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Participatory Theater in Community Health

Literature Review, Playbook and Observations

A Thesis

Presented in Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

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By

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Introduction

En route to perform a youth-generated about the negative effects of parental involvement laws that impede abortion access, my car—with three youth in the backseat and one in front—slowed to observe a line of anti-choice protesters along Chicago’s Lake Shore Drive. The scene was classic: a dozen or so protesters stood with signs featuring Photoshopped images of mangled fetuses next to text that said “Abortions aren’t healthcare.” “Yes they *are*,” said the youth in the front seat. Another in back scoffed, a third turned his head away, and the fourth young person offered perhaps the most useful response: “We should invite them to our performance. At least our event doesn’t feel like a haunted house.”

After ten years working in sexuality education and youth development, I became well acquainted with the strategies used to shame and scare young people out of making poor sexual decisions. Simultaneously, I became acquainted with creative methodologies that do exactly the opposite—that affirm, normalize and support youth sexual decision-making and produce positive outcomes as a result. In this manuscript, I will describe the need for innovative strategies in health education through a comprehensive literature review and I will outline forty-three participatory theater activities for use in a health context. I will close with personal observations of employing these activities in my own work at three different application sites. Through analysis of adolescent health research, invention of original educational methodologies, and observation of personal experience, I hope to instill new vision and life into the field of youth sexuality education.

Literature Review

Sex and shame: the need for intervention.

Fear and shame-based strategies plague sexuality education and American sexual culture at large, resulting in negative health outcomes for young people and adults. Participatory theater offers tonic to this plague. Uses of shame and fear-based strategies in sexuality education leave American youth less healthy than their peers in other developed countries, reflected in negative health outcomes and disease statistics in the United States (“A brief history of federal funding for sex education and related programs”). Sexuality education prioritizes knowledge and skill building and does not concern itself with youth internalizing attitudes of shame; rather, educators rely on shame and fear to move students away from sexual activity. These shaming efforts result in negative health outcomes for American youth and should be a public health concern for this reason. Educators miss a critical opportunity to create spaces in which young people feel excited, brave and affirmed in their sexual decision-making. In this literature review, I will discuss the health consequences of using shame in sexuality education as well as how participatory theater can reverse these effects by providing pleasure, diverse perspectives, practice for real life and shared power.

Measurable objectives in sexuality education focus too much on pregnancy prevention skills and knowledge, and not enough on shifting attitudes. President Obama’s 2008 election brought with it a significant shift in the national discourse about sexuality education, alongside a change in funding requirements for sex education programs. In December 2009, Obama signed the Consolidated Appropriations Act of 2010, including \$114.5 million for a Teen

Pregnancy Prevention Initiative (TPPI). The TPPI Initiative supports “competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy” (“A brief history of federal funding for sex education and related programs”). TPPI-supported programs on Mathematica Policy Research’s list of approved Evidence-Based-Interventions (EBIs) all have a strong prevention focus instead of framing youth sexuality from a positive standpoint. Most of these interventions stem from behaviorism public health theories such as the Health Belief Model, Theory of Reasoned Action, Theory of Planned Behavior and the Stages of Change Model (Glanz, Rimer and Viswanath). When applied to sexual health interventions, these models look at youth as “at-risk,” rather than at-promise, a deficit-based approach that partly responds to more rigorous evaluation processes that demand drastic increases in program participant knowledge and skills (U.S. Department of Human Services 7). Attitude shifts are harder to measure in SMART meters (Specific, Measurable, Action-Oriented, Realistic and Time-Based) required by newly introduced national sex education funding streams (U.S. Department of Human Services 11). For this reason, funding applicants pay less attention to them.

This focus of EBIs on reducing pregnancy rather than on reducing shame around adolescent sexual decision-making has negative health outcomes. General youth development programs on the list pay some attention to attitude shifts by promoting self-esteem and healthy values, but health-specific programs focus more on skill development like correct condom use. Similarly, many evaluation designs for sexuality programs focus primarily, if not exclusively, on behavior change. Assessing only behavior change requires limited attention to (or valid documentation of) complementary or competing social messages and attitudes, while also

underestimating the effects that more creative interventions may have on factors that facilitate behavior change such as peer norms and cultural influences (Glik et al. 42-43). In order to improve the health of American youth, attitudes must be prioritized in classrooms with eliminating shame as a primary focus.

The Youth Risk Behavior Survey, last analyzed in 2013, demonstrates a significant need to transform the landscape of health information dissemination in the United States. The Center for Disease Control and Prevention states that 46.8% of high school students have ever had penetrative sexual intercourse (Center for Disease Control and Prevention 24), and 15% of students had sex with 4 or more partners (25). Although youth ages 15-24 make up only a quarter of the American population, they are responsible for more than half of all sexually transmitted infections each year. These detrimental health statistics hold biting true despite the fact that nationwide, 85.3% of youth were taught about HIV and other sexually transmitted infections (STIs) in school (29). After the majority of federal funding for abstinence-only education was pulled at the end of George Bush's second term, most American students began receiving some type of comprehensive health information. However, 40.1% of youth in 2011 reported not using a condom during their last sexual contact (26) and 22.4% drank alcohol before their last sexual contact (28). These statistics suggest a flaw in sexuality education—while students do receive sexuality information, *how* they receive it drastically impacts their health outcomes.

Part of the problem in confronting shame in sexuality education is that it is often delegitimized as a real issue. Shame is so woven into the public discourse on sexuality that it becomes difficult to imagine an education fabric with new threads. For this reason, it is critical

to name shame and stigma in sexuality curriculum and conversations. Stigma is defined as an undesirable attribute in a person that sets that person apart from society. Shame, on the other hand, is an intense negative emotion resulting from a person experiencing failure in relation to their own or others people's standards, feeling responsible for that failure, and believing that failure reflects an inadequate self (Cunningham et al. 1). Sometimes called self-stigmatization, shame reflects a person's acceptance of the negative aspects of stigma. Stigma is the water we swim in, while shame is what we believe about ourselves while swimming.

Stigma can be associated with messages like:

- 'People think I'm nasty'
- 'People are uncomfortable around me'
- 'People avoid me'
- 'People don't think I'm smart'
- 'People think I'm not clean'
- 'People think badly of me'
- 'People think I'm going to fail'

Shame can be associated with feelings like:

- 'I'm embarrassed'
- 'I feel guilty'
- 'I'm afraid'
- 'I'm disappointed in myself'
- 'I'm not good enough'
- 'I'm mad at myself'

- 'I will probably fail'

How do these messages serve young people or adults? And why are they at the core of so much sexuality education practice and pedagogy?

Public health interest in stigma began largely with Erving Goffman's 1963 research on information control and personal identity. In his central work, *Stigma: Notes on the Management of Spoiled Identity*, Goffman writes about the ways in which society categorizes individuals and creates a set of expected attributes that are felt to be natural and ordinary for members of each category. Since this assertion in the early 1960s, there has been a general consensus in the public health field that stigma negatively affects individual health. Less research has been conducted on the effects of shame, the internalized manifestation of stigma. Shame is taught in sexuality education classrooms through three primary modes: 1) exaggerating the negative consequences of sexual behavior; 2) demonizing sexually active youth; and 3) cultivating guilt to discourage sexual activity (Wilson, Wiley & Rosen 3). Departing from the expectations that Goffman lists as "normal and ordinary," such as able-bodied, heterosexual and thin, often leads people to experience shame. While stigma must be interrupted and transformed at the level of culture and systems, shame must be interrupted at the personal and interpersonal level. For this reason, understanding the negative health effects of shame is critical in the process of avoiding it as an education strategy.

Although some research has been conducted on the connections between healthy sexuality and reducing shame, sexuality education pays little attention to shame in the classroom (Rostosky, Regnerus & Wright). Some EBIs promote media literacy and culturally relevant increases in positive perception of self, but they make little connections to shame

produced by those cultural messages. Shame often produces more severe and more long-term health detriments than pregnancy or STIs. From birth through adulthood, shame produces a wide array of disorders including depression, addictions, eating and sexual disorders, as well as emotional problems linked to experiences of one's gender, race, age, class, sexual orientation or ability level. Shame manifests itself through alienation, lack of motivation, and feelings of meaninglessness, all which can have long-term consequences on individual health (Morrison 23). Aside from the obvious negative implications shame has on one's perception of self, shame negatively affects individual health in four central ways: 1) it prevents individuals from exploring desire in safe and pleasurable ways; 2) it creates barriers to openly seeking healthcare services; 3) it impedes disclosure of sexual history between partners; and 4) it reinforces rape culture. Below is a detailed description of shame's negative health outcomes, not just in the bodies of young people, but in anyone who ever internalized shame from sexuality education or sexual culture at large.

Shame hurts our health.

Shame prevents us from exploring desire in safe and pleasurable ways.

Using shame and silence in classrooms does not discourage sexual activity. It discourages *safe* sexual activity by preventing youth from asking the questions they need to ask and accessing the information they need to make informed decisions about their bodies. Texas provides a clear example of this point. More than a decade ago, Texas legislature made the decision to promote abstinence- only curricula over any other method of sexuality education in schools. Texas uses the *Why kNOw?*, *FACTS*, and the *Scott & White Worth the Wait* curriculum, all famous for their use of shame and fear strategies that focus on the negative outcomes of sex

(Wilson, Wiley & Rosen 2). The *FACTS* curriculum is strung together by a common theme of shame and sickness, telling 8th graders: “You know people talk about you behind your back because you’ve had sex with so many people. It’s so empty too. Finally you get sick of it all and attempt suicide” (4-5). Slut-shaming messages like these do not serve young people in developing healthy sexual practices. In 2009, the teen birth rate among girls ages 15-19 in Texas was 60.7, compared to 39.1 in the US. Texas youth also ranks well above national averages on virtually every published statistic involving sexual risk-taking behaviors (2).

Countless longitudinal studies have shown that using shame-based strategies to educate youth about sexuality decreases positive perception of self and increases fear in students, but does little to actually change behavior. In addition to research on the effectiveness of abstinence only programs, smoking cessation and drug prevention program studies offer further proof of the failure of exaggerated risk messages (Johnston et al. 17). This is because young people are smart. When their perceived risk of unintended pregnancy or contracting an STI is high, but their self-efficacy for prevention is low, they see through risk messages and dismiss them as propaganda. If youth perceive the risks of sexual behavior as equal to their efficacy to engage with prevention strategies, youth are more likely to adopt preventative behavior. When they perceive their efficacy as less than the risk of sexual behavior, they do not avoid sex. They have it unsafely. Shame does not erase sexual curiosity in young people—it erases their perceived ability to navigate sex’s negative consequences.

Shame prevents us from seeking healthcare services, including testing for STIs.

The stigma and shame associated with sexually transmitted infections have long been identified as barriers to the STI care-taking process and as contributors to negative psychosocial

experiences in response to an STI diagnosis. In San Francisco in 1998, Cunningham et al. (2002) conducted a study on sex-related stigma with African-American youth ages 13-19. The study found that youth were 73% less likely to have been tested for an STD if they reported high levels of stigma around having an STD, and were 81% less likely to have been tested if they reported high levels of shame around having an STD (Cunningham et al. 3-4). This perceived negative reaction from healthcare professionals prohibited youth from seeking the services they needed, with only 56% of sexually active participants having sought STD related care in the past year (3). The same study found that avoiding the social interaction required for STD testing is a way in which some adolescents prevent feeling shamed and stigmatized. When youth view sex as dirty or nasty, they view STI testing as dirty or nasty. Sexuality education cognitively links adolescent sexual behavior to sin and shame, thereby leading youth to make the same link with barrier methods and avoid using them in the process.

Shame prevents us from disclosing sexual history to partners or healthcare providers.

The same San Francisco study mentioned above found that 38% of participants anticipated that a negative reaction would result from disclosing sexual behaviors to a doctor or nurse (Cunningham et al. 4). These youth were correct in anticipating that reaction, because a 2003 study on predictors of shame and stigma found that public health clinics expressed disapproval particularly of young women who sought STI-related care, especially if clients did not seem embarrassed or ashamed (Foster and Byers). As is the case with prejudice against people who are overweight, people with STIs may be shamed because of the inaccurate assumption that they have irresponsible or immoral characteristics. When young people internalize stigmatized messages of irresponsibility or immorality, they are less able to disclose past sexual experience

with partners or to disclose STI history or risk. Open communication with partners is an essential factor in creating healthy relationships. Similarly, open communication with healthcare providers is critical in getting the services that young people need. Shame closes the door to conversations that young people need to have in order to be safe, affirmed and healthy.

Shame perpetuates and enforces rape culture.

Sexual contact for youth is not always a choice, and is sometimes a result of coercion, force, or survival. Connecting sex to moral weakness can cause severe psychological damage or secondary trauma for young people who have been assaulted. When young people, and young women especially, connect their moral worth and identity to their virginity, they experience severely damaging psychological effects when that virginity is taken from them, especially by force. In May of 2013, the Huffington Post ran a feature on Elizabeth Smart, who was kidnapped, raped and held captive for nearly a year. Her story provides clear example of the silencing effects of shame-based sexuality education. After her rescue, Smart described how feeling shamed throughout her sex education prevented her from trying to escape her captors. At a forum on human trafficking at Johns Hopkins University, she described her sex education, which compared women who have sex before their wedding night to chewed up pieces of gum:

“I thought, ‘Oh my gosh, I’m that chewed up piece of gum, nobody re-chews a piece of gum. You throw it away.’ And that’s how easy it is to feel like you no longer have worth, you no longer have value. Why would it even be worth screaming out? Why would it even make a difference if you are rescued? Your life still has no value. I was raised in a religious household where I was taught that sex only happened between a married man

and a woman. After that rape, I felt so dirty ... can you imagine going back into a society where you are no longer of value? Where you are no longer as good as anybody else?"
(Howerton).

Equating virginity with purity silences survivors and creates roadblocks to their healing process. Lessons like Elizabeth Smart's become particularly damaging to the 1 in 3 individuals who experience sexual violence in their lifetimes, who certainly don't need help in feeling shame about their experience.

To conclude the previous section, myriad uses of shame in sexuality education dangerously affect the health of American youth. Educators rely on shame to discourage sexual behavior in youth, focusing on knowledge and skill-building over attitude shifts. This prevents young people from exploring desire in safe ways and stops them from talking with their healthcare providers and partners about sexual history. When educators cultivate guilt in their students to discourage sexual activity, they reinforce messages that continually harm rape survivors for whom sex is not a choice. When youth feel shame about their desire or unable to protect themselves from all of sex's negative consequences, they become less well. Shame should be a public health concern for this reason. Reducing shame and stigma around adolescent sexual decision-making while increasing positive perception of self should be a primary concern of all sexuality educators—as primary a concern as HIV and STI prevention.

Moving forward, sexuality education has huge potential to affirm and normalize behavior and inquiry in order to reduce shame of youth participants. I know from my work with young mothers, for example, that becoming pregnant is not the determining factor that reduces their chance of success. The youth I work with certainly experience increased barriers

to housing, and financial and academic achievement when they choose to parent, but they consistently teach me that shame is their primary barrier to resilience. I observe dozens of young moms for whom the determining factor of success is whether or not they experience institutional and interpersonal messages of shame about being pregnant, and thereby internalize them. With these young women, perception of self is the primary indicator of overcoming oppression and poverty. For this reason, sexuality education must work to reduce shame around adolescent sexual decision-making and inquiry. Innovative practices that use game and storytelling to engage youth participants offer strong tools for this endeavor. Herein lies the potential of participatory theater in community health development.

