1993

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Beverly Valenti-Hilliard
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DOI: <https://doi.org/10.31979/etd.68gg-yc8r>
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the Church-sponsored, State-funded, AIDS education play
"CHOICES"**

Valenti-Hilliard, Beverly, M.A.

San Jose State University, 1993

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PROPAGANDA BY CHOICE:
HOW PROPAGANDA THEATRE WORKS
IN THE CHURCH-SPONSORED, STATE-FUNDED,
AIDS EDUCATION PLAY CHOICES

A Thesis
Presented to
The Faculty of the Department of Theatre Arts
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Theatre Arts

by
Beverly Valenti-Hilliard

August, 1993

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ABSTRACT

PROPAGANDA BY CHOICE: HOW PROPAGANDA THEATRE WORKS IN THE CHURCH-SPONSORED, STATE-FUNDED, AIDS EDUCATION PLAY CHOICES

by Beverly Valenti-Hilliard

This thesis conducts an analysis of how the devices and strategies of propaganda are employed in the Church-sponsored, State-funded, AIDS education play CHOICES. The study focuses upon the techniques associated with integrational, agitational, and dialectical propaganda theatre and what relationship those techniques have to CHOICES.

The dichotomous goals and motivations occasioned by the juxtaposition of the disparate funding and sponsoring institutions (the Church and the State) are explored in the contextual implications of their effect upon the selection of how and why specific elements of propaganda theatre are employed in CHOICES.

Finally, an analysis of the script, a discussion of the cast formation process, and documentation of audience responses to the performance of the play lead to observations and conclusions regarding methods of evaluating the effects of those propagandistic devices and strategies employed.

ACKNOWLEDGEMENTS

To all the HIV-positive people and PWAs who willingly shared their stories and enlightened the writing of CHOICES, I extend my deepest appreciation.

I gratefully acknowledge the thirty-seven teenagers who generously contributed their time, talent, and genuine enthusiasm to make CHOICES come to life. Without their dedication to the enormous task of educating youth about HIV and AIDS, this thesis would never have been written.

For their interest in my work in the use of theatre for AIDS education, and for their insights and encouragement during the writing of this thesis, I thank Dr. Karl Toepfer and Dr. David Kahn. For the promptness and the care with which she read this thesis, I thank Professor Janet Van Swoll.

To Christine Kirkpatrick, for her technical skill and unending patience through revision after revision, I extend my gratitude.

My deepest appreciation goes to Gerry Hilliard, Amy Hilliard, and Charlotte Valenti for their endless support.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iv

Chapter

1. PROPAGANDA IN EDUCATIONAL THEATRE	1
Thesis Statement	1
Synopsis of Chapter	2
How Propaganda Works: Devices and Strategies .	3
Propaganda and Distortion	7
The Theatre of Propaganda	8
Propaganda and Theatre	13
Exemplary Use of Agitational and Dialectical Propaganda	15
Origins of Agitation Propaganda in the Theatre.	17
Theatre as Education	29
Theatre in Education (TIE): A Practical Application	35
Conclusion	39
2. LIMITATIONS AND CONDITIONS IMPOSED	40
Limitations and Conditions Imposed by the Church	40
Limitations and Conditions Imposed by the State	45
Reconciliation of the Limitations and Conditions Imposed by the Church and the State . . .	50

3.	PROCESS FOR THE DEVELOPMENT OF THE AIDS EDUCATION PLAY <u>CHOICES</u>	53
	Background and Research	53
	Recruitment of a Teen Task Force	60
	The Writing of the Script	70
	The Rehearsal Process	72
	Performance of the Play	73
4.	ANALYSIS OF THE SCRIPT AND OF THE PERFORMANCE OF <u>CHOICES</u>	76
	Synopsis of <u>CHOICES</u>	78
	Rhetoric through the Use of Music	79
	Use of Specific Language	87
	Strategies and Devices for Presenting HIV-Infected Characters	89
	The Concept of Choice and How It Is Dealt With	98
	Choice Based upon Rational and Irrational Responses	101
5.	<u>CHOICES</u> : THE PROBLEM OF EVALUATION	110
	Synopsis of Chapter	110
	Methodology of the Evaluation	111
	Post-Performance Question and Answer Sessions .112	
	Small Group Discussions	115
	"Debriefing" Sessions with Cast Members 119	
	Interviews with Audience Members	122
	Interview with Cast Members	125
	Written Evaluation Instruments	127

Conclusion	.128
Appendix	
A. Script of <u>CHOICES</u> (Revisions included)	.129
B. Notes Taken during Post-Performance Discussion	.161
C. Written Responses of Selected Audience Members	.166
D. Transcript of Videotaped Interviews with Cast Members	.171
E. Written Evaluation Instruments	.197
WORKS CITED	.200

CHAPTER 1
PROPAGANDA IN EDUCATIONAL THEATRE

Thesis Statement

This study analyzes the devices and strategies of propaganda as they work in a theatrical presentation, the AIDS education play CHOICES. (The title of this play always appears capitalized as required by the author.) The problem addressed is how the effects of those propagandistic devices and strategies can be measured.

Through an analysis of the formation of the AIDS theatre project, the writing of the play, the assemblage and formation of the Diocesan AIDS Theatre Ensemble, and the performance of the play, the propagandistic devices and strategies are identified.

An examination of the methods available to attempt an evaluation of the effectiveness of CHOICES demonstrates that there are in fact indicators which are useful as a measure to determine the efficacy of the propagandistic devices and strategies employed. Conclusions are drawn which provide elucidation about the validity of measuring effectiveness from such indicators.

Further significance for this study is provided by the

unique association of the Church and the State as the sponsoring and funding agents of an AIDS education theatrical production.

Synopsis of Chapter

All propaganda operates with a systematic approach to achieving a particular goal or set of goals. This systematic approach consists of specific devices and strategies. "Device" is defined here as a contrivance used to achieve a particular effect. "Strategy" is defined here as a preconceived method of utilizing specific devices for the accomplishment of an objective. These devices and strategies are identified as the characteristics of propaganda. It is pointed out that, depending upon the goals of the user of such propagandistic devices and strategies, connotations of the term "propaganda" vary. Therefore, connotations of the word propaganda are referenced to clarify the diversity of use of these identified devices and strategies. Once these devices and strategies have been identified they are then analyzed as they pertain to propaganda and theatre.

An examination of the devices and strategies one uses to achieve the goals of propaganda leads to a discussion of how these devices and strategies are employed in the AIDS education play CHOICES.

How Propaganda Works:
Devices and Strategies

Propaganda functions by systematically manipulating the beliefs, attitudes, and actions of its target. Such devices as words, gestures, banners, music, clothing, symbols, and insignia are used to achieve the goals of the propagandist. Because it is a goal-oriented process the deliberateness of this manipulation distinguishes propaganda from the casual exchange of ideas from one person to another. Deliberately selected facts, symbols, and arguments are presented in such a way as to achieve the maximum effect. The propagandist may deliberately choose to omit or distort pertinent facts or to divert his audience to his own agenda.

The driving force behind propaganda is the mechanism of communication. Propaganda's function is to induce a particular mindset which will lead to an adopted behavior. It uses no physical force to bring about the desired results but relies solely upon communication.

Communication is achieved by conveying ideas to an individual primarily through sight or sound. In the human being, the intellect is fed and the emotions are stirred through these senses. Keeping in mind that the overall goal of the propagandist is to induce a particular attitudinal response leading to a behavioral response in the target person or persons, the first goal is to present information in

a way that can be easily understood. Information is disseminated by the use of identifiable language, signs, and symbols. Thus the intellect is given the opportunity to respond by absorbing this information. However, communicating to the intellect alone does not fulfill the goals of propaganda. While one's behavior can be affected by appealing to one's intellect, appealing only to the intellect cannot be considered propagandistic. It is not propaganda to teach a child that one and one equal two, although this knowledge will decisively determine the child's future behavior in many areas. This type of communication is informational in nature.

Propaganda is more often associated with the emotions. In the educational experience of a child, the child is subject to propaganda in various non-scientific subjects (e.g., history). In Western countries perhaps the teaching of patriotism and the respect for democracy and love of country would not be viewed as propagandistic; but its appeal to emotion extends it beyond the dissemination of information into the realm of propaganda. Leonard Doob offers a hypothetical teaching situation:

You know that in the North where I was born and lived until I came here a few years ago that war is called the 'Civil War.' Personally I would much rather call it that than the 'War Between the States.' And I want you to. For it really was a civil war: the North wanted to prevent the South from seceding and from having slaves, and the

South. . . . (235)

Doob departs from making a clear distinction between propaganda and education and suggests:

This severe distinction between education and propaganda on the basis of science and survival value does not mean that the influence of an individual upon his contemporaries is clearly either one or the other. What almost always occurs is a combination of the two, or the influence can be variously appraised by observers with different conceptions of science and value. (240-241)

He suggests that it is the value judgement placed on the delineation of information which gives it its propagandistic property. Therefore, according to Doob, any subject matter is simultaneously capable of being both educational and propagandistic if, in the teaching process, a value judgement regarding such information is imposed.

A person can look at a picture of an emaciated, starving child and be catapulted into a response based on emotion. The picture tells a story and the intellect understands what the symbols in the picture stand for. This understanding triggers the emotions. If one supports Doob's theory of value judgement, the individual makes such a value judgement about the story portrayed in the picture. This value judgement then triggers an emotional response. It is the emotional response which indicates the method of communication as propagandistic.

Jacques Ellul (theorist of social/political institu-

tions, Professor of the History of Law and of Social History, and Christian theologian) when speaking of the characteristics of propaganda, differentiates between propaganda and information: "Information is addressed to reason and experience--it furnishes facts; propaganda is addressed to feelings and passion--it is irrational" (84). He goes on to say, however, that this is only partially true in reality because there is a propaganda which is rational in that it is based on facts and statistics. He states further that this is a characteristic of propaganda which has evolved through the decades:

We can say that the more progress we make, the more propaganda becomes rational and the more it is based on serious arguments, on dissemination of knowledge, on factual information, figures and statistics. . . . It is unusual nowadays to find a frenzied propaganda composed solely of claims without relation to reality. . . . Modern man needs a relation to facts, a self-justification to convince himself that by acting in a certain way he is obeying reason and proved experience. (85)

Based upon this theory, propaganda works simultaneously on a rational level and an irrational level. Ellul explains that the factual information, the statistics, the data, the information, do not make propaganda, and do not cause the propagandee to act. However, the propagandee's overall reaction, his wide-angle impression of the overall picture formed by the assemblage of factual information, is irrational because it is an emotional response. It is this

"emotional pressure" which causes him to act. Therefore, the consumption of information combines with the emotional response in a rational and irrational manner to form propaganda (86).

The use of deliberately selected devices in combination with one another form the strategy by which the propagandist achieves his goals. The goal is to trigger emotional response. It is this emotional response which forms an attitude in the propagandee and which leads him to action.

Propaganda and Distortion

If a value judgement is imposed upon factual information, the credibility of that information is then subject to challenge in that an accusation of distortion can be made. George Szanto, author of Theatre and Propaganda, suggests that partial information implies a characteristic of distortion:

Information is transmitted, as a series of verbal and visual messages, through the initiating medium of a mind or minds, to another mind or minds. The initiating mind is limited by its ability to perceive and gather the content it is to transmit. Its information-gathering practices will be fragmentary. Consequently, even the clearest mind will be incapable of the objective presentation of material. (22)

The information transmitted is distorted not because it is untrue but because of the mind's own editing process which results in partiality. Szanto's theory implies that,

while a person or institution perceives giving out all available information on an issue, that information has, in reality, been intentionally or unintentionally distorted. Clearly the intentional or unintentional use of distortion has the capability of furthering the goals of propaganda and is identified as a propaganda device. The use of such a device as it pertains to the AIDS education play CHOICES is noted later.

The Theatre of Propaganda

Propaganda is a constant component of the world in which we live. It permeates society and achieves goals in varying ways dependent upon the needs of its user. It functions throughout different media forms: radio, television, visual arts, performing arts, print, and film. Each form of propaganda works on its audience in different ways. Ellul says that the random use of these different forms is not propaganda. What is propaganda, according to Ellul, is the meshing of these media so that the individual is caught up in "a net of propaganda." In a cultural sense it might loosely be called a kind of hegemony. Ellul suggests a tactic to attract propaganda's prey:

To draw the individual into the net of propaganda, each technique must be utilized in its own specific way, directed toward producing the effect it can best produce, and fused with all the other media, each of them reaching the individual in a specific fashion and making him react anew to the

same theme--in the same direction, but *different-ly*. (10)

Ellul poetically likens true propaganda to a symphonic score, "The propagandist uses a keyboard and composes a symphony" (10).

