RESEARCH PAPER (ORIGINAL) ARTIGO DE INVESTIGAÇÃO (ORIGINAL)

The Theatre of the Oppressed as an intervention strategy in reducing bullying at school

O Teatro do Oprimido como estratégia de intervenção na redução do bullying escolar El Teatro del Oprimido como estrategia de intervención en la reducción del acoso escolar

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Abstract

Background: Bullying at school has stood out, generating several negative repercussions on the health of adolescents. Objective: To evaluate the effects of an intervention based on the Theatre of the Oppressed in the reduction of bullying at school 6 months after its completion.

Methodology: A quasi-experimental study, conducted between 2016 and 2017, with high school students from two schools of the state capital of Mato Grosso, Brazil. Among the 231 participants, 133 composed the intervention group, and 98 the comparison group. Before and after the intervention, the groups were assessed by the Peer Aggression and Victimization Scale (EVÂP). The t-test and chi-squared test were used for the data analysis, and measurements were not compared.

Results: The intervention group showed a significant reduction in the direct victimization and aggression, 6 months after the end of the intervention. However, the comparison group showed a significant increase in all forms of bullying victimization and aggression.

Conclusion: The Theatre of the Oppressed contributed to the reduction of bullying among adolescents and can be incorporated into the actions of health promotion in schools.

Keywords: bullying; violence; school health; adolescent; adolescent health

Resumo

Enquadramento: O bullying escolar tem-se destacado, gerando diversas repercussões negativas na saúde dos adolescentes.

Objetivo: Avaliar os efeitos de uma intervenção, baseada no Teatro do Oprimido, na redução do bullying escolar, 6 meses após a sua finalização.

Metodologia: Estudo quasi-experimental, realizado entre 2016 e 2017, com estudantes do ensino secundário de duas escolas da capital de Mato Grosso, Brasil. Dentre os 231 participantes, 133 compuseram o grupo de intervenção, e 98 o grupo de comparação. Antes e depois da intervenção, os grupos foram avaliados pela Escala de Agressão e Vitimização entre Pares (EVAP). Utilizou-se teste t e qui-quadrado para análise dos dados e as medições não foram emparelhadas.

Resultados: O grupo de intervenção apresentou redução significativa na vitimização e agressão direta, após 6 meses do término da intervenção. Já o grupo de comparação apresentou aumento significativo em todas as formas de

vitimização e agressão por *bullying*. **Conclusão:** O Teatro do Oprimido contribuiu para a redução do bullying entre adolescentes e pode ser incorporado em ações de promoção de saúde nas escolas.

Palavras-chave: bullying; violência; saúde escolar; adolescente; saúde do adolescente

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Resumen

Marco contextual: El acoso escolar se ha acentuado, lo que ha generado diversas repercusiones negativas en la salud de los adolescentes.

Objetivo: Evaluar los efectos de una intervención, basada én el Teatro del Oprimido, en la reducción del acoso escolar 6 meses después de haber finalizado.

Metodología: Estudio cuasi experimental, realizado entre 2016 y 2017, con estudiantes de enseñanza secundaria de dos escuelas de la capital de Mato Grosso, Brasil. De los 231 participantes, 133 formaron el grupo de intervención, y 98 el grupo de comparación. Antes y después de la intervención, los grupos fueron evaluados mediante la Escala de Agresión y Victimización entre Pares (EVAP). Se utilizó la prueba t y chi cuadrado para analizar los datos, y las mediciones no se emparejaron.

Resultados: El grupo de intervención presentó reducción significativa en la victimización y agresión directa, después de 6 meses de haber terminado la intervención. El grupo de comparación presentó aumento significativo en todas las formas de victimización y agresión por

Conclusión: El Teatro del Oprimido contribuyó a reducir el acoso entre adolescentes y se puede incorporar a acciones de promoción de la salud en las escuelas.

Palabras clave: acoso escolar; violencia; salud escolar; adolescente; salud del adolescente

