Chapter 22
The Use of Psychodrama as a Pedagogical Strategy for the Implementation of Public Policies in Health and Education

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Abstract Public policies are the state's actions through actions, programs, projects, regulations, laws, and regulations to manage different social interests more equitably and reduce inequities. A central aspect for implementing public policies in health and education is the training of professionals who need to understand the needs of complex systems, intervene in an interdisciplinary way, and commit to democratic ideals and the guarantee of rights. Psychodrama has a lot to contribute to, providing the experience of producing meanings linked to the professional role and opening up the possibility of reflecting on reality and one's performance in a protected context. Still, it facilitates the emergence of central issues for change. This chapter presents the report and processing of a sociodrama included in a training program for health and education professionals, responsible for promoting comprehensive health care for adolescents in conflict with the law.

Keywords Sociodrama · Socioeducational measures · Adolescent · Educators

Introduction

Public policies are actions, programs, and government regulations related to the population's interests to ensure more equitable management of social issues and the reduction of inequities. It must have popular participation, direct or indirect, to guarantee social control, characterized by the population's involvement in monitoring the implementation of the policy and the definition of priorities.

Implementing a public policy occurs in at least four stages: agenda formation, formulation, implementation, and evaluation (Franzese, 2011). In all these stages, participatory processes are essential for priorities to be defined by different actors. Including education and health in public policies is to designate care and new forms

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of relationship between workers and the beneficiaries of these services, one of the main challenges in developing and implementing public policies in a Democratic State.

Because public policies are developed in a scenario of relationships characterized by disputes of interests and ideologies, they can become an important field for developing knowledge and interventions (Polejack et al., 2015). In this process, psychodrama becomes important, among others, to guarantee social participation and to facilitate the training and education of professionals responsible for implementing these policies. In this text, we discuss the complex interface between public policies and psychodrama and present a sociodrama as a resource for training professionals who implement public policies aimed at adolescents in conflict with the law, illustrating the work in this area, usually with large groups.

Psychodrama and Public Policies

The basic principles of psychodrama refer us to the dimension of the relationship and the necessary care for the realization of professional performance in public policies committed to integrality and humanization.

In psychodrama, spontaneous action favors the performance of roles and articulation of responses, known or even standardized, as if it was the first time we were performing them. Furthermore, based on originality, it makes it possible to develop the ability to formulate a similar response, but with a very own mark. Thus, in spontaneity, we can formulate an unprecedented response, so far, within the reference universe of each participant or group (Diniz et al., 2000; Vieira, 2017).

Another significant contribution is the role theory. The development of roles is prior to the development of the "I" and the result of a matrix process, in which there is an articulation between psychosomatic, psychodramatic, and social roles that, articulated, bring about a singular subjectivity in a given historical and social context (Dedomenico, 2013). The development of roles occurs in the identity matrix, the child's experience concerning his/her caregivers in the process of defining himself/herself as an individual. Thus, the development of a professional role, such as that of a manager, needs to be understood based on this articulation in a certain historical, cultural, and social context.

Based on all these concepts, psychodrama can be an ally in all stages of the development and implementation of public policies, from the stage of agenda formation, policy formulation, implementation, and evaluation (Franzese, 2011), offering the possibility of discussing the roles played by the actors involved, favoring the capacity for role reversal and the understanding of different realities, assisting in the role of minorities that are not always valued and giving voice to important social issues for the respect of human rights.

In the field of practice, we highlight the use of psychodrama as a pedagogical approach in the training of professionals with a greater capacity to put themselves in the place of the other in the development of participatory research that considers the

role of different actors in their social roles. The main method of psychodrama for working with groups is sociodrama, a scientific instrument of social action, which may have a preventive, didactic, or social reconstruction character, facilitating the discussion of themes that emerge from the community (Costa et al., 2020; Marra, 2004, 2020; Nery & Gisler, 2019).

The Training of Professionals in the Implementation Phase of Public Policies: The Contribution of Psychodrama and Permanent Education as a Political–Pedagogical Option

One of the most central aspects for implementing public policies in health and education is the training of professionals. It is a great challenge to improve the quality of these professionals' training to understand the needs of complex systems, intervene in an interdisciplinary way, and commit to a democratic proposal and guarantee of rights.