Cultural practice as tonic

Cultural practice (including visual arts, music, movement, performance and others) holds powerful implications for individual health and as a mode for reducing sexuality related shame. The introduction of the arts and cultural practice into healthcare helps patients find new modes of self-expression and provides multiple pathways for communication with others (Staricoff 25). For example, the arts have been shown to preserve and maximize the sense of self in mental health patients (26), enabling them to create new meanings of the world. Drama and role-play in particular respond to a deeper psychological need for people living with mental illness to understand their surroundings. This is due to the flexible nature of the arts, which follows the artmaker's intuition rather than attaching itself to a sense of right or wrong. Freeing individuals from fear of failure enhances their mood and perception of self. Healthcare providers, educators and all adults who care about young people must utilize these arts-based strategies in an effort to reduce the damaging health outcomes caused by sexuality-related

shame. In this section, I describe how the use of storytelling and games, which can combine to make participatory theater, leads to positive mental and physical health outcomes. In my participatory theater framework, **game** accounts for the rules and system of play between audience /classroom and actor/facilitator while **story** anchors that experience in empathy. In my extended manuscript, I will describe and outline various participatory theater activities for use in a community health context, but below states why they matter to the health of young people.

Story

Storytelling strategies in healthcare and health education carry beneficial impacts at both an individual and cultural level. At its core, story provides multiple opportunities for empathy and critical reflection on both the part of the teller and audience. When facilitators use storytelling strategies in sexuality education, they help young people understand non-dominant and diverse experiences that may connect to their own, uniquely reducing shame. Mid 18th century folklorist William Thoms describes the four primary functions of story in culture: social control, amusement, validation of culture and education. From fairy tales to political stories, narratives warn, urge, entice, seduce, affirm and teach by appealing to one's sense of humanity. Walter Fisher argued in 1987 that rather than homo sapiens, humans should be called homo narrans (Fisher). Claiming that human reason is best appealed to through stories, Fisher points to the natural inclination of people and cultures to evolve through narrative. His argument comes as no surprise, as the cultural practice of storytelling has been exercised since before the existence of spoken language. Cave paintings that detail stories of events and experiences help us connect to the lives of prehistoric people, while the same

paintings helped early humans connect to each other. Narrative links us to others across great divides while building community around shared life experiences and decisions. When individuals exchange stories, they create and recount history, a critical process in cultural and family development.

On the individual level, narrative is the primary means through which we negotiate our changing identities by recounting and explaining our decisions (Miller, Martin and Beatty 299). For this reason, helping youth author their own narratives can reduce internalized shame. Stories help people successfully cope with and reframe their experiences including illness, sexuality-related experiences and trauma (Sunwolf, Frey and Keranen 238). Unique from other educational strategies, stories support youth in their identity formation by enabling young people to cast themselves as the protagonist in their own lives. Adolescents engage in narrative work for diverse reasons in their identity formation: to reconcile their contradictory feelings, to balance what happens to them with what they hoped would happen or what they learned is “supposed to happen,” to grapple with a loss of childhood, and to maintain an anchor of self in the face of psychological, cognitive and emotional change (Miller, Geist Martin and Cannon Beatty 298).

Youth assert control over the types of stories they tell about themselves, creating realities that serve important functions in their development. A young man started attending the sexuality youth group I ran when he was fifteen years old, complaining of homophobia in his school. He had not come out to his peers or the school staff, but was consistently made fun of for “being gay” for having traditionally feminine traits and interests. Although youth (and adults) often incorrectly conflate gender identity and sexual identity, they were right in their

assumption of this young person's sexual identity. He *was* gay but did not express it openly. Even in the safe space of our sexuality program, which included several queer-identified youth, the story he told about himself was that he was straight. Only after he heard the stories of many other queer youth did he start authoring his own to align with his authentic sexual desires. His school peers could not tell his story for him (especially as a tool for bullying or harassment). Despite this young man's description of his queer sexual behaviors to those of us involved in the sexuality program, we could not tell his story for him either. The story had to change and move with his experiences of the world, central to his identity development. He had to be the primary author, acting as the protagonist in his own life.

Forming identity in this way is critical in the process of developing resilience to experiences of shame. When we author our own definition of self, it becomes harder to internalize negative messages about our desire, attraction, sexuality, and health. Stories also help us understand that we are not alone. They offer an alternative to isolation and silence, as demonstrated in Sunwolf, Frey and Keranen's writing: "Trauma, illness and grief create frightening forests of pain, with unfamiliar roads; in such a context, listening to stories suggests myriad pathways out of dark forests" (239). Shame creates these dark forests of silence, fear and doubt. Storytelling offers a way out.

Game

While the purpose of games in reducing sexuality-related shame overlaps with that of storytelling, games offer several distinct functions that can improve the health of young people. In *Critical Play*, Mary Flanagan defines a game as an artificial system that involves players, conflict, rules and a quantifiable goal/outcome (Flanagan 7). Similar to stories, games impact

both the cultural and individual world. They help define social norms and identity by presenting ideal “win states” connected to notions of normalcy. To this end, Flannagan writes that “the use of play as forms of bonding, including the exhibition and validation or parody of membership and traditions in a community, is essential to cultural formation” (5). Perhaps most salient of the many cultural uses of games is that they help players perform utopian revisions for the world, or rehearse for revolution as Augusto Boal called it (Flannagan 149, Boal). Like stories, games also help groups connect to each other, bond and form cohesive identities. Groups form identities through repeated experiences with success and failure and through pleasurable, meaningful engagement with one another.

Building community in this way is critical in the process of interrupting messages of shame before internalizing them. Throughout my work in adolescent sexuality education, I watch youth openly and freely explore complex emotions and ideas with near-strangers when asked to play games. In the first fifteen minutes of an orientation for a youth leadership program I ran, youth who had never met before shared deeply personal stories about their aspirations and fears with each other because they were asked to do so in the context of freeze tag. The youth reflected to me months later that they felt closer to each other in that fifteen minute game of tag than they felt to their peers after a year of sharing classroom space together. Being inside the chaos and order of freeze tag not only helped them connect with one another in meaningful ways but also got them “in flow.” True for both youth and adults, this concept suggests that one can be so absorbed by creative activity that ego and self-consciousness fall away (Flannagan 150). When our self-consciousness falls away, our shame resilience sets in.

In addition to their cultural uses, games make significant impacts on the health of individuals and their perceptions of self. Play frees young people from fear of failure by attaching win and lose states to the imaginary world of the game. It helps them negotiate the risks of the adult world with pretend as a buffer, furthering their progress into adulthood (Flannagan 5). Just as games teach young people about the rules and processes of the adult world, they also help youth understand when and how to break those rules by encouraging experimentation and transgression (Squire and Jenkins 8). The rules of the adult world aren't always set up for young people to succeed, especially those who hold stigmatized identities like homeless transgender youth or color. These young people especially need to experiment with safe rule-breaking, moving them out of dominant expectations that don't suit their needs.

Game + story= participatory theater

Participatory theater is a mode of performance in which the **story** is regularly interrupted by moments of interactive **game** and conversation. At its most basic function, participatory theater asks audiences to interact with performers and/or each other through designed, narrative, and time-based invitations. This mode of theater often casts performers as facilitators and improvisers who exchange ideas with audiences. For this reason, participatory performance is elastic, responding to and evolving from the voices in the room. While participatory theater takes on distinct manifestations in different contexts, it almost always offers narrative to spectators as a springboard for exchange *during* the event. Different than a traditional play that might ask audiences to participate in a post-show talk back, participatory theater combines engagement and entertainment. It uses story and game as modes for activating dialogue, cultivating inquiry, amplifying audience voice and building community.

Participatory theater was popularized by Brazilian theater artist Augusto Boal, who created Theater of the Oppressed in the early 1960s. Boal's Forum Theater, a central influence in the development of participatory theater, enabled the audience member or "spectator" to practice for revolution through role-play (Boal). Boal's work was shaped by Brazilian educator and philosopher, Paulo Freire, who created the foundations of Popular Education. At the core of popular education is the belief that all individuals are capable of making valuable contributions to learning spaces, moving beyond the expert/novice dynamic prevalent in many classrooms today (Freire).

Participatory theater, which employs the modes of popular education, contrasts and complicates behaviorism theories. Where the Health Belief Model says that behavior changes when one's sense of self-efficacy increases on the individual level (Glanz, Rimer and Viswanath 48), Participatory Theater says individual change happens a group collectively rehearses for the change. Participatory theater stories and games center around a similar commitment to full-group investment and input. The Latin origin of the word "participatory" is "part" or "portion," signifying that participation needs to include everyone as a piece of the solution. Effective participatory performance does not succeed without active engagement from the full group. Individual health theories miss this opportunity for community building and collective visioning. For example, the Stages of Change behavioral health theory moves through a six-step process of change to identify where individuals are in their paths to health (Glanz, Rimer and Viswanath 98). The process can succeed without a group, whereas participatory theater ignites full communities in the stages of change.

Participatory Theater has taken different forms throughout the history of performance

ranging from suggestions from the audience in improvisation scenes to highly immersive choose-your-own-adventure theatrical experiences like Punchdrunk's *Sleep No More*. These participatory performances invite audiences to interact in a variety of ways ranging from low-exposure to high-exposure opportunities. Regardless of the level of participation, venue or form, participatory theater always involves one part game and one part story. Game and story entice participants into action by framing experiences and questions. They live beyond the world of blackbox theaters and provide a means of playfully saying, "Look here," "Pay attention," and "What do you want to do about this?"

What does this look like?

- It almost always looks like: actors talk directly to the audience and the audience talks to each other. Actors change their action based on audience response.
- It sometimes looks like: audiences take direct action during the performance event through conversation, improvisation and sharing ideas.
- It never looks like: audiences passively sit back to watch for the duration of the performance event.

Similar to performances designed only for entertainment purposes, participatory theater uses performing and dramatic arts to engage the attention, interest, and curiosity of audience members (Glik et al. 42). Rather than purposely seeking to explain, participatory theater compares different life choices through role-play and character-led conversations, leading students to engage in decision-making processes in interesting and accessible ways. Live performances draw upon the strengths of both mass and interpersonal communication (Valente & Bharath). Like mass communication media, performances enable interventions to

reach many people at once (i.e., full audiences) versus one person at a time. At the same time, the live nature of performances brings with it elements of interpersonal communication. In my framework of participatory theater, I put forth a model that compels and entices students into learning by providing pleasure, an exploration of diverse perspectives, opportunities to practice, and shared power. These “4 Ps” of participatory theater (pleasure, perspective, practice and power) uniquely reduce shame in sexuality education spaces.

The “Four Ps” of participatory theater

Participatory theater offers **pleasure** by refreshing, revitalizing, and energizing existing curriculum, reducing shame in engaging with said curriculum. It provides immense freedom for participants to explore, expand and experiment (Spolin, 1986; White, 2009). It offers space for youth to play and to follow their intuition, necessary steps in the road to shameless learning. Through use of game and story, participatory theater invigorates learning spaces, helping youth laugh and enjoy. Humor serves as a critical component to this process, which participatory theater educators use to handle traumatic or otherwise heavy material with lightness and care. Strategic use of humor increases content accessibility and improves the ability of youth to stay in difficult conversations for longer periods of time. In successful theater practice, no ideas fail. This freedom enables students to engage more fully in classroom spaces, authoring each other’s learning. Because of this freedom, students take more risks and make more self-driven discoveries (Rohd xvii). When educators amplify youth voice through innovative response to their suggestions and inquiry, young people experience pleasure in witnessing a radical transformation of their ideas. This sense of pleasure is central to reducing shame around adolescent sexual decision-making.

Participatory theater provides opportunities to explore diverse **perspective**, reducing shame in asking sexuality-related questions or telling sexuality-related stories. Others' perspectives function as a tool for learning and decision-making (Rohd xviii) as audiences help performers make choices about their stories. Engaging with characters as they make decisions provides models for youth to live by or depart from (Glik et al. 44). Casting role models, even if just through narrative, can serve a significant function in the lives of youth. Participatory theater also explores diverse perspectives by teaching empathy. The techniques of participatory theater have long been used to teach medical students clinical empathy, the skill of recognizing a patient's emotional status and responding in the moment to promote better patient health outcomes (Dow et al. 3). Aristotle's *Poetics* articulated the human desire to experience empathy and catharsis, especially at a theater event (Aristotle). We want, on some foundational level, to understand and commiserate with one another. Participatory theater helps us do this by evaluating and affirming a multiplicity of stories (Spolin 2). Through this collective perspective-taking, participatory theater affirms non-dominant relationships, sexualities, identities and possibilities thereby reducing shame around those identities. Since youth receive countless messages about how to behave sexually, about who to want and what to wonder, exploring non-dominant perspectives is particularly critical in developing healthy sexuality.

Additionally, participatory theater provides the opportunity to **practice** for real-life experiences, reducing shame around said life experiences. If acting is doing (Spolin 9), then enacting positive communication styles and sexuality-related behaviors also prepares youth to "do" those actions in real life. Boal's concept of rehearsal for revolution can be utilized in

sexuality education as practice for healthy decision-making. Practice presents students with the opportunity to offer current, real-life examples for group problem solving and to “take action and to be the protagonist in one’s own life” (Rohd xviii). Ponzetti et al. (1999) write on the capacity of participatory theatre to help young people practice for real life:

“Popular theater enables those who are in some way disenfranchised to collectively examine sensitive issues, analyze possible causes, explore potential action, and create opportunity to take action. In difficult or precarious situations, where there are fears in regards to talking about particular circumstances or dilemmas, participatory theatre can offer fictionalized, and therefore safer, ways to comprehend complex, often personal, issues” (Ponzetti et al. 3).

By providing safe opportunities to explore decision-making strategies and outcomes, participatory theater reduces sexuality-related shame and increases opportunities to practice for real life.

Finally, participatory theater disrupts **power** dynamics in learning by casting educators and students as co-participants, which reduces shame and increases bravery in participating in sexuality programs. Democratic education manifests when facilitators and teachers model risk-taking for their students, a common occurrence when utilizing theater games. In order to engage students in a process of modeling and acting out positive behaviors, educators must model and enact first. In this way, educators and learners meet each other on the same plane and share power (Spolin 9). Discoveries happen through educator and learner collaboration, where both depend on each other to succeed. When the learner plays a part in crafting the narrative of the classroom, the notion of a “right” answer is released. Root causes of shame

stem from messages about the “right” sexual orientation, sexual behaviors, gender identity and gender expression. These dominant prescriptions rarely apply to the actual majority, leaving many young people unaddressed. Participatory plays and theater games necessitate youth voice and participation (Boal). Because youth direct the objectives of participatory plays and games, they experience less shame through this engagement. Participatory theater does not teach young people what they should know; it hosts dialogue about what they want to know, blurring the line of educator and learner. The disruption of power dynamics breaks traditional classroom expectations by denouncing expertise and casting learners as educators (Rossiter et al.). The use of democratic education leads to less manipulative dialogue and authentic learning without an intellectual bias, and prioritizes the motivations and needs of each learner (Bates 227).

To conclude this second section, participatory theater provides space for sexuality educators and learners to meet each other as fellow players in the classroom. In this process, students transform from recipients of programming to participants, enabling deeper engagement in sexuality education. By infusing pleasure throughout curriculum, providing opportunities to explore diverse perspectives, advancing the ability to practice for real life and sharing power, sexuality education will see a critical transformation. This shift will better enable youth to make healthy decisions in life, having actively practiced in risk-free environments. With a more energized learning environment, youth will also feel free to have conversations about sexuality without seeking approval from the educator. If participatory theater activities and tools are used to strengthen already existing sexuality curricula, youth will feel less shame around participating in sexuality programs. With reduced amounts of shame around their

decision-making process, youth will make better-informed sexual decisions and experience improved overall health. My extended manuscript outlines activities that achieve this purpose.