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Introduction

Adolescence is a period of transition and transformation into adulthood marked by doubts, uncertainties, discoveries, and decision-making relating to biological, social, and psychological factors, constituting a phase of personality consolidation, which cannot be defined as merely an age range (Fonseca, Sena, Santos, Dias, & Costa, 2013). The adolescent gains greater personal, social, and financial independence, which marks the beginning of adulthood. It is a period that may be vulnerable to various risk situations related to social and environmental factors within family and school contexts. In recent years, studies have highlighted bullying as a factor that affects the quality of schooling, besides generating several negative repercussions on the health and the daily life of adolescents (Fonseca et al., 2013; Zequinão et al., 2017). Bullying is defined as intentional, repetitive acts, that lack an apparent motive and involve an imbalance of power between victims and aggressors (Olweus, 2013). In this study, bullying at school was presented as direct physical aggression and victimization depicted as practising or suffering actions such as: provoking, fighting, pushing, punching, kicking, threatening, and mocking. Indirect physical aggression and victimization include acts like stealing and/or rummaging through peers' things or having their belongings stolen, damaged, or rummaged through. In addition, relational aggression and victimization are depicted by: excluding peers or being excluded, giving peers nicknames they do not like or being nicknamed, encouraging peers to fight, making others laugh from peers or being ridiculed by peers (Weber & Dessen, 2009).

The mean prevalence of bullying in Brazil identified by the National Shool Health Survey (PeNSE) in 2015 was 28% (Mello et al., 2017). In the city of Cuiabá, the state capital of Mato Grosso (Brazil) and location of this study's development, in a group of 456 adolescents who declared themselves victims of any type of violence, bullying represented the greater victimization with 27.6% (Martins & Alencastro, 2015). Regardless of the presented frequency, studies show that bullying generates negative effects on physical and mental health, and academic success of the people involved (victims, aggressors, and witnesses), such as injuries, sadness, insomnia,

depression, low self-esteem, suicidal thoughts, low school performance, among others (Olweus, 2013; Zequinão et al., 2017). Due to its negative effects and high rates of occurrence, bullying is considered a public health problem (Coopeland, Wolke, Angold, & Costello, 2013). Thus, the need of conducting anti-bullying interventions stands out, especially those that consider the adolescents as protagonists of actions and highlight the context of the individual and collective life of the participants, taking into account the unique needs of adolescence (Silva et al., 2017). Strategies such as the theatre and dramatization allow the involvement of individuals by means of socialization, experiences, and artistic (verbal and body) language, which can help to access affective and emotional levels, as well as assisting in the interpretation of the transmitted information and the adolescent's perception (França, 2015). Therefore, in view of the negative effects caused by the bullying to health, whether in the physical context, the learning process, or the psychosocial development of adolescents and the possible contribution of the theatre in reducing this aggravation, the objective of this study was to evaluate the effects of an intervention based on the Theatre of the Oppressed on the reduction of bullying at school 6 months after its completion.

Background

The Theatre of the Oppressed is a theatrical methodology inspired in the work "Pedagogy of the Oppressed" by Paulo Freire and was created by Augusto Boal in the 70s in response to his concern for making a theatre with the involvement of all (Oliveira & Araújo, 2014). To Boal, oppressed was synonymous of spectator. So, his proposal was involving the audience, perceived as passive until then, in the theatrical action while defending the idea that all are capable of doing theatre (Boal, 2015; Oliveira & Araújo, 2014). Thus, the Theatre of the Oppressed is considered a theatrical methodology that induces the participant to reflect on their real conflicts, stimulates the active participation of those involved, improves the dialogical and corporal expression, but also stimulates the autonomy of participants, enabling, when used in research, the collective construction of knowledge between the researcher and the researched (Oliveira & Araújo, 2014). In addition to these issues, the concept of the Theatre of the Oppressed is strongly correlated with the relations built on oppressed-oppressor bullying. Oliveira and Araújo (2014) pointed out the Theatre of the Oppressed as a method capable of generating debates and discussions, with questions on collectivity, which produce a rupture of hegemonic practices and speeches about violence experiences, promoting also the emancipation of individuals. Those are key aspects in actions of prevention and confrontation of bullying. The originality of this study is evident since no other study was found in Brazilian scientific literature that addresses such an intervention proposal regarding bullying.

Research Issues

Does an educational intervention, based on the theatrical methodology of the Theatre of the Oppressed, have an effect on the reduction of bullying among adolescent students?

Is there a difference, in relation to the occurrence of bullying, between the group of adolescents who participated in the educational intervention (intervention group - IG) and the group that did not participate in it (comparison group - CG)?

Methodology

It is a quasi-experimental study conducted with 231 students of the 1st year of high school in two public schools in the city of Cuiabá, state capital of Mato Grosso, Brazil. The IG refers to students who participated in the educational intervention based on the methodology of the Theatre of the Oppressed (Boal, 2015) and corresponds to the intervention school. The CG is composed of students belonging to the comparison school who were evaluated, but who did not participate in the intervention. All the students were eligible to participate in the study, however, only those who voluntarily agreed to cooperate with the survey, who had permission from parents or guardians, and who were present in the days of data collection and intervention were included. The pre-intervention assessment occurred during the month of October of 2016, the Theatre of the Oppressed was carried out in

the period from October to December 2016, and the follow-up assessment occurred during the month of June 2017, that is, 6 months after the educational intervention.