As well as being fully integrated into society, propaganda operates as a continuous action. Ellul explains:

Propaganda must be continuous and lasting--continuous in that it must not leave any gaps, but must fill the citizen's whole day and all his days; lasting in that it must function over a very long period of time. (17)

Ellul describes propaganda as a scientific system which, in order to function effectively, does so after the propagandist conducts an analysis to arrive at an understanding of how the human mind works both on an individual level and collectively. From this understanding the propagandist must construct a strategy to communicate to that mind. "Step by step, the propagandist builds his techniques on the basis of his knowledge of man . . ." (4).

Not only is it required that the propagandist know the individual or group he seeks to propagandize, but he must also analyze the environment in which the individual lives in order to understand properly its influence on the individual and the masses.

Ellul further suggests that the scientific nature of true propaganda imposes a set of rules, a kind of formula

which renders the propagandist powerless with regard to his own impulses (5). This philosophy suggests that this formula is concocted as a result of the assessment of the target. An understanding of the target or propagandee leads the propagandist to a formula. It is the full understanding of the propagandee which influences the choice of methods by which the propagandist achieves the goals of his propaganda.

Finally, Ellul suggests that the modern day propagandist operating on a scientific level is not content merely to carry out propagandistic methods but is prepared to draw some conclusions as to the effectiveness of his endeavors (5).

There are, however, certain difficulties with attempting to draw such conclusions. With the evolution of modern propaganda--as described earlier--it is possible to collect data indicating the effectiveness of a particular propaganda attempt. The rational effects of the propagandistic material provide a basis for a testing procedure, but the greater difficulty lies in measuring the effects in terms of behavior. This issue is dealt with in a later discussion of the effectiveness of propagandistic devices and strategies in the AIDS play CHOICES.

The propagandist is not simply satisfied with manipulating a person's opinions or beliefs. To ask an individual if he believes this or that gives no indication of what be-

havior he will adopt. The propagandist is interested in action. The strategies of the propagandist, however, serve only to prepare the person or persons to act at the appropriate moment. According to Ellul, "some central core" is reached, primed and ready to pull the switch on the mechanism which will respond in the appropriate moment of action (27).

Author George Szanto, whose work is cited later in a discussion of propaganda and theatre, supports this theory by suggesting an analogy evidenced in an advertising campaign of the seventies:

No woman will rush right out to buy a specific pack of cigarettes upon being told she's come a long way; but the image of herself as sophisticatedly fashionable is intended to prey on her mind sufficiently so that later, when she wants a cigarette, she will buy the proper brand. (24)

Leonard Doob differentiates these two effects described by Ellul and Szanto as the "pre-action response" (the attitudinal acquisition by the propagandee) and the "action response" (the action taken as a result of the adoption of an attitude) (398). It is up to the propagandist to decide whether to take an urgency response. If he chooses to adopt an "act before it's too late" approach, then he may suggest that "supplies are limited" or "time is running out." According to Doob's theory, the purpose of this strategy would be to intensify the pre-action response so that the target

feels he would be left behind or would not benefit if he does not act immediately.

Propaganda has been dealt with in this paper thus far in a general sense and not specifically related to theatre. The devices associated with propaganda are identified as:

Rhetoric (words, language)	Appeal to Intellect
Costumes/Clothing	Appeal to Emotions
Banners	Distortion
Gestures	Repetition
Symbols	
Insignia	

Certain propagandistic strategies have been identified:

Infiltration of Society	Continuous Action
Systematic Approach	Urgency Approach

The term "goal" is defined as the objective sought to be achieved. Each of these terms--device, strategy, and goal--are referred to in a discussion of propaganda and theatre. The definitions remain intact, but the devices, strategies, and goals are specifically associated in a theatrical sense. With regard to the goals of propaganda and theatre those goals are defined as the objectives sought to be achieved theatrically, educationally, and institutionally.

Propaganda and Theatre

George Szanto, in one of the few books written specifically on the subject of propaganda as it relates to theatre, Theatre and Propaganda, offers his view that all plays are propagandistic:

As it presents partial information (the play's aesthetic perspective) and takes an ideological position in relation to that information, no play can avoid its propagandistic role. (72)

He further explains that sometimes propaganda is the purpose of the play and therefore the intent of the author:

At other times the play propagandizes an ideology without an awareness on the part of the playwright or of the production. . . . there are processes at work within the play with intentions to support, to attack, or to change an audience's perception of material reality. (73)

Like Ellul, Szanto credits theatre with achieving propagandistic goals. He says that propaganda is a form of "activated ideology" and theatre a vehicle capable of transmitting it:

If propaganda is one form of activated ideology, then theatrical texts and their presentation are among the media within which ideological activity may be witnessed by audiences and by critical readers. (7)

Szanto agrees with Ellul's contention that propaganda is divided into two categories: agitation propaganda and integration propaganda. He explains that agitation has as its purpose the goal of bringing about some kind of social change. Szanto speaks of agitation propaganda as ". . . a

propaganda of negation, standing in opposition to popularly recognized institutions" (73). Integration propaganda, contrarily, supports a commonly accepted ideology. Propaganda of agitation is the more obvious form of propaganda. However, Ellul's explanation of integration propaganda suggests that it is perhaps the more frequently used form:

It is a long term propaganda, a self-reproducing propaganda that seeks to obtain stable behavior, to adapt the individual to his everyday life, to reshape his thoughts and behavior in terms of the permanent social setting. (75)

Szanto supports the theory that the stability perpetuating nature of integration propaganda is what enables its frequent use:

Integration propaganda is long-term in nature, and most importantly, it is produced in far greater quantity by the social hegemony, those who passively accept the ideology of a society and function actively within it--teachers, preachers, newsmen, film-makers, social workers, playwrights, psychologists: any who are in the business of affecting the general consciousness. . . . (74)

The strength of integration propaganda lies in its ability to present an ideology which corresponds to and reinforces the beliefs of its target. Szanto goes on to say, "Most of the theatre we see is the theatre of integration propaganda: most of television, most of film, most of the successful work written for the stage is a form of integration propaganda" (74-75).

Szanto speaks further of another form of propaganda,

dialectical propaganda, ". . . which attempts to demystify, by depicting separately, interactively, and always clearly, the basic elements which comprise a confused social or historical situation" (75).

Ellul contends that integration propaganda did not exist until the twentieth century and is the "propaganda of developed nations and characteristic of our civilization" (74).

Szanto's and Ellul's analyses of these divisions of propaganda provide elucidation regarding the devices and strategies of propaganda, and further discussion of these are included in an exploration of the diversity with which propagandistic devices, strategies, and goals are employed in the AIDS play CHOICES.

Exemplary Use of Agitational and Dialectical Propaganda

Contemporary, revolutionary Brazilian director, Augusto Boal, creates socially relevant theatrical experiences and uses agitation propaganda devices and strategies to bring about social change. According to Boal, theatre is a weapon: ". . . all theatre is necessarily political, because all the activities of man are political and the theatre is one them" (Foreword IX). He refers to theatre as a "weapon for liberation" (IX). His revolutionary style of theatre includes a form in which scenes are created representing a

situation involving a dispute or problem existing in the community in which the enactment takes place. One such enactment took place in a factory in Peru. The problem to be solved was the inhuman exploitation of the workers by the ruthless boss. Workers suggested various solutions. These solutions were enacted with the spectator intervening to change the action and attempt his own approach at solving the problem. Boal explains that this form of enactment of real situations affords the spectator/participant an opportunity to rehearse various solutions to the problem. Boal calls this intervention stage "forum theatre" and explains the effect of such a device:

Forum theatre, . . . instead of taking something away from the spectator, evoke(s) in him a desire to practice in reality the act he has rehearsed in the theatre. The practice of these theatrical forms creates a sort of uneasy sense of incompleteness that seeks fulfillment through real action. (142)

In this form the spectator takes immediate action and, becoming the actor, he himself creates the play which is in actuality a real life situation. In effect, the propagandist and the propagandee are one and the same. Both roles are not assumed simultaneously, however, since he is the propagandist when he intervenes with his own point of view and is a potential propagandee when he reverts to being the spectator. Forum theatre, then, operates both as agitational and dialectical propaganda: as the propagandist tak-

ing part in the improvisation, the participant engages in dialectical propaganda because in his interaction with the other actors he clarifies his viewpoint; as the propagandee, he is agitated to take action.

When Boal speaks of ". . . incompleteness that seeks fulfillment through real action," (142) he refers to another of his theories which coincides with Bertolt Brecht's theory of opposition to equilibrium. Boal interprets Brecht with regard to this concept:

The popular artist must abandon the downtown stages and go to the neighborhoods, because only there will he find people who are truly interested in changing society: in the neighborhoods he should show his images of social life to the workers who are interested in changing that social life, since they are its victims. (105)

Origins of Agitation Propaganda in the Theatre

Since agitation propaganda is the most obvious form of propaganda, it is possible to reference accounts of its origin and use throughout the history of theatre.

Historical reference to the origins of the term "agit-prop," as it relates to theatre, is traced to a division of the Communist Party known as the Agitation and Propaganda Department. This department provided short agitation sketches to the Red Army during the Revolution. This early form was described by C.D. Innes in Erwin Piscator's Political Theatre: The Development of Modern German Drama as quite

primitive. Its beginnings were post-Revolutionary and its purpose was to communicate news to the largely illiterate population. Not unlike the European traditional town-crier, political officials, speaking through megaphones, circulated throughout the towns and villages reading bulletins which were transmitted there by telegraph. Combining political exhortation and factual information, these news items served to stimulate discussion led by the readers following the broadcast. The goal of these broadcast presentations was not only to give out information but to stimulate enthusiasm. They were always followed by the playing of the Communist anthem, the "Internationale." The speaker, the communication of thought, emotional involvement, music, bodily movement--all made these presentations a kind of theatrical event. Soon the first regular agit-prop troupe, the "Blue Shirts" or "Blue Blouse," was founded by the National Institute of Journalists in Moscow in 1923. Touring the country, ". . . playing without costumes, curtains or scenery, using speech, song and dance and gymnastics to dramatize texts taken from leading articles," they linked the news media with agit-prop (Innes 23).

In a basic organizational thesis, published in Moscow in 1928, the aims and methods of this group were outlined in its first four clauses:

1. The "Blue Blouse" is a dramatic living news-

paper that emerged from a period when newspapers were read aloud to the (largely illiterate) public.

2. The "Blue Blouse" is a form of agitation, a topical stage formed out of revolution, and is made up of a montage of political and general topics seen from the viewpoint of the class ideology of the proletariat.

3. The "Blue Blouse" is an active, lively, juicy, pointed and agile traveling theatre which can play in any place under any conditions.

4. The "Blue Blouse" is a form of club, a particular kind of amateur artistic work within a worker's club. (Fuegi 48)

The general concept of Russian agit-prop was known in Europe, but it was not until the "Blue Blouse" made a guest appearance in Berlin that any detailed example of such productions was widely known. It is believed that Germany had over 200 such groups in 1930. Soon Erwin Piscator became the forerunner of the mass phenomenon of agit-prop. The movement spread to England in the 1930s.

In the United States, agit-prop found its way into fringe theatre groups and began to make more of an impact when the Federal Theatre Project began using it as a form for plays and Living Newspapers.

During the first term of Franklin Roosevelt, the Works Progress Administration (later becoming known as the Works Project Administration) developed four programs of government-sponsored employment for people in the arts. Hallie Flanagan formed the Federal Theatre in 1935 at the urging of Harry Hopkins, the then Works Progress Administrator. The

purpose was to provide work opportunities for playwrights, directors, actors, and technicians and at the same time provide affordable theatre tickets to an impoverished populace.

Flanagan's strategy was to set up regional offices throughout the nation and have simultaneous performances of Federal Theatre plays. It Can't Happen Here (1936), from the Sinclair Lewis novel, was one such production playing in as many as seventeen cities at one time. The idea of such a production rose out of the response to the then current rumbling of social consciousness which was beginning to surface. The Lewis novel dealt with the concept that fascism could happen anywhere, including America. The central characters were modeled on Father Caughlin, an anti-communist evangelist of the 1930s, and Huey Long, Governor of Louisiana, both viewed by leftists as potential dictators.

