

Experience Report

# What is the Oppressed Theater a powerful strategy for? An experience of the “Education through Work Program for Health” at the Psychosocial Care Center for Alcohol and other Drugs

*O Teatro do Oprimido é uma estratégia potente para quê? Uma experiência do Programa de Educação pelo Trabalho para a Saúde no Centro de Atenção Psicossocial Álcool e outras Drogas*

Adriana Leão<sup>a</sup> , Suzana Rodrigues Renó<sup>b</sup> 

<sup>a</sup>Universidade Federal do Espírito Santos – UFES, Vitória, ES, Brasil.

<sup>b</sup>Prefeitura Municipal de Guarapari, Guarapari, ES, Brasil.

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## Abstract

**Introduction:** In the perspective of training for the construction of practices relevant to a model of care based on psychosocial logic, which is guided by the production of citizenship, autonomy, and social inclusion, we used the intervention proposal within the scope of Education through Work for Health Program (PET Saúde/Redes), in a Psychosocial Care Center Alcohol and other Drugs, the techniques of the *Teatro do Oprimido* [Oppressed Theatre] to promote the protagonism of the participants and make it possible to identify and face their needs and the different oppression situations they experienced. **Objective:** To present the Oppressed Theater and reflect on its potential in the context of Psychosocial Care. **Method:** Experience report in which the method of descriptive narration was used to present the process of conducting the workshops, the situations, and interventions that occurred in the workshops and processes of the shows. **Results:** The proposal resulted in three shows from the *Teatro do Oprimido* - starting a path against oppression, unveiling oppression, and “if you run, the animal gets you, if you stay, the animal eats you!”. **Conclusion:** The performance with the *Teatro do Oprimido* in the CAPS-ad was configured as a work of clinical and political character, with performance on the concrete reality of the protagonists of their own staged stories. The potential of this experience in search of citizenship

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has contributed to provoking reflections and criticisms that may qualify actions in favor of the psychosocial paradigm in the Brazilian Health Unified System (SUS).

**Keywords:** Mental Health, Mental Health Services, Social Oppression, Personal Autonomy, Community Participation.

### **Resumo**

**Introdução:** Na perspectiva de formação para a construção de práticas pertinentes a um modelo de atenção embasado pela lógica psicossocial, que tem como norte a produção de cidadania, autonomia e inclusão social, utilizamos como proposta de intervenção no âmbito do Programa de Educação pelo Trabalho para a Saúde/Redes, junto a um Centro de Atenção Psicossocial Álcool e outras Drogas, as técnicas do Teatro do Oprimido, para promover o protagonismo dos participantes e possibilitar a identificação e o enfrentamento de suas necessidades e das diversas situações de opressão que vivenciaram. **Objetivo:** Buscamos apresentar o trabalho realizado com as técnicas do Teatro do Oprimido e refletir sobre a sua potencialidade no contexto da Atenção Psicossocial. **Método:** Trata-se de um relato de experiência em que foi utilizado o método da narração descritiva para apresentar o processo de realização das oficinas e, posteriormente, as situações e intervenções ocorridas nas oficinas e processos das mostras. **Resultados:** A proposta resultou em três mostras do Teatro do Oprimido, "iniciando um caminho contra as opressões", "desvelando opressões", e "se correr o bicho pega, se ficar o bicho come!". **Conclusões:** A atuação com o Teatro do Oprimido no CAPS-ad se configurou como um trabalho de caráter clínico e político, com atuação sobre a realidade concreta dos protagonistas de suas próprias histórias encenadas. A potencialidade dessa experiência em busca da cidadania contribuiu no sentido de provocar reflexões e críticas que podem vir a qualificar ações em prol do paradigma psicossocial no Sistema Único de Saúde (SUS).

**Palavras-chave:** Saúde Mental, Serviços de Saúde Mental, Opressão Social, Autonomia Pessoal, Participação da Comunidade.