Participatory Theater in Community Health Playbook

Below I outline the rules, guidelines and applications for various participatory theater activities that can be used in a community health context. I created this playbook for use by theater artists, health practitioners, and youth and community workers of all types. While my tone in the previous section was directed at audiences with little to no experience in health or theater fields, my tone will shift in this section to speak directly to potential facilitators of each activity.

Each activity includes a content tag for application, which will help facilitators know how to input activities into existing sexuality curriculum, or build curriculum from the ground up. Activities also include information on the participant's level of exposure to attention from other learners during play. This will help facilitators intentionally scaffold activities to move players from lower to higher level forms of engagement carefully and successfully.

The playbook is broken down into 4 chapters—Build Community, Share a Story, Move Your Body and Act it Out. Activities in each chapter appeal to different learning styles. Weave activities from different chapters into your curriculum to cultivate inquiry through designed, meaningful and varied invitations to participate.

All activities appeal to the “Four Ps” of participation—Pleasure, Perspective, Practice and Power. Elements of pleasure offer vitality and enjoyment to educational spaces, invigorating curriculum. Exploration of diverse perspective presents low-risk ways for audiences to share their own experiences through the safety of a character. Opportunities to practice help participants put their education and knowledge to work in a safe space without fear of failure, preparing for future situations and conversations. All activities featured demand equally shared power between educators and learners, facilitating a meaningful, intentional and equitable exchange of ideas.

The next section details the breakdown between content tags, level of exposure and activity chapters. Following their extended description, I provide a chart for mapping each activity by content, exposure and chapter.

Designing your curriculum- Activity Type + Content + Level of Exposure

Activity Chapters and Types

The playbook is broken down into 4 chapters by activity type. Each chapter is color-coded. More “colorful” activity organization will facilitate strong participation and cater to multiple learning styles. This is not a necessity- you might want to lead a 90-minute session using only writing activities. This may be appropriate as long as they address your content area and scaffold from low to high exposure.

1. CHAPTER ONE: Build Community (Use these games to build community and transform the energy of the space)
2. CHAPTER TWO: Share a story (Use these writing and storytelling games to generate material or reflect on existing material)
3. CHAPTER THREE: Move your Body (Use these games to get participants out of their head and into their bodies)
4. CHAPTER FOUR: Act It Out (Use these role-play games to help participants practice for real life and explore multiple perspectives)

Content Tags

Each activity lists at least one content tag that describes the sexuality and/or health topic addressed. These content tags align with the National Sexuality Standards created by the Future of Sex Education (FoSE). Use these content tags to select multiple activities on the same topic to weave together a full session, or plug individual activities into existing curriculum.

#StartTheConvo (on starting health-centered dialogue)

- #StartTheConvo activities open the door to safe, accessible conversations about sexuality. They cultivate honest shame-free dialogue about previously silenced topics. Use these activities in tackling any health topic for the first time, as they are intended to catalyze initial conversations rather than continue existing narratives. #StartTheConvo games activate participant engagement with each other and cultivate health inquiry.

#Health411 (on health-related information)

- #Health411 activities explore an array of sexuality topics that parallel National Sexuality Standards including, but not limited to: anatomy, puberty and development, sexually transmitted infections including HIV, and hormonal and barrier methods of contraception. Use these activities to examine health information and cultivate inquiry on health topics.

#DoesThatCount (on healthy relationships, warning signs and rape culture)

- Use these activities to help participants ask, #DoesThatCount as sexual violence? when they encounter problematic messages and behaviors in their world. #DoesThatCount activities analyze examples and root causes of rape culture. These games help participants identify and call out sexual violence while developing action plans to respond. In recognizing sexual violence in their lives and communities, participants will also understand how to create healthier interpersonal and institutional relationships.

#MeWe (on identity, boundaries and goal-setting)

- #MeWe activities investigate individual identity in a social context, including but not limited to: sexual orientation, gender identity and expression, personal boundary setting, and one's internal sense of sexuality based on race, class, gender, age, ability, etc. Create safe space with these activities for participants to analyze social determinants of their own identity, set achievable goals and cultivate a sense of oneself as the protagonist in one's own life.

#BiggerThanUs (on examining systems and influences)

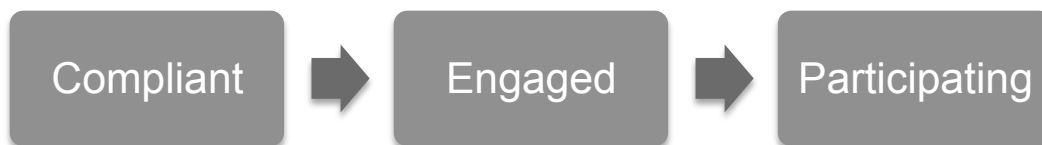
- Utilize these activities to lead participants in understanding systemic issues that are #BiggerThanUs. Participants will examine institutional change processes by thinking beyond the interpersonal level. They will consider the effects of various influences in their lives and infer ways to embrace or reject the power of those influences.

#StepUp (on advocacy and activism)

- #StepUp activities help participants achieve what Augusto Boal called “rehearsal for revolution.” They provide safe space to practice interrupting oppressive practices and policies, making room for failure. Use these activities to help participants #StepUp to respond to a spectrum of injustices from microaggressions to historical, systemic oppression.

Levels of Exposure

Each of the 4 chapters is broken down into low, medium and high exposure forms of participation. Facilitators should carefully scaffold participation for the same reason swimming lessons never begin in the deep end, but always start by treading water. Strongly scaffolded participatory curriculum moves from low exposure to high exposure in order to move participants from Compliant to Engaged to Fully Participating.



Differences in Low, Medium and High forms of exposure can be broken down based on visibility, choice and stakes.

EXPOSURE→	Low	Medium	High
Visibility	Big group, everyone plays together	Medium group plays, medium group watches. Equal opportunity to opt in or out	Small number of people (or 1 person) watched by the whole group
Choice	Lots of choice (different ways to engage)	2-3 different ways to engage, curated by facilitator	No choice, only 1 way to play or 1 thing to do/read/say
Stakes	Impersonal / low-stakes content (someone else's story, or no story)	Combination of personal and impersonal, or ability to associate one's own story with someone else's	Personal: exposing a personal opinion, experience, or value in front of the group

<i>Example</i>	<i>“On the count of three, everyone simultaneously call out one word you associate with sex.”</i>	<i>“Everyone, go around the circle and individually say one word you associate with sex.”</i>	<i>“One volunteer: say one word you associate with sex and share a personal story with the class about why that word came to mind.”</i>
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Low Exposure Activities:

- Silent writing
- Creating a sound scape
- Voting
- Stand / Sit if you agree...
- Call and Response
- Non-vocal sound, clapping
- Vocal, but non-verbal response (awww, ooooo)
- Group movement
- Sitting in a different place (according to...)
- Minor physical change (in response to...)

Medium Exposure Activities:

- Think, pair, share
- Offering a suggestion for a scene
- Small group work
- Answering one-to-one, direct questions (not in front of the class)
- Volunteering for a game / activity that everyone plays
- Physical gesture to indicate opinion
- Simple group Q & A

High Exposure Activities:

- Improvising a scene
- Playing in role
- Sharing a personal anecdote / feeling
- Volunteering for a game / activity that one person plays in front of group
- Playing a small group game
- Sculpting a performer’s body
- Moving around the room in response to a prompt

How to Play- Designing your curriculum

Activity Design

From the ground up:

When using the playbook to design participatory curriculum from the ground up:

1. Select activities with content tags that address your topic.
2. Ensure inclusion of activities from various chapters.
3. Arrange activities from low to high exposure.

Supplementing Existing Curriculum:

When using the playbook to supplement existing curriculum with participatory activities, consider the following questions:

- What level of exposure does my existing curriculum live in?
 - If High Exposure: What low-exposure activities in the playbook could lead learners to feel more comfortable participating in my existing curriculum?
 - If Low Exposure: What high-exposure activities in the workbook could push learners to engage more fully, thoughtfully and in more challenging ways?
- What learning styles does my existing curriculum address? Which gaps do I need to fill in through chapter selection (writing, movement, acting)?

Choose your supplementary activities from there.

Why This Design

This playbook offers activities to ignite you as a participant and co-designer of curriculum. Most sexuality education curriculum and training for healthcare professionals (such as evidence-based interventions and healthcare training modules) offer fully packaged sessions with activities that take the facilitator from start to finish. Most theater education books offer activities that can exist independently or plug into existing design. The activities that follow are strongest when woven together to address targeted content, multiple levels of exposure, and various learning styles. Each activity can be arranged and adjusted for different ages or other group demographics. I know you know your participatory community. For this reason, I invite you to scaffold and organize activities in the way that suits them best.

Acknowledgments

This playbook would not be possible without the mentorship and modeling of artists who have been applying theater practices in community spaces for decades. The activities in this book were influenced and inspired by practitioners like Augusto Boal, Michael Rohd, Viola Spolin, Dorothy Heathcote and Jan Selman. They were also created in collaboration with artists from For Youth Inquiry (FYI), a performing health collective that creates participatory theater interventions to educate youth about sexuality. I remixed and reworked their practices to best suit our audiences, and I hope you do the same.

Activity Table of Contents

1-Build Community (Use these games to build community and transform the energy of the space)	Activity Name	Description	Content Hashtag	Level of Exposure	Page
	1-1 Sound and Gesture	<i>Share emotions and ideas through abstract sound and movement.</i>	#StartTheConvo #MeWe	Low	(will add pages on final draft)
	1-2 Four Corners	<i>Explore different ways to answer an open-ended question or express personal preferences through movement.</i>	#StartTheConvo #MeWe	Low	
	1-3 Yes	<i>Play through verbal and non-verbal consent.</i>	#MeWe #DoesThatCount	Low	
	1-4 The Winds of Change	<i>Find common ground between players.</i>	#StartTheConvo #MeWe	Low	
	1-5 Affinity Groups	<i>Build microcultures within a larger community.</i>	#MeWe #BiggerThanUs	Low	
	1-6 Spectrum of Sexual Behaviors	<i>Examine sexual behaviors on a comfort spectrum.</i>	#Health411 #StartTheConvo	Low	
	1-7 Sexy Word Association	<i>Share sex-related words on a rhythm.</i>	#Health411 #StartTheConvo	Medium	
	1-8 Sociogram	<i>Explore initial connections between group members.</i>	#StartTheConvo #MeWe	Medium	
	1-9 That's Awesome	<i>Generate sex positive ideas with speed and energy.</i>	#StartTheConvo #Health411	Medium	
	1-10 Power Shift	<i>Create images and lines of dialogue that explore power imbalance.</i>	#StepUp #DoesThatCount	High	
2-Share a Story (Use these writing and storytelling games to generate material or reflect on existing	2-1 Travelling through time	<i>Write about what happens before and after change occurs.</i>	#StepUp #BiggerThanUs	Low	
	2-2 Social Media Interruptions	<i>Respond to negative messages online in 140 characters.</i>	#StepUp #BiggerThanUs	Low	
	2-3 Story Fire	<i>Collide 3-line stories to find one metanarrative.</i>	#Health411 #MeWe	Low	
	2-4 Break Up Letters to Rape Culture	<i>Identify the problems of rape culture and write your goodbyes.</i>	#DoesThatCount #BiggerThanUS	Low	
	2-5 Story Scavenger	<i>Map your story in relation</i>	#Health411	Low	

material)	Hunt	<i>to others</i>	#MeWe		
	2-6 Sex Ed Scripts	<i>Create scenes of failed and successful sex ed classrooms.</i>	#StartTheConvo #Health411	Low	
	2-7 Affinity Group Story Weaving	<i>Intertwine your story with others on your feet</i>	#StartTheConvo #MeWe	Medium	
	2-8 Safe Space Storytelling	<i>Describe elements of safe space through collective storytelling.</i>	#BiggerThanUs #StepUp	Medium	
	2-9 Memory Timeline	<i>Recall stories by charting a history of words associated with sex.</i>	#StartTheConvo #Health411	Medium	
	2-10 Contraception Speaks	<i>Create monologues in the voice of contraception methods.</i>	#Health411 #StartTheConvo	Medium	
	2-11 Media Messages	<i>Write monologues in the voice of the media.</i>	#DoesThatCount #StepUp	Medium	
	2-12 Comic Puberty	<i>Draw pictures and write messages to describe puberty experiences.</i>	#MeWe #Health411	High	
Move Your Body (Use these games to get participants out of their head and into their bodies)	3-1 Shelter / Seeker / Storm	<i>Race to form trio images that indicate chaos and safety.</i>	#MeWe #BiggerThanUs	Low	
	3-2 Safe Space Tour	<i>Give imaginary tours of places you want to be real.</i>	#BiggerThanUs #StepUp	Low	
	3-3 Contraception Machine	<i>Use sound and repeated gesture to understand various contraception components.</i>	#Health411	Low	
	3-4 Can we Consent?	<i>Find group consent through walking, clapping and jumping.</i>	#MeWe #StartTheConvo	Low	
	3-5 Seated Power	<i>Use chairs and body images to examine power relationships.</i>	#StartTheConvo #DoesThatCount	Medium	
	3-6 The first time I...	<i>Explore "first" experiences through anonymous storytelling and gesture.</i>	#MeWe, #StartTheConvo	Medium	
	3-7 Share Your Strategy	<i>Create and emulate gestures for being an ally.</i>	#StepUp #MeWe	Medium	
	3-8 I Am a Condom	<i>Explore various settings for sexual scripts to occur.</i>	#StartTheConvo #DoesThatCount	Medium	
	3-9 Relationship Statues	<i>Examine body language and power through still images.</i>	#DoesThatCount #StartTheConvo	Medium	
	3-10 The Barrier	<i>Explore STI protection</i>	#Health411	Medium	

	Game	<i>through a walking game.</i>	#StartTheConvo		
	3-11 Maximize/ Minimize	<i>Use still images to explore emotional experiences.</i>	#StartTheConvo #DoesThatCount	Medium	
	3-12 Partnered Power	<i>Investigate power through mirroring</i>	#MeWe #DoesThatCount	High	
	3-13 3-2-1 Anatomy!	<i>Assess knowledge of anatomy through 3-person images.</i>	#Health411	High	
	3-14 Moving Identities	<i>Embody and exaggerate various identities.</i>	#MeWe #Start the Convo	High	
Act it Out (Use these role-play games to help participants practice for real life and explore multiple perspectives)	4-1 Connect and Protect	<i>Interview STI protection methods to choose the right one for each personality.</i>	#Health411	Low	
	4-2 Myth Busting	<i>Respond to STI-related myths through dialogue and role-play.</i>	#Health411	Medium	
	4-3 Transforming Oppressive Messages	<i>Play out various interruption strategies to stop oppressive language and behavior.</i>	#StartTheConvo #StepUp	Medium	
	4-4 Chance Conflicts	<i>Role-play with group-generated quotes in difficult conversations.</i>	#MeWe #StepUp	Medium	
	4-5 Sexual Scripts	<i>Break down popular scripts by speaking in cliché.</i>	#DoesThatCount #StepUp	High	
	4-6 Make a Choice	<i>Perform and watch decisions played-out.</i>	#StepUp #StartTheConvo	High	
	4-7 The Obstacle Road	<i>One protagonist navigates multiple obstacles in a role-play.</i>	#StepUp #BiggerThanUs	High	

Extended activities with rules for play, application and facilitation notes follow.

CHAPTER ONE- BUILD COMMUNITY.

