Exploring Online Participatory Theatre During COVID-19: Reflections on Adapting, Delivering, and Evaluating Student-Led Theatre for Health Workshops

Jeffrey Pufahl  
*Center for Arts in Medicine, University of Florida, jeffpuf@ufl.edu*

Emmanuelle Crider  
*University of Florida, ecrider@ufl.edu*

Kelviyana Walker  
*University of Florida, kwalker3@ufl.edu*

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Cover Page Footnote
Jeffrey Pufahl, MFA, MFA Center for Arts in Medicine, University of Florida. Jeffrey is a publicly engaged scholar in the Center for Arts in Medicine at the University of Florida. His work at UF is focused on creating and using theatre to address social issues and community health. His research looks at how innovative applications of theatre and video better engage the public in critical dialogue. Jeffrey teaches applied theater at the undergraduate level and combines Boal’s Theater of the Oppressed techniques with Jacob Moreno’s Sociodrama and Psychodrama techniques.

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Exploring Online Participatory Theatre During COVID-19: Reflections on Adapting, Delivering, and Evaluating Student-Led Theatre for Health Workshops

Jeffrey Pufahl¹, Emmanuelle Crider², and Kelviyana Walker³

The COVID-19 pandemic forced the higher education community to quickly shift and adapt courses to the online environment. While traditional theatre programs struggled, the flexible nature of applied theatre created the space for students and instructors to explore and adapt existing forms, such as Forum Theatre and Sociodrama, and create engaging online workshops for the public. Over the course of 2020-21, students in the University of Florida’s Applied Theatre for Health program developed, delivered, and evaluated online health and wellness workshops for the public. This report focuses on two such projects: 1) a workshop on female reproductive health, and 2) a workshop on addiction and recovery. 

Student facilitators carried out program evaluations through online surveys and focus groups. Workshop participants positively viewed the online participatory experience and the projects succeeded in improving participant knowledge of the subject matter. Several additional benefits of online facilitation were noted by both facilitators and participants.

¹ Jeffrey Pufahl, MFA, MFA Center for Arts in Medicine, University of Florida Jeffrey is a publicly engaged scholar in the Center for Arts in Medicine at the University of Florida. His work at UF is focused on creating and using theatre to address social issues and community health. His research looks at how innovative applications of theatre and video better engage the public in critical dialogue. Jeffrey teaches applied theater at the undergraduate level and combines Boal’s Theater of the Oppressed techniques with Jacob Moreno’s Sociodrama and Psychodrama techniques.

² Emma Crider is a biology major at the University of Florida with aspirations to be in the healthcare field. She hopes to combine her passion for theatre with her dedication to women's health and empowerment in her career as healthcare provider.

³ Kelviyana Walker is a recent graduate of the University of Florida where she studied biology. Kelviyana has a passion for addiction medicine and hopes to use applied theatre in her future medical practice to provide meaningful healthcare to all.
Introduction

The COVID-19 pandemic forced classes at universities in the US to shift from in-person to virtual delivery overnight. Instructors were required to adapt course content, maintain learning objectives and outcomes, and accommodate the evolving needs of students working remotely. Particularly hard-hit in this shift were theatre programs and other arts disciplines that have traditionally been in-person and in-space. Applied theatre programs had an advantage over traditional theatre programs because applied theatre, although traditionally conducted in-space/in-person, is not bound to these limitations. Traditional facilitator-participant-spectator relationships could be re-imagined and key forms, such as Forum Theatre, adapted and integrated into online workshops. In the fall of 2020, Pufahl, a publicly engaged theatre scholar and Assistant Research Professor in the Center for Arts in Medicine at the University of Florida (UF), adapted his undergraduate Applied Theatre for Health program for online delivery for a group of nine students. In the first half of the fall semester, the group investigated and experimented with a variety of theatre forms in the digital realm such as improvisation, Image Theatre, Forum Theatre, Sociodrama, and Ethnographic (testimonial) Theatre. In the second half of the semester, the students decided to incorporate their exploratory projects, which included research into public health issues of their choosing, into cohesive online workshops. The workshops were then further refined in the spring semester of 2021 and delivered to public audiences. This article discusses two of the student-led online theatre for health workshops and 1) how the workshops were designed and delivered, 2) the adaptations made for the online environment, 3) the workshop evaluation protocols, and 4) the results of the evaluations.
Workshop 1: Breaking the Silence: A Candid Conversation about Female Reproductive Health
(created and facilitated by Emmanuelle Crider)