The intervention was conducted during school hours due to its methodology, which demanded a continuous process of implementation and monitoring. In addition to facilitating a greater adherence and involvement of participants, this strategy has benefited from a greater connection with the researcher who developed the intervention with the help of teachers and school staff. The educational intervention was composed of two moments. The first was a familiarization of the adolescents with the researcher and a rise of awareness in relation to the theatre and the theme of bullying. This stage focused on working several theatrical techniques based on the Theatre of the Oppressed, with the purpose of encouraging the active participation and interaction amongst participants (Boal, 2015). The techniques were applied only once, in the form of workshops, with each one of the 10 student groups of the first year of high school of the intervention school, with an average duration of 80 minutes in each class. The second moment of the intervention consisted of organizing and staging Forum Theatre, a technique belonging to the methodology of the Theatre of the Oppressed. In this technique, Boal (2015) calls the spectators spect-actors, because they act much more than a considered passive audience, they are invited to enter the stage, acting theatrically, seeking solutions/strategies for the staged action, thereby revealing feelings, thoughts, desires, strategies, and a range of possible alternatives suggested by them (Boal, 2015).

In this way, the staging was presented in a conventional form, which depicted a certain bullying situation, as an oppression that one wishes to fight. Then, he wondered if the spect-actors agreed with the solution proposed by the protagonist in the scene. Afterwards, the rotation process with the protagonist began, where the ideas, experiences, life events, and solutions to combat bullying proposed by spect-actors were presented. So, several answers were presented by the participants, since for the Theatre of the Oppressed there is always a way to break the oppression in all situations, and the important thing is not to find a single good solution, but to discover the greatest possible number of alter-

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natives. The whole process of staging the Forum Theatre, from the preparation to the presentation, was mediated by one of the researchers with training in Theatre of the Oppressed.

In order to obtain information which would enable the sociodemographic characterization of students, a questionnaire was elaborated for this research with questions about age, gender, skin colour/race, and school failure. To assess the involvement in bullying situations the Peer Victimization and Aggression Scale (EVAP; Weber & Dessen, 2009). It is an instrument, built and validated in Brazil, based on the Orpinas and Frankowski Aggression Scale (Weber & Dessen, 2009). It is used for the investigation of bullying behaviour in the school environment, whose application can be performed with students of the 6th grade of elementary school until the 3rd year of high school. It is composed of 18 questions, related to specific aggressive behaviours, distributed among six dimensions (Direct aggression, Relational aggression, Physical indirect aggression, and their respective victimizations: Direct victimization, Relational victimization, and Indirect physical victimization). In the EVAP, participants have to state the frequency of their involvement in aggressive behaviours, as the aggressor and/or victim. For instance: I pushed, punched, and/ or kicked peers; I was pushed, punched, and/or kicked by peers; I mocked peers; I was mocked by peers. The answers are filled in a Likert-type scale (never; almost never; sometimes; almost always; always).

The results were described with the use of tables and descriptive measures (frequency, percentage, mean, and standard deviation). The comparisons for the sociodemographic variables (gender, skin colour, school failure, and age) were carried out using the chi-squared test. The t-test was used for comparison between the intervention and

comparison groups in the pre-intervention and follow-up moments, and the measures were not compared. The data were analysed in the program IBM SPSS Statistics 22.0, and all analyses were given a significance level of 5% (p < 0.05). The study was approved by the Research Ethics Committee of the Nursing School of Ribeirão Preto of the University of São Paulo (protocol CAAE 52025515.6.0000.5393). The participating adolescents and their guardians received detailed information about the research. The person responsible for the adolescent under 18 years allowed their participation by signing the Informed Consent Form (ICF) and the adolescents expressed their agreement to participate in the study by signing the Agreement Form. Students were allowed to withdraw from participating in the study at any time. The guidelines of the Resolution 466/2012 of the National Health Council were complied with in all stages of this study.

Results

Among the 232 participants, the IG lost one participant, therefore, 133 (57.6%) comprised the IG and 98 (42.4%) comprised the CG. Table 1 shows the sociodemographic characterization of adolescents according to gender, colour/ race, school failure, and age with the use of the chi-squared test. In relation to gender, there was a greater percentage of male adolescents in both groups: IG (54.1%) and CG (55.1%). However, there was no significant difference (p = 0.92) in relation to the female sex. In the IG the age of 15 years (57.1%) prevailed and in the CG the age of 16 years (44.9%), but without significant difference (p = 0.07). The percentage of school failure was similar between the groups (p = 0.78), as well as the distribution of skin colour (p = 0.82).