## **CAPS ad as a Setting for PET Saúde/Redes Practices and the Oppressed Theater (Teatro do Oprimido) as a Clinical Political Instrument**

The Education through Work for Health Program (PET, initials in Portuguese), developed through a partnership between Universities and the State Secretaries and Municipal Health and linked to the National Program for the Reorientation of Professional Training in Health (*Pró-Saúde*) of the Ministry of Health and the Ministry of Education aims to integrate teaching-service-community and education through work (Farias-Santos & Noro, 2017). The experience of *PET Saúde*/Care Networks 2013-2015 collaborates with the training of undergraduate students to work in the Unified Health System (SUS), able to build practices relevant to a model of care based on a psychosocial logic, which is guided by the production of citizenship, autonomy, and social inclusion, in the State of Espírito Santo, in compliance with Joint Ordinance No. 9, of June 24, 2013, of the Department of Management of Work and Health Education and the Health Care Secretariat, Ministry of Health.

This program was carried out through tutorial learning groups in the context of health care networks. It aimed to contribute to the process of implementation, development, and qualification of the Psychosocial Care Network (RAPS, initials in Portuguese), especially in the care of people who misuse alcohol and other drugs. *PET Saúde*/networks of care were carried out through Occupational Therapy, Psychology, Nursing, Medicine, Social Work, Pharmacy and Dentistry courses, at the Municipal Health Secretariat and had operations in two Basic Health Units (BHU) and in a Psychosocial Care Center - alcohol and drugs (CAPS ad).

The mental health care model based on the psychosocial paradigm and a result of the Brazilian Psychiatric Reform process seeks to provide, in addition to care, a movement of autonomy, social inclusion, and citizenship through the Amplified Clinic (Campos, 1997). The interventions that reflect on the individual's concrete reality create inclusive strategies, rely on social participation, expand the possibilities of exchanges with public life and the exercise of citizenship, assume a clinical and political character.

With the expansion of services, actions, and programs guided by a psychosocial logic, the Psychosocial Care Network (RAPS) was composed of Psychosocial Care Centers (CAPS, initials in Portuguese) with different modalities, Therapeutic Home Services (SRT, initials in Portuguese), Street Clinic, Primary Health Care services, Urgency, and Emergency Care Services, psychiatric beds in General Hospitals, among others (Brasil, 2011).

Based on the preservation and strengthening of the user's social bonds, it is up to CAPS to offer care and attention to people with psychological distress and to people who make problematic use of alcohol and other drugs. As a nucleus of an innovative clinic, it seeks to promote the protagonism and accountability of the user throughout the treatment process, proposing to produce autonomy (Brasil, 2005).

Protagonism and autonomy inevitably refer to issues of citizenship rights. Citizenship Rights are civil rights (which guarantee individual freedoms); political rights (which allow participation in the exercise of power) and social rights (which allow the standards that prevail in society to be enjoyed). In the specific case of people who make problematic use of psychoactive substances (PSSs) in our society, they are often not recognized as citizens who must have their rights respected but are seen as marginal individuals and worthy of social exclusion (Queiroz, 2001).

In general, the living conditions of socially excluded people are little known even by health professionals. The social exclusion of people in these conditions is often justified by the prejudice against substance use that according to Andrade (2011) represents the total expropriation of rights since it can lead to death especially by the social class to which they belong.

The Oppressed Theater is one way of reflecting on this condition. It is a theatrical method systematized by Augusto Boal, developed in Brazil and other Latin American countries since 1970. In a brief approximate explanation, given that Boal never elaborated an exact definition of oppressor, oppression or oppressed, oppression can be understood as a set of systems organized in different domination and social power, which can be cultural, social, political and historical, in which individuals can be subjected to this force, sometimes as an oppressor, sometimes as oppressed because at the same time that a person is oppressed, he can also be oppressive, given the constant

process of historical change and the possibility of raising awareness of this movement (Boal, 2019; Silva & Abrantes, 2019).