**Background**

Lack of sexual health education in schools and outdated conversations surrounding reproductive health have contributed to high rates of sexually transmitted infections and pregnancy (Astle et al., 2020). In the state of Florida, sex and HIV education is mandated, yet the curriculum is not required to be medically accurate, nor culturally, or religiously unbiased (“Sex and HIV Education,” 2021). Abstinence is generally stressed as the primary method of contraception and consent culture is rarely taught (“Sex and HIV Education,” 2021). Alarmed by the amount of misinformation being shared among peers, Crider sought to create a safe and destigmatized space for women to feel comfortable and empowered to discuss their reproductive health and share health information with each other.

Over the fall of 2020, Crider explored how participatory theatre warm-ups and exercises could be adapted and facilitated in the online environment (Figure 1). She conducted interviews with young women on campus about the subject matter to inform her work and incorporated these interviews into a short testimonial video and a Forum Theatre scenario. She tested, and refined workshop elements with feedback from class peers and the course instructor before the final version of the workshop was offered to the public late in the 2021 spring semester. Students were recruited to participate via digital flyers and word-of-mouth and volunteered to participate based on their interest in the subject matter. All the participants were pre-medical undergraduate students currently attending UF. The workshop was delivered via Zoom twice: the first with four women, and the second with eleven.

**Workshop 1: Structure, Delivery, and Adaptations**

The workshop was broken up into five segments: 1) warm-ups, 2) workshop contract, 3) a testimonial video segment created from interviews of young women talking about reproductive health, 4) a Forum
Theatre segment, and 5) a cool down. The warm-ups were adapted to better work in the Zoom environment (see Figure 1 for specific adaptations) and were designed to help create a playful atmosphere and generate group trust.

<table>
<thead>
<tr>
<th>Warm Up Title</th>
<th>Summary</th>
<th>Intent</th>
<th>In-Person</th>
<th>Online Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Am I Want I Need I Feel</td>
<td>Participants offer responses to “I Am- I Want- I Need- I Feel-” that reflects their state of being in the present moment</td>
<td>Build group cohesion through self awareness and collective expression</td>
<td>Typically the prompts are spoken in unison by the group and then one individual responds to the prompt</td>
<td>Speaking in unison on Zoom was not possible due to audio restrictions, therefore hand gestures in unison were used while muted except for the speaker</td>
</tr>
<tr>
<td>Explain Your Case</td>
<td>Participants choose between: “Dogs vs. Cats… NYC vs. LA… Hot vs. Cold” and state their reasoning for their choice</td>
<td>To build rapport among group members and promote playful discussion of opposing viewpoints</td>
<td>Typically participants will move about the space to indicate which “side” they favor</td>
<td>Instead participants utilize Zoom’s “annotate” feature to denote which side of the argument they align with</td>
</tr>
<tr>
<td>Shakedown</td>
<td>Participants shake their arms and legs from the count of seven collectively as a group</td>
<td>To release tension and build energy and excitement</td>
<td>Typically participants will all count in unison and engage in the countdown</td>
<td>Facilitator conducts the counting; the participants remain on mute to prevent a lag on Zoom</td>
</tr>
</tbody>
</table>

After the warm-ups the participants co-created a contract in order to prepare for the sensitive content of the workshop. As the workshop subject was already chosen and participants had self-selected to be in the workshop, the contract focused on what students were comfortable discussing and sharing about themselves. The contracting process was facilitated with the help of the annotation function in Zoom, which allowed participants to mark up a PowerPoint slide with stamps and text (Figure 2). For example, participants indicated yes or no to direct questions by putting a stamp on the slide near the word (YES or NO) that expressed their preference. The facilitator also annotated group suggestions directly on the contract slide. The chat function allowed participants to communicate privately and directly with the facilitator, thus allowing extra safety in the process – often not available in workshops conducted in-
person. The contract was agreed upon before proceeding with the workshop to establish community boundaries and workshop expectations.