The play was banned by the film industry, and Lewis decided to give the play to the Federal Theatre, explaining his reasons to the press on August 21, 1936:

I prefer to give it to the Federal Theatre for two reasons: first, because of my tremendous enthusiasm for its work and, second, because I know I can depend on the Federal Theatre for a non-partisan point of view. (qtd. in Flanagan 120-121)

E.E. McCleish, head of the Federal Theatre's reports and statistical division in the Washington office, prepared a promotion plan giving instructions to the various projects

throughout the country to:

. . . avoid all controversial issues--political angles of any degree--special appeals--racial or group appeals--or interferences in any of these directions, since Federal Theatre is interested only in presenting good theatre, neither adapting nor assuming any viewpoint beyond presenting a new and vital drama of our times, emerging from the social and economic forces of the day. (qtd. in Flanagan 121)

Gerald Rabkin in Drama and Commitment points out that these proved to be unrealistic demands on a theatre whose intent was socially relevant presentation and whose depictions of social problems inevitably would be somewhat biased from a political point of view. It was realistic, however, as Rabkin puts it, to aspire "to a nonsectarian social drama, a drama which affirmed the necessity of facing social issues, but which avoided a dogmatically consistent political position upon these issues" (102).

Despite these aspirations, It Can't Happen Here was accused by some newspapers as election propaganda for Roosevelt; others said it was anti-Roosevelt; some said it was Fascist; some claimed the play was pro-Communist, even though Lewis was an outspoken anti-Communist (Flanagan 117). Harold Lord Varney, writing for the San Francisco Examiner, deemed the play propaganda before it was even presented:

A novel so highly controversial and in such scabrous bad taste that it suffered rejection for screen production by all the important motion picture companies, *It Can't Happen Here* is now to be given a nationwide staging UNDER THE GONFALON

OF THE UNITED STATES GOVERNMENT ITSELF . . . PROP-
AGANDA--naked and unconcealed. (qtd. in Flanagan
117)

At that point in American history being viewed as prop-
agandistic was by no means a favorable position. Lewis' so-
cial/political theme, however, made the play vulnerable to
such attacks. One Massachusetts journalist writing for the
Worcester Telegram rebutted any criticisms of the play for
being propagandistic when he wrote:

In these days there will always be those who re-
gard any artistic achievement of a creative mind
as propaganda. So far as Mr. Lewis' play about
the United States going fascist is concerned, a
majority of our citizens would agree that 'if this
is propaganda make the most of it.' (qtd. in
Flanagan 118)

Excerpts of newspaper reviews cited in Flanagan's account of
the Federal Theatre and specifically It Can't Happen Here
are a glaring testimonial to its propagandistic qualities:

Chicago Daily News (Howard Vincent O'Brien)

. . . The theme of *It Can't Happen Here* is that
fascism gets hold of things because of the well-
meaning people who do not recognize it for what it
is . . . if you are not entirely immune to that
process, it will make you think.

Miami Herald

. . . a most timely enunciation . . . of what fas-
cism and communism might do in American democracy.
Thus has the theatre enlarged its appeal beyond
mere entertainment into a living, graphic document
of contemporary forces.

Chicago Tribune (Burns Mantle)

. . . It indicated rather revealingly . . . what could happen if the social body should ever become theatre-minded in a serious way. This was a demonstration of the uses to which a people's theatre might reasonably be put. (qtd. in Flanagan 126)

If indeed the effect of It Can't Happen Here created in its audience a sense of the real possibility of a threat to a democratic society, then a pre-action response was induced at the viewing of it. This pre-action response is the mind-set, which, as was mentioned above, when triggered, will effect an action response at the appropriate moment. Thus the viewer will respond to any faction threatening that which is revered, in this case the threat of fascism to democracy. Howard Vincent O'Brien, in his article in the Chicago Daily News quoted above, graphically explains this phenomenon on a personal level:

I suppose one reason why I sat on the edge of my chair and bit my fingernails was because I was in Germany the summer Hitler came to power. I met no German who thought that such a thing could happen in Germany. (Flanagan 126)

The Living Newspapers caused the most furor over the Federal Theatre Project. Their purpose was to present theatrically current social problems and suggest solutions to resolve them. Unlike its celluloid counterpart at the time, March of Time, which was a presentation of current news events, the Living Newspapers went a step further in identifying the effects of such news events on the people to

whom the problem posed the greatest threat. This editorial viewpoint was a predominant characteristic of Living Newspaper presentations (Rabkin 102).

The Living Newspapers suggested to the audience specific action that they could take in order to heal the social ills which were addressed in the presentation. The plays often ended with a call to action such as the closing lines of Arthur Arent's Living Newspaper, One Third of A Nation:

I want a place that's clean and fit for a man and woman and kids! CAN YOU HEAR ME--YOU IN WASHINGTON OR ALBANY OR WHEREVER YOU ARE! GIVE ME A DECENT PLACE TO LIVE IN. (120)

In each of these Living Newspapers the goal was to bring before the audience a social issue and do so in a way that would exhort its members to take action. Acting as agit-prop theatre it employed such devices as: projections, masks, spotlights, loudspeakers, and ramps. Characters emerged from the audience or appeared in silhouettes behind scrims. Dates, statistics, charts, and headlines supplied the factual information. An offstage voice, known as the "Voice of the Living Newspaper," was heard over a loud speaker serving the presentation in various ways ranging from announcing scene changes indicating time and place or about to take place on stage (O'Connor, Free 10).

Another Living Newspaper which made a significant im-

pact was Spirochete which dealt with the rapid increase of syphilis among the population. The play, by Arnold Sun-gaard, was written during a national campaign against syphilis. In December of 1936 the Surgeon General of the United States began the campaign with the Venereal Disease Conference in Washington, D.C., a major propaganda campaign of which Sun-gaard's play was a component. Not only was Spirochete supported by the Surgeon General and other activists for the cause, but recommendations were made to Sun-gaard while the play was in draft. Scientist Paul De Kruif, author of Men Against Death, and O.C. Wegner of the United States Health Service and head of the "Committee Against Syphilis" offered him assistance.

De Kruif encouraged Sun-gaard to make the social rather than personal theme predominant. He made a specific suggestion with regard to the last scenes in the second act. Speaking of the worker who loses his job, De Kruif suggested:

It seems you could end on the submerging of that individual in a great mob. The people, once they know, and they are beginning to know, will override the reactionary private physicians, the budget-balancing legislators, and take the fight into their own hands. (qtd. in O'Connor "Spirochete" 95)

What De Kruif was suggesting fell within the framework of agitation propaganda. He suggested that an informed "mob" would be moved to action against a reactionary esta-

blishment. This suggestion for the sequence of events in the play were ultimately the goals of the Living Newspapers themselves: to present factual information, to inform the public about a social and health problem and then make stirring suggestions as how best to eliminate the problem.

The play was received well and there was, in the ensuing months, an increase in the number of blood tests given. On opening night in Chicago, where the play originated, a staff of doctors and nurses stood ready to take blood tests in the lobby of the theatre. A Chicago Tribune review touted the play as an important instrument of the campaign against syphilis. Writer Charles Collins began his review by saying, "The Federal Theatre Project makes a valuable contribution to anti-syphilis propaganda with a dramatic spectacle called Spirochete . . ." (qtd. in O'Connor "Spirochete" 95).

The Group Theatre formed during the same time of the Federal Theatre Project. Led by a commitment to produce socially relevant theatre, it became known in its time as a theatre movement of social unrest and was therefore considered radical. According to the directors of the Group Theatre, the issues were social and moral, and not political:

A good play for us is . . . one which . . . is the image or symbol of the living problems of our time. These problems are chiefly moral and social

. . . to all of them there must be some answer.
 ("The Group Theatre Campaigns" 347)

It was difficult for the Group to escape political themes given the era within which it operated. The thirties were a time of political upheaval, and a theatre dedicated to addressing the problems of its own society would undoubtedly find itself treading on political territories.

One play, Waiting For Lefty which is identified today as a classic agit-prop piece, was the work of Clifford Odets, a then unknown actor playing bit parts with the Group Theatre. In the fall of 1934, "New Theatre" and "New Masses" publications together sponsored a contest for the best revolutionary play. The grand prize was fifty dollars. Clifford Odets submitted a play called Waiting For Lefty, which was to become the most well known agit-prop play of its day. It was first published by "New Theatre" subtitled, A Play in Six Scenes Based on the New York City Taxi Strike of February 1934. The actual strike was a thing of the past by the time the play premiered on January 5, 1935. In reality, there could be no call to strike since the strike had already taken place. Based upon this fact, biographer Gerald Weales, denies Lefty its agit-prop identity. Since the strike had already occurred, he questioned what action is to be taken by the spectator:

Lefty is a call to action, but the action is amorphous, the revolution is metaphorical. The direct

line between play and political action breaks down. The final STRIKE cry is a cousin to Aristotelian catharsis, a fulfilling of the audience, a moment of community that substitutes for direct action and makes it unnecessary. Lefty fails as agit-prop because it succeeds too obviously as a play. (49)

Weales' implication that agit-prop is somehow separate from that which is identified as a "play" is disputed by Gabriel Miller, in his book, Clifford Odets. While agreeing that Lefty does not call for an immediate response in action, he cites the play's nonfactual historical approach to an actual event as giving it a symbolic quality, and, in so doing, it possesses greater value. He identifies the linking of audience and actor as an agit-prop device and also says: "This communal focus is what accounts for the play's lasting appeal, for Lefty is an agit-prop drama that resists identification with any specific, time-bound problem" (168).

The symbolic quality which Miller refers to credits Lefty with a kind of universality. While agit-prop theatre deals with specific goals pertaining to the immediate problem at hand, Miller suggests that agit-prop, as it works in the play Waiting for Lefty, is representative of the concept of a mass of individuals being roused to action. Its agit-prop effectiveness lies in the realization by the participant/spectator that action is possible whatever the problem at hand. Harold Clurman, one of the founders of the Group Theatre, described this phenomenon:

The actors no longer performed; they were being carried along as if by an exultancy of communication such as I had never witnessed in the theatre before. Audience and actors had become one . . . with the spontaneous roar of 'Strike! Strike!' It was something more than a tribute to the play's effectiveness, more even than a testimony of the audience's hunger for constructive social action. It was the birth cry of the '30s. Our youth had found its voice. (qtd. in Rabkin 170-171)

Lefty's effective call to action clearly signified it as agitation propaganda, at the same time, it exemplified integration propaganda in that the audience was exhorted to support an already established cause, one that had been advocated by most of the New York theatre going public of the 1930s.

Theatre as Education

It has already been established in this thesis that theatre has the capability to extend beyond entertainment to serve a broader goal. It is the strength of entertainment which serves the broader goal. Therefore, the entertainment quality of theatre which aims to affect attitude must remain intact and become an instrument by which this goal is achieved. A propagandistic play, for example, does not supersede the play's characteristic of entertainment. According to Bertolt Brecht, theatre must never lose its ability to entertain: "From the first it has been the theatre's business to entertain people . . ." (Willett 180).

The historical reference to the practices and philosophies of Brecht informs the following discussion on theatre as education. Conformity to Brecht's theory of theatre as entertainment is embedded in this discussion. Brecht's inquiry into the pedagogical role of theatre is prompted by his ideology of "pleasurable learning": "If there were not such amusement to be had from learning the theatre's whole structure would unfit it for teaching" (Willett 73). Brecht says, "For theatre remains theatre even while it is didactic, and as long as it is good theatre it is also entertaining" (Brecht, Introductory Note 6).

Certain devices employed in the AIDS play CHOICES were selected for their entertainment value. It is discussed in Chapter 4, in a retrospective analysis, how these devices of entertainment are at the same time propagandistic. The propagandistic value of employing such entertainment devices is identified in the resulting effect on audience members. This effect is discussed in Chapter 5 as it pertains to CHOICES. From an educational perspective, a comparison is drawn between such an entertainment form of dissemination of information and a more traditionally didactic form of instruction.

Brecht utilized theatre as education through his Lehrstücke written during 1929 and 1930. In a departure from conventional theatrical practices the Lehrstücke were cre-

ated to allow for the enlightenment of the actors and did not require a spectator or audience. The primary purpose was to provide a learning experience for the actor/participant. This experiment Brecht characterized as "art for the producer not art for the consumer" (Brecht, Introductory Note 6). In a brief explanation in his introduction to The Measures Taken and Other Lehrstücke, Brecht states that the learning play, or Lehrstücke, differs from the Aristotelian play in that the learning play shows society as that which has the capability to change and further suggests ways in which it can change; whereas, the Aristotelian play shows society in stasis (6). An analysis of this aspect from a propagandistic viewpoint indicates the Aristotelian play as integrational propaganda and the Lehrstücke as dialectical propaganda with the capability of being agitational.

According to Szanto, "The purest example of a theatre of dialectical propaganda is the Lehrstücke, The Measures Taken" (85). It is dialectical in that its purpose in being written was to serve the actor as a learning medium. Operating within a framework of dialectical propaganda, the participants (the actors) are already believers in the ideology of the play at the time of commitment to its production. Thus, acting as propaganda, it sought not to convert, but to "demystify . . . a confused social or historical situation" (75) since its "audience" was composed of those who already

had "hearts which beat for the revolution" (86).