The Oppressed Theater was thought of as a political and social instrument since all theater is necessarily political, and it can be an agent of social transformation, being a form of knowledge and enhancer of pro-action and the exercise of citizenship (Boal, 2000, 2019). It aims to generate a reflection of individual actions to produce changes in oppressive attitudes in society, enabling the protagonism of the spectator as stated by Boal, when considering that the spectator is a subject, not just an object and an actor at the same time because it acts on the actor on the scene. Thus, it allows the individual to awaken to his process of meaning, helping him to know himself as a person and to recognize the forms of oppression he is subjected, as well as the possible ways to combat them because, in the Oppressed Theater, the fictional facts are not staged, but concrete characters in the life of those who tell their story representing reality (Boal, 2002).

Thus, we use the techniques of the Oppressed Theater to promote the protagonism of the participants as an intervention proposal within the scope of PET Saúde/Redes, together with the CAPS ad, and enable the identification and coping with their needs and the different situations of oppression that experienced, favoring interaction and the establishment of exchanges between users, family members, and professionals, seeking to foster the exercise of citizenship.

In this article about the experience of the PET Saúde Redes de Atenção with CAPS ad, we seek to present the work done with the techniques of the Oppressed Theater and reflect on its potential in the context of Psychosocial Care.

## **Methodology**

We use a descriptive narration (Marcolino & Mizukami, 2008) to show the process of conducting the workshops and, subsequently, the situations and interventions that occurred in the workshops and processes of the shows.

During almost the entire period of PET occurrence, a year and a half, between 2014 and 2015, therapeutic workshops were conducted by academic monitors from PET Saúde Redes and coordinated by a student in the occupational therapy course who was trained in the technique of Oppressed Theater through extensive readings, lectures, courses, and workshops. There was variable participation of 12 to 22 users per workshop, which lasted approximately two hours.

Initially, there was resistance by some professionals to guarantee a space and time for the workshop. Then, we used the moments when users were "free", in the intervals between workshops and groups to later achieve a schedule in the agenda for the workshop and physical space as well, since, in the beginning, the meetings were in the cafeteria, on the court, in the courtyard, and later in the service auditorium.

We introduced the Oppressed Theater theory to the users and, when we identified the interest in working with this tool, we started to meet with them to write the plays and then the rehearsals, with the participation of users, CAPS workers, and PET Saúde Redes academics. The themes came from their own oppression experiences, or that happened to people close to them. In these scenes, the figure of the oppressed and the oppressor emerged in some way.

In this writing process, we noticed that the users' daily lives were symbolized in characters and scenes with their realities and experiences, and in the sharing of stories of oppression and life, they showed the desire to theatricalize them.

The work in the workshop was divided into 4 basic axes: *corporal misalignment* - several theatrical games of the Oppressed Theater and techniques of corporal expression were used that favor the corporal and attitudinal awareness and demechanization; *working on conflicts* - in this stage, users were encouraged to talk about situations of oppression that they witnessed, experienced or lived so that the group could discuss and deepen reflections on this matter; *theatricalizing oppression* - after reflecting on the situations brought by the users, the group chose some of the situations to be theatricalized and worked on using the oppressed theater technique to transform reality; and *Oppressed Theater shows* - in this stage, the presented the plays that they elaborated in the workshop.

Initially, rehearsals were performed that resulted in the "1<sup>st</sup> Oppressed Theater show". Based on it, strongly guided by the desire expressed by the users, there was a proposal to continue the Oppressed Theater technique and, in this way, the 2<sup>nd</sup> and 3<sup>rd</sup> shows took place, inviting all users, their friends, family members, and other members of nearby communities, and other professionals of the institution, academics, and tutors of the participating undergraduate courses.

In this way, we describe the processes related to the three shows of Oppressed Theater as results: "Starting a path against oppression" (1<sup>st</sup> show), "Unveiling oppressions" (between 2<sup>nd</sup> and 3<sup>rd</sup> shows), and "if you run, the animal gets you, if you stay, the animal eats you!" (3<sup>rd</sup> sample).