Next, the participants watched a fifteen-minute documentary-style testimonial video consisting of four undergraduate women’s personal accounts. The women in the video were peers of the facilitator and volunteered to share their stories and viewpoints on women’s health through answering a series of questions:

1) What is your name and age?
2) What is the funniest story you have in reference to your reproductive health?
3) What is a time you have felt shame towards your reproductive health?
4) Thoughts on your sexual education?
5) What is something you don’t know or want to learn regarding your reproductive health?

Working with video was a creative modality through which Crider could explore her interest in ethnographic theatre and incorporate this work into her workshop. In several cases, the women in the video self-taped their testimonies and sent them to Crider. In this way, students concerned with safety or isolated in their homes could still participate in the project.

Presenting several relatable narratives shared by young women further warmed up the group to the subject matter. During the presentation, the facilitator paused the video at key moments and generated conversation by posing questions to the group (Figure 3).
Participants were encouraged to pose their own questions and share stories related to the video; this process opened the floor for the students to relate with each other and discuss issues that they felt were important. One participant commented that “it was nice to see that other females experience similar feelings about period experiences or sexual reproductive stigmas.”

Group members were then guided to participate in the Forum Theatre segment. In many Forum Theatre workshops, the Forum play is devised by the participants over a day or several days. Another approach is to have a Forum Theatre troupe perform a play to a group who has requested the troupe to help them address a community issue. In both scenarios, the audience watches the play through once before facilitation (jokering) begins. Audience members are then urged to step into the play and try out their strategies for the protagonist to overcome the obstacles presented in the play. For this workshop, due to limited time and limited availability of supporting actors, the Forum was facilitated around a short scene pre-written by the facilitator (Figure 4) and the enactors of the scene were recruited from the group on the

<table>
<thead>
<tr>
<th>Video Segment</th>
<th>Content</th>
<th>Facilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part One - “Mishaps”</td>
<td>Four stories about funny experiences related to sexual health</td>
<td>What did you see? What can you relate with?</td>
</tr>
<tr>
<td>Part Two - “Memories”</td>
<td>Four stories about shameful experiences related to sexual health</td>
<td>Do you think Sophia should feel shame for potentially being pregnant? What does this show about our society and young women facing pregnancy scares? After Aditi’s description of the male doctor’s approach to this situation what are your thought? Does this sound like a situation that has happened to you?</td>
</tr>
<tr>
<td>Part Three - “Knowledge”</td>
<td>Four accounts of experiences with sexual education</td>
<td>After Aditi’s discussion of female pleasure, have you been taught or explained the importance of sexual happiness? Has this ever been a part of your education?</td>
</tr>
<tr>
<td>Part Four - “Future”</td>
<td>Interviewees share what they would like to learn about their sexual health</td>
<td>What do you relate with and how will you work at educating yourself and your friends to change society and start the conversation? Why is the system this way? What will you do to further enact change?</td>
</tr>
</tbody>
</table>

Fig 3: Testimonial video content and facilitation
spot. The scene explored a mother (antagonist)/daughter (protagonist) relationship and a mother’s resistance to discuss contraception.

**FORUM THEATRE WORKSHEET**

Forum Theatre uses techniques to practice solutions using real life scenarios. In the following scene we will explore a conversation between a mother and daughter.

1. Take some time to reflect on the script and listen to the performance once to contemplate changes. Then jump in as any character to enact your change.

2. Afterwards take notes on what worked and what didn’t so a more comprehensive communication plan is developed.

**Mother to Daughter: Mother = Hand on Chest / Daughter = Hand Raised**

Mom: Hey are there any new boys in your life?

Daughter: Ugh stop!!

Mom: I just like to be nosey

Daughter: Well…if you would like to help, am I able to go on birth control…?

Mom: Wait, are you having SEX?!

Daughter: No I just want birth control to help with everything else

Mom: If you aren’t having sex there is no reason to be on birth control

Daughter: But my periods are insane, and my acne is getting really –

Mom: Imagine if your father found out you were starting birth control at the age of 15?!