Activity Name Content Tag(s) Level of Exposure TIME Description	ACTIVITY DESCRIPTION (How to Play)	Application	(Notes)
1. Sound and Gesture #StartTheConvo #MeWe Low Exposure 10 MINUTES <i>Share emotions and ideas through abstract sound and movement.</i>	<ol style="list-style-type: none"> 1. Ask group to form a circle. 2. Explain, "We are going to perform a sound and gesture that tells the group how we want to indicate our gender in this moment. Avoid words- try to dig beneath the surface of language." 3. Demonstrate your personal gender sound and gesture. 4. Say, "In an effort to build community, we will repeat back each individual's gender gesture after it is shared as a group." 5. Demonstrate your personal sound and gesture again, then wait for group to perform it back. 6. Tell all participants in the circle to do the same. <ol style="list-style-type: none"> a. Group can perform the same sound and gestures in half the time to build energy. 	This activity can be applied as a group introduction game or used as a temperature poll. Participants can create a gesture that indicates how they are feeling in that moment, or share something they love or something they are, etc. It can also be applied for general brainstorms in which participants share a sound/gesture that represents habits of the Reproductive Justice movement, or their first experience of sexuality education, etc.	This activity should be followed by participants naming their preferred gender pronouns. Participants can also choose to be identified by the sound and/or gesture they performed if they wish.
2. Four Corners #StartTheConvo #MeWe Low Exposure 10 MINUTES <i>Explore different ways to answer an open-ended question or express personal preferences through movement.</i>	<ol style="list-style-type: none"> 1. Explain, "In a minute, I'm going to ask a question and designate a wall of the room for each answer. When I say 'go', we'll all move to the corner that best represents our answer. Let's try a practice round." 2. Ask, "Do you like to stay up late or get up early?" Designate a wall for "late," a wall for "early," a wall for "somewhere in between" and a wall for "it changes every night." 3. Say, "Go" and tell participants to move to the wall that best represents their answer. 4. Repeat with following questions: <ol style="list-style-type: none"> a. It's hardest to talk about sex with my guardians, my friends, my partner, my doctor. 	This activity can be applied as a group get-to-know-you game, or to reflect on content.	Facilitator should feel free to use as many corners or walls as necessary to represent all the available choices for each question.

	<ul style="list-style-type: none"> b. It's easiest to talk about sex with my guardians, my friends, my partner, my doctor. c. I'm comfortable/ uncomfortable talking about sex. d. When I'm confused, I typically ask questions to multiple people about sex, I keep quiet about those questions, I ask a trusted friend, or I look my question online. <p>5. Pause the game to ask participants to share why they are standing where they are standing. Example prompts include "Why did you choose this wall?" "Who chose this spot for the same reason?" "Did anyone choose it for a different reason?"</p>		
<p>3. Yes</p> <p>#MeWe #DoesThatCount Low Exposure 10 MINUTES</p> <p><i>Play through verbal and non-verbal consent.</i></p>	<ul style="list-style-type: none"> 1. Ask students to form a standing circle. 2. Explain, "This game is about getting consent to trade places. One person will start as the Seeker. To practice, I will be Seeker." 3. Demonstrate. "I want to find a new place in the circle, so I will point to someone and say their name out loud." <ul style="list-style-type: none"> a. Point to the participant and says their name out loud. 4. Demonstrate. "When this student says 'yes' I can begin to move towards their place in the circle. Before I get there, they need to find a new spot, by pointing to someone else and saying their name." <ul style="list-style-type: none"> a. Participant demonstrates. 5. Continue playing. As student comfort increases, add the following layers: <ul style="list-style-type: none"> a. Seekers can no longer speak, only point. b. Players must give consent non-verbally. c. Seekers can no longer point or speak. d. Players may not use any gesture. 6. Reflect: When is it easiest to give/receive consent? When is it hardest? 	<p>This game is a great warm up tool for discussing healthy communication for any topic (parent/child communication, doctor/patient communication, friends/peer pressure communication, etc).</p>	<p>This game works best when students agree to always give consent, but it's possible to play a variation where players have the option of saying "no" or "yes."</p>
<p>4. The Winds of Change</p> <p>#StartTheConvo #MeWe Low Exposure 10 MINUTES</p> <p><i>Find common ground between players.</i></p>	<ul style="list-style-type: none"> 1. Ask students to form a seated circle in chairs. 2. Say, "This game is about learning the invisible things that make us who we are. One person will stand in the middle of the circle and say 'The winds of change are blowing for anyone who...' and then will share one true thing about themselves. This true thing can NOT be something we know just by looking at you." 3. Explain, "If the statement spoken is also true for you, get up and find a new seat. Whoever is left standing will share a new fact about themselves." 4. Demonstrate with a fact about yourself. 	<p>This game is useful for finding common ground between diverse groups of youth and can lead to discussions around identity. It can also be applied around a theme like family-centered facts, facts from childhood or dreams for the</p>	

	<p>a. Good examples include city of birth, family size, favorite hobby, etc.</p> <p>5. After a practice round, pause the game to explain, "Sometimes things that are true for one person won't be true for anyone else. That's what makes us unique. When that happens during this game, we will all shout "You're unique!" at the same time, and then reset - everyone will find a new chair. Let's practice."</p> <p>6. Lead students in practice round.</p> <p>7. Play thru several rounds, until all interested students have had a chance in the middle.</p>	future.	
<p>5. Affinity Groups</p> <p>#MeWe #BiggerThanUs Low Exposure</p> <p>10 MINUTES</p> <p><i>Build microcultures within a larger community.</i></p>	<p>1. Participants cover the space.</p> <p>1. Say, "Walk around the room and try to cover all empty spaces. If you see an unfilled area, walk to it. Keep an soft focus on the full room- remember you are sharing space with others."</p> <p>2. Participants form Affinity Groups.</p> <p>1. Say, "Without talking, place yourself in groups based on what you're wearing on your feet."</p> <p>2. Count backwards from 10 while participants form smaller groups.</p> <p>3. Say, "On the count of three, I am going to point to each group and ask you to name your affinity group at the same time. No need to discuss before - let's see what comes up."</p> <p>4. Repeat with various prompts such as age, height, hairdo and clothing.</p>	This game can be used to build community, or discuss shared identities. It can also be used to discuss invisible identities and stereotypes.	
<p>6. Spectrum of Sexual Behaviors</p> <p>#Health411 #StartTheConvo Low Exposure</p> <p>10 MINUTES</p> <p><i>Examine sexual behaviors on a comfort spectrum.</i></p>	<p>1. Pass out a game board containing a spectrum with "Most Comfortable" on one end and "Least Comfortable" on the other end. Also pass out a set of game cards containing sexual behaviors on them.</p> <p>2. Say, "Place the behavior cards along the line to create your personal comfort spectrum. If you don't want to consider any of the behaviors, you can leave them off your spectrum."</p> <p>3. Ask group to consider one of the behaviors they feel less comfortable with.</p> <p>4. Say, "If someone asked you to engage in the behavior that made you feel uncomfortable, what is one thing you would say to them?"</p> <p>5. Tell students to write that message down and keep to themselves, or pass to someone else to read aloud, or read aloud themselves.</p>	This activity can be used to assess comfort for any kind of risky behavior, or any behavior that demands boundary-setting.	
<p>7. Sexy Word Association</p>	<p>1. Standing in a circle, instruct group to make a beat with either light snaps or claps.</p> <p>2. Pause the group rhythm to provide instructions.</p> <p>3. Explain, "One of you will start the game by saying</p>	Use this activity to debunk awkwardness and assess sexuality-related vocabulary in	

<p>#Health411 #StartTheConvo Medium Exposure</p> <p>10 Minutes</p> <p><i>Share sex-related words on a rhythm.</i></p>	<p>any word you associate with sex on the beat, like 'pleasure.' The person to your left will then say any word in response, like 'chest,' on the next beat. After those two words are said, the full group will combine both words into one phrase on the next beat, like 'Pleasure Chest' and then says 'Badada!'"</p> <ol style="list-style-type: none"> a. So the rhythm will go: Pleasure. Chest. Pleasure Chest. Badada. <p>4. After one player responds to the previous player's word, they offer a new word to the person to the left of them. This process continues on the beat until each participant gets a chance to respond to a word and offer their own.</p>	<p>a room.</p>	
<p>8. Sociogram</p> <p>#StartTheConvo #MeWe Medium Exposure</p> <p>10 minutes</p> <p><i>Explore initial connections between group members.</i></p>	<ol style="list-style-type: none"> 1. Ask participants to walk around the space, making sure they are filling up all areas in the room. 2. Say "In a minute, without talking, I will ask you to put your hand on the shoulder of someone who is dressed similar to you. Go!" 3. Continue with prompts that activate the interest and inquiry in our identities, both seen and unseen. Prompts can include: <ol style="list-style-type: none"> a. Someone who you think is very similar to you b. Someone who you think is very different than you c. Someone who you think is a good ally d. Someone who you would feel comfortable going to with a question about your sexual health e. Someone who you would trust to rescue you in the middle of the night from a dangerous place f. Someone who you wish you knew more about 4. Participants can choose to abstain from any of the prompts, if necessary. 5. Afterwards, start a dialogue about why they made the choices they did or if anyone was surprised at being selected by another for a particular prompt. 	<p>This activity gives participants a non-verbal way to explore their initial feelings and assumptions about the others in the group. By keeping the prompts positive, you ensure that anyone chosen feels complimented and not put down by having a hand on their shoulder.</p>	
<p>9. That's Awesome</p> <p>#StartTheConvo #Health411 Medium Exposure</p> <p>5 MINUTES</p> <p><i>Generate sex positive</i></p>	<ol style="list-style-type: none"> 1. In a circle, instruct participants to take turns listing 3 reasons for something sex-positive. 2. After each item listed the group shouts "1!" then "2!" then "3!" 3. After "3!" the group shouts, "That's awesome!" 4. Some prompts might include: <ol style="list-style-type: none"> a. Reasons why sex can be good b. Reasons why you can be yourself c. Reasons why it's okay to say no 	<p>This is a playful way to mine for reasons that support positive, healthy sexual behaviors. It also helps participants practice defending their views and values to others.</p>	<p>This game is most successful when played fast. Encourage the participant who is generating responses not to get in their head. They should say the first thing that</p>

<p><i>ideas with speed and energy.</i></p>	<ul style="list-style-type: none"> d. Reasons why it's great to be gay e. Reasons why someone would use a female condom f. Reasons why someone would use hormonal contraception g. Reasons why someone might not use contraception 	<p>Apply this activity to any content area that you want to draw positivity towards.</p>	<p>comes to mind.</p>
<p>10. Power Shift</p> <p>#StepUp #DoesThatCount</p> <p>High</p> <p>20 MINUTES</p> <p><i>Create images and lines of dialogue that explore power imbalance.</i></p>	<ol style="list-style-type: none"> 1. Say, "Sometimes when power is unbalanced in a relationship, decisions can be swayed." 2. Share the following scenarios of imbalanced power: <ul style="list-style-type: none"> a. Level of experience- one partner is a virgin and the other is not b. Level of "outness"-one partner has come out openly as gay to their community and the other partner has not c. Money- One partner buys the other consistent gifts and life supplies d. Age difference- one partner is much older than the other e. Alcohol- One partner is drunker than the other f. Gender difference- one partner is male and the other is female, or one partner is gender conforming and the other is gender variant 3. Divide students into pairs and ask them to choose one of the scenarios. <ul style="list-style-type: none"> a. Ask pairs to create an image of the power imbalance they chose. b. Ask pairs to generate a line of dialogue that flips the script. What could one of these characters say that would create a balance of power? 4. Pairs should create a new image that better matches this line of dialogue. 5. Rehearse a performance of all three moments - original image, line of dialogue, new image. 6. Perform transformations out for each other. 	<p>Use this activity to examine power imbalances in any relationship (teacher/student, parent/child, cop/citizen, boss/employee, etc). This activity can also be useful in bystander intervention contexts, where identifying the problem (as an image) is the first step in interrupting it.</p>	<p>This activity can be closed at any point after completion of step 3. Using the full activity exposes participants at higher levels, but also leads to more in-depth conversation about misuse of power.</p>

CHAPTER TWO- SHARE A STORY.

Activity Name Content Tag(s) Level of Exposure TIME <i>Description</i>	ACTIVITY DESCRIPTION (How to Play)	Application	(Notes)
1. Travelling through time #StepUp #BiggerThanUs Low Exposure 10 MINUTES <i>Write about what happens before and after change occurs.</i>	<ol style="list-style-type: none"> 1. Ask participants, "What is one community you move through? What is one change you would like to see in that community?" 2. Tell them to write that change, as if it already happened. 3. Then tell them to travel backward. <ol style="list-style-type: none"> a. Ask, "What happened just before that change occurred? Write 10 consecutive sentences that begin with, 'Before that...'" 4. Then tell them to travel forward. 5. Say, "Now write 10 consecutive sentences after the change happened that begin with, 'Because of that...'" 	Use this activity to develop concrete action plans around a change that your group is working to achieve, or use it to think idealistically and imaginatively.	
2. Social Media Interruptions #StepUp #BiggerThanUs Low Exposure 10 MINUTES <i>Respond to negative messages online in 140 characters.</i>	<ol style="list-style-type: none"> 1. Guide students to brainstorm oppressive messages they have seen on Facebook, Twitter or other social media that are shaming and hurtful. 2. Participants write a response. <ol style="list-style-type: none"> a. Participants work silently to craft a 140-character response to the negative message that they could tweet back at the first message. b. Instruct participants to use a hashtag to increase the amount of people who will see their message. 3. Practice. In a circle, share one of the examples of an oppressive message. <ol style="list-style-type: none"> a. Have participants popcorn written responses that interrupt. 4. Debrief. Discuss with students what kinds of interruptions and responses they liked they best. What were the common elements? <ol style="list-style-type: none"> a. List some methods of interruption that worked best (ie, humor, redirection, etc.). 	Focus this activity on any specific theme of oppressive messages (homophobic, slut-shaming, anti-choice or victim-blaming messages, for example) to increase media literacy and awareness.	
3. Story Fire #Health411	<ol style="list-style-type: none"> 1. Participants write a story. <ol style="list-style-type: none"> a. Instruct participants to write a 3-line story about sexual identity, either 	This activity applies the concept of story scavenger hunts to	

<p>#MeWe Low Exposure</p> <p>10 MINUTES</p> <p><i>Collide 3-line stories to find one metanarrative.</i></p>	<p>personal or witnessed.</p> <ol style="list-style-type: none"> b. Say, “Now speak your story 3 times out loud, until it is memorized. <ol style="list-style-type: none"> 2. Participants share a story. <ol style="list-style-type: none"> a. Instruct group to walk around the space and tell stories in pairs. With each new story, they must replace one sentence with someone else’s line to their story, looking for one metanarrative. 3. Reflect- What was the metanarrative? <ol style="list-style-type: none"> a. After 2-3 minutes of group storytelling, facilitator asks select participants to speak the final version of the story they developed collectively. 	<p>sexual identity. However, facilitators can substitute any core concept that youth might have personal stories around.</p>	
<p>4. Break-Up Letters to Rape Culture</p> <p>#DoesThatCount #BiggerThanUS Low Exposure</p> <p>15 MINUTES</p> <p><i>Identify the problems of rape culture and write your goodbyes.</i></p>	<ol style="list-style-type: none"> 1. Say, “We’re going to write a letter breaking up with rape culture. Start with Dear Rape Culture at the top, then list all the qualities of the culture that aren’t working out for you. As you feel inspired, write your plans for moving on.” 	<p>Writing break up letters can be a powerful tool for ending relationships with anything we don’t want to play a part in our lives, like addictions, internalized/interpersonal/institutional oppression, self-doubt, etc.</p>	<p>This activity looks at survivor and perpetrator stories not as isolated events but as a part of larger systems that support the existence of sexual violence in our lives. It should always follow a trauma-informed conversation that names the components of rape culture in order to dismantle it.</p>
<p>5. Story Scavenger Hunt</p> <p>#Health411 #MeWe Low Exposure</p> <p>20 MINUTES</p> <p><i>Map your story in relation to others.</i></p>	<ol style="list-style-type: none"> 1. Participants write their story. <ol style="list-style-type: none"> a. Ask participants to think of an experience they have surrounding teenage pregnancy, either personal or witnessed. Provide non-shaming prompts to inspire participant writing. <ol style="list-style-type: none"> i. What myths have you heard about teenage pregnancy? How do your stories bust those myths open? ii. Where is the joy in the story? Where is the struggle iii. Who is the hero in the story? 2. Participants tell their story. <ol style="list-style-type: none"> a. Instruct participants to walk around the space with a Scavenger map, telling their story in pairs. On the map is a list of components that participants must 	<p>This activity applies the concept of story scavenger hunts to Teenage Pregnancy. However, facilitators can substitute any core concept that participants might have personal stories around.</p>	<p>Your scavenger hunt “map” should list whatever components feel most relevant to the lesson.</p>