The Measures Taken is performed as a narrative by four actors taking the parts of The Four Agitators who also play several parts, one of which is the object of the lesson, the Young Comrade. The Young Comrade is shot and thrown into a lime-pit as a result of his failure to advance the cause of the revolution. This action he willingly agrees to. The audience plays the part of The Control Chorus which renders a supportive judgement of the Young Comrade's killing by The Agitators. The Control Chorus declares The Agitators successful in teaching "the ABC of Communism" by listing ". . . what is needed to change the world" (Brecht 34). The listing points to the actions and attributes which were absent in the Young Comrade:

Anger and tenacity, knowledge and indignation
Swift action, utmost deliberation, Cold endurance,
Unending perseverance, Comprehension of the individual and comprehension of the whole. (34)

The play serves to demystify and clarify for the participant in such a way as to give direction to his existing emotions. This demystification, according to Szanto, is the function of dialectical propaganda. Brecht makes no reference to propaganda when speaking of his didactic theatre; it is Szanto who labels it as such.

The Lehrstücke required little of sets and properties and could be performed by amateurs. Brecht cites Die Mutter

as an example of a Lehrstücke which employed these unconventional principles of production:

" . . . the use of music and of the chorus to supplement and vivify the action on the stage; the setting forth of actions so as to call for a critical approach so that they would not be taken for granted by the spectator and would arouse him to think. (Willett 79)

Brecht credits Erwin Piscator, whom he touts as "without doubt one of the most important theatre men of all times," with being responsible for introducing "far-reaching innovations" to the theatre (Willett 77).

Piscator preceded Brecht in presenting theatre as education in a propagandistic way when, in 1920, he created the Proletarishes Theatre. One example of the Proletarishes Theatre is the agit-prop sketch, Russia's Day, an adaptation of a script by Lajos Barta which presented its characters as caricatures. The use of caricatures was a device borrowed in 1934 by Clifford Odets in his agit-prop play Waiting for Lefty. Brecht's Lehrstücke also utilized these non-realistic characterizations as well as amateur actors and minimal sets.

Much of what is non-conventional theatre from 1960 until the 1990s finds its influence in Brecht no doubt due to his prolific career spanning thirty-five years. This modern period is referred to by scholars of educational theatre and radical theatrical practices as "post-Brechtian

modernism." Just such a reference is made in a 1992 article by Stephen Lacey and Brian Woolland in New Theatre Quarterly. The article focuses on drama-in-education and references author Elizabeth Wright in a discussion of Brecht's distinction between "Major Pedagogy" and "Minor Pedagogy."

Wright explains that "Minor Pedagogy . . . operated within the established theatrical institutions," and:

Major pedagogy . . . is a model for a radically different theatre of the future, where the distinction between actor and spectator is entirely wiped out. The actors . . . occupy a double role of observing ('spectating') and acting, working and reworking a communal set text which is perpetually alterable, the object being to turn art into a social practice, an experiment in socially productive behaviour. (qtd. in Lacey and Woolland 84)

The authors of the New Theatre Quarterly article refer to Wright's analysis of Brecht's theory of "Major Pedagogy" and correlate it to the work of Augusto Boal. Both based their work on the concept of praxis (85). In his book Pedagogy of the Oppressed, Brazilian educationalist Paulo Freire clarifies this concept in statements distinguishing men from animals and describing cultural action:

Animals do not consider the world; they are immersed in it. In contrast men emerge from the world, objectify it, and in so doing can understand it and transform it with their labour . . . Men's activity is theory and practice; it is reflection and action. (119)

Cultural action is always a systematic and deliberate form of action which operates upon the social structure, either with the objective of pre-

serving that structure or of transforming it.
(180)

Theatre In Education (TIE):
A Practical Application

A practical application of the theories of Brecht and Freire, evident in the work of Augusto Boal, is found in a theatre program originating at the Belgrade Theatre in Coventry, England. In September 1965, Theatre in Education (TIE) was formed. The Belgrade Theatre, founded in 1957, was given the responsibility to provide theatrical experiences to the school children of Coventry. Belgrade's third artistic director, Anthony Richardson, took that post in 1962 and formed TIE. Richardson's desire to link theatre more closely with education prompted him to appoint teacher Gordon Vallins as Liaison Officer. Vallins began going into schools to integrate improvisation work. Vallins articulated the value of theatre as education as lying in its:

. . . ability to exercise us as people. Properly used it can encourage us to think in greater depth, and give us a greater realization of the world about us, perhaps more so than any other subject because it deals with the interaction of personalities in three dimensions. (qtd. in Redington 46)

The eventual goal was to set up teams staffed by teachers who had some theatrical training or actors who had also been trained as teachers.

The TIE project began with a general guideline set up

by Vallins. Points 3 to 5 laid out a strategy:

3. The team will concentrate on the Northern Area of the city and will be able to visit most schools in that area twice in the Autumn Term. The team will enter another area the following term.
4. The team will spend a day in the school:
  - (i) dividing into two teams and teaching two classes simultaneously in the morning some form of creative drama which is related to
  - (ii) the performance by the team in the afternoon and
  - (iii) afterwards, discussing with the school's staff what has been achieved, methods, sources, and possible follow-up material. Prepared lesson notes and suggestions will be distributed to the staff which they can make use of if they wish.
5. The team, in short, is an animated visual aid to both teachers and children acting as a stimulus to the creative work in the school. (qtd. in Redington 47)

The "Programmes" often involved the active participation of the children in the form of improvised drama, simulations, and structured role-playing and decision-making exercises within "real life" situations.

In the early years of TIE the emphasis was on introducing into the schools the value of Drama as a subject and discipline, while at the same time using it to enhance literature by presenting enactments of classic stories or plays. A shift began to occur in 1969 which set into motion an evolutionary process which began to give TIE a more propagandistic approach to its work:

The change in the nature of the Secondary work marks the ability of the team to handle social and political themes and to devise a format within

which the pupils could be led to some social and political awareness. (Redington 74)

At this point in the evolution of TIE the experiences provided the children were, in the sense of propaganda, dialectical. TIE's goal was to clarify a certain issue. Choosing the play, Live Like Pigs, the team worked not with the play itself, but its theme: "Our aim became to place them (the students) firmly in the midst of a community problem and let them have the opportunity to talk their way out of it if they could" (qtd. in Redington 76). Similar to the work of Augusto Boal, although simply a simulation, the TIE participants are forced to develop a viewpoint with regard to a given problem. By taking on a fictitious character involved in the situation, the participant becomes emotionally connected with the issue and is led to a response by the interaction which takes place with the other players. In this process a clarification of the problem evolves.

While the result is not immediately reactionary (an outcome which could be identified with agitation propaganda), dialectical propaganda was indeed at work. By allowing for a clarification of a social problem, the pupils were led to a formation of a viewpoint which would facilitate an active response by them, given their future involvement in such a problem. "They had to play inside a situation that could happen to them as part of a community" (Redington 79).

Leonard Doob would classify this effect as the "pre-action response." If this pre-action response were transformed later into an action response, the result would be agitational.

While functioning differently, there are some striking similarities between the TIE Programmes and the AIDS Theatre Project's production of CHOICES. TIE Programmes continued to evolve, and, in the early 1970s, became increasingly political, ". . . a concern with reality, 'real social issues' rather than fantasy; an increased desire to put over a point of view to 'audiences' . . . " (Redington 115).

This shift to a political consciousness raised the question of whether the TIE programmes had become propagandistic, and Redington notes, "The work had been observed by a number of people from the early 1970s and propagandist material had not been noted" (116). To substantiate this claim Redington noted:

Bert Parnaby, (Her Majesty's Inspector, with responsibility for drama) preparing a report on Theatre in Education declared that: 'He hadn't seen a single programme showing overt political bias, although there is oversimplification sometimes, but no worse than is seen on television.' (116)

It is interesting to note the denial of propaganda working in such a program, and is an indication of the association propaganda has with that which is considered less than forthright. Interestingly enough the disassocia-

tion of TIE with propaganda was based on the lack of evidence of "overt political bias." This narrow view of the workings of propaganda bypasses the strategies and devices employed by the TIE teams and ignores their propagandistic goals.

"TIE saw itself . . . offering alternative ideas, and attempting to make the pupils question society" (Redington 118). By virtue of the fact that TIE programmes led audience members to an acquisition of an attitude, whether it be one of conversion or one of clarification, it possessed propagandistic characteristics. Based upon theories presented in this thesis, it is a narrow view of propaganda to deny the propagandistic characteristics present in the TIE programmes.

Conclusion

The theories and practices discussed clearly indicate propaganda as it has worked and continues to work in our society and specifically in theatre. With this study as a basis, further discussion of propaganda as it works in the AIDS education play CHOICES consumes the remaining chapters.

CHAPTER 2

LIMITATIONS AND CONDITIONS IMPOSED

The limitations and conditions imposed upon the writing, the production, and the performance of CHOICES derived from two sources: the Church and the State. The Roman Catholic Diocese of San Jose, as the sponsoring agent, had a definite point of view to express; the State, in the form of the California Department of Health Services Office of AIDS as funding agent, had its own agenda. This chapter delineates the limitations and conditions imposed by each of these agents, notes the similarities and dissimilarities, and explains the reconciliation necessary to satisfy the interests of these two apparently dichotomous bodies.

Limitations and Conditions Imposed By The Church

Because the AIDS education play CHOICES was to be sponsored by the Roman Catholic Diocese of San Jose, the research, the writing, the production, and the performance of the play had to be reflective of the Church's position about the moral issues involved with the AIDS crisis. Obviously the concerns and points of view of the sponsoring agent, by necessity, had to be incorporated into the entire

process.

In November 1987, the Administrative Board of the United States Catholic Conference (of bishops) published a statement delineating these views. Because of the clarity of this statement and because of the official nature and source of the statement, this document served as the primary source for determination of the Church's official position regarding AIDS issues. Consequently, the writing of CHOICES was limited by the positions stated in this document, The Many Faces of AIDS: A Gospel Response.

The United States Catholic Conference (USCC) did not develop its statement in a vacuum. The USCC took into account the then available medical and scientific data (from such sources as the Centers for Disease Control and the Surgeon General) and previous statements made by individual and groups of diocesan bishops. One such statement had been published in May 1987 by the California Catholic Conference (of bishops), "A Call to Compassion," in Commentary. The stated purpose of this "pastoral letter" addressed to the "Catholic Community of California" was to encourage people to read the Surgeon General's report on AIDS "in a moral context" and to promote "an understanding of AIDS that will free people from irrational fear and mobilize them to respond in a rational and Christian manner to this dreaded disease" (1).

Thus, the primary and fundamental Church-imposed limitations upon the writing, the production, and the performance of CHOICES were moral in nature as defined by these official Church documents.

According to the USCC, the serious moral questions embraced were these:

How are we to relate to those who have been exposed to the virus or to those who have the disease?

What are our responsibilities as members of the Church and society with regard to their care and support?

What can and ought we to do in order to prevent the further spread of the disease. (USCC 1)

The answers, as given by the USCC, to these moral questions informed the writing, the production, and the performance of CHOICES and formed a basis for the propaganda devices and strategies employed throughout its writing, production, and performance process. A summary of the bishops' answers was found in the introduction to the document.

Those which specifically pertained to CHOICES were:

As with other diseases, AIDS is a human illness to which we must respond in a manner consistent with the best medical and scientific information available.

As members of the Church and society, we have a responsibility to stand in solidarity with and reach out with compassion and understanding to those exposed to or experiencing this disease.

As a society, we must develop educational and other programs to prevent the spread of the dis-

ease. Such programs should include an authentic understanding of human intimacy and sexuality as well as an understanding of the pluralism of values and attitudes in our society. (2)

Consequently, the overriding limitations imposed by the Church were governed by these three moral principles: 1) that the material had to be dealt with from a scientifically and medically informed approach; 2) that the material must demonstrate a compassionate response to people infected with HIV and people with AIDS; and 3) that the material should be educational while encompassing the authentic (i.e., the Church's) understanding of human sexuality and recognizing that a pluralistic society may have different (from the Church's) values and attitudes.

Within the framework of the foregoing moral imperatives, the USCC devoted the major portion of their statement to the "Prevention of AIDS" (14). The bishops concisely stated both the rationale and the need for AIDS education:

Consistent with the insights and values found in the Scriptures, our religious tradition, and a philosophy of the human person that is consonant with both, we believe that the best source of prevention for individuals and society can only come from an authentic and fully integrated understanding of human personhood and sexuality, and from efforts to address and eliminate the causes of intravenous drug abuse. We are convinced that the only measures that will effectively prevent this disease at present are those designed to educate and to change behavior. (14)

The USCC statement called upon "all people to live in accord with the authentic meaning of love and sexual-

ity" (15). The bishops clearly stated their moral teaching about human sexuality: "Human sexuality, as we understand this gift from God, is to be genitally expressed only in a monogamous, heterosexual relationship of lasting fidelity in marriage"(15). They stated their opposition to AIDS prevention programs which take only a "safe-sex" approach (16).