Daughter: Well, what if I was having sex, shouldn’t I still get birth control to prevent a BABY

Mom: If you were having sex, you would be in massive trouble for not telling me about it

Fig 4: The pre-written Forum scene between a mother and a daughter

First, the scene was sent to the group through the Zoom chat function and the participants were asked to download and review the scene. Then, two participants volunteered to read/enact the scene and were spotlighted on the screen by the facilitator while they read. The workshop participants (spectators) in the gallery were asked to utilize a gesture – placing their hand over their chest – to indicate when they wanted to step into the scene for the daughter. This unique adaptation provided a visual cue for the facilitator to attune to and eliminated overlapping audio in the Zoom room.
After the first reading, the facilitator discussed the scene and asked for suggestions for how the daughter could have better advocated for herself. For the second enactment, group members were instructed to volunteer to step into the scene and – using the script as a jumping off point – improvise their suggestions and possible solutions. After several versions of the scene were explored, the group engaged in dialogue around the following themes: societal shame, stereotypes, and misinformation, regulating menstrual cycles through birth control, and the need for sexual education to be taught to young women. Not everyone agreed on the best approach for the daughter and group members noted this may be due, in part, to cultural differences. This opened up the floor for deeper sharing around cultural norms and taboos, and participants compared strategies on how to navigate difficult conversations on reproductive health with parents, friends, and healthcare providers. To close the workshop, the facilitator initiated a cool down process where participants made a “Game Plan” from the lessons they learned, and the group discussed how they would use their plans to impact family, friends, and community.

**Workshop 1: Evaluation Methods**

The workshop was evaluated using a nine-question pre/post workshop online survey created in Qualtrics. The protocol was developed in partnership with the course instructor and was approved as exempt by the UF IRB-2 (IRB#202100496). Using a Likert scale, the survey primarily assessed participants’ confidence and comfort discussing female reproductive health before and after the workshop (Figure 5). In addition, participants were emailed after the workshop and asked to provide additional open-ended feedback on the workshop facilitation.
Workshop 1: Evaluation Results

Individual survey responses were tallied and averaged in order to compare the pre and post workshop results. The results of the study (Figure 6) show several areas of improvement in confidence and comfort among participants. Although the level of confidence to talk about reproductive health was high at baseline, after the workshop participants noted more confidence in their ability to further the conversation. Participants also noted a significant increase in their sense of empowerment around the topic as a result of the workshop. Pre-workshop, participants reported very little knowledge and confidence of applied theatre as an educational tool; this rose significantly post-workshop.
In the open-ended feedback group members indicated a strong appreciation of theatre-based workshops. One participant noted: “I love love loved this workshop! It gave such a warm and safe place to speak freely with no judgment and I felt really supported by everyone that attended!”

Several students were intrigued by the workshop format and indicated their appreciation of Forum Theatre:

*The Forum Theater was fun and engaging which was a refreshing change from the standard PowerPoint presentation lectures! I honestly can’t think of any downsides.*

*It definitely allows for us to step into these roles in the scene and act out how we feel it should go. I think this gives us the tools to navigate these types of difficult conversations for the future.*
It helped me apply the knowledge from other women’s experiences into a practical setting. It definitely made me more aware about what I say or how I treat others in different situations regarding conversations about birth control and more. I liked it a lot.

Workshop 2: The Culture of Recovery (created and facilitated by Kelviyana Walker)

Background

Recovery from substance abuse is a difficult yet rewarding journey; the overarching goal of which is to heal and reach optimal health (Sloan, 2020). However, there frequently can be a disconnect between an individual’s health, their recovery, and navigating the healthcare system. Patients often have difficulty reaching addiction-based medical attention after becoming sober and find it hard to join the recovery community (Galanter, 2018). Walker, a pre-medical student with family connections to an addiction recovery center, wanted to create a workshop that would help members of the recovery community interrogate issues associated with the gap between recovery and healthcare. She aimed to evaluate the effectiveness of the workshop to explore this gap and improve participant’s skills in navigating conversations with health providers.

Walker experimented with Sociodrama and Forum Theatre techniques in the fall semester in the online class setting. She also conducted interviews with individuals in recovery and healthcare providers and integrated those interviews into a short testimonial video segment for the workshop. Interview material was incorporated into two Forum scenes. Several iterations of the Forum were explored in class until a scenario was developed that was accurate and effectively engaged the class in a conversation around healthcare systems. The workshop was refined in the spring of 2020 with feedback from the instructor and her peers and offered to the public late in the semester. Workshop participants were recruited through digital flyers and emails, and were contacted through the recovery center, whose mission is to guide current and past addicts into a healthy recovery lifestyle. The 90-minute workshop was conducted via
Zoom with a total of five participants (two recovering addicts, a healthcare provider, a counsellor, and the director of the center).

