted with overwhelming problems. NT embraces this challenge with the full participation of all involved.

REFERENCES