Table 1
Sociodemographic characterization of adolescents according to gender, colour/race, school failure, and age by means of the chi-squared test

Sociodemographic characterization	IG (n = 133)		CG (n = 98)		P
Gender	n	%	n	%	
Male	72	54.1	54	55.1	0.92
Female	61	45.9	44	44.9	
Total	133	100	98	100	

Skin colour/race	n	%	n	%	
White	20	15.0	11	11.2	0.82
Black	36	27.1	21	21.4	
Yellow	3	2.3	2	2.1	
Brown	74	55.6	59	60.2	
Indigenous	0	0	5	5.1	
Total	133	100	98	100	
Failure	n	%	n	%	0.78
Yes	42	31.6	29	29.6	
No	91	68.4	69	70.4	
Total	133	100	98	100	
Age	n	%	n	%	0.07
14 years	3	2.3	5	5.1	
15 years	76	57.1	40	40.8	
16 years	40	30.1	44	44.9	
17 years	12	9.0	9	9.2	
18 years	2	1.5	0	0	
Total	133	100	98	100	

Note. n = frequency; % = percentage; p = probability value.

Table 2 shows the difference between the IG and the CG, in relation to the mean values of aggression and victimization, pre-intervention, and follow-up evaluation performed 6 months after the completion of the educational intervention based on the Theatre of the Oppressed (Boal, 2015). In the follow-up assessment, the IG manifested a significant reduction in direct physical aggression (p = 0.04), while the CG showed a significant increase (p < 0.001). The indirect physical aggression did not reduce significantly in the IG

and increased significantly in the CG (p < 0.001). There was no significant reduction of relational aggression in the IG and a significant increase in the CG (p < 0.001). In the IG, the direct physical victimization was reduced (p = 0.05) and increased significantly (p < 0.001) in the CG. The indirect physical victimization did not vary in the IG and increased significantly in the CG (p < 0.001). In both groups, there was an increase in the relational victimization, but at a significant level only in the CG (p < 0.001).

Table 2
Comparison between IGs and CGs relating to aggression and victimization in pre-intervention and follow-up moments by means of the t-test. Cuiabá, Mato Grosso, Brazil, 2016-2017

	IG (n = 133)		CG (n = 98)		
	Pre-intervention	Follow-up	Pre-intervention	Follow-up	
Direct aggression	9.6 (3.8)	8.7 (3.2)*	10.4 (3.9)	14.6 (5.5)**	
Indirect aggression	1.3 (0.9)	1.2 (0.7)	1.3 (0.8)	1.9 (1.3)**	
Relational aggression	7.4 (3.6)	7.1 (3.2)	8.0 (3.6)	11.6 (4.0)**	
Direct physical victimization	7.8 (3.4)	7.0 (2.9)*	8.7 (3.4)	11.3 (3.7)**	
Indirect physical victimization	1.9 (1.3)	1.9 (1.3)	2.4 (1.3)	3.0 (1.3)*	
Relational victimization	5.9 (3.0)	6.0 (3.1)	6.6 (3.3)	8.3 (2.9)**	

Note. Data presented in mean values (standard deviation). * = p < 0.05; ** = p < 0.001.

Discussion

The objective of this study was to evaluate the effects of an educational intervention, based on Theatre of the Oppressed, in the reduction of bullying at school 6 months after its comple-

tion. The results showed that the intervention was successful in reducing the direct bullying (aggression and victimization) and keep it at lower levels for the participants of the intervention. Other studies based on dramatization identified similar results in other socio-cultural

realities. In Spain, a study with 176 adolescents assessed an anti-bullying program composed by several techniques, including the dramatization/ interpretation of roles, and identified that, after the intervention, there was a reduction of the physical and verbal aggression among students (Garaigordobil & Martínez-Valderrey, 2016). In a study conducted in South Africa, actions of staging/interpretation of roles (dramatization) were incorporated into an educative intervention performed with 10th grade students, equivalent to the 1st year of high school. The results indicated a decrease in the frequency of (verbal) direct aggression after the intervention (Naido, Satorius, Vries, & Taylor, 2016). In California, researchers carried out an intervention of bullying prevention by means of children's stories and role interpretation (role playing), and the results corroborate this study, pointing to a reduction in the mean of victimization from 1.76 to 1.60 in the IG and an increase from 1.23 to 1.38 in the CG (Wang & Goldberg, 2017).