However, after the exposition of their views, the bishops recognized that others may not hold the same beliefs and then provided a basis for which CHOICES could be written, produced, and performed for an audience which would include many others than adherents to the Catholic point of view:

Because we live in a pluralistic society, we acknowledge that some will not agree with our understanding of human sexuality. We recognize that public educational programs addressed to a wide audience will reflect the fact that some people will not act as they can and should; that they will not refrain from the type of sexual or drug abuse behavior that can transmit AIDS. In such situations, educational efforts, if grounded in the broader moral vision outlined above, could include accurate information about prophylactic devices or other practices as potential means of preventing AIDS. We are not promoting the use of prophylactics, but merely providing information that is part of a factual picture. Such a factual presentation should indicate that abstinence outside of marriage and fidelity within marriage as well as the avoidance of intravenous drug abuse are the only morally correct and medically sure ways to prevent the spread of AIDS. (18)

Based on the foregoing, an analysis of the Church's viewpoints leads to the following specific conditions and limitations imposed by the Church on the writing, produc-

tion, and performance of CHOICES:

1. The play should be presented from a "moral context."
2. The play should contain information which is medically and scientifically accurate.
3. The play should demonstrate a compassionate response to HIV infected persons and to people with AIDS.
4. The play should be designed to educate.
5. The play should be designed to change behavior.
6. The play should transmit the Church's understanding of human personhood and human sexuality.
7. The play should recognize the pluralistic nature of our society with differing values and attitudes.
8. The play could present accurate information about prophylactic devices and other practices as potential means of preventing AIDS.

Even a cursory look at the above list of Church-imposed limitations and conditions causes one to conclude that CHOICES would necessarily be propagandistic.

Limitations and Conditions Imposed by the State

Because CHOICES was to be funded by the State of California, Department of Health Services, Office of AIDS (OA), the research, the writing, the production, and the performance of the play had to be consistent with the State's

agenda concerning AIDS issues. Obviously, the play had to conform to the limitations and conditions imposed by the State or funding for the project would not be provided.

In October 1988, the OA issued a Request for Proposal for Fiscal Year 1989-1990: AIDS Community Education and Prevention Projects (RFP). Consisting of twenty-seven pages (plus fifty-four pages of attachments), the RFP explained the submission requirements, contract conditions and limitations, and application procedures for funding assistance. Because CHOICES was annually funded by the State throughout a four year period, each year a new RFP was issued setting forth limitations and conditions. Although each RFP varied slightly from the others, only the first (1988) and the most current (1992) are referenced as indicative of the State's limitations and conditions. Inclusion of reference to the others would be consistent with the analysis stated here but would be redundant.

The intent and purpose of the RFPs were:

The Department of Health Services, Office of AIDS is soliciting applications . . . to develop and implement AIDS community education and prevention projects that provide educational services to selected target groups.

A. PURPOSE

The goal of the education and prevention projects is to provide selected target groups with the skill and knowledge to effect a change in attitudes and behavior which will reduce the transmission of the AIDS virus. (1988 RFP 1)

In order for an agency to qualify for funding, the RFPs required the applying agency's education and prevention services to be specifically limited to a "target group" (1988 RFP 1) or "area of focus" (1992 RFP 7-9), predetermined by the Office of AIDS. The six general areas of focus targeted were: 1) homosexual and bisexual men; 2) intravenous drug users; 3) heterosexuals at risk; 4) public service workers; 5) health and human service providers; and 6) other persons at high risk for HIV. This last area of focus was defined further as: a) sex partners of individuals practicing high risk behaviors or HIV negative sex partners of HIV infected individuals; b) persons engaging in unprotected sex with multiple partners; and c) sexually active youth who are out of mainstream schools and high risk youth, including programs targeted at juvenile detention centers, shelters, continuation schools, street outreach, and teen parent programs (1988 RFP 4; 1992 RFP 7-8).

Of particular significance to an AIDS education play targeted at a teen audience were the "Priority Interventions" called for in the RFPs:

This offering makes funds available for innovative AIDS education programs which address knowledge, attitude and behavior changes. . . . Priority interventions should support objectives that help individuals to change their attitude/belief and to develop skills that would sustain behavior change. The HIV education and prevention program which is to be developed and implemented should be culturally competent, relevant, and linguistically sen-

sitive and correct. (1988 RFP 3; 1992 RFP 8)

The RFPs required applicants to justify their proposed projects by demonstrating that their work would support the following interventions intended to reach and serve their target audience:

1. Street and Community Outreach Programs that reach individuals practicing high risk behaviors on the street or in community settings to provide prevention messages. . . .
2. Risk-Reduction Programs that provide persons practicing high risk behaviors for HIV infection with skills to change attitudes and beliefs necessary to change high risk behaviors and/or sustain appropriate safe behavior (i.e., negotiating safer sex, needle cleaning, proper condom use).
3. Community Intervention Programs that are directed at the community level . . . to influence community norms in support of behaviors known to reduce risk or HIV infection and transmission.
(1992 RFP 8-9)

Further definition by the State of the third intervention above provided even more specific limitations that had to be confronted in the development of CHOICES. Because the "community" targeted by CHOICES was to be the "youth community," the limitations imposed by the State necessitated careful consideration of the following factors included in the RFPs:

1. Identifying environmental, behavioral, and psychosocial barriers to risk reduction, including the following: sources and patterns of communication and social influence surrounding the initiation and maintenance of risk reduction behavior; individual and community beliefs regarding the acceptance of safer behaviors; the significance of

condom use and contraceptive use within sexual, social, and family relationships; cultural, linguistic, and religious influences; incentives and disincentives to risk reduction; and alcohol and drug use.

2. Developing and implementing culturally competent, relevant and linguistically sensitive interventions that influence specific behavior and psychosocial factors thought to promote risk reduction. . . .

3. Persuading community members, who are at risk of acquiring HIV infection, to accept and use HIV prevention and treatment services. . . . (1992 RFP 9)

Based on the foregoing, an analysis of the RFPs leads to the following specific limitations and conditions imposed by the State on the writing, production, and performance of CHOICES:

1. The play should be designed to educate.
2. The play should be designed to assist the audience members to reduce the risk of their becoming infected with HIV.
3. The play should target a specific audience.
4. The play should be designed to change beliefs and behavior.
5. The play should be culturally competent, relevant, and linguistically correct.
6. The play should promote a change in community norms which sanction unsafe sexual behavior and drug practices.

7. The play should be designed to sustain appropriate safe behavior.
8. The play should be designed to reach individuals practicing high risk behaviors on the street or in community settings.
9. The play should be designed to persuade people at risk to accept and use HIV prevention and treatment services.

Reconciliation of the Limitations and Conditions
Imposed by the Church and the State

The unique association of Church and State raises many questions. However, no attempt is made here to explore the political and constitutional issues inherent in this joint endeavor. What follows is a discussion of the mutual commonality of the limitations and conditions imposed by the two separate institutions and a reconciliation of their disparate goals and motivations.

Through the juxtaposition of the limitations and conditions imposed by each institution, the expressed mutuality of and the implied dichotomy between their goals and motivations can be discerned.

Obviously, the mutuality of the goals and motivations of the two agencies presented no problem to the formation of the play's content. Both agencies wanted a project that would be educational. Both sought to impart medically ac-

curate and scientifically sound information about AIDS and HIV. Both sought to change behavior. Both sought to reduce the risk of HIV infection and its transmissions.

Although both institutions sought to change risk behavior, the state's methodology stemmed from a public health framework; on the other hand, the church sought to change behavior within a "moral context." Where the State sought to address the target audience to "sustain appropriate safe behavior (i.e., condom use)," the Church sought to promote abstinence "consistent with the Church's understanding of human sexuality." Where the State was silent about how people should relate to HIV infected persons and people with AIDS, the Church actively espoused a call to treat them "with compassion." Where the Church's position was simply permissive about the inclusion of discussion of "prophylactic devices" in HIV education, the State actively promoted the "significance of condom use," "negotiating safe sex," and "proper condom use."

The dilemma presented was how these apparent conflicts could be reconciled within a play so as to satisfy the conditions and limitations of both the State as funding agency and the Church as sponsoring agency.

The Church teaches abstinence from sex outside of marriage as a moral principle. However, it recognizes that not everyone will make that "morally correct" choice. For those

people who choose to make decisions about their behavior which are contrary to that moral teaching, the Church allows for the providing of accurate information available with regard to prevention and transmission of HIV infection if that information is "grounded in the broader moral vision."

Therefore, as long as the information provided in the play was accurate, there was no real prohibition by the Church against providing information about "condom use," or "safer sex." To fulfill the Church's goal of placing its viewpoint about sexual activity in a moral context the only actual limitation became that of stating the accurate medical fact --as also recognized by the State--that abstinence from sexual activity is the only 100% sure way of preventing HIV infection. Whether one would choose to abstain from the high risk activity--by necessity--became a predominant issue that would be dealt with in CHOICES. If the "morally correct" choice were to be made, the goals of both the State and the Church would be met. If one were to make another behavior choice, then the goal of the State would be met by providing information about "safer sex" and the goal of the Church would be met because the issue would have been presented "within a moral context."

The manner in which this conceptual resolution of the limitations and conditions imposed by the Church and the State is dealt with extensively in the following chapters.

CHAPTER 3

PROCESS FOR THE DEVELOPMENT OF THE AIDS EDUCATION PLAY CHOICES

Background and Research

In July 1989 the Roman Catholic Diocese of San Jose and its nonprofit public benefit corporation, the Center for Human Concerns, added to its then existing one year old AIDS Education Project a proposal to develop a teen theatre. I was contracted to develop a Diocesan AIDS youth theatre and to write, produce, and direct an AIDS education play to be presented to teenagers in the San Jose area.

The first phase in the process was to research the goals of the sponsoring agent, the Catholic Diocese of San Jose's Center for Human Concerns, and the relationship of those goals to those of the funding agent, the State of California Department of Health Services, Office of AIDS. In order to do this, a careful examination of the documents described in the preceding chapter was undertaken. The results of that examination informed the writing of the play in terms of the limitations and conditions as well as the goals and motivation of both agencies.

In my opinion the most effective approach to impacting

youth was to engage teens themselves as the actors in the play. Another strategy which I believed would strengthen the credibility of the play was to form a task force of teens to help develop the script.

The AIDS Project of the Center for Human Concerns was regularly advised by its own AIDS Technical Task Force (ATTF) which at the time consisted of local AIDS experts from medical and non-medical fields. This committee served as an advisory board offering support and assistance during the formation process of the AIDS teen theatre. The concept of engaging teens as a task force to develop the script was presented to the ATTF. I cautioned the Task Force, however, that there was a risk involved in using non-professional and inexperienced actors, but I believed that the quality of the production values of the play should be considered secondary to the potential impact that peers could have on the target audience. I had recently had the opportunity to view another AIDS education play which was then touring in the area. The performers were professional actors in their early to late twenties. While the play was excellent I thought that the performance element was too predominant. The problems and situations presented in the play seemed less associated with the experience of the viewing audience, which, at the performance I attended, was comprised of approximately 600 teens. The teen characteristics seemed

contrived and over-acted. These observations intensified my commitment to involve "real" teens who themselves could experientially parallel the issues they would encounter in the portrayal of their characters. This strategy in turn would hopefully intensify the impact on the audience.

Before the formation of the teen task force, the first strategy taken was to conduct interviews with youth between the ages of 13 and 19. The 1989-90 contract between the State and the Diocese identified the target audience as youth from diocesan and interfaith groups who would attend presentations of the Diocesan Youth AIDS Theatre Group (later known as Diocesan AIDS Theatre Ensemble, D.A.T.E.) at their local church-based youth gatherings. Because the primary purpose of the teen theatre project was to develop a play that would educate teens about the transmission and prevention of HIV, it was imperative to assess the level of knowledge of HIV and AIDS among that population. Not only was an understanding of their knowledge of the disease applicable to this inquiry, but it was also necessary to discern their attitudes toward the issues surrounding it.

Ellul explains this propaganda strategy in this way:

Propaganda must not only attach itself to what already exists in the individual, but also express the fundamental currents of the society it seeks to influence. Propaganda must be familiar with collective sociological presuppositions, spontaneous myths, and broad ideologies. (Ellul 38)

The first phase of the development process, then, was to conduct research into the subject as it pertained to the teen population. At the time, July 1989, statistical information about teen infection indicated that AIDS had become the sixth leading cause of death for persons 15-24 years of age (CDC MMWR 41.14 237). Heterosexual sex transmission, however, was rarely, if at all, associated with these cases. More common was the association with homosexual promiscuity and with increasing numbers of individuals diagnosed with AIDS caused by HIV-tainted blood transfusions prior to 1985.