**Workshop 2: Structure, Delivery, and Adaptations**

Walker utilized a PowerPoint presentation to introduce each segment of the workshop and display images for annotation as well as the written scenarios. To set the stage and relax the participants, the workshop commenced with a song called *Recovery*, by James Arthur. This was followed by a social contract during which every person introduced themselves and offered one area of improvement in their lives that they were currently focusing on.

The group was then offered the opportunity to fill in specific details about the backgrounds of two characters who would be in conversation during the upcoming Forum. This role-training was done using the “Role-on-the-wall” structure (Needlands, 1990, p. 11): a digital image of a doctor and patient was screen-shared and participants collectively created character details as the facilitator annotated the slide (Figure 7). Generally used in Sociodrama, this collective process is designed to help participants invest in the drama through creating characters based on real-life knowledge, but separate from themselves (Garcia & Sternberg, 2000). This process enriches the participatory drama experience by infusing the knowledge and experience of the group into the scenarios used for the collective enactment. Role-training exercises transfer easily into the online setting, as group members enter into a brainstorming process while the facilitator annotates a slide with the group’s suggestions.
Similar to Crider’s project, Walker’s Forum enactment (Figure 8) utilized pre-written scenes. The scenes were designed to illustrate some of the barriers recovering addicts face when engaging with the healthcare system, and were based on the testimonies of individuals in recovery, health care providers, and documented cases in the literature. Participants were recruited on the spot to enact the two scenes. Using the Zoom screen-share function, the whole group read through the scenes and then discussed if the scenarios were plausible and how the character traits and histories they devised in the role training activity could be applied. The first scene took place in a doctor’s office and explored how an individual in recovery (protagonist) would respond to a healthcare provider (antagonist) prescribing pain medication after a minor procedure. The scene highlighted how patient information is not always available to providers who use different electronic medical records systems and created the space for workshop participants to identify this systemic problem and find ways to address it in real-life encounters.
Walker conducted the Forum using an exercise outlined in Julie McCarthy’s (2004) book Enacting Participatory Development: Theatre-based Techniques called “What Does the Scene Need?” (p. 93) where the scene is periodically frozen by the facilitator and the audience is asked ‘what does the scene need?’ This activity, which incorporates elements of Boal’s simultaneous dramaturgy (where audience suggestions are tried out by the current enactors ‘on stage’), encourages the group to brainstorm suggestions for the protagonist, decide on a strategy to try out, and step into the scene and improvise their suggestions. During the improvisations, participants were encouraged to refer to the character details (Figure 7) to guide them; this helped drive their improvisations in the direction the group felt was most important. Details created in the role-training activity, such as the provider’s complex relationship with addiction, helped humanize the characters and deepen collective insights into why providers may be biased in certain circumstances. Audience suggestions were also explored through the technique of ‘doubling’ in which suggestions are incorporated into the scene by the enactors currently in the scene. During the Forum, the facilitator encouraged participants to investigate and improvise ways recovering addicts and healthcare professionals can work together to bridge the gap between recovery and
healthcare electronic medical record systems. Providers in the workshop were able to elaborate and explain these systemic issues to those in recovery and offered important information and strategies for communicating with providers. Participants then practiced responses to providers and shared personal strategies for dealing with pain medications while in recovery. Following the Forum, the group de-rolled, debriefed, and distilled the process into several take-aways.

Workshop 2: Evaluation Methods

Walker chose to assess her workshop using a mixed-methods approach. The protocol was developed in consultation with the course instructor and was approved as exempt by the UF IRB-2 (IRB202100661). A pre-workshop survey was administered via Qualtrics and Walker held a post-workshop focus group (Figure 9). In both pre-survey and post-workshop focus group, the participants were asked if they experienced a division between their recovery and the healthcare system and if it was an issue for them. The post-workshop focus group was recorded, transcribed, and thematically analyzed and compared with the pre-workshop survey data.