## **Results: The Experience of the Oppressed Theater at CAPS ad**

### **Starting a path against oppression: the 1st show of the Oppressed Theater**

After a brief presentation on the work carried out in the workshops, the first theatrical show at the CAPS ad-team meeting was scheduled and it was agreed that at the same time there would be no other workshops or activities so that all interested parties (users and professionals) could participate. Despite this scheduling and wide dissemination through posters, activities were carried out concurrently with the event.

The first sample started with the declamation of poetry that was rejected before by the user because it was considered "too melancholy" by the responsible professional. When reporting on the rejection, the user requested the reading at the opening of the event. Thus, the "1<sup>st</sup> show of the Oppressed Theater" was opened with the voice and protagonism of this participant, who was strongly applauded by the audience.

The users presented seven sketches created by them, lasting approximately five to seven minutes each, with the following themes: "prejudice", "protagonism in life and treatment", "family negligence", "financial violation related to drug use", "Mother-child relationship", "man-woman relationship and drug interference", "relapse in the middle of treatment" and "conflicts between users".

The coordinator, intermediating the audience and the stage, asked the audience to choose three of the seven sketches to be re-presented and discussed using the Oppressed

Theater technique. The sketches they chose were: "*My choices depend on the other*", "*And now, who pays the bill?*", "*It's just a little!*". In the re-presentation of the sketches, the audience was encouraged to debate and enter the scene, bringing suggestions and coping strategies to situations of oppression.

For the sketch "*My choices depend on the other*", as said by a professional, one user experienced serious conflicts with her mother, leaving the house where they lived, bringing up the strategy of dialogue between mother and child as a solution to oppression. Another user, in a therapeutic group, had reported a conflictual relationship with strong rejection by her son, staged an understanding and loving mother who sought to listen and welcome her son's needs. This user reported her attitude to build a bond with the rejected child in the therapeutic group. A guest who was in the audience, a shelter resident, encouraged by this same scene, decided to talk about her conflicted family relationship due to the use of psychoactive substances.

In the sketch "*And now who pays the bill?*", some users wished to enter the scene as the oppressed woman to debate with the oppressive husband, bringing several strategies to break with the oppression. They suggested proposals such as an indication of treatment for a husband who abuses alcohol, looking for a job, etc. Through dialogue with the oppressor, divorce emerged as an alternative in an attempt to change reality.

In the last sketch chosen, "*It's just a little!*", users showed different strategies to prevent a relapse, such as rejecting "dangerous" invitations when straying from places where the drug is present and recommending treatment to friends.

External guests also participated in reworking scenes, adding possibilities and strategies to combat the situations of oppression presented. Exchanges enriched by diversity, protagonism, voice, and visibility given to users and guests emerged as potentializing resources in the event.

Thus, the important role of the Oppressed Theater techniques was evident in this first show, allowing the users a space to express their needs, protagonism, visibility, and expansion of exchanges.

### **Unveiling oppressions: between the 2<sup>nd</sup> and 3<sup>rd</sup> shows of the Oppressed Theater**

In the week following the first event, the users organized the next theater show, articulating to write new plays, others brought written plays and even asked about the start date of the workshop announced at the event. The workers who participated in the show also expressed strong support. Sixteen meetings were held that resulted in the organization of the "2<sup>nd</sup> Oppressed Theater" show, held in the space of the service.

In the conversation circles, the themes of stories, in general, were "prejudice" and "social exclusion". Users spoke of their "experiences with the police", "violence", "stigmas" attributed to them, and they reported their dramas, their past and present pains.

During theatrical games, there was a sharing of experiences and the expression of feelings showing their needs. When gathered in a circle to talk about how they felt in some games, the marked and timed speech perceived by the coordinator in other groups or workshops was broken, in which each participant spoke in sequence in the circle, in a limited time, with their gaze and speech usually directed to the professional. We

observed the breakdown of this mechanic, with spontaneous speeches and listening for all, in an exercise of solidarity and mutual respect.

The group listened carefully and attentively, identifying similarities since the stories of some were often common to others and new stories emerged from this listening. We could perceive that, at each meeting, bonds of solidarity were woven amid oppression.