	<p>listen for in each other's stories. Such as:</p> <ol style="list-style-type: none"> i. Shame ii. Resilience iii. Personal Connection iv. Accessing Resources v. Not being able to access resource <p>3. Participants tell stories in pairs until the first participant checks off all story components on map.</p>		
<p>6. Sex Ed Scripts</p> <p>#StartTheConvo #Health411 Low Exposure</p> <p>15 MINUTES</p> <p><i>Create scenes of failed and successful sex ed classrooms.</i></p>	<ol style="list-style-type: none"> 1. Participants write a script for the first day of the worst sex ed class they can imagine. 2. Participants write using the teacher and students as characters. 3. After sharing scenes, guide discussion to pull out themes about what makes those classes bad (ie, shaming language, boring, avoidant). 4. After listing negative approaches, tell participants to write the reverse: a list of the top 5 elements of good sex ed, setting their own standards. 	<p>Use this activity to elicit ideas about what to include in your sex ed spaces. It is particularly useful as a needs-assessment towards the beginning of a program.</p>	
<p>7. Affinity Group Story Weaving</p> <p>#StartTheConvo #MeWe Medium Exposure</p> <p>25 MINUTES</p> <p><i>Intertwine your story with others on your feet.</i></p>	<p>(Builds on Affinity Groups from Chapter 1)</p> <ol style="list-style-type: none"> 1. Participants cover the space. <ol style="list-style-type: none"> a. Say, "Walk around the room and try to cover all empty spaces. If you see an unfilled area, walk to it. Keep a soft focus on the full room- remember you are sharing space with others." 2. Participants form Affinity Groups. <ol style="list-style-type: none"> a. Say, "Without talking, place yourself in groups based on what you're wearing on your feet." b. Count backwards from 10 while participants form smaller groups. c. Say, "On the count of three, I am going to point to each group and ask you to name your affinity group at the same time. No need to discuss before - let's see what comes up." 3. This process of covering the space, forming affinity groups, and naming the groups happens with multiple categories depending on group needs. Possible group categories include what you have on top of your head (hair, hat, etc), What you're wearing on top/bottom, etc. If the group wants to host a conversation about stereotypes and assumptions, possible categories could also include gender, race, age, etc. 4. Participants tell their story to a partner. 	<p>This activity can be applied in groups that are just meeting each other or groups that have been together for long periods of time.</p>	

	<ul style="list-style-type: none"> a. After each group forms, prompt participants to find a pair in their affinity group. Share a specific prompt inspired by each affinity grouping. <ul style="list-style-type: none"> i. For the groups that formed based on what they were wearing on their feet, you could ask, "What does it mean to walk a mile in your shoes? What cracks in the pavement/struggles do you encounter?" b. Instructs participants to listen actively to their partners' stories c. Ask participants to write 1-3 quotes from each story they listen to, directly after listening to the story. Partners share quotes with each other and ask for consent to use quotes in the next activity. Quotes that were not consented to are off limits for future play. <p>5. Participants weave their stories.</p> <ul style="list-style-type: none"> a. Form a standing circle and ask one person to step inside. Explain, "The person in the middle of the circle is our storytelling voice, but we will all work together to tell one narrative. In a minute, someone will begin by speaking a quote heard from their partner. That person will begin telling their partner's story in first person, until tapped out. Any of us can tap into the storytelling voice when we hear a word or concept from any of our partners' quotes. We will enter the circle by calling out that word or concept." b. Continue, "If I share a quote that reads, 'I come to this work because of my relationship with my mother,' and someone else has a family-related quote, they can call out "Family," before entering the circle. c. Explain, "There is no right or wrong interpretation of the ideas addressed in each quote. If someone heard my quote about my mother and it inspired a new story on family, even if I don't even imagine larger family concepts when I think of my mom, that person is still right. Think of every story as a seed for a second story." d. Then add, "The same word or concept 		
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	<p>can get re-used for multiple second stories.”</p> <p>6. Reflect, “What words or concepts came up most often in our weaving?”</p>		
<p>8. Safe-Space Storytelling</p> <p>#BiggerThanUs #StepUp Medium Exposure</p> <p>10 MINUTES</p> <p><i>Describe elements of safe space through collective storytelling.</i></p>	<p>1. Explore the question, “What is a safe space?”</p> <p>a. Guide participants to list specific elements that make a space safe. Encourage them to use senses: What does this world smell like? What do you see there?</p> <p>2. Participants share a story.</p> <p>a. Explain to the group that they will tell a story together about how the safe-space fantasy world they just brainstormed came to exist. One participant begins the story with “Once upon a time....” only saying one sentence. The student to their left will say the next line of the story.</p> <p>3. Continue around the circle until the story comes to an end.</p>	<p>Use this activity to tell a story on any theme, especially if the initial brainstorm involves specific, sensory images for participants to build upon.</p>	
<p>9. Memory Timeline</p> <p>#StartTheConvo #Health411 Medium Exposure</p> <p>15 MINUTES</p> <p><i>Recall stories by charting a history of words associated with sex.</i></p>	<p>1. Set up a timeline on a wall designating a spectrum that ranges from ages 1-5, 6-10, 11-15, 16-20, etc depending on ages of participants.</p> <p>2. Prompt participants to write any words they associated with sex across their lifetime on post-it notes (one word/phrase per post-it).</p> <p>3. Tell participants to place the words on the timeline in the appropriate age category.</p> <p>4. After the timeline is complete, examine the wall as a group. Discuss any themes or reflections.</p> <p>5. Ask each participant to examine the wall and find a word that reminds them of a story in their own lives about relationships and boundaries.</p> <p>a. Participants take the post-it off the wall once they have chosen one.</p> <p>b. Tell participants to share their stories in pairs, or write their story down.</p>	<p>Apply words across the life-span to any topic including “Experiences of the media,” “Terms you used for anatomical parts,” or “Educational milestones,” for example.</p>	
<p>10. Contraception Speaks</p> <p>#Health411 #StartTheConvo Medium Exposure</p> <p>15 MINUTES</p> <p><i>Create monologues in the voice of contraception methods.</i></p>	<p>1. Participants write a monologue from the perspective of various types of contraception, explaining their personal strengths and struggles.</p> <p>2. Provide information cards on each type of contraception to fill in back-story for each monologue.</p> <p>3. Participants can also create an online dating profile for the type of person who would be best suited for them.</p>	<p>This activity can be used to explore hormonal or barrier methods of protection and must include information cards with accurate information for participants to build characters off of.</p>	

<p>11. Media Messages</p> <p>#DoesThatCount #StepUp Medium Exposure</p> <p>15 MINUTES</p> <p><i>Write monologues in the voice of the media.</i></p>	<ol style="list-style-type: none"> 1. Tell participants to think of a message from the media (like a song lyric/ line from a movie or show/ blog post, etc) that has made them think about their sexuality. 2. Have participants write down those messages using the exact words that the media source used. So instead of writing “The media told me that I have to be thin to be beautiful,” participants should write, “You have to be thin to be beautiful.” 3. Now ask participants, “Which message made you feel positive about your sexuality? Which made you feel negative or uncomfortable?” <ol style="list-style-type: none"> a. Have group share reflections and messages. Document these messages for the group to see. 4. Ask participants to write a monologue in the voice of one of these messages. If you were someone who believed this message, what would you think, do, or say? 	<p>This activity can be done writing messages from sources other than the media (parent/guardian, peers, school, close friends, etc).</p>	<p>To activate this game further, participants can play in role as one of the voices from the monologues. You can pair one positive messenger with one negative messenger to explore how they might be in conversation together.</p>
<p>12. Comic Puberty</p> <p>#MeWe #Health411 High Exposure</p> <p>15 MINUTES</p> <p><i>Draw pictures and write messages to describe puberty experiences.</i></p>	<p>(Similar to ‘Exquisite Corpse’ games)</p> <ol style="list-style-type: none"> 1. Say, “We all know puberty causes change in the body. When do we realize this change is a source of power, not an obstacle?” 2. Pass out paper. Ask participants to tri-fold, and label sides 1-6. 3. Tell participants to do the following: <ol style="list-style-type: none"> a. On panel 1, in one sentence, describe a change a young person might experience during puberty. Pass left. b. Look at panel one, then fold so only panel 2 shows and illustrate. Pass left. c. Look at panel 2, fold so only panel 3 shows. Write an inner thought or mantra a young person could say to inspire pride about the illustrated change. Pass left. d. Look at panel 3, fold so only panel 4 shows. Illustrate. Pass to left. e. Look at panel 4, fold so only panel 5 shows. Write a message a young person could share with another young person to help them feel like the picture. Pass left. f. Fold so only panel 6 shows. Illustrate. 4. Share out Puberty Comics. 5. Discuss, “What do these tell us about how many young people experience puberty?” 	<p>This type of collaborative drawing and writing activity can be used to tackle any health content by switching out the drawing and writing prompts.</p>	<p>Use newly generated comic strips as inspiration for scenework and future play!</p>

CHAPTER THREE- MOVE YOUR BODY.

Activity Name Content Tag(s) Level of Exposure TIME <i>Description</i>	ACTIVITY DESCRIPTION (How to Play)	Application	(Notes)
1. Shelter / Seeker / Storm #MeWe #BiggerThanUs Low Exposure 10 MINUTES <i>Race to form trio images that indicate chaos and safety.</i>	<ol style="list-style-type: none"> 1. Brainstorm events, emotions, or experiences that might feel like a “storm” when it comes to sexual health and activity. Record these as prompts for game play. 2. Gather participants into groups of 3. <ol style="list-style-type: none"> a. Two people should stand facing each other and place palms together in the shape of a house - in this game “shelter.” b. The third person should sit or squat under the shelter, becoming the “seeker.” 3. Explain that there are three prompts: <ol style="list-style-type: none"> a. Shelter (2 people) - everyone in a shape as a shelter must move to find a new seeker to protect. b. Seeker - every seeker must move to find a new shelter. c. Storm - everyone must move, and find a new spot to become either part of a shelter or the seeker within. 4. Play. After a bit, add in the phrases you brainstormed for kinds of storms (<i>ie. awkwardness, STI testing</i>) in place of the prompt “Storm.” 	In addition to using this game to understand the “storms” and chaos of each participant’s life, also use it to explore safety in groups. Participants may find shelter in many different things, and may seek shelter for many different reasons.	After establishing rules and game play, let another participant be the caller and play yourself.
2. Safe Space Tour #BiggerThanUs #StepUp Low Exposure 15 MINUTES <i>Give imaginary tours of places you want to be real.</i>	<ol style="list-style-type: none"> 1. In this activity, participants give one another a tour of the school/youth group/community - whatever space the work is happening in. <ol style="list-style-type: none"> a. Guide participants to share some elements of their space that contributes to it being a safe space. b. Ask them to share some elements that are lacking. c. Have participants brainstorm about what changes could be made to make the space safer. 2. In pairs, have each student pantomime a tour of this new imagined safe space. 	Use this activity to do tours of any place, or help participants envision imaginary worlds.	Encourage participants to layer in all the senses when they give their tours- smell, sound, touch, etc.
3. Contraception	<ol style="list-style-type: none"> 1. Participants think about contraception. 2. Ask, “What are the elements of good 	Use machines to activate participants	You can speed or slow the machine by

<p>Machine</p> <p>#Health411 Low Exposure</p> <p>10 MINUTES</p> <p><i>Use sound and repeated gesture to understand various contraception components.</i></p>	<p>contraception? What do you or your peers want in order to use it?</p> <ol style="list-style-type: none"> a. Mine for ideas like Accessible, Inexpensive, Works for my body, Not too hard to use, Not Awkward, etc. b. Write these ideas on the paper as they are suggested. c. Say, "Think of a type of contraception that fits at least three of those elements we listed. What sound would it make if it made a sound? What gesture?" d. Instruct participants to create one sound and gesture that they can repeat for that type of contraception. <p>3. Participants make a contraception sound and gesture machine.</p> <ol style="list-style-type: none"> a. One participant begins by stepping into the center of the circle and repeating their gesture continuously. The next participant steps in and adds their sound and gesture into the mix, rhythmically combining with the one before it. Each participant adds on until all have joined into one big machine. 	<p>in understanding the mechanics of any core topic. Focus on the sound and gesture for one part of the whole.</p>	<p>telling participants to perform their sound and gesture at a level 1 or 10. You can also make the machine explode.</p>
<p>4. Can We Consent?</p> <p>#MeWe #StartTheConvo Low Exposure 10 MINUTES</p> <p><i>Find group consent through walking, clapping and jumping.</i></p>	<ol style="list-style-type: none"> 1. Start from anywhere in the room. Ask participants to stand. 2. Instruct participants to expand their focus and awareness to the whole room and everyone in it through their peripheral vision. 3. Say, "In just a moment, we will all, all at once, begin to move, and form a standing circle together. No one person will arrive first. All of us will arrive together." Give the cue to begin. 4. Once everyone is in the standing circle, assess your work. Try it again, or move on to: <ol style="list-style-type: none"> a. Clap altogether, once, as a group. Jump altogether, once, as a group. (Add your own!) b. Say, "No one should lead and no one should follow, but we will all decide - and consent - together." 5. Discuss the activity as a group, highlighting consent, focus, confusion and decision-making. 	<p>This is a great community-building tool, and an opportunity to talk about visual and body language cues when it comes to consent.</p>	
<p>5. Seated Power</p> <p>#StartTheConvo #DoesThatCount Medium Exposure</p>	<ol style="list-style-type: none"> 1. Ask group to form an audience, facing a playing space that contains one chair. 2. Invite group to enter the playing space one at a time and create a visual relationship with the chair, indicating power. <ol style="list-style-type: none"> a. In the first round, participants create 	<p>This activity can be used to interrupt and analyze power dynamics between any two people, or between people and</p>	