Stories began appearing in newspapers about the plight of children struggling with the disease. "Twelve-year-old Ricky Ray wants other children to learn from his struggles," began an August 23, 1989 article appearing in the Peninsula Times Tribune. Ricky was among an increasing number of young individuals whose contraction of HIV introduced a new social dilemma. Ricky, along with his two brothers Robbie, 11, and Randy, 10--all three hemophiliacs--were thought to have been infected with the virus that causes AIDS through tainted blood:

The Ray brothers and their parents, Clifford and Louise, gained national attention when they sued the DeSoto County (Florida) School Board in 1987. The board had barred the boys from attending class with other children because they had been exposed to the AIDS virus. (Zaloudek)

Cases such as this demonstrated the power that fear and

ignorance have in inhibiting compassion. Recognizing this current social phenomenon made the inclusion of the issue of compassion in the script equally as important as factual information about the transmission and prevention of HIV. In so doing, this inclusion would address one of the moral issues articulated by the Church:

As members of the Church and society, we have a responsibility to stand in solidarity with and reach out with compassion and understanding to those exposed to or experiencing this disease.
(above 43-44)

This level of compassion and acceptance could never be reached, however, without appropriate education to provide the necessary information to dispel fear.

Recognizing the teen population as its own society, input from varied communities of teens was fundamental to provide the play with the universality it needed to impact the entire society of teens and not just one specific group. Although the Center for Human Concerns' initial contract with the State clearly indicated the target audience as church-based youth, the initial interviews were conducted with 24 inmates (12 male, 12 female) at a juvenile detention center, Hillcrest Juvenile Hall, in San Mateo, California. It was assumed that this population would be exposed to situations of high risk and would serve to enlighten perspective of teenage knowledge and perceptions of AIDS and AIDS-related issues. It would also be a narrow approach to

assume that the targeted "church based group" would not include teens from this population as well.

Since the standard procedure at the detention center was to segregate the inmates by sex, the interviews were conducted in two separate groups, one female, one male. Each group was interviewed for approximately one hour and was asked the same questions. One specific area of concern on my part was to determine how much emphasis should be placed on IV drug use in the content of the play. The interviews with both groups revealed that IV drug use was considered "something older guys do." Surprisingly, even with this element of the teen population, it became apparent that IV drug use was not relevant to their experience as teenagers. The main issue with this age group (13 to 17) was, as was suspected, sexual activity. While those interviewed were aware that unprotected sexual intercourse with an infected partner was indeed risk behavior, they did not readily acknowledge that they themselves could be at risk if they engaged in such behavior. Their comments made it apparent that their perception of the disease in terms of sexual contraction was that AIDS is a "gay disease."

Interestingly, however, this group of youth expressed concern over the possibility of transmission of infected blood through sports or fighting. Questions concerning these activities revealed that, while they were aware that

transmission was possible through blood, several were uncertain about transmission through sweat. All said that they had had AIDS education in the juvenile hall school. The existence of an AIDS education program in the school at the Juvenile Hall facility was verified with the Senior Supervisor.

It became clear that participation in sexual intercourse was a generally accepted practice by all those interviewed. Another issue of interest to me was to determine their attitudes and practices with regard to condom use. Those responding to this issue indicated that the primary purpose to use a condom was to avoid pregnancy. The girls were more vocal on this issue than the boys were. It was noted that two of these teenaged girls were already mothers; it was discovered later that another girl had had an abortion at age fourteen. Again, these observations indicated that it was the perception of this group that HIV infection through heterosexual sex was of little threat to them; on the other hand, they were obviously aware that unprotected sex did pose the risk of unwanted pregnancies.

Several conclusions were drawn from these interviews. The primary reason for conducting the interviews was to glean information from "high risk" teens with regard to IV drug use and sexual activity. This specific population stated that IV drug use was not prevalent among themselves

or their peers. The perception that mostly gay men are infected was predominant, and the reality of infection among themselves or their peers through sexual intercourse was considered remote. Another interesting factor which further enlightened my approach to dealing with teens and this issue was that, among this specific group, the suggestion of abstinence was considered to be unrealistic. The attitude revealed with regard to abstinence reinforced the current societal perception regarding the promiscuity of teens. Perceptions regarding who was at risk and specifically which behaviors presented risk to this age group were defined. The candid responses of these teens proved to be helpful in determining which areas of focus should be emphasized in the writing of the play.

Recruitment of a Teen Task Force

Since the Diocesan Catholic high schools were the most accessible to the project, the youth attending those schools were targeted as potential task force members. In addition to the accessibility factor of those schools, it was assumed that the students attending those schools would most likely recognize the moral values and beliefs corresponding to the teachings of the Church with regard to abstinence outside marriage. While there was an assumption of their acknowledgement of such values and beliefs, it was not required

that they openly profess them. At no time during the process of recruitment were the interested participants personally scrutinized regarding those beliefs.

The procedure for recruitment was to send notices to the six Catholic high schools affiliated with the Diocese. Solicited in the notice were students who might be interested in joining an advisory task force of teens to assist in the development of a play about AIDS. In addition to sending the notices, I visited schools to speak to students who expressed interest and to personally invite them to an informational meeting. These visits gave further opportunity to inquire about the students' general attitude and level of education about AIDS and AIDS related issues. These students revealed that they were interested in learning more about the transmission of HIV because of their concern for their peers who were sexually active.

On September 23, 1989 the informational meeting was held. Both in the visits to schools and in this first meeting it was emphatically stated that those joining the project would participate in discussion groups about AIDS issues and that their interest in AIDS had to be a priority over their interest in acting. The purpose for emphasizing this distinction was to insure their sincerity to involve themselves with AIDS issues. It was not my intention to solicit drama students, and I carefully avoided contacting

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drama departments, not that these students were not welcome, but a constant effort was made to present this project as an AIDS educational experience and not just another chance "to do a show." Further, their commitment to the task force would be for the purpose of assisting me in developing a script, and the selection of a cast would be another phase of the process involving an audition. It was understood that not all participating in this phase of the project would be in the play. Those who participated were encouraged to look upon their involvement as an opportunity to learn more about HIV and AIDS and to look upon serving on the task force as a worthwhile experience in itself. While committed to forming an all teen cast of non-professional actors, I did not realize, at this embryo stage of the process, that eventually this strategy would prove to be one of the strongest assets of the project.

This initial meeting proved quite successful with approximately 20 teens in attendance. Subsequent meetings were scheduled weekly thereafter. During these meetings, attendees shared attitudes and beliefs with regard to various topics such as homosexuality, abstinence, sexual attitudes and behaviors, and marriage. Some had worked in hospitals as volunteers and had had contact with AIDS patients. Others had had experience with a death in the family, unrelated to AIDS. All of these discussions were directed to-

ward a discernment of the level of their understanding of basic issues which affected them as teenagers. Attendance fluctuated with the addition of some new participants and a few who dropped out. Eventually the task force was formed from a regularly attending group comprised of 18 teens representing all of the six schools in the Diocese.

In addition to participating in increasingly frank discussions about transmission and prevention of HIV, the group began to solidify into a community where greater risks were taken in revealing personal opinions about values and relationships. By breaking through some of the barriers of communication, the group was able to arrive at a level of emotion which allowed for greater truth in confronting some of the issues surrounding AIDS as it pertained to the experience of their lives. It was this emotional aspect of the process, in combination with shared ideologies, which gave insight into the areas of teenagers' lives in general which could be touched on in the play.

As a strategy, the interviews with the teenagers, and the sessions with the teen task force coincided with Ellul's description of propaganda as a "scientific system," one which analyzes its target from a psychological and sociological point of view (Ellul 4).

Once the members of the group were able to share with each other on an emotional level, improvisation was incor-

porated into the process. Keeping in mind, however, that acting skills were not a prerequisite nor a priority, the improvisations did not focus on technique but on content. These improvisations revealed attitude and behavior choices in simulations which were hypothetical but not beyond the possibility of reality for most participants. These improvisations were scenarios suggested by the group for volunteers to improvise or were the invention of those volunteering to improvise. Typically they involved one participant telling the other that he or she was infected with HIV, or they involved a couple dealing with a relationship issue, often whether or not to have sex and the reasons for refusal. Relationship issues were at the core of each improvisation. At times observers to the improvisation would alter the course of the situation by joining in or replacing someone else and offering a different point of view. Since in many of these improvisations, participants were expressing their own personal viewpoints regarding issues, the experience could be compared to Boal's forum theatre (above 16).

These sessions were a prime example of dialectical propaganda. The improvisations provided the participants with an opportunity to play out what they had professed to believe, and the added dimension of a responding partner who could offer opposition to this belief helped to clarify

their convictions. For example, if a female participant engaged in an improvisation involving a male participant's attempt to convince her to have sex with him and her character's intention to refuse him, the female participant would be forced to clarify her own position with regard to this issue whether or not she held the same conviction. For both participants, this improvisation served to clarify and "demystify" a social issue which potentially affected both of them personally and would better enable them to respond to future audience members with regard to this issue.

The theatre project design made the play but one facet of the AIDS presentation offered to schools. Another critical facet would be a post-performance question and answer session followed by a discussion session with both being led by the cast members. Experts from the medical profession would periodically attend these weekly sessions to give AIDS education. Millicent Kellogg, a Santa Clara County public health nurse and AIDS educator, participated frequently. Additional education was provided by Helen Mirramontes (then Chairperson of the Santa Clara County AIDS Task Force appointed by the County Board of Supervisors) who had previously testified as an expert on AIDS issues before the President's Commission on AIDS during the Reagan administration. The expertise of these and other educators offered a wealth of knowledge which proved to be highly beneficial.

They instructed the students in the latest information about HIV and AIDS, and the students were given the opportunity to ask questions.

In addition to the health educators three HIV-infected males, one of whom was diagnosed with AIDS, consented to speak to the group. The sessions with these men effected a highly discernible and emotional impact on the teens. The three men were candid and, for the majority of the teens, were the first HIV-positive or people living with AIDS they had met.

Jim (full name not disclosed here to maintain confidentiality), the man diagnosed with AIDS, generously consented to a personal interview which I conducted with him preceding his meeting with the teens. In this two hour interview, he provided me with many insights which substantiated issues and situations I intended to raise in the play. One specific issue was that of the difficulty one has in telling family members that he or she is HIV-infected. In Jim's case this revelation did not take place until he was diagnosed with AIDS. This interview clarified for me a scenario I was intending to use in the yet unwritten play involving the relationship between two brothers, one of whom was dying from AIDS.

The work of the teen task force was, in a general sense, a clarification of issues of which the members had

been aware but which they had not had the opportunity to process through personal experience. Not only was factual information a component of this clarification, but perhaps of greater significance, was the reality of the disease as manifested by the presence of people infected with HIV or living with AIDS in their midst. This reality was intensified by these individuals openly sharing with the group the emotional, physical, psychological, and social experiences resulting from their association with HIV and AIDS. At this point it was apparent that the group had reached another plateau of emotional involvement in the issue of AIDS.

Personal interviews with HIV-infected persons aided greatly in establishing credibility for several conceptual ideas in the development of the script. This concern with credibility coincides with Ellul's discussion of "propaganda and truth" (52). He challenges the notion that propaganda consists of lies. Preferring to refer to truth as "accuracy or reality," he contradicts the theory of Frederick C. Iron that ". . . it (lying) is the basic trait . . . of propaganda" (Ellul 53). Recognizing that there does exist a controversy regarding this, Ellul defends his position by distinguishing between these two opposing characteristics:

It seems that in propaganda we must make a radical distinction between a fact on the one hand and intentions or interpretations on the other; in

brief, between the material and the moral elements. The truth that pays off is in the realm of *facts*. The necessary falsehoods, which also pay off, are in the realm of *intentions* and *interpretations*. (53)

My work in developing possible scenarios for the script began in August of 1989, weeks before the recruitment and formation of the teen task force. In one scenario, a girl was infected by HIV as a result of a blood transfusion. Through the Director of the AIDS Project of the Center for Human Concerns, Terrie Iacino, I was put in touch with a female who had recently been diagnosed as HIV-positive. Claire (real name not disclosed here to maintain confidentiality) had been infected through heterosexual sex, and her situation allowed for an understanding from a perspective other than that of the homosexual male. In a series of telephone interviews she recounted her situation. Her partner, a heterosexual male, was a hemophiliac. Her account of the circumstances surrounding his being informed that he had received a tainted batch of blood, her living with the knowledge of his infection, and her own subsequent HIV diagnosis gave insight into the emotional, physical, and psychological impact of such an experience from the female perspective.