During the rehearsals, users created the characters and they experienced several suggestions such as scenarios, actions, lines, clothes, dances, and music, in a potentializing relationship, in which everyone was important and had a lot to offer, assumed roles and functions, contributed to the creation/staging of the plays and the organization of the 2<sup>nd</sup> Oppressed Theater show.

When comparing the workshops in the 1<sup>st</sup> Oppressed Theater show, we could perceive greater protagonism and empowerment in the meetings by the users and greater participation of team professionals, and even the direct support of the management of the service.

In one of the workshops, the discussion about the word oppression was defined as "imposition suffered by someone", or, "oppression is suffered humiliation" and then it was meant by a user as: "*Oppression is the CAPS ad!*". This user reported feeling oppressed when searched by the professionals at the time of their entry into the CAPS ad. Thus, as a first step to produce changes, users began to identify and reflect on their oppressions, including those experienced at the institution. However, some of them were insecure in describing and deepening situations of oppression that occurred in the CAPS, fearing reprisals in the service.

Faced with the need to debate the oppressions experienced in that care space, guaranteeing this discussion and minimize the users' fear, the workshop coordinator suggested to the group to present the proposal to the team: to use the Oppressed Theater technique, both by the users and professionals, to discuss their mutual oppression in the service. With the consent of the users, the proposal was taken to the professionals who most of them supported and showed open to debate and theatricalize the oppressions experienced by them and by the users. When portraying the oppressive attitudes of the professionals, we took care not to identify them and avoid embarrassment, in the same way with users.

Thus, the coordinator answered to the users that the proposal had been accepted by the team and even a little afraid, they agreed that the workshop should focus on the oppression that occurred at CAPS. As a result, due to the interest of the users, the debate on these oppressions was outlined at the 3<sup>rd</sup> Oppressed Theater show.

### **"If you run, the animal gets you, if you stay, the animal eats you!": The 3<sup>rd</sup> Oppressed Theater show**

There were twelve meetings with several oppressions narrated, debated and the discussions enabled interesting elaborations. However, some narratives were still banned by their authors from being theatrical due to fear of reprisals. Stories arose timidly in the discourse of those who are not sure that they are oppressed. After all, for some users, the oppressive attitudes of certain professionals should be understood and justified by the "*stress and wear and tear typical of the work they performed*", or, what some called oppression, others called it "*necessary discipline*".

During discussions, many of those who did not feel oppressed, or who sought justification for oppressive attitudes, ended up recognizing themselves as victims of oppression and were interested in design ways to overcome them.

Users who did not express verbally in other workshops began to suggest ways of fighting, indignant at the oppression presented by them or by the group. Previously afraid of the repercussion of such a theme, they now stood united and strengthened, even expressing the desire that the professionals, authors of the oppressions presented, were present on the day of the theater show. Thus, they developed the group's power in combating oppression.

Together with the workshop, the coordinator sought to schedule with the professionals a day to elaborate their scenes of oppression at each team meeting, which was done on another day than the meeting. Thus, instead of elaborating the work with most professionals, he counted on the participation of four out of twenty, in three meetings. As for the oppression suffered, some professionals and the workshop coordinator realized that such situations were generated by certain failures of the service and were not true oppressions, but it was a reaction of defense of users when they were oppressed.

Several scenes of oppression were staged and discussed. From the oppression stories narrated by the users, they chose the followings to be theatricalized: "*The humiliating examination*", showing the disrespectful way in which some users were searched when they arrived at the service; "*Maximum authority*", referring to the authoritarianism of a professional who, screaming, threatened to expel users who were "loose" through space during the workshop hours from the CAPS ad; and "*The doctor went crazy*", a scene in which a user was subjected to the professional's disrespect and moral judgment when reporting on her suspected pregnancy.