Despite recognizing the need for change in the process of training and continuing education of professionals who work in the implementation of public policies, this process of change in education poses numerous challenges. One of the main ones is breaking away from traditional teaching models, with a format centered on content and a pedagogy of transmission, disconnection between thematic nuclei, and excessive workload for certain contents (Ferracini & Ruiz-Moreno, 2017; Silva, 2013). Qualification presupposes knowledge, experience, authority, and material conditions so that the worker performs the task with a comprehensive understanding of the problems to be solved (Freire, 2000).

Technical training based on theoretical content, which still forms the basis of most health degrees, has been questioned, causing the challenge of offering training processes that allow the continuous development of the professional role (Ceccim & Feuerwerker, 2004; Fernandes et al., 2003). The professional training process needs to include aspects of subjectivity, production of meanings in constructing a professional role committed ethically and politically to the principles.

The Unified Health System (UHS) is a public and universal system instituted in Brazil. It determines that health is a right of all and a duty of the state and brings as its principles: universality (access for all), comprehensiveness (assistance at different levels of care throughout the life cycle), and equity (recognizing the collective needs and reducing inequities) (Brazil, 1990a). Psychodrama becomes important for the training and education of health professionals, which is one of the axes that make up the UHS.

The proposal of Permanent Education in Health (*Educação Permanente em Saúde*, EPS) adopts as a pedagogical assumption the notion of meaningful learning, that is, learning something that makes sense to the subjects involved so that the training processes are structured based on the problematization of work processes. Therefore, EPS does not express a didactic–pedagogical option but a political–pedagogical

option (Ceccim & Feuerwerker, 2004; Ceccim, 2008). This option materializes as a public health policy proposal through the National Policy of Permanent Education in Health (*Política Nacional de Educação Permanente em Saúde*, PNEPS), focused on the training and development of UHS workers and understood as an action proposal capable of contributing to the necessary transformation of training processes and pedagogical and health practices, also encompassing the organization of services. It constitutes an articulated work between the health system, in its management spheres, and the training institutions, with a view to the identification of everyday problems and the construction of solutions (Brazil, 2005).

Given the challenges of health education that are in line with the principles of UHS, pedagogical strategies consistent with our political–pedagogical focus are needed, which values the subjects, knowledge, relationships and which is guided by comprehensive care. Thus, in the field of care in health education, the action/intervention takes shape in this meeting between the health professional and the subject of care (Carvalho, 2018; Marra, 2009; Silva, 2013).

The use of psychodrama and sociodrama in educational contexts provides the experience of producing meanings linked to the professional role and opens up the possibility of reflecting on reality and acting in a protected context but facilitates the emergence of central issues for the change. The hypothesis is that the psychodramatic method can be an important pedagogical tool for permanent education and teaching in health because knowledge results from simultaneous learning to life experience (Diniz et al., 2000; Polejack & Seidl, 2015).

Example of a Training Program for Health and Education Professionals

Socioeducational measures are actions defined by the Statute of Children and Adolescents (Brazil, 1990b) aimed at the inclusion of adolescents and consist of: warning, obligation to repair the damage, provision of service to the community, assisted freedom, semi-freedom, and hospitalization. These measures are directed at the adolescent's social context: the family, the community, and the public authorities, demanding initiatives from different fields of public and social policies.

Primary healthcare professionals who work with socioeducational measures have the function of providing adolescents with access to rights and opportunities to overcome their situation of exclusion, reframing and the formation of values necessary for participation in social life.

This training program was contracted by the Public Ministry to be developed by the Family, Group and Community Laboratory, a university extension project at the University of Brasília, Federal District, Brazil, aimed at professionals responsible for promoting comprehensive health care for adolescents in conflict with Federal District law. It illustrates a sociodrama with large groups and processing, which is

the theoretical and methodological understanding of what happened in the action and the meaning of the participants' images and scenes (Aguiar & Tassinari, 1999).

An important resource for this program was the resonance group, which increases the feeling of sharing the experience. The first author adapted the concept of resonance to the relational dimension, related to the phenomenon by which a sound body vibrates when required by vibrations produced by another body when their period coincides with yours (Ferreira, 1989). In this sense, resonance allows us to broaden the frontiers in understanding the processes experienced between professionals and the people they maintain contact with (Elkaim, 1990). The group comes into contact, through resonances, with meanings that were not present but that start to emerge from the experiences of different people, as occurs in Andersen's (2002) reflexive processes, which allow other understandings of aspects not yet recognized.