<p>15 MINUTES</p> <p><i>Use chairs and body images to examine power relationships.</i></p>	<p>still body images in which they have power over the chair.</p> <ol style="list-style-type: none"> b. In the second round, participants create still body images in which the chair has power. c. In the third round, participants demonstrate equally shared power with the chair. <ol style="list-style-type: none"> 3. After any image is created, invite a second participant to take the place of the chair. 4. Now a two-person image, invite the audience to write four lines of dialogue that tell the story of the image. 5. Participants in original still body image improvise a conversation beginning with four lines of dialogue mined from the audience. 	<p>institutions. Cast one person as a school system that maintains an abstinence-only sex education policy and one person as a principal who wants to provide comprehensive education to their students, for example.</p>	
<p>6. The first time I...</p> <p>#MeWe, #StartTheConvo Medium Exposure</p> <p>15 MINUTES</p> <p><i>Explore "first" experiences through anonymous storytelling and gesture.</i></p>	<ol style="list-style-type: none"> 1. Introduce the topic of identity, and offer the group a definition: "Identities are made up of many overlapping and contradicting feelings: where we come from, who we want to be, what we like, what we don't, and choices we make about those feelings." 2. Ask participants to write about a significant "first" moment that defined their identity as it relates to their understanding of sexuality. <ol style="list-style-type: none"> a. This could include: a first kiss, a first moment of sexual desire, or a first time they saw/encountered sex in the media. b. Remind participants not to put their names on the story or write anything that would reveal them as the author. 3. Once participants finish writing, ask them to move about the room in neutral space. Participants pass their story to someone new (like passing a note), then pass it to someone new again, then to someone new again (ensuring anonymity). 4. Ensure that each participant has one story, and instruct participants to find a spot in the room to read their story silently to themselves. 5. Say, "Think of a title for the story you just read. Now create one gesture for that title." 6. Participants perform title and gestures for the full group. <ol style="list-style-type: none"> a. Optional extension: have participants find a partner and share their images/gestures. Have their partner write down a feeling or phrase that comes to mind when they see the movement. Share these phrases with the whole group. 	<p>This structure of passing anonymous stories and responding with gesture can be applied to any story prompt.</p>	

	<p>7. Reflect on similarities and differences between the stories. How did the translation of form (e.g., word to image) affect the way the author's identity was defined?</p>		
<p>7. Share your Strategy</p> <p>#StepUp #MeWe Medium Exposure</p> <p>10 MINUTES</p> <p><i>Create and emulate gestures for being an ally.</i></p>	<ol style="list-style-type: none"> 1. Gather participants in a circle and ask everyone to reflect on a moment in which they were an ally -- a time when they stood up for what they believed in. 2. Each participant creates an abstract (no words!) sound and gesture that summarizes that moment. 3. In a standing circle, participants go around and share their gestures, taking care to practice repeating everyone else's gesture and making sure they memorize at least 1 of them (besides their own) 4. Participants share their ally strategies by first doing their gesture, and then doing somebody else's, to "send" the energy to that person. 5. The second person "receives" the energy by echoing their own gesture and then doing the gesture of someone else in the circle. 6. Play continues, and participants practice trying on the strategies and experiences of others. 	<p>Use this game to explore personal experiences without having to tell long-winded stories. This is a good way to get participants to distill information to its essence. You could also choose to have the gestures be about a common moment or experience (like "a time when you felt safe in your identity," or "something that happened today that made you feel loved.")</p>	
<p>8. I Am a Condom</p> <p>#StartTheConvo #DoesThatCount Medium Exposure</p> <p>15 MINUTES</p> <p><i>Explore various settings for sexual scripts to occur.</i></p>	<p>I Am a Condom</p> <ol style="list-style-type: none"> 1. Gather participants into a circle. 2. Someone steps into the middle and freezes in the pose of a condom. 3. Explain that you will then enter the circle and offer a character or object that could be in a scene with a condom (e.g., "a bed"). Do that and freeze. 4. Now that you have two images frozen in the circle, say that a third person will enter with a third image that uses the same "I am _____" pattern. Someone does that. 5. Once you have a three-part image, instruct the condom to decide on one image to "take"; they indicate this by saying, "I'll take the ____." <ol style="list-style-type: none"> a. The first image (in this case, the condom) and whatever they "took" return to the outside of the circle. b. The remaining image repeats their phrase (e.g., "I am a bed."), and a new three-part image emerges in a different context (i.e., this is no longer the same 'scene' that the condom was in). 6. Continue to play and encourage people to choose new settings that contain different sexual scripts. 7. Ask for "thoughts out loud" from a person or 	<p>This activity zooms in on relationships and environments and helps us explore conflict in different settings. Through simple frozen images, participants analyze the way that characters and objects might feel about different situations.</p>	

	object in each scene to hear how they feel about what's going on.		
<p>9. Relationship Statues</p> <p>#DoesThatCount #StartTheConvo Medium Exposure</p> <p>10 MINUTES</p> <p><i>Examine body language and power through frozen images.</i></p>	<ol style="list-style-type: none"> Two participants stand next to each other in the front of the room. Each one chooses an emotion and a level (high, medium, or low) to freeze in a pose. They should not share this with their partner or the audience. Say "Go" and have the two participants strike their poses. While they are frozen, ask the audience to write the story of this relationship. <ol style="list-style-type: none"> Who are these people? How do they know each other? Who has more power? Discuss the ways in which our physicality affects the nature of our interactions with other. 	Use this activity to analyze nuances of body language and the ways in which we unintentionally display different levels of power.	
<p>10. The Barrier Game</p> <p>#Health411 #StartTheConvo Medium Exposure</p> <p>10 MINUTES</p> <p><i>Explore STI protection through a walking game.</i></p>	<ol style="list-style-type: none"> Direct participants to walk around the room, covering as much of the space as possible, resisting the urge to walk in circles. Encourage them to notice how their body is doing today, and to look other participants in the eye as they keep moving. Instruct participants to expand their focus and awareness to the whole room and everyone in it through their peripheral vision. This is called "soft focus." Ask participants to pick up the pace. ("You've been walking around just as yourself. Now, you're late for something. If you walk a little faster, without running, you'll probably get there on time! Keep your soft focus!") Say, "Keep moving, but now choose one other person in the game who will be your barrier method. Keep it a secret, but make sure you know where they are at all times." Say, "Now, choose one person who will be an STI. Keep that a secret, too. Make sure you keep the STI and your barrier method in sight at all times." <ol style="list-style-type: none"> Say, "It doesn't matter who you choose as the STI and who you choose as the barrier method. This part is just for fun." Freeze the group. Say, "In just a moment, <i>without running</i> and when I say 'go', your task will be to keep the person who is your barrier method BETWEEN you and the person who is your STI, at all times. Ready? Go." Let this go on for a bit. Then, freeze the group again. Allow them to check in. Are they "safe"? No? Give the group 10 more seconds to be sure they are safe in the game. 	<p>Try this game at the top of a lesson, especially among groups that don't yet love to move.</p> <p>Try this game with other names for the partners everyone chooses, like perhaps "Bully" and "Ally."</p> <p>The task becomes very high stakes in this game. Consider linking this game to stakes (like fear) and tactics in real life.</p>	

	<p>8. Reflect: How did your body change once you knew who would be your STI, and that you needed to get away from them? How does this mirror real life? Did you feel fear in the game? Why or why not? In real life, are there times when barrier methods might not protect you from STIs? When are those times?</p>		
<p>11. Maximize/ Minimize</p> <p>#StartTheConvo #DoesThatCount Medium Exposure</p> <p>10 MINUTES</p> <p><i>Use still images to explore emotional experiences.</i></p>	<ol style="list-style-type: none"> 1. Ask your group for an emotion that someone might experience before their first time ever having sex. 2. Ask three participants to come to the front of the room. 3. Each participant should make a statue - a frozen picture with the body - of this emotion. <ol style="list-style-type: none"> a. Discuss the differences and similarities in the performers' physicality. 4. Tell the performers that their current statue is a 5, the midpoint on a scale from 1 to 10 . Ask performers to MAXIMIZE their pose, increasing its scope and size to a 6, 7...10, etc. <ol style="list-style-type: none"> a. Ask, "When might someone feel the MAX of this emotion?" 5. Repeat / continue with MINIMIZE, all the way down to a 1. <ol style="list-style-type: none"> a. Ask, "When might someone feel the MINIMUM of this emotion?" 6. Ask participants to reflect on their experience of the activity. Discuss possible scenarios / characters for the emotion. 	<p>Use this game to embody and explore the emotions that a character - or oneself - might experience while doing any activity, talking to any person, or going to any place.</p>	<p>You can also Change the variables: -the number of people who perform at any given time -the amount of emotions explored (try 2 or 3 at a time!)</p>
<p>12. Partnered Power</p> <p>#MeWe #DoesThatCount High Exposure</p> <p>10 MINUTES</p> <p><i>Investigate power through mirroring.</i></p>	<ol style="list-style-type: none"> 1. This is a silent activity that requires eye contact. 2. Each participant should stand face to face with a partner. 3. Participants should choose who is partner A and who is partner B. <ol style="list-style-type: none"> a. Partner A will begin moving their body, <i>slowly</i>, in any way at all. Partner B, as best they can, will follow exactly what A is doing - as if A's mirror. 4. Allow play to continue for at least 2 minutes. Encourage participants to utilize body parts other than arms and hands (the easiest), to use levels, and to travel across the space. 5. Switch. Now, partner B will lead. 6. Pause. Now, BOTH partners should lead and follow at once. Neither should instigate a movement, but decide and move together. 7. Discuss: What was your experience? Who had power? When? Why? How did consent play a role in this game? <ol style="list-style-type: none"> a. <i>Optional higher stakes extension:</i> Partners stand facing each other. 	<p>This activity can explore equitable relationships and lead to a conversation about give and take. It can also apply to a conversation about group think and/or peer pressure.</p>	<p>If you have time, and especially with younger people, consider doing a demonstration with two participants in front of the rest of the group first.</p>

	Partner B will follow Partner A's <i>hand movements</i> , as if on a string. Partner A will lead Partner B around, keeping them safe but in total control. Switch.		
<p>13. 3-2-1 Anatomy!</p> <p>#Health411 High Exposure</p> <p>10 MINUTES</p> <p><i>Assess knowledge of anatomy through 3-person images</i></p>	<ol style="list-style-type: none"> 1. Split participants into pairs. 2. Say, "In just a moment, you and your partner are going to make a joint statue of an object with just your bodies (no voices!). Both partners must be a part of the frozen picture, creating the same statue together. You only have 3 seconds!" 3. Play an example round. Say, "Together, make a statue of a tree! 3-2-1... TREE!" 4. Participants will quickly form a partner statue of a tree, where both partners are part of the whole. Freeze in the partner statue (for photos/assessment or to allow certain participants to glance around, maybe only with their eyes.) 5. Continue the game with the prompt "Make a statue of a ____ 3-2-1 ____!" <ol style="list-style-type: none"> a. Vulva b. Penis c. Clitoris d. Testes e. Breasts f. Mouth g. Ovaries h. Fallopian tube 	Use this game after a day of content, to test memory of various anatomical parts. It is best as a warm-up with a group that's already comfortable with each other.	There may be a lot of giggles during this game, but that's part of the fun! Keep the pace moving by keeping to the strict 3-second time frame and really challenging students to freeze in their statues -- if only for a few seconds. Afterwards, take a second to reflect on why the game was silly or uncomfortable.
<p>14. Moving Identities</p> <p>#MeWe #Start the Convo High Exposure</p> <p>5 MINUTES</p> <p><i>Embody and exaggerate various identities.</i></p>	<ol style="list-style-type: none"> 1. Participants brainstorm a list of different kinds of identities they take on (male, ciswoman, daughter, genderqueer, etc.) 2. Participants spread out in the room and each person makes a frozen pose of one of their identities. Encourage them to be exaggerated in their poses so that we can see the differences between how we interpret these labels. 3. One person begins by moving around the room in this identity. This person can make any kind of movements but must eventually freeze and "give" the energy to one of the other frozen statues. 4. That statue then unfreezes and moves around the room in their identity, until they too give the energy to another frozen statue. 5. For more advanced groups, you can play with "take" -- where a frozen statue begins to move and forces the currently-moving statue to freeze. 6. Have a conversation about the different ways our identity labels interacted. Did they influence one another? 	This activity is a way to allow participants to isolate and try on different labels they might use and see what kind of energy those identities bring to a space.	To avoid stereotyping identities, tell participants to play first with only identities they carry themselves. Be sure to follow up with a conversation on representation.

CHAPTER FOUR- ACT IT OUT.

Activity Name Content Tag(s) Level of Exposure TIME <i>Description</i>	ACTIVITY DESCRIPTION (How to Play)	Application	(Notes)
<p>1. Connect and Protect</p> <p>#Health411 Low</p> <p>20 MINUTES</p> <p><i>Interview STI protection methods to choose the right one for each personality.</i></p>	<ol style="list-style-type: none"> 1. Start by saying, “Even if we know all the facts about the types of protection that exist, it can still be hard to know which method is best for us. Let’s become experts.” 2. Split group in half. Members of Group A each receive a fact sheet on one of the following methods of STI protection: <ol style="list-style-type: none"> a. Abstinence b. Monogamy c. Female condoms d. Male condoms e. Dental dams 3. Members from Group B each pull two different qualities from the scenario grab bag. Scenario grab bag should include the following factors, printed on one per slip. <ol style="list-style-type: none"> a. Latex allergy b. Unwilling to spend any money on STI protection c. Comfortable talking to a doctor about STI protection d. Comfortable talking to a trusted adult about STI protection e. Uncomfortable talking to any adults about STI protection f. Able to spend some money on STI protection g. One partner already has an STI h. Willing to try sexual activities that don’t include penetration i. Interested in preventing pregnancy j. Comfortable talking to their partner about STI protection k. Uncomfortable talking to their partner about STI protection 4. Say, “Take a minute to look at your papers. Group A, choose 2 pros and 2 cons for your method that you can share quickly. Write them down if you need help remembering. Group B, imagine that you are a person who has the two qualities listed in your 	<p>This activity helps participants think through real-life applications of protection methods.</p>	<p>This activity can be used with no prior STI information, but works best if participants already have some ability to identify risk-reduction methods.</p>

	<p>hand. Write down two questions your character could ask to find the best method of STI protection for them.”</p> <ol style="list-style-type: none"> 5. Explain, “In a minute, we will get up and walk around the room. Group B, look for people from Group A that your character can ask questions to. Group A, look for folks from Group B that you can convince to use your method of STI protection. When you have found someone you think is a good match, sit down.” 6. After most participants find a pair, ask pairs to share why they are a good match. Ask participants to share about potential bad matches. 		
<p>2. Myth Busting</p> <p>#Health411 Medium Exposure</p> <p>15 MINUTES</p> <p><i>Respond to STI-related myths through dialogue and role-play.</i></p>	<ol style="list-style-type: none"> 1. Divide participants into pairs and gives each pair one of the following STI Myths: <ol style="list-style-type: none"> a. It’s my first time, so I can’t get an STI. b. We only do oral sex, so I don’t need to worry about STIs. c. You can get HIV from kissing. d. My partner looks clean, so we don’t have anything to worry about. e. If I get an STI, no one will want to have sex with me ever again. f. It’s okay not to tell my partner I have an STI as long as I’m not showing any symptoms while we’re hooking up. 2. Say, “Imagine that someone at your school said this message to you. What would you say in response? Write the next 4 lines of conversation that correct or support the message in front of you.” 3. Ask pairs to perform their conversations for the class. 	<p>This activity allows participants to put learned STI content into their own words, and model interruptions of incorrect information.</p>	<p>This activity can also work in small groups vs. pairs.</p>
<p>3. Transforming Oppressive Messages</p> <p>#StartTheConvo #StepUp Medium Exposure</p> <p>25 MINUTES</p> <p><i>Play out various interruption strategies to stop oppressive language and</i></p>	<ol style="list-style-type: none"> 1. Participants Write. <ol style="list-style-type: none"> a. Asks group to write oppressive (homophobic, racist, sexist, classist, ableist, etc) messages they have heard on slips of paper. Participants should write messages that they struggled to interrupt or challenge. b. Encourage group to write in the voice of the person who spoke the message. So not: “I heard Jack say Jill was asking for it because of her skirt length.” But rather: “Did you see what Jill was wearing? She’s asking for it.” 2. Group Brainstorms Tactics. <ol style="list-style-type: none"> a. Ask, “Can we name some tactics for 	<p>The messages you use can be curated depending on group needs (Perhaps the group encounters racist language while door-knocking during a political campaign- the facilitator can mine messages directly from that experience. Perhaps the group is working to address</p>	<p>It is important to encourage students not to make fun of the perspective of the oppressor when playing it out. Making a caricature of that person will lead to continual stereotyping and prevent players from exploring the strongest interruption tactics.</p>