As reported in the oppression experienced by the professionals, they showed the scene in which the professional in the middle of a workshop, perceived the user's lack of interest in participating and invited him to leave the room due to his behavior, judged as inconvenient. There was a reaction considered violent by the user, directed to the professional. This scene was adapted so that the professional tried to offer the user another activity proposal instead of the workshop, suggesting a negotiation of needs and not an expulsion. Two more meetings were scheduled for the rehearsal of the scene, entitled "*If you run, the animal gets you, if you stay, the animal eats you!*".

During the 3<sup>rd</sup> Oppressed Theater show, outlined scenes and rehearsals were scheduled in a team meeting, in which all users, participants in the workshops or not, were present and as spectators, they fight against oppression.

Given the scenes of oppression experienced by users, the search for the figure of the director of the service and the suggestion of search by organs executive and judicial defense agencies were strongly listed as strategies. However, some of the solutions and possibilities of confrontation brought by the audience, we highlight the exercise of the protagonism and autonomy of the users, who united and clarified in their rights, they added their strengths and indignations, demanding respect, quality of care and justice in the care space.

Given the scene, "*If you run, the animal gets you, if you stay, the animal eats you*", the audience without the presence of the professionals brought the solution of the



modification of the approach of the professional who, with a more welcoming and flexible speech, could be better understood by the user.

## **Discussion of the Results: What is the Oppressed Theater at CAPS ad a powerful for?**

The sketches presented were written based on people's real experiences. Thus, as highlighted by Sanctum (2011), it was an opportunity to rethink the past, debate it and equate it in the present to better plan actions in the future since from the social difficulty in resolving conflicts, Boal created games and techniques to guide the debate to analyze the present for a transformation of reality. For Boal (2002), every human being is a theater in its essence since of all animals, the human being is the only one able to observe himself while acting and, observing himself, can reflect on his action and take decisions, reinvent their future by analyzing past experiences.

The themes of the reported and theatrical experiences, in general, were the problematic use of psychoactive substances related to the conditions of stigmatization and prejudice, social exclusion, family neglect, violence, affective and family relationships, abstinence and relapse, conflicts between users, and oppression in the care institution, and also the protagonism in life and treatment.

When heard and welcomed, the participants were empowered, and, while writing, the debates encouraged them to reflect on situations of conflict and oppression experienced by them, and to think and rethink possibilities of coping, passivity in which they often found themselves.

Through the observation of the group movement, the workshop coordinator identified the interest and the initiative, and the increasingly attentive listening and mutual support developed by the participants.

Also, the expression of suffering and oppression seemed to be simple but with important possible changes. The voice of the user when expressing oppression in the care environment showed the change of place of the individuals, from a "sick" and stigmatized person to a person with the right to claim more humanized care, consistent with the logic proposed for the service.

In health services, in general, we observed practices, concepts, and solidary relationships but also practices, concepts, and oppressive relationships. Since 2003, the National Humanization Policy advocates solidarity exchanges between SUS managers, workers and users, and the Psychiatric Reform, with the perspective of deinstitutionalization, seeks to produce practices that are more consistent with the citizenship of people in situations of psychological distress and people in situations of problematic use of PSSs.

Taking the individual in the care process, with the right to citizenship, respect and uniqueness are some of the challenges for the health field in general. There is a transforming dimension of health practices when considering the user as an individual in the process and the permanence of the biological and fragmented view weakens the practices (Schimith et al., 2011), which has the consequence of establishing a power relationship, when the user is seen only as of the user and, in the case of the use of alcohol and other drugs, as the "chemical-dependent".

In this experience, we realized that the service often becomes the stage for oppressions that need to be heard and discussed so that practices that are far from Psychosocial Care are no longer reproduced.

The workshops and events were a great opportunity to minimize the asylum logic, therefore oppressive, in which the user has no voice. We understand asylum not only as a place but as a social, cultural, political, and ideological practice (Merhy, 2007), which does not produce protagonism and social inclusion.