Resonances are made up of similar elements common to different intersection systems. When perceiving these points of intersection, the participants experience feelings and different emotions, which makes them feel represented by the resonance group, favoring the experience of participation in understanding the concepts and attitudes, in the consensus, in the synthesis and the closing of the sociodrama.

The Sociodramatic Experience

The reported experience was a sociodrama, applied as a strategy for changing the paradigm in the view that professionals had of the adolescent and his context. It was based on the principle of action research, in which sociodrama is used to investigate the problem that the group is experiencing and make participants aware of the problem, all acting as participant observers. This research is proposed as a social and political activity and, therefore, ideological (Tanajura & Bezerra, 2015).

The group's warm-up began on arrival at the large auditorium. The rapprochement between them began to form a network of relationships. Concomitantly, the warming up of the coordinator, and the two auxiliary egos (management team) began, talking with the participants in small groups, marking the welcoming of the group, followed by a moment of fraternization: talking with each other, greeting each other, speaking freely with anyone who wishes, an experience that animated the group, allowed for a good laugh, and promoted expectations.

After a brief presentation by the professionals, the coordinator clarified that the activity aims at the organization of the group, with the identification of the different dimensions involved:

1. Knowledge and recognition of the team responsible for the direction of sociodrama: identification of the team's potential and needs, possibilities for integration, complementarity, and cooperation at work.
2. Knowledge and recognition of sociodrama participants: identification of the relationship with the theme.

3. Personal dimension: personal aspects of the professional's subjectivity in his relationship with work, deconstruction, and reconstruction of the adolescent's internalized image.
4. Dimension of the institution: socioeducational measures and their relations with the team and professionals' network in the social context.

The group began to walk through empty spaces. At the same time, the management team mapped the group's identity cutouts (Knobel, 2008) by grouping them into subgroups in response to certain criteria: men, women, married, and single people, with children and adolescents, working time with socioeducational measures and different workplaces.

Taking as a reference the principle of the evolution of groups, the sociogenetic law, which comprises groups evolving from simpler to more complex forms, goes through three stages of differentiation of relational structures: organic isolation, horizontal differentiation, and vertical differentiation (Knobel, 2020); the coordinator began to organize these relational structures.

Starting the specific warm-up, the coordinator introduced the theme with words that, at first, seemed loose, allowing the participants and the management team to think and hear about the group they were in. After each word, people disorderly spoke to others, allowing the identification of the levels of demand and understanding, essential elements for the recognition and respect of the adolescent and the identification of the image they make of themselves as educators. These words were: conversations, learning, life, relationship, fun, educator, conflict, institution, law, health, freedom, and adolescent.

The coordinator presented the next step, referring to the contradictions or the contrary units (Demo, 2000) present in everyday life. She then started to form pairs, asking each one to look for another participant with whom they feel comfortable experiencing these moments of contradiction. The pairs were exchanged, experiencing different proposals such as: health/illness, peace/war, conflicts/measures, construction/deconstruction, individual/team, protection/violence, life/death. In the sequence, each pair looked for another pair to form a quartet. Then, the quartet sought another and so on until subgroups with 16 members were formed, ending the warm-up stage.

Beginning the dramatization, each of these subgroups started to have autonomy and responsibility to create experiences, feeling and thinking about them. The space was large, allowing the subgroups to spread out to maintain a comfortable distance between them. Ten subgroups were formed, and each chose a coordinator/reporter.

The first slogan was to present their role in their workgroup, in their institution, focusing on their role as an educator, for example, how their presence and participation qualify and modify this workgroup. Subsequently, each subgroup made a synthesis of the feelings, thoughts, and perceptions about the lived experience.

Each subgroup was divided into two small subgroups with eight participants: representing the adolescent and the educator. Interestingly, most chose to represent the teenager but were encouraged to experience both roles. As an adolescent or educator, the small subgroups talked freely about this role, how they place themselves in this educator–adolescent relationship, how they feel, etc. Next, they were asked

to pose for a photograph that reveals who and how they are, as a scene containing all the elements present in the subgroups' discussions.