The results can be explained by the fact that the Theatre of the Oppressed represents the testing of an action for real life because their methodology provides the liberation of oppression that composes the scenario of a social reality (Alves, Gontijo, & Silva, 2013). Thus, in this study, it can be inferred that the adolescents who participated in the intervention expressed their oppression, represented by the practice of bullying, changing their behaviour and their practice in relation to this type of violence in school, which culminates in the reduction of victimization. Furthermore, regarding perpetrators, the Theatre encourages the sharing of experiences in open discussions, and in its application to bullying, they can explore, through their roles, how the victims feel the pain and suffering (Mavroudis & Bournelli, 2016), which may have contributed to the reduction of aggression among participants of the intervention.

In view of this scenario, and because negative consequences of bullying transcend the school universe, interfering directly in the healthy development of the students, the Theatre of the Oppressed represents an important tool in combating this phenomenon and in improving the quality of life of adolescents. Thus, the nursing, as an art and science whose study object is the health care, must recognize its role in the promotion of school health. It is important that nurses overcome individual assistance based on the dichotomy between health and disease and act in an interdisciplinary fashion for the reduction of bullying in schools (Silva et al.,

2017). Therefore, nursing should promote the integral care of adolescent students by means of intervention strategies that favour the socialization of students and social transformation, stimulating non-violent behaviours (Silva et al., 2017), as well as the Theatre of the Oppressed. In this study, it is important to highlight that in the CG, that did not participate in the intervention, all forms of aggression and victimization increased significantly, which reinforces the positivity of the intervention's results. A type of situation that can occur in school environments with a great presence of bullying is that students who initially were not involved begin to practice it against peers as a form of self-protection, so that they do not become potential victims, which contributes to the intensification of violence (Silva, Oliveira, Bazon, & Cecílio, 2013). This may have occurred in the comparison school. In this regard, researchers, in a study conducted in the United States, identified that the Theatre provided positive and significant changes in the probability of witnesses to intervene in situations of bullying at school (Wernick, Dessel, Kulick, & Graham, 2013). As the intervention was performed with all students, regardless of their participation in the bullying, the positive results can also be related to non-violent attitudes of witnesses who participated in the intervention. Salmivalli and Poskiparta (2012) claim that positive changes in behaviours of witnesses reduce the benefits obtained by the aggressors and consequently their motivation to intimidate.

This study presents some limitations. The first one concerns the measurements that, because they are not compared, complicate the assessment of the effectiveness of the intervention. The second is that the instrument used in the data collection evaluates only the traditional bullying, disregarding the virtual intimidation, conducted through offensive messages sent via computers and phones, known as cyberbullying (Lee & Shin, 2017). The third limitation is that the study was conducted only in public schools. Future research can overcome these limitations by including in the sample public and private schools and by using instruments for data collection which will also assess the occurrence of cyberbullying. As a fourth limitation, there is the evaluation of results only in relation to bullying, as other data could also be collected, especially those regarding the feelings of students about the intervention, as well as how the intervention promoted emotional and understanding changes in relation to bullying, essentially using a qualitative approach. In addition, the association of sociodemographic

variables with the occurrence of bullying could have also been analysed.

Despite the presented limitations, the Theatre of the Oppressed emerges as a strategy that can be employed by nursing professionals in intersectoral action in education. Thus, in the face of several negative implications of bullying in the lives of adolescents, it becomes necessary to invest in actions that assist with its prevention and coping strategy within the school context (Silva et al., 2017). Thus, nursing, as a social practice, can contribute to the promotion of the quality of life of students, identifying signs of vulnerability and violence, for instance, as well as intervening to change these situations (Silva et al., 2017). This study provides nurses with a concrete possibility of action in bullying at school, through the Theatre of the Oppressed, an intervention guided by principles of integral care and based on a dialogic and critical model of health education.

Conclusion

The intervention based on the Theatre of the Oppressed was effective in significantly reducing the direct bullying (aggression and victimization) and maintaining this result over time. This means that it represents an interventional method that can be incorporated into educational programs directed at preventing and fighting bullying among adolescents. Establishing evidence regarding the interventions that can be developed as actions for health promotion in schools, which includes encouraging the establishment of a culture of non-violence in the interactions between students, represents a challenge to education and health. Therefore, this study contributes to the development of new health practices in school based on reflection, awareness, and empowerment of students, which generate social transformation.

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