<p><i>behavior.</i></p>	<p>interrupting these messages? Not direct responses, but WAYS of responding. Like ‘Ask a Question’ or ‘Use We-Centered Language.’”</p> <ul style="list-style-type: none"> b. Gather ideas from group to generate a list of interruption tactics. c. Note that the goal of interrupting oppressive language is to change hearts and minds, not to shut people down. Say, “In order to invite others into our beliefs and values, we want to transform oppressive language rather than simply shut it up. As we practice using these, let’s observe which tactics facilitate transformation and which ones facilitate deeper conflict.” <p>3. Describe Interruption.</p> <ul style="list-style-type: none"> a. Ask group to form a circle. b. Ask for two volunteers to play out the first interruption. Explains that the person standing in spot “A” will represent the perspective of the oppressive message, while the person standing in spot “B” will attempt to interrupt that message, and transform their perspective. c. Suggest, “Let’s also treat this as an exercise in compassion. The person speaking the oppressive message should not judge the message as they deliver it, but rather exercise curiosity about why someone might believe that idea.” d. Explain that anyone in the circle can tag out either perspective throughout the conversation, and continue the dialogue. <p>4. Practice Interruption.</p> <ul style="list-style-type: none"> a. Two group members step into the center of the circle, in spot “A” and spot “B,” and begin a conversation that starts with one of the oppressive and/or sex negative messages written earlier by the group b. Role-play ensues until you clap, clearing the circle. Two new people step into the center and begin a new conversation with a new message. <p>5. Reflect.</p> <ul style="list-style-type: none"> a. After several messages have been interrupted, lead conversation about preferred modes of interruption. 	<p>homophobia in their school- the group can directly pull messages heard from their peers.)</p>	
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<p>4. Chance Conflicts</p> <p>#MeWe #StepUp Medium Exposure</p> <p>20 MINUTES</p> <p><i>Role-play with group-generated quotes in difficult conversations.</i></p>	<ol style="list-style-type: none"> 1. Guide participants in deciding on a setting, conflict and characters: a person (partner A) and one of their “influences” (partner B) – the “where/what/who” of a difficult sexuality conversation. 2. Participants write a quote or piece of dialogue for one of the characters. For partner A, write a question the young person might ask. Or, for partner B, write something the influence might say that could be an “obstacle” for the young person. 3. Give the scene partners the slips of paper appropriate for the character they will play. Partner A and Partner B come onstage to begin improvising a conversation, using the setting, conflict and characters agreed upon previously. 4. After the improvisation has gone on a moment, tap one partner on the shoulder. When a player feels the tap, they will speak the sentence on one slip <ol style="list-style-type: none"> a. The player is not allowed to sort through and choose the slip they like, but instead must read the slip atop their pile. 5. Their scene partner must react, and both must continue the conversation with the new question or obstacle now part of the dialogue. 6. Play ensues as you tap each partner until all slips have been used. 	<p>This activity can be applied to any kind of difficult conversation between any two people. The more specific the group is about setting, character and conflict, the stronger the scene will be.</p>	<p>After participants to write “obstacles,” unpack the word. Could an obstacle be a judgment? A punishment? A difficult question? A strong difference of opinion?</p>
<p>5. Sexual Scripts</p> <p>#DoesThatCount #StepUp High Exposure</p> <p>20 MINUTES</p> <p><i>Break down popular scripts by speaking in cliché.</i></p>	<ol style="list-style-type: none"> 1. Group Brainstorm. <ol style="list-style-type: none"> a. Ask, “What are the scripts we receive in the media for how to be sexual? In the most clichéd romantic comedy you can think of, what steps are included in the Foreplay scene? What about The Act? And the Aftermath?” <ol style="list-style-type: none"> i. Gather suggestions for ingredients in the foreplay scene. For example- candles, roses, alcohol, etc. ii. Gather suggestions for ingredients in the actual sex scene. For example, clothes ripping off, dramatic female orgasm, no condoms, etc. iii. Gather suggestions for ingredients in the scene after the sex scene. For example, regret, one person sneaking out, breakfast in bed, etc. 2. Two person scenes. <ol style="list-style-type: none"> a. Say, “We are going to create one-minute two-person scenes that name what lies 	<p>This activity can be used to highlight the scripts and habits of any institution. Asking participants to write dialogue that only uses the language of cliché and dominant narrative helps viewers understand the ways in which that language limits us. This activity can apply to thinking beyond the dominant narratives of the reproductive justice movement, or to thinking about common experiences of sexuality education, or to any popular scripted</p>	

	<p>beneath the surface of romantic comedies. Use these suggestions as the primary dialogue in the scene. So 'Lighting candles' can be a first line of text between two characters."</p> <p>b. Each pair performs their one-minute scene using mainly language generated during the ingredient brainstorm.</p> <p>3. Reflect.</p> <p>a. Ask, "What do these scenes teach us about sexual scripts and the media? What do they teach us about sexual violence?"</p>	<p>story with a beginning, middle and end.</p>	
<p>6. Make A Choice</p> <p>#StepUp #StartTheConvo High Exposure</p> <p>15 MINUTES</p> <p><i>Perform and watch decisions played-out.</i></p>	<p>1. Create the choice.</p> <p>a. Ask participants to create a scenario in which a character has to make a decision about how to behave sexually (i.e. decision to engage in any sexual behavior including kissing or abstinence, decision to use protection, decision to tell a friend or parent, etc)</p> <p>b. Mine for 2-3 scenarios from group.</p> <p>2. Perform the choice.</p> <p>a. Get two volunteers from group to play out the scenario that most aligns with program objectives. Asks for 3 different options for how the scene could play out, dependent on three different choices.</p> <p>b. Ask participants to identify which option they are going to play out first, without telling the group.</p> <p>c. Lead volunteers through all three scenarios, switching out participants when necessary.</p> <p>3. Make your choice.</p> <p>a. Ask, "What were the positive and negative outcomes for each scenario? Which choice would you make realistically?"</p>	<p>This activity is useful to explore any decision-making process and to playback options free from fear of failure. Guide which options participants explore in connection to program objectives.</p>	
<p>7. The Obstacle Road</p> <p>#StepUp #BiggerThanUs High Exposure</p> <p>25 MINUTES</p> <p><i>One protagonist</i></p>	<p>1. Ask for one volunteer to be the "protagonist" for a story and role play about a young person's journey to get an STI test at the neighborhood clinic.</p> <p>a. Optional: Ask, what is the character's name? What do we know about this person?</p> <p>2. Lead a group brainstorm: What obstacles might this person encounter? Who might oppose them? Generate -- and record -- at least 3 ideas. (ie. <i>The protagonist's mom, who finds out that the</i></p>	<p>Try this activity with different goals for the protagonist. Think about real spaces they might want to go to (ie. a doctor's appointment, a pro-choice rally, a boyfriend/ girlfriend's house) or tasks they may want to achieve</p>	<p>Try this activity in an "alley" configuration: with audience/class seats on either side of the room, with a long playing space in the middle. Then, map the main character's journey through time and space by placing the first scene and</p>

<p><i>navigates multiple obstacles in a role-play.</i></p>	<p><i>protagonist wants an STI test, and gets angry. The secretary at the clinic's front desk, who asks for insurance.)</i></p> <ol style="list-style-type: none"> 3. Choose another participant to play opposite the protagonist, presenting an "obstacle" (<i>ie, the angry mom</i>). 4. Both participants play out the scene. 5. Choose another participant to be the next scene partner, presenting the next "obstacle" from the brainstorm. 6. Repeat until the protagonist achieves their goal, you and the group feel the "story" has come to a stopping point. 	<p>(ie. buy condoms, start a school campaign against sexual violence, stick up for an LGBT friend).</p>	<p>obstacle in the far back of the space, the next scene slightly closer to the middle of the space, the next scene closer to the front... charting the protagonist's forward-moving journey.</p>
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Observations of Participatory Theater Activities in Community Health

Contexts

This section will provide general observations and reflections from my experience of using the previous listed participatory theater activities in a community health context. While I offer some quantitative data from the For Youth Inquiry programs, I propose a broad range of qualitative observations in using the activities rather than extensive numeric data. I focus my observations on my work with a young women's leadership program called Sisters Empowering Sisters, a peer education program at the Illinois Caucus for Adolescent Health (ICAH) called the Youth Leadership Council (YLC), and the two thousand youth served in For Youth Inquiry (FYI) programs mainly located in Chicago Public Schools. Below, I describe how experiences of pleasure, exploration of diverse perspectives, opportunities to practice for real life and shared power increased the mental and physical health of the youth program participants that I worked with in the past 8 years. I close this section with a hypothesis about the effectiveness of participatory theater in reducing sexuality-related shame, which I hope sets me up for continual research at the PhD level.

The data that I quote was derived from each program's end of year qualitative and quantitative evaluations. Sisters Empowering Sisters and ICAH's YLC ran an Empowerment Evaluation model, which tasked youth members with the job of developing questions to measure program success. Both groups were evaluated through three, six and nine-month attitude and behavior assessments, as well as end of year interviews administered by their peers in the program. For FYI's one-time performances, students were given a post-show

evaluation that measured comfort and knowledge gained around sexuality. FYI participants in longer-term residency programs were given pre and post tests to compare shifts across time. In the stories that I present, all names have been altered to protect the privacy of featured youth. I am profoundly grateful to have formed deep relationships with the young people I depict in this section and thank them for the complex lessons they continue to teach me, only some of which are detailed below.

Three youth groups= three diverse populations for application

Sisters Empowering Sisters (SES), the Youth Leadership Council (YLC) at ICAH, and the youth who engaged in For Youth Inquiry (FYI) programs have intersecting but divergent identities. The majority of individuals in all three groups are high school age, low-income youth of color. SES focused primarily on female-identified youth, the YLC targeted some queer and college-age youth, and FYI included several middle-school youth. The observations and stories I share from SES focus on my two years of work with that group of young women from 2008-2010. While I worked with the YLC for the past three years and with FYI for the past five, observations from each of those programs center on the 2013-14 academic year to provide the most recent and relevant insights. Because young people's identities and environments drastically affect their receipt of educational programming, I detail the demographic information of the youth involved in each program below. Equally critical to acknowledge is the mission and vision of each program, which drove the ways in which I applied participatory theater activities in each context. I include a chart that describes each program's demographic make-up as a preview for their extended descriptions below.

Youth Group	# of Youth Served	Race	Gender	Sexual Orientation	Class	Age
Sisters Empowering Sisters (SES)	11	5 Af-Am, 4 Latina, 2 mixed-race	Female	82% heterosexual, 18% bisexual	Low-income	14-18
For Youth Inquiry (FYI)	2000	Predominantly Af-Am and Latin@	59% male, 41% female	80% heterosexual, 16% bisexual, 2% gay, 2% questioning	Pre-dominantly low-income	11-18
Youth Leadership Council (YLC)	20	Af-Am, Latin@, Asian/Pacific-Islander, Middle-Eastern, Caucasian	25% gender-variant, 45% female and 30% male.	40% lesbian, gay, bisexual or queer, 10% questioning, 50% heterosexual	Low-income	16-22

Sisters Empowering Sisters was a leadership and youth development program for Chicago-area young women, first sponsored by Girls’ Best Friend Foundation and later sponsored by the Chicago Girls Coalition. The mission of SES was to create a safe and diverse space for girls to educate each other and to thrive. When I came to work with SES, the group held eleven high-school age members from nine different Chicago neighborhoods on the north, northwest, south and west sides. Five of the girls were African-American, four of the girls were Latina and two were mixed-race. Every member of SES was from a low-income household. Two of the young women lived with disabilities—one with a visual impairment and one with a hearing impairment. These two young women had particular affinity for the participatory theater activities we utilized, which approach learning in a more accessible, flexible format (outside of the pen and paper or lecture world). Two of the youth were bisexual-identified and the other nine identified as heterosexual. All but one were sexually active.

At the core of SES's pedagogy was a practice that involved its members choosing the topic for education at the beginning of each programming year. In the year I began working with SES, the young women chose sexuality education as their topic of interest. This was no surprise given the high percentage of members who were sexually active and given the inadequate sex education in Chicago Public Schools in 2008. When tasked with the job of supporting SES in teaching their peers sex ed, I quickly realized that I did not have the trauma response or health information tools that I needed. However, I did have a set of theater skills that I could offer. Early in my programming year with SES, I identified an evidence-based intervention (EBI) that would provide comprehensive sexuality information to SES members. Alongside that program, I ran a set of theater workshops that explored difficult conversations related to sexuality, complex questions left out of the EBI, and factors that influence sexual decision-making. Repeatedly, I watched the young women check out during the EBI, eyes drooping and turning to their phones. Conversely, I watched them engage at high levels during our theater workshops as they dug into provocative and mature inquiry. SES was the space that I witnessed the power of participatory theater firsthand, leading me to want to create a body of work around this practice.

In 2009 I began building the foundation for For Youth Inquiry (FYI) with a collective of artists, which designs participatory theater experiences that activate the creative potential of health education. In my time with SES, I realized that our theater workshops produced diverse narratives that were rich with educational take-aways. I realized that a play lived in those narratives, and that the form of the play should mirror the high level of engagement that I witnessed in the theater workshops rather than the low level of engagement I witnessed during

the lecture-based EBI. At that point, I decided that we had to make a play about youth sexual decision-making, and it had to be participatory. This became the basis for FYI, for which participatory theater is not an additive to educational strategies but a core method for teaching youth about sexuality and sexual violence. For FYI, this happens through participatory plays, workshops and the activities detailed in this manuscript.

The youth who engage in FYI programs are primarily middle school and high school age. This past year, FYI served 1350 youth in 15 schools. Of the youth who participated in FYI programs, 63% of youth identify as black or African-American, 18% identify as Hispanic or Latino/a, 6% identify as white, 10% identify as mixed, and 3% filled in the demographic survey blank with "American." While no youth in FYI's 2013-14 programs identified as being gender-variant, 59% of youth identified as male and 41% of youth identified as female. In all FYI's free or reduced-fee services, we target neighborhoods with disproportionately high STI/HIV infections as well as neighborhoods with high rates of sexual assault. These are also traditionally under-resourced neighborhoods with youth who come from lower-income households. Youth who participated in FYI's longer-term residency programs also indicated their sexual identity on a demographic survey with 80% identifying as heterosexual or straight, 16% identifying as bisexual, 2% identifying as gay and 2% identifying as questioning. To sum, FYI's program participants mirror the dominant majority of individuals in under-resourced Chicago neighborhoods (heterosexual, gender-conforming, low-income youth of color). While this demographic is not reflective of all marginalized Chicago-area youth, my work with youth at the Illinois Caucus for Adolescent Health begins to fill in some of these gaps.

The Youth Leadership Council (YLC) is ICAH's education and organizing cohort for youth ages 16-22. The YLC envisions a world in which all young adults in Illinois use their power to achieve health and wellbeing in their own lives and for their communities. They accomplish this through peer education in schools and after-school programs, legislative advocacy, research and organizing their peers. The YLC is comprised of 20 members from diverse Chicago neighborhoods and surrounding suburbs, with 40% of members identifying as lesbian, gay, bisexual or queer, 10% identifying as questioning, and 50% identifying as heterosexual. The group welcomes and affirms youth of all identities and acknowledges that gender identity is a fluid and can change in between demographic surveys. At the last date of programming, 25% of YLC members identified as gender-variant, with 45% identifying as female and 30% identifying as male.