Claire was in her forties and was in a monogamous relationship with her partner. The significance of this to the character in the scenario was the implication of what is perceived as an innocent situation: two adults living to-

gether in a married-like state who become victims. Socially perceived as less victimized are the IV drug user and homosexual, and, to some degree, the heterosexual engaging in promiscuous behavior. It was not a consideration for the character's infection to be as a result of heterosexual sex. This character was a female teenager with supposedly high moral values. The believability of the contraction of HIV infection by such an individual at the time would be questionable. There was little similarity in the older woman's situation with that of a female teenager, but the fact that Claire had the experience of living with someone infected by a tainted blood transfusion offered insight to the possible scenario and fulfilled the need for credibility in the writing of the script.

Throughout the entire process of the development of the script a concerted effort was made to substantiate with real life experiences the scenarios which would be employed in CHOICES, thereby utilizing an approach which was based on "*fact* on the one hand and *intentions* and *interpretations* on the other" (Ellul 53).

This process described here served to demystify for the teen task force members, in an experiential way, certain concepts they had professed to be aware of when they entered the project but were emotionally distanced from due to their own limited personal association with those concepts. To

cite one example, without exception, all had professed an intellectual understanding of the need for compassion toward those infected with HIV or AIDS; however, only one or two had actually known someone with HIV or AIDS. This clarification was to serve the purposes of the play in a most important way during the rehearsal phase of the process. The emotional experience of meeting individuals who were dealing with AIDS issues in the actual life situation as infected persons served to assist those who would eventually be cast in the play in the portrayal of the characters.

The Writing of the Script

The factual information provided by the health educators, the interviews with incarcerated youth, the sessions with the teen task force, the interviews with HIV-positive persons and PWAs (People with AIDS), and personal reading of available AIDS literature provided a basis for the writing of the script.

The last meeting of the teen task force was on December 18, 1989 at which time the group recessed for Christmas vacation. Plans were made to resume in mid-January at which time I would present a completed script for the approval of the teen task force.

The actual writing of the one-act play was begun in mid-December and completed in mid-January. The play had

been processing for about six months, starting in August 1989, with the preliminary research and the emergence of the first concepts for the script, with the interviews with incarcerated teens and persons with HIV and AIDS, through the October-December sessions with the teen task force. With concepts for characters and a setting already decided upon, the dialogue flowed freely. The sessions with the teen task force had been helpful in the careful selection of words and phrases which would be familiar to the target audience. By the first January meeting a draft was completed. A final version of the script was given to the teen task force for a read-through on January 24, 1990. The response was favorable and auditions were set for the following week. Eight members of the teen task force were selected to fill the roles of the eight teens in the play. Those not cast expressed satisfaction at contributing to the development of the script and were grateful for the overall experience.

The process in which the teen task force participated was not unlike the methods Brecht employed in his *Lehrstucke*. The enactments/improvisations engaged in by the teen task force were a theatrical experience which provided a learning experience--in a sense "art for the producer, not for the consumer" (above 31).

The Rehearsal Process

Since only one member of this new ensemble had been in a play before, my theory of the value of non-professional teen actors would soon be tested. The lack of performance skills and experience, however, did little to delay the process. The aim was to present the characters in as natural a way as possible. It was necessary, however, to instruct the cast in basic stage movement to facilitate the flow of rehearsals. Improvisation used in warm-up exercises was important during this phase in that it allowed for expression of feelings as they related to the particular characters being portrayed. Szanto's theory of dialectical propaganda once again found its way into the process. The work experienced in these sessions was similar to the work of Augusto Boal in Brazil and the TIE Programme in Coventry, England. By participating in improvisations which were directly related to the particular issue dealt with in the play, ensemble members were able to clarify for themselves beliefs regarding AIDS issues that they held before entering the project.

Another part of the process, in addition to the rehearsal of the play, was preparation to answer questions from audience members after each performance. Drills in basic HIV and AIDS information, including statistics, were conducted, and mock question and answer sessions were held.

A formal dress rehearsal, referred to as a preview performance, was held before the first scheduled public performance "on the road." An invited audience was comprised of HIV-positive persons and PWAs, educators from Diocesan schools, the AIDS Technical Task Force for the Center for Human Concerns, health educators, and other AIDS aware individuals whose opinions of the play would be valuable. Also in attendance were parents, family members, and friends of cast members. This group not only provided the cast the experience of performing before a live audience, but it was the first opportunity for them to answer "real" questions after a performance. Many in attendance were educated about AIDS, and they were asked before the performance to formulate questions. Others were encouraged to ask any legitimate questions they had or that the play prompted them to have, and, in so doing, provide the cast with an opportunity to try out their skills at answering such inquiries.

Performance of the Play

This preview for the 1990 season was well received and the first cast of CHOICES began what became an ongoing theatrical response to the need for AIDS education of teens and young adults.

Operating on a multi-year grant, CHOICES enjoyed a yearly run beginning with its initial performance in 1990

and was scheduled to continue into a fifth season in 1994. The process of recruitment and education of cast members became an ongoing procedure because of the necessity of replacing cast members when they reached the age limit of twenty or left the area to attend college. Because the Diocesan AIDS Theatre Ensemble (D.A.T.E.) is comprised of non-professional high school students, scheduling of performances has been limited to two months in the spring of each year. An attempt is made to limit the number of daytime (school day) performances to six per cast member. Because of the demand for booking CHOICES it was necessary to double-cast the play starting with the 1992 season to accommodate the 37 performances presented to over 4,000 youth of the target audiences. The play has been performed at elementary schools, middle schools, high schools, and colleges. Over 500 incarcerated youth at four different detention facilities have attended 13 presentations of the play. Over 225 abused and neglected children placed in foster and group homes have seen the play. In 1991 and 1992, CHOICES was a featured play at the National AIDS Update Conference in San Francisco. On April 24, 1992, a performance of CHOICES was the keynote presentation for over 800 youth attending a state-wide conference (TEENWORK) sponsored by the California Department of Alcohol and Drug Programs. Performances were presented at church-based youth gatherings at locations

throughout Santa Clara County, from Gilroy in the south to Palo Alto in the north. To date, the AIDS education play has reached approximately 14,000 members of its target audience.

CHAPTER 4
ANALYSIS OF THE SCRIPT AND OF THE PERFORMANCE
OF CHOICES

The analysis in this chapter deals with the propagandistic devices and strategies as they were employed in the script and in the performance of CHOICES. The devices of rhetoric--words used to persuade, to entertain, to inform, and to stimulate--gestures, banners, music, clothing, symbols, insignia, and repetition are the means by which ideologies are communicated. The goal of such communication in the specific instance of CHOICES is to sway attitudes and behaviors in the teenage population with regard to the transmission and prevention of HIV/AIDS as well as attitudes and behaviors toward those already infected with HIV and/or living with AIDS. It is this goal to change attitude and behavior which labels the strategic use of these devices in CHOICES as propagandistic devices.

These two concepts--the transmission and prevention of HIV/AIDS, and compassion toward those infected--are central to the play, to its performance, and, therefore, to this analysis. The overall strategy to convey these concepts is based on what Friere labels as "praxis" (above 34). In the

title itself, CHOICES, an implication to weigh information and then to act on it is suggested to the target audience. As stated in Chapter 1, this coincides with Friere's explanation of praxis as man's ability to engage in ". . . theory and practice; . . . reflection and action" (above 34). Each of the devices above-listed is systematically employed as a strategy in the play and in its performance to further the goals of both the funding and the sponsoring agents.

As an educational play, dissemination of information is the play's primary goal. Through this information the central concepts are clarified. Information affecting the viewer's attitude and knowledge of HIV transmission and prevention, as well as his attitude toward those who are HIV-positive or who have AIDS, is presented in a systematic manner throughout the play to affect both the intellect as well as the emotions. In some instances the effect on the intellect is primary and the effect on the emotions is secondary; in other instances the reverse is true. Nevertheless, both the intellect and the emotions are stimulated--an important propagandistic strategy according to Ellul because the consumption of information combines with the emotional response in a rational and irrational manner to form propaganda (above 6).

What follows is an analysis of specific instances in

the script which illustrate the use of the devices and strategies identified with propaganda. Due to the ongoing nature of the project, periodic updating and revision of the script is necessary. In addition to revisions in the text of the script, revisions and updating have also been made with regard to the manner in which certain parts of the play are performed. Therefore it is relevant in this analysis to include discussion of those changes as they pertain to what has been defined as propaganda.

Synopsis of CHOICES

CHOICES is a one-act AIDS education play dealing with the lives of teenagers as they are confronted with the issues of sexuality, personal responsibility, decision-making, and compassion. The four central characters--Rick, Julie, Frankie, and Holly--interact to bring to light the problems encountered with being a teen infected with HIV and having a homosexual brother dying of AIDS. In an attempt to change attitudes, the play encourages healthy decisions with regard to high risk behavior through plausible scenarios and facts about HIV transmission and prevention.

Holly is infected with HIV. Rick conceals from his friends and girlfriend, Julie, that his brother, once his hero, is gay and now dying of AIDS. Julie cannot understand why Rick cannot accept Holly. Frankie's budding relation-

ship with Holly is threatened by the fact that she is HIV-positive.

Rhetoric
Through the Use of Music

The first instance of dissemination of information occurs at the opening of the presentation. Before a word is spoken, however, the audience is emotionally impacted by the rhythmic sounds of recorded music. This device was employed to capture the attention of the audience and to provide an immediate environment of entertainment.

At the time of the writing of the play, "rap" music (spoken verses to a musical setting) was enjoying a great deal of popularity with a large number of teens. The use of this musical form provided a setting in which to convey necessary information about HIV transmission and prevention. The rap form allows for rhetoric outside of the constraints of rhyme which usually occur in most verses set to music. The rap allows for most of the scientific factual information about HIV/AIDS to be given. With the exception of one other scene in the play, the rap section is the most didactic part of the entire presentation. From this perspective the rap's primary goal is to appeal to the intellect. In terms of this scientific factual information, then, it is the most overtly educational part of the presentation. Its enclosure in a musical setting is compatible with Brecht's

description of the pedagogical role of theatre as "pleasurable learning" (above 30).

Serving as a prologue to the actual play, the rap provides a medium through which the entire acting company is introduced to the audience. While characterizations are not specifically identified in this prologue, the actor about to take on the role of one of the principal characters, Rick, takes a focal position. The deliberate strategy to emphasize this character at this time is to establish at the earliest possible moment a relationship between him and the audience. The relevancy of this strategy, from a propagandistic perspective, lies in the fact that it is this character of Rick which undergoes a conversion and models such a conversion for those audience members who identify with his mindset. This conversion is the agitational-propagandistic goal of the play.

In the rap Rick performs a specific function, that is to represent for the audience an inquisitor, a kind of "Everyteen," who constantly needs reinforcement of information to clarify his confusion about HIV and AIDS. Through the use of repetition, Rick engages the other cast members in a rhetorical exchange which serves to reinforce the message of the play encapsulated in the title, CHOICES:

ENSEMBLE

CHOICES! JUST TALKING 'BOUT CHOICES.

RICK

SO WHAT KIND OF CHOICES?

This exchange is repeated several times throughout the rap, not only serving the purpose of forcing the audience member to vicariously make the same inquiry but also providing an opportunity to address and answer pertinent questions:

RICK

I DON'T WANT TO GET IT, SO TELL ME HOW NOT TO.

ENSEMBLE

CHOICES! JUST TALKING 'BOUT CHOICES!

This leads to another opportunity to relay factual information when Rick asks:

RICK

SO WHAT KIND OF CHOICES?

This entire sequence is repeated throughout the rap allowing for a continuous question and answer format. Intertwined with the dissemination of factual information about HIV/AIDS and risk behaviors is a suggested response to that information in terms of responsibility. While the verses of the rap repeatedly provide information regarding methods of prevention, taking responsibility for the actions which will result in prevention is clearly emphasized:

ENSEMBLE

IF YOU HAVE A CHOICE AND MOST PEOPLE DO,
YOU MAKE THE CHOICE. YOU CAN GET IT OR LEAVE IT.

BUT FIRST, MAN, YOU BETTER LEARN
HOW YOU RECEIVE IT.

RICK

CHOICES! SO WHAT KIND OF CHOICES?

OH, YOU MEAN LIKE WHAT KIND OF CONDOM TO USE --

BOY #1

OR MAYBE NOT HAVING A REASON TO USE ONE!

ENSEMBLE AND RICK

HUH? HUH? HUH? WHAT? WHAT?

CHOICES!--JUST TALKING 'BOUT CHOICES!