Pre-Workshop Interview conducted via Qualtrics (Quantitative):
- Are you a recovering addict at the Hillsborough House of Hope?
- Are you a community partner of the Hillsborough House of Hope?
- Do you see addiction to drugs and alcohol and recovery under a negative light?
- Do you believe that there is a division between healthcare and recovery?
- If so, is this an issue?

Post-workshop Interview via Zoom (Qualitative):
- Do you believe that there is a division between healthcare and recovery?
- If so, is this an issue?
- If not a member of recovery, what did you relate to the most during the workshop?
- What about the workshop resonated with you the most?
- Can you recall anything specific in the workshop that caused a change of heart for recovery?
- What about the workshop would you have liked to experience differently?
- Would you recommend this workshop to others? If so, who?

Fig 9: Pre/Post Workshop Survey
Workshop 2: Evaluation Results

A total of five participants took the pre-workshop survey and participated in the post-show focus group. Prior to the workshop, four participants saw a division between the recovery and health systems and three participants saw it as problematic. After the workshop, all agreed that there is a division, that it is problematic, and that they understood the issue better as a result of the workshop. All participants shared that even though this issue exists, things are improving as more recovering addicts learn to advocate for themselves and more health professionals take time to learn about the process of recovery. Participants agreed that the workshop helped to point out the responsibilities of both patients and physicians when making decisions related to health. They also agreed that the Forum and improvisation segments help them to see the issues more clearly, hear different perspectives on the topic, and share strategies with each other. They thought the workshop would be especially useful for healthcare professionals, family members, and other non-members of recovery who are expected to be a part of a recovering addict’s support system.

Discussion

These projects are examples of how two students explored, adapted, facilitated, and evaluated online participatory theatre for health workshops during COVID-19. Although the online platform was required as a COVID-19-safe venue for applied theatre workshops, many benefits were noted by both facilitators and participants. Zoom allowed the participants to be in their own familiar safe environment, and several indicated they preferred the online setting to in-person because they could control their responses, remain anonymous at times, and use the chat function to express themselves and participate in the Forums. Private direct messaging allowed participants to communicate directly with the facilitator and to express themselves confidentially. This helped facilitators respond to participants’ needs and respect boundaries.
without alerting the entire group. In these ways, the Zoom experience helped participants feel more liberated to explore issues in a community setting.

Even though several areas of improvement were noted in both sets of evaluations, the sample size for both workshops was small, and so the results, although trending positive, may not be generalizable. A statistical analysis would need to be conducted on the data in order to determine statistical significance. In addition, many of the workshop participants were friends or acquaintances of the facilitators; thus, survey responses and feedback may be biased by social desirability. Although reactions to the Forum segments were uniformly positive, the workshop evaluations were focused on all aspects of the workshops - warm up exercises, Forum segments, discussions, and cool down exercises, and so results reflect feedback on the wholistic experience of the workshops. Although the data is limited, it does indicate positive change in several areas among participants and should not be discounted.

This program encouraged students to explore formal evaluation techniques, analyze their work, and through this process, develop a better understanding of how participatory theatre can be a potent agent for social change. Instructors can work with students to develop small evaluation protocols, navigate IRB processes, and collect/evaluate data on applied theatre workshops. Crider noted:

The freedom to choose my own research topic allowed for my full dedication. I felt true independence and responsibility and I learned how to design, perform, and report a research project. As someone new to research, it was very enlightening learning about all the little steps that takes for a project to work.

Walker noted: “You will not be able to answer EVERY question thoroughly in one study. More questions may pop up.”

**Implications for Practice**

Shifting to Zoom in response to COVID-19 forced applied theatre practitioners to rethink how participatory theatre experiences are designed and delivered. Hybridization of techniques drawn from Theatre of the
Oppressed, Sociodrama, and Ethnographic (testimonial) Theatre can improve engagement among workshop participants and increase safety in the online environment and in-person. The techniques described in this article can be helpful for practitioners seeking to integrate a variety of interactive theatre techniques into both in-person and online practice, as well as those who wish to begin to evaluate, or help students learn to evaluate, their work. Evaluation of applied theatre places the discipline more squarely in the realm of the social sciences and gives students the opportunity to access and develop research methodologies outside of the traditional areas associated with research in higher education. As instructors return to in-person and/or hybrid environments, incorporating lessons learned during the pandemic can lead to more accessible and varied participatory theater experiences for diverse audiences globally.

References