This group of politically progressive and advanced youth leaders consistently demand cutting edge educational strategies from adult allies like me who work in partnership with them. They employ these same experimental strategies in their own curriculum development and delivery. For the YLC, that means applying participatory theater strategies to activate communities around core reproductive justice issues. The youth of ICAH incorporate role-play, storytelling and game-based strategies into all their peer education workshops, into the events they run and into their ongoing youth group meetings. They understand that their peers are moved to action when asked to creatively share their voice in educational spaces, rather than sit back and listen. Because of this understanding, participatory theater has been a core thread woven throughout all YLC programming.

Missing from my observations of the effectiveness of participatory theater in SES, FYI and YLC programming spaces, are youth who live outside of Chicagoland, middle-class and higher-income youth, as well as Caucasian youth. While my reflections do not prioritize the needs of the youth I just described, it is important to note that participatory theater has the power to enliven educational experiences for ALL youth. By increasing pleasure in engaging in educational programs, exploring diverse perspectives, offering opportunities to practice for real life, and sharing power between educators and learners, participatory theater reduced experiences of shame in the program participants I describe. Although my experiences focus primarily on marginalized youth, I believe participatory theater has the potential to improve health behaviors and attitudes for youth of all identities. This belief is founded on the research demonstrated in my literature review and further exemplified in the experiences of pleasure, perspective, practice and power that I shared with youth across these three programs.

Youth experiences of Pleasure

If theater's most basic function is to provide pleasure, and it holds abundant opportunities for humor and enjoyment, then participatory performance is an ideal catalyst for pleasure. In my experience working with youth at SES, FYI and the YLC, I witnessed firsthand the power of participatory theater in providing pleasure and reducing shame in program participants. As an educator who strives to tune into learners' experiences, I could palpably feel a culture of enjoyment among those with whom I utilized participatory theater activities. Aside from the general presence of student laughter and smiles that regularly appeared in these youth groups, 83% of students who engaged in FYI programs indicated that they "enjoyed the activities presented." In response to the prompt: "name one reason theater activities are

helpful when learning about sex ed,” a 5th grader at Ravenswood Elementary wrote ““it puts it into something fun.” While many educational systems place little to no value on the presence of pleasure in learning spaces, I have come to firmly understand the radical notion that enjoyment leads to inquiry, which leads to growth. These pleasure-centered efforts chip away at the presence of shame in young people. One YLC member illustrates this point: “since I’ve become involved in [the YLC], I’ve learned that sex is a lot of things, but what it isn’t, it’s not dirty, it’s not perverted, it’s not evil, it’s not wrong, and all these other things that society seems to make it out to be.”

When students laugh and enjoy themselves, they continue coming back to programs and stay in difficult conversations for extended periods of time. Retention is often a major struggle for youth development programs, which compete with young people’s often overlooked and demanding schedules. Retention across all three programs in which I utilized participatory theater strategies has consistently been strong; only two youth have left any of the three programs on their own accord in my time using the activities. Keisha, a young mother who supported herself from the age of sixteen and held multiple jobs while finishing high school, consistently attended SES for six years. Lucas, a young man who repeatedly faced homelessness and severe mental health issues, consistently attended the YLC for 5 years. These retention rates are unusual for youth development programs. Movement building can be difficult for young people as they face life’s challenges, undergo traumatic experiences and develop into adulthood. This is why many youth leave activism spaces before adulthood. Experiences of pleasure reduce burnout and increase young people’s perception of self. One 8th

grade FYI participant at Reilly Elementary illustrated this point when she said, “I think this performance made me feel more confident with myself and I just loved it.”

Increasing experiences of pleasure through use of participatory theater strategies also leads to increased comfort in asking questions and accessing sexuality resources. In the first year of touring FYI’s participatory performance *Project US*, students regularly disclosed experiences with sexual assault and incest. While this was not an original goal of *Project US*, the performance took only 45 minutes to make students feel comfortable enough to share extremely vulnerable information about themselves and therefore receive the support services they needed. Ironic as it sounds, experiences of laughter and enjoyment led to trauma disclosure for some youth participants of FYI. We were able to refer these youth to strong mental health services as a result of these disclosures. Eventually, FYI used those disclosures as a charge to create a second participatory play with a focus on sexual violence.

Participatory theater continues to teach me the connections between pleasure, comfort, humor and reduced shame in young people. As a result of engaging in an FYI program, 61% of students feel more comfortable talking about sex. An 11th grade female from a Glen Ellyn church group responded to FYI by saying, “I feel more comfortable talking to someone now that I saw the demo and the play.” Another 8th grade female from Finkl Elementary reflected, “I think it was a good thing because maybe someone wasn’t comfortable and now they are.” Humor is a primary mode of comfort and pleasure delivery in youth sexuality education, and participatory theater holds abundant opportunities for humor. When a 7th grade male participant from Graham Elementary responded to an FYI performance with, “I thought that it was really funny in a serious way,” the power of humor in addressing complex

issues becomes clear. Another 7th grader from Chavez Elementary wrote that participatory theater “can make it less awkward and more funny.” “It,” I assume, defines the difficult and necessary sexuality conversations that youth need to have with themselves and their communities.

Exploration of diverse perspective

Sharing personal stories from a range of perspectives offers opportunities for compassion and understanding, especially for non-dominant narratives. In my work with the Youth Leadership Council at ICAH, I observed how youth storytelling built bonds between members with divergent identities. Each time we ran a storytelling activity, I watched members who thought they had no common ground find unity in their struggles, in their passions, in their fears and in their goals. Even more significant than this community-building was the fact that each time a young person shared a non-dominant narrative, they made space for another to share. Each story of navigating an unhealthy relationship (or trying to access an abortion, or gender-bending, or standing up to a bully at school, etc) made room for youth with similar experiences to share and connect.

Darrell, a member of the YLC for the past three years, has a coming out story that illustrates the power of exploring diverse perspectives. Darrell could have been closeted for life. He came to the YLC passionate about advocating for the rights of queer youth, but did not disclose his own sexual orientation to the group (or anyone, as far as we knew) within the first two years of joining the YLC. In the first year of programming, Darrell ran peer education workshops on sexual identity and was a core-leader of an anti-bullying campaign, still without sharing information about his own his sexual identity. Only in the second year when the YLC ran

a storytelling campaign that gathered dozens of coming-out narratives did Darrell open up about being gay. In an interview for program evaluations, he went onto say, “I was born in a household where you didn’t talk about sex, and it was just kinda assumed that you would wait until you got married. I disagreed with that, but I think my beliefs in sex were always... misguided, because I didn’t understand other terms besides being heterosexual. I didn’t understand what it meant to be gay, or lesbian, or queer, or anything other than “normal.” And I’m so happy that my time here at YLC has made everything normal. There is nothing weird or strange.”

Exposure to perspectives that divert from those promoted in popular media and our culture at large can also help youth develop new ideas about identity. Of all students who participated in FYI programs, 63% expressed that “someone in this play made them feel differently” through exposure to non-dominant narratives. One 7th grade male from Graham Elementary made this point clearly by responding to an FYI performance with, “someone in the play made me feel different. They made me feel different because I am bi and I did not feel comfortable.” Another 8th grader from Crown Elementary said that theater activities “help express feelings I have about myself.” By amplifying non-dominant perspectives, participatory theater enables youth either to see their own identities reflected back at them or develop empathy for others.

Exploring inquiry and experience through varying character perspectives sets up a safety net for youth to activate their most vulnerable questions without fear of judgment and shame. Youth in FYI programs tell characters what questions to ask, rather than having to ask the questions themselves. This anonymity has the same effect as that which occurs when youth say

“my friend wants to know...” For example, 46% of youth who engaged in FYI programs “had something in common with one of the characters in the play,” leading them to explore their own conflict through the safety of a character. Similarly, 37% of students who engaged in FYI programs “heard someone say or ask something they were afraid to say or ask,” leading them to explore difficult conversations, again, through the safety of a character. One 8th grade male from Chavez Elementary proves that character perspectives led to a freedom to ask questions: “It is important to ask questions regardless what they think, because it's always gonna help you. This performance made me think that we shouldn't be scared to talk about sex.”

Opportunities to Practice

When youth are given opportunities to practice for real life in the safety of a participatory theater activity, they feel free from failure and are better able to succeed in difficult situations. In my work with SES, FYI and YLC, I saw that freedom from failure in conversations leads to healthy communication with partners, influences and friends. Healthy communication is key to healthy sexuality, and practicing for those challenging conversations outside of the bedroom helps. A 7th grade male student at Graham Elementary noted feeling more prepared for conversations with his girlfriend: “if I have a girlfriend and we're ready to have sex. We'll talk about.” A 10th grade male from Glen Ellyn made a similar point: “I plan on applying this information with my girlfriend, in case it does come up. I am prepared, she will be too.” Equally important is practicing for challenging conversations about sexuality with non-partner influences, like parents or peers. “I feel a little bit safe about it talking about it with my mom,” said one 5th grade male from Finkl Elementary. Another 6th grader from Beasley Elementary said, “This made me braver then I was. I could know to ask my friend questions.”

Since our culture does not give youth much in the way of healthy language to talk about sexuality (read: Lil Wayne, Rick Ross, Robin Thicke), youth need safe spaces to develop their own language and strategies to talk about sex. Participatory theater provides this space.

In my first year working with Sisters Empowering Sisters, many of the young women in the group experienced difficulty in talking with their families of origin about sexuality. Tamara for example, who came to the program at 15 years old, struggled to talk to her very religious mother about her pregnancy. Her mother refused to share any comprehensive information beyond “you shouldn’t have sex at this age,” leaving Tamara silent and fearful about how to proceed after learning that she was pregnant. We brainstormed as a group about what Tamara could do or say to her mother as I watched her shut down idea after idea (which is to say, she shut down from the conversation). Talking in a linear way about the group’s ideas brought Tamara to a space of failure; following her own imagination of her mother’s negative responses, Tamara assumed each strategy would lead to disaster. At the point that I understood that a seated conversation wouldn’t suffice, we took to participatory theater. I led the full group through a circle drama activity in which anyone could play Tamara or her mother. Two players entered the circle and began enacting a scene in which Tamara told her mother she was pregnant. At any time, other players tapped out either character and continued the conversation with their own approach. In the first round of the game, Tamara played her mother to explore the multiple responses she imagined she would receive after her confession. She witnessed 9 other girls’ approaches to this difficult conversation, charting them in her brain in order to steal strategies for real life. To finish, Tamara played herself. She used language previously spoken by the other girls when they played Tamara. She took on their body

language, which indicated openness and strength. She maintained their volume, tone and pace—calm and clear. Tamara practiced telling her mother the most vulnerable and frightening truth that she would likely ever share in her life. She was pregnant and was going to keep her child. She activated this conversation in a safe space free from failure, surrounded by a group of peers who encouraged her and provided creative tactics for where to start. To this day, Tamara still cites that circle drama as the reason she had the courage to tell her mother about her pregnancy when she did. While her mother was by no means happy about the news, Tamara’s confidence and preparedness led her mother to respond in what Tamara called a “surprisingly ok” way.

Participatory theater also provides opportunities to practice through modeling. When youth watch each other try on various communication strategies, they are better able to take those strategies into real life. Of all the youth who engaged in FYI’s programs this past year, 64% “heard a question in the play that they will ask in their own life.” Observing (as an audience) helps youth identify problems and hear responses. To this point, one 8th grader from Crown Elementary said that theater activities “help you understand things in your everyday life.” Another 7th grade female from Reilly Elementary said that “[the play] made me think about if I was in one of these conflicts or any other conflict.” Stepping into scene (as an actor) helps youth test their own response strategies, which they can apply to their own situations. Since they rehearse so extensively for real life, youth who participate in FYI’s programs are better equipped to manage conflict. An 11th grade female from Lakeview responded to an FYI performance on sexual violence with, “I plan on using this information if I see it in real life or

social media.” This means that when youth have opportunities to practice for conflict and dialogue in a safe space, they are better able to apply relevant learning to their lives.

Shared Power

As a participatory theater educator, I meet learners on the same plane and work to consistently share power across all activities. Participatory theater cannot succeed without the ideas and interactivity of learners. Different from the “bucket” model of education where one expert is tasked with the position of filling novice brains, participatory theater needs the expertise of all those involved. In my work with SES, FYI and YLC, I see young people as experts of their own experience with rich narratives to enliven our learning space. Since participatory theater demands an equal exchange of ideas and creativities, youth in SES, FYI and YLC understand their voices as valuable and central to the success of the educational space. To prove this point, 69% of students who engaged in FYI programs “think their ideas were important to the play.” A central way in which power gets shared in participatory theater spaces is through the magical transformation of ideas and character. Participatory theater educators play in role *with* learners, rather than *to* learners. They take ideas and suggestions from learners while using them to guide and structure all play. These suggestions transform throughout the activity as the entire group inputs their ideas. For this reason, participatory theater cannot be scripted like a math lesson or lecture. It shifts in the direction that the learning community demands.

Participatory theater educators need the imagination of youth to succeed, leading to a foundational shift in the power balance in educational spaces. This shift reduces youth experiences of adultism and leads to their empowerment. One YLC member illustrated this

point in an end-of-year program reflection: “I feel like my relationships with adults have changed significantly because I feel like I have that confidence now to be able to talk to them.” When educators regularly share power with youth, we better equip them to work in partnership with adults and to stand up to us in appropriate moments. Young people need to understand the power of their own voice and ideas as they age into adulthood. The adults as experts model of education that promotes messages like ‘you’re too young to want to know that,’ reduces self determination and self efficacy in young people. In my experience meeting the youth of SES, FYI and YLC where they are at, I have been floored by the ideas and innovations they share.

Pleasure, perspective, practice and power as shame solvents

In my work with SES, FYI and ICAH, I have seen the drastic effect that participatory theater has on reducing experiences of shame in program participants. Pleasure kept the youth I worked with in difficult conversations for long periods of time, made them feel comfortable to ask questions and explore answers, and cultivated humor to debunk awkwardness.

Opportunities to explore diverse perspectives led to a shame-free space where these youth felt their own identities amplified, while empathizing with identities that they did not share. When the youth of SES, FYI and YLC pretended that the ideas they explored in role-play were not their own but their character’s ideas, they asked riskier questions without fear of judgment. In practicing for real life without fear of failure, youth acted as their most courageous and critical selves. They experienced less shame in asking the questions they needed to ask and exploring the scenarios they needed to explore. In sharing power with the youth I worked with at SES, FYI

and YLC, I watched them speak up more regularly in group. Fundamentally, this proves that shared power helps youth recognize the value of their own voice.

Sexuality educators too often use shame as a primary tactic to deter young people from sexual activity. Over-sexualized in the media but told not to behave sexually, youth are bombarded with conflicting messages about what is “normal” for their sexual identities, desires and behaviors. Adolescent sexual development brings with it a period of immense curiosity that competes with these messages of normalcy. For this reason, youth need to feel more affirmed in seeking sexuality information. More educators need to become comfortable with the claim that talking about sex should be pleasurable, and should provide opportunities to try on new perspectives and to practice for real life. Teaching about sexuality should mirror the experience we want young people to have exploring their sexuality with honest open dialogue at the heart. The sooner that we realize the place of participatory theater in sexuality education, the sooner we set students up for success in their relationships and lives.

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