The space open to professionals to elaborate, discuss and choose their scenes of oppression was not as well used as it could be, either due to the low adherence and interest of the professionals or due to the restriction of schedules and meetings given by the institution. The fact is that the 3<sup>rd</sup> Oppressed Theater show, by exposing certain institutional wounds, opened doors for discussions and debates, favoring dialogue and the use of light care technology, which, as Merhy (2002) classified, relationship technologies, such as bonding and welcoming.

As a light technology, therapeutic workshops in the context of Psychosocial Care and substitute services become instruments no longer as a pedagogical and educational resource in the classic model, or as a way of occupying idle time in the institutional perspective, but their use for the creation of new social relationships, reestablished through the rescue of people's language and citizenship. In this sense, "[...] the essential dimension of the workshops is the articulation of the socio-political dimension with the dimension of subjectivity [...]" (Costa & Figueiredo, 2008, p. 55), and, therefore, a clinical-political instrument in our experience.

The use of the Oppressed Theater technique in the context of Psychosocial Care produces empowering practices for the care of people who make problematic use of PSSs, due to the possibilities of expressiveness, emancipation, protagonism, a recreation of relationships, coping with stigmas, the exercise of citizenship rights, among other aspects, that configure an important Psychosocial Rehabilitation strategy (Silva et al., 2011; Santos et al., 2016).

This experience provided by *PET Saúde/Redes de Atenção* was able to stimulate transformation in the posture of users, graduates, and mental health workers, who sometimes verbalized the importance of our performance in the service.

Currently, the Brazilian Psychiatric Reform process is under threat due to distortions in the guidelines by the recent resolutions and ordinances, approved in 2018, contrary to what had been proposed by the National Policy on Mental Health, Alcohol and Other Drugs, with the insertion of the Hospital Psychiatric and Therapeutic Communities in the psychosocial care model, from fundamentalist and neoliberal interests (Sousa & Jorge, 2019), which points to important setbacks that go against global policies, with good epidemiological indicators of mental health, and make clear intentions of a political project that goes against the guarantee of human rights (Lussi et al., 2019).

Given this scenario, it is important to affirm the power of the use of the Oppressed Theater in the CAPS, as these services provide the production of practices to face the movements of social exclusion starting, more than before, from the questioning of the crystallized structures of power and knowledge that promote oppression.

So that the activity does not become a moment of blame or victimization and complaints, for the proper use of the Oppressed Theater as a powerful resource, training,

and affinity with this artistic and political instrument are necessary. In this sense, the work of the workshop coordinator graduating at that time in occupational therapy facilitated and presented an important contribution since this is a broad training that articulates knowledge in the health area and social sciences to promote protagonism, social participation, and awareness of possible daily actions in the perspective of deinstitutionalization and psychosocial care.

## 5. Final considerations

The performance with the Oppressed Theater in the CAPS-ad was configured as a work of clinical and political character, with performance on the concrete reality of the protagonists of their own staged stories. With the active participation of users, there was their spontaneous involvement from the elaboration to the execution of the events and in the workshops, the encouragement of co-responsibility in their treatment and life, searching for strategies that act on their problems. Thus, the Oppressed Theater techniques, which uses art as a vehicle, have the power to allow the voice of people in situations of stigmatization to be heard and also to foster more awareness of oppression and reevaluate attitudes and modes of action, transforming reality.

Given this experience, as a matter for future studies, we need to understand the view of CAPS ad users on the impact on their daily lives from their participation in activities of this nature.

For health education, in the mental health area specifically, technical and ethical alignment for care towards the psychosocial paradigm is still a challenge. In this sense, we affirm the richness of this experience through PET Saúde/Redes, provoking reflections, and criticisms that may qualify actions in favor of Psychosocial Care within the scope of SUS.

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Adriana Leão and Suzana Rodrigues Renó worked together to design the text. Suzana Rodrigues Renó was a monitor of the Education through Work for Health Program (PET Redes) and acted as coordinator of the workshop, guided by Adriana Leão. All authors approved the final version of the text.

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### Corresponding author

Adriana Leão  
e-mail: [drileao@gmail.com](mailto:drileao@gmail.com)

### Section editors

Isabela Aparecida de Oliveira Lussi