When everyone was ready for the photograph, the two small subgroups faced each other. At each constructed complementarity scene, the auxiliary egos photographed the relationship and invited the participants to leave the scene for an outside view to understand what each scene expressed, identifying the meanings represented. Each small subgroup told the other what and how they see themselves in that relationship and how they see and perceive the complementary role expressed in the scene/photograph. After everyone experienced this analysis done as a teenager or educator, they returned to the subgroup of 16 members and talked about the experience.

Then, the coordinators/reporters of each subgroup were invited to group together to form the resonance group, to exchange experiences. The task was to build a unique scene representing the synthesis of what was discussed and experienced in the subgroups.

While the resonance group worked on this construction, the subgroups dissolved, and the participants organized themselves as an audience in the Morenian sense, preparing for the production that was being built. The audience formed a chorus and sang songs related to what they were experiencing, reaching its peak when the resonance group was ready to present the synthesis scene.

The completion of the dramatization stage consisted of the presentation of the synthesis scene by the resonance group. The management team deepened the scene by applying psychodramatic resources to clarify, approximate, and distance concepts and attitudes, reframing perceptions and seeking to differentiate new conceptions of adolescent and educator roles. Actions specific to protective measures, characteristic of this socioeducational process, were strengthened on the scene.

In sharing, the participants identified the importance of promoting respect for the adolescent's uniqueness, a necessary condition in the educational action and in the functional organization of the socioeducational care units to guarantee the possibility of the adolescent's personal and social development. They ended by clapping hands, touched by the protagonists' development and recognizing the ability to experience situations, emotions, and perceptions experienced in the various subgroups.

Sociodrama Processing

The objective of the sociodrama was to train the health and education work team, responsible for the application of socioeducational measures, organized with a focus on the role of educator.

The coordinator started her personal warm-up and that of the two auxiliary egos with the recognition of the environment, the occupation of space and the fraternization of the participants, favoring the setting and the group. The objective of this stage of the session was to prepare the group for cocreation by expanding the theme and building the group context. The beginning of the group process involved: self-perception,

perception of the other (context), and perception of the situation (objective proposed to the group).

Taking as a reference the social trichotomy, recognizing the sociometric matrix of these groups of educators started with identity cuts: gender, marital status, parents of children and adolescents, working time with socioeducational measures, places of professional practice.

The theme was introduced in words, with each group allowing others to flow, in a collective construction of words that signaled the group's moment and suggested levels of demand and the ability to understand important conditions in the educator–adolescent relationship.

The experience shared by the participants in the groups causes the development of interconnected unconscious common experiences, the coconscious, and counconscious states (Knobel, 2016). In group interaction, the contents in a counconscious state allowed the expression of the group's sociometric matrix, favoring the beginning of the group process, which evolved in three stages: mobilization, participation, and organization (Marra, 2009).

In the mobilization stage, the participants formed pairs to experience an affective approach to the theme: moments of contradiction. The difficulties and individual expectations, that is, each participant's subjectivity, were building, in the exchange of peers, the group's relationship with the theme. When the subgroups were formed, with the external reality already modified, everyone was co-responsible for the following production, transformed by the coordinator into groups of autonomous educators.

The participation stage followed, whose objective was to integrate cognitive, emotional, and psychosocial contents brought by each participant's sociocultural background. Sharing experiences increased the feeling of belonging, strengthening the group to research the educator–adolescent relationship. The preference for the role of adolescent signaled conflicts in the role of educator. Taking the sociogenetic law as a reference, at this point, the group expressed the evolution from the stage of horizontal differentiation to vertical differentiation, when conflicts may emerge.

The coordinator/reporter of each subgroup presented the experience's evolution, reflecting the social reality expressed in the constructed scene of the educator–adolescent relationship. When invited to look at the scene from the outside, the participants could get to know and apprehend this interrelation's complementarity.

The organization stage starts when a representative/reporter from each subgroup forms the resonance group, and the subgroups dissolve, forming a large group with the function of an audience. The task proposed to the resonance group was constructing a scene-synthesis of the previous experience, whose objective was to revise the group's referential on the theme. The resonance brought the points of intersection, triggering feelings of belonging.

The resonance group was preparing to produce the integration of experiences in a synthesis scene, playing the role of the social sounding box. Meanwhile, the coordinator kept the audience warm to work on this scene, aiming to expand the understanding of educators' roles and the complementarity in adolescents' actions and the responsibility of the role of educator for the implementation of public policies.

With the audience warmed up, the handling of the synthesis scene began. All psychodramatic resources were used, aiming at recognizing the content of the group's counconscious. The elaboration of this content occurred in applying the available resources of the group's powers and competencies, creating the necessary conditions for a competent professional performance to promote the adolescent's personal and social development.

The result was the realization of the revisited roles of adolescent and educator. When the coordinator stated that the resonance group allows us to go beyond the concept of symptom since resonance constitutes a common point for the different interrelated systems, she also confirmed this device as a facilitator of group cohesion. This feeling of being represented in the multiplicity of situations, emotions, and perceptions experienced throughout the sociodrama unified the group, guaranteeing the support of future actions by the participants.

Thus, it was confirmed that sociodrama, understood as a socioeducational or sociotherapeutic intervention, promoted group participants' development by explaining common identity elements dispersed among all and experiencing the action–reflection–action process (Marra, 2004).

We identify the social reach of sociodrama as a methodology for learning and treating social health. All of them become observers participating in the coconstruction of the sociometric matrix, favored by the empowerment of sociodrama. The stages of mobilization, participation, and organization favored the feeling of belonging and the group's strengthening, making them co-responsible for the result.

Resonance occurs when an oscillating system receives an excitation with a frequency equal to one of its natural frequencies. The resonance group allowed us to go beyond the symptom concept. As a common point for different interrelated systems, resilience has become an intervention instrument and has broadened the field qualitatively (Morin, 1994). In this aspect, the group interaction made possible by sociodrama proved to be a gateway to the real and symbolic contexts from which the participants lived their stories and played their roles.

The resonance group created the synthesis result, representing the elaboration by the cohesive group of the contents of the scenes, expanding the cognitive, emotional, and behavioral references related to the group concept on the theme, categories applied both in the intervention with groups and in the teaching of sociodrama, making learning to learn.

Final Considerations

This text brought the psychodramatic methodology's contribution to promoting the transformation and changes in practices that do not favor citizens' fundamental rights. For these aspects to be effective, an organized civil society capable of influencing the political system and public bureaucracies is needed, strengthening citizenship's associative dimension.

In this group, it was clear how these issues appear in the educator–adolescent relationship in socioeducational measures. There was difficulty in understanding their role and contributing to the change and transformation of those young people. The educators, who in a way represent the institute and are complicit in this system, look little at the teenager and have difficulties in helping him, which was clear in the scene represented by the resonance group. The educators themselves were perplexed by what they saw, expressed discomfort with their actions and wanted to remake the scene in search of composing themselves for seeing the need for changes in this process.

The patent weakness of institutionalized mechanisms and control over public policies indicates the distance between the competencies established legally as the mechanisms for implementing social processes are very complex, and public control over governmental action is always distanced from citizens. Public policies are part of a collective field in which all citizens are part of the same endeavor and tools for their execution.

The issue of resources controlled by agents such as time, information, technical capacity, and professionals training is a central element and its potential to develop new and more effective public policies. Psychodrama as a training resource for professionals and potential as an instrument is a bridge between citizens and the government.

The resonance group in the reported sociodrama played the role of organizing the content in coconscious and counconscious states for the group to broaden the understanding of the relevance of its role in the implementation of public policies. When realized by the psychodramatic resources, it brought power to the participants, preparing them for a performance renewed by their professional practices' spontaneity.

The process experienced by the group represents a miniature version of what society could experience for the implementation of public policies, with the coconstruction of processes in which everyone participates in small groups (unions, classes of workers, etc.), and the conclusions are organized by resonance groups, with representatives of the origin groups. Thus, the community's proposals are created through its representatives, bringing a sense of participation in the organization process.

In this context, psychodrama collaborates to promote great solutions or commitments of the state with the populations. As Moreno thought, in small groups, we manage to make the big revolution, the creative revolution. Everyone participates in the process in different roles and is therefore committed to the new reality.

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