The foregoing is the first reference to abstinence in the presentation. It poses a question which will be repeated in other instances in the play--that is, the choice whether to engage in protected (with a condom) sexual intercourse or to abstain altogether. Selection of devices employed to convey this concept was based on an understanding of the target audience. As described in Chapter 3, much time was spent interviewing teens to gain perspective of their attitudes and behaviors regarding the subjects of sexual activity and abstinence. Ellul would suggest that this is the very element which allows propaganda to work effectively: "Step by step, the propagandist builds his techniques on the basis of his knowledge of man . . ." (above 9). Not only the interviews but also statistical information and studies indicated that abstinence is contrary to the choice

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of a large percentage of teens. The suggestion of abstinence in the rap is agitational in that it contradicts what these statistics and studies tell us is the norm regarding this issue and teens. Recalling Szanto's description of agitational propaganda, this device is "a propaganda of negation, standing in opposition to popularly recognized institutions" (above 13-14). Additionally, this reference to both condom use and abstinence as a means of preventing HIV transmission furthers the goals of both the Church and the State: safer sex is suggested as an option, but contextually the implication is that abstinence is the better choice--within a moral context.

As mentioned above, revisions to the script as well as the style of performance were made at various times and for various reasons. One such revision was made in the manner in which the rap was performed. In the 1990 production the rap was staged with dance movements and performed in a presentational manner. A decision to revise this form of presentation grew out of several observations. First, the dance proved to be somewhat distracting and drew more attention to its execution than to the spoken content of the rap, thereby diminishing its propagandistic intent. Second, not all members of the ensemble possessed the ability to dance, and some appeared to look awkward. Not only did this add to the distraction, but it also made it less entertaining and ap-

pealing. Third, in recognition of the importance of clear communication of information, staging the rap as an exchange of dialogue between the character Rick and the ensemble would be more natural and also allow for more focus to be placed on what was being said rather than how it was being said.

Another revision to this opening segment of the presentation occurred with the addition of a recitation of current statistical information about the numbers of infected individuals in the nation, state, and county. Because the play has been performed so far only in California, variations in the county statistics are made to correspond with the accurate, factual data for the county in which the play is performed. Another revision was made with the inclusion of a short dialogue scene. Both of these additions are set to the same rap music. The dialogue scene is to establish a greater identity with the audience by raising pertinent issues which are not fully developed in the text of the script but are important to the overall issue of AIDS and HIV:

BOY #1

You've got to be kidding!

BOY #2

No man. I mean it! She asked me if I'd been tested. Things are moving along real smooth, ya know? And she stops me cold and says:

GIRL #1

Have you been tested? And he says: "For what?"

GIRL #2
You've got to be kidding!

BOY #3
I can't get AIDS! I'm not gay!

GIRL #3
If it can happen to him, it can happen to anyone!

GIRL #4
She said her cousin had it!

GIRL #5
I don't know anybody who has it! I think?

Although discussion of testing for the AIDS virus is not included in the storyline of the play, mentioning it in the prologue is intended to provoke inquiry during the question and answer or small group discussion periods which follow each performance. During these sessions ensemble members, having established a relationship with the audience through their characters, have an added opportunity to sway attitudes.

Just as music serves as a background to the statistical information, dialogue scene, and verses to the rap, so too is it incorporated throughout the play. Popular recordings are used as a segue between scenes and as background in other scenes. This familiar music provides for the audience yet another opportunity to identify with the environment presented in the play and to vicariously place themselves in such an environment. As a propagandistic device the familiarity that the music creates provides another opportunity

to promote the goals of the play.

One such example of this strategy is demonstrated with a musical underscoring of a depiction in pantomime of a scene in which the HIV-infected character, Holly, is rejected by other students at school. The same rap music used in the prologue is reintroduced to further the goal of promoting acceptance and compassion for those infected with HIV:

ENSEMBLE

YOU MAKE THE CHOICE,

IT'S UP TO YOU.

YOU CAN FIGHT IT, DENY IT, SAY YOU DON'T BUY IT,

ACT LIKE THERE'S NOTHING THAT YOU CAN DO.

YOU CAN TURN YOUR BACK AND HAVE NOTHING TO SAY.

YOU CAN CHOOSE TO IGNORE IT, BUT IT WON'T GO AWAY.

CHOICES! JUST TALKING 'BOUT CHOICES!

The sentiment expressed in the rap again imposes on the audience the choice to act with compassion. The pantomime enacted on stage during the rap demonstrates the pain felt by Holly when the others turn away from her. Interestingly it is Holly who offers some explanation to justify the actions of those rejecting her when she says, "Some are still afraid of me, I guess." The implication at this point in the play, after presenting a measurable amount of information which would dispel the fears of any person of average intelligence, is that the fear reaction of those rejecting

her is based on ignorance. Thus, it is implied that after exposure to information one would act differently. At this point it is the goal of the play to demonstrate that these actions are unreasonable, and identification with such actions should be viewed as undesirable. This short scene is agitational in that it suggests a change in attitude in those audience members who may possess the same fear-based response to an HIV-infected person.

The manner in which the rap presents a question or a problem and suggests a solution is compared to a similar strategy employed by the Living Newspapers: present factual information, to inform the public about a social and health problem and then make stirring suggestions as to how best eliminate the problem (above 26).

Use of Specific Language

An awareness of the language used by the teenage population was imperative in the writing of the script. A careful selection of phrases and specific words was made based upon interviews with teens conducted in the months preceding the actual writing. For example "Sup?" is used instead of a greeting of "What's up?" as well as familiar phrases such as, "It's gonna be cool" and "rad party." During the rehearsal process words or phrases were subject to change based upon suggestions by cast members.

Minor revisions such as these continue to be made. Specific choices of words are of consideration for the purpose of credibility. The strategy is to use terminology most common to teens. For example, in a conversation between two of the central female characters one word was changed: "You didn't tell him (Rick) that I thought Frankie was *fine*, did you?" The word *fine* was a revision made in the script the third year from the original word *babe*. It was pointed out by the cast members suggesting the change that, in their experience, it was a more commonly used expression among current teens. As a propagandistic device, conformity to an accepted style of communication makes the message of the play easier to accept by the target audience; thus familiar language works much the same as the rap music does in the prologue. One of the most common responses from audience members after viewing the play has been that the dialogue is realistic, with many teens reporting that "it sounds just like the way we talk."

Propagandistic devices in the form of artistic contrivances are at work, then, on various levels throughout the play. A specific word, phrase, or performance style was selected to achieve an effect which serves the goal of the play to affect the attitudes of teens about AIDS-related issues. These devices are integrational in that they coincide with an accepted norm among this population. At the

same time agitational concepts are presented. The integrational setting in which the agitational concepts are presented allows for praxis. The propagandistic goal, then, in presenting this information in this manner, is to allow for a mindset which permits the absorption of the information which in turn results in reflection and action.

Strategies and Devices
For Presenting HIV-Infected Characters

In 1990 when the play was first performed it was not likely that audience members could identify with a white, middle-class, teenaged female who was infected with HIV through sexual contact with a white, middle class, male teen. The reason for this was simply that such circumstances were rarely heard of. A more believable scenario was to present such a character as having contracted the virus through a blood transfusion. It was, in effect, a much more integrational approach. The principal character of Holly, then, was a high school girl who was infected with HIV through a blood transfusion she received in 1984 after an automobile accident.

In interviews with teens during the research period before writing the play, the perception that AIDS was primarily a gay men's disease was predominant. Indeed there was evidence which gave credence to such a mindset, and, therefore, it was not difficult to understand this preva-

lence. Statistics continue to reflect the majority of infected people in the United States to be homosexual and bisexual men. It was this understanding of the perceptions of the target audience which governed the strategy for presenting an HIV-infected female in the context of the play. Ellul calls this "the set of rules" which propaganda imposes on the propagandist and "renders the propagandist powerless with regard to his own impulses" (above 9-10). While the mindset of the 1990 population of teens dictated the manner in which the principal character of Holly would be infected, the issue of heterosexual transmission was not completely ignored in the script.

One scene, included in the original 1990 script, presented the concept of teen heterosexual transmission in a short monologue by a college girl. In this scene the girl shares her story at an HIV/AIDS support group session and describes a situation in which she attended a party, got drunk, and had unprotected sex with a man she had just met. At that time this scene was agitational in its attempt to quell the stereotypical perception of HIV-infected individuals by suggesting the non-discriminatory characteristics of the virus. The use of another stereotype, the all American "good girl" not perceived as one who would be infected by HIV, provided the example needed to convey this non-discriminatory message.

This version of the depiction of HIV-infected females remained constant until a revision was made in 1992. The rapid increase in the spread of HIV among heterosexuals intensified the need among educators of HIV prevention programs to devise means of emphasizing this increasing phenomenon. A shift in the focus among informed members of society from a focus on HIV-infected adult male homosexuals and bisexuals was based on studies and statistics revealing a rapid increase in the virus among young people and specifically teens. A 1992 statistical report showed that AIDS cases among young people 13-24 years of age had increased 77 percent in a two year span. (qtd. in Post 279)

In 1992, a revision in the script was prompted by increasing information indicating the spread of the AIDS virus among heterosexuals and specifically teens. Before making this revision, however, it was necessary to make personal contact with an HIV infected, teenaged female. Credibility, I believe, is the driving force behind successful propaganda. Human nature dictates this theory as one writer articulates " . . . what we believe of man affects the behavior of men, for it determines what each expects of the other . . . belief helps shape actuality" (Eisenberg 123-124).

The August 3, 1992 cover of Newsweek featured a portrait of Krista Blake, a white middle-class, teenage girl who had been infected with the virus at the age of 16 by her

hemophiliac boyfriend. On October 17, 1992, in an hour-long telephone interview with Krista--the Columbiana, Ohio teen just about to turn 20 and then already suffering from full blown AIDS--I came face to face with the reality of the probability of mainstream infiltration of this deadly disease. Krista's own words were, "I was a girl, a teenager. It wasn't going to happen to me!" (Blake interview).

The glaring message of Krista and others like her was that there was never a question in their minds that they could be at risk and particularly from the partner with whom they had had intercourse.

The character of Holly, whose infection had originally been through an HIV-tainted blood transfusion, would now be depicted as HIV-positive as a result of a sexual encounter with a heterosexual college student. In her opening monologue, Krista Blake's own words are echoed in Holly's exclamation at learning of her infection: "I felt like I had crashed into a brick wall!" (Blake interview).

Holly's message is loud and clear when she attempts to dispel the myth that HIV-infected people fit into a stereotypical category:

The first thing everyone wants to know when they hear about you is how did you get it? The few people that heard about me before we left thought I got it from a blood transfusion. 'How could Holly get it any other way? She's such a nice girl. She doesn't look like the type.' Well, there is no type.

An overt attempt to convert the audience member to a mindset of accepting the possibility of heterosexual transmission and infection is the goal of Holly's speech. Rhetorically Holly advances this concept and her identity with the female members of the audience as she describes the boy who infects her:

He didn't look like the type either. It was the summer of my sophomore year. I was so excited to get to work in that summer camp. He was a counselor too, and he was in college; he wanted to be a P.E. teacher. . . . He seemed so--perfect--you know. . . . I trusted him. I believed him. It just happened. I didn't think about anything. Choices.

The strategy here is to bring the risk of infection in closer proximity to the viewer's real life. While not all who view the play may possess the same physical characteristics of the actor playing the part of Holly--in this case a white, middle class female--the broader concept suggests the possibility of the risk to someone in a perceived "safe" environment becoming infected by a person who would seem unlikely to be infected and capable of transmitting the disease.

Agitational propaganda is at work here in the play's suggestion to the viewer of the possibility of this happening to him or her. The goal, therefore, is to create in the viewer what Leonard Doob calls a "pre-action response" (above 11). In this specific case the viewer would adopt

the attitude that there is indeed a risk factor involved if he or she were to engage in unprotected sex with someone whose sexual history was not known to him or her but who is perceived to be someone who does not appear to be a person who could have or transmit a disease such as HIV. This "pre-action response" would then lead the viewer to an "action response" in the appropriate situation.

The revision in Holly's monologue necessitated minor changes throughout the entire script. One revision of note is that of the "college girl" in the AIDS support group scene. Because Holly is now infected by a college student, it became necessary to broaden the scope of HIV in terms of its victims and de-emphasize the association with any particular type or select group, in this case college students. Relevant to this issue is the concept that while it is a norm in American society to assume that most people in their teens, and specifically those between the ages of 14 and 18, attend high school, it is not assumed that those of college age do indeed attend college. Therefore the character previously identified as a "college girl" was shifted to a "young woman" of college age but who identified her situation as "living away from home." This character change facilitated an even broader possibility of identification for the target audience.

It is likely that prior to the revision in Holly's

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monologue the "college girl" monologue rendered minimal impact. It can be argued that this character had less ability to cause an identification with audience members, specifically because she was HIV-positive, and the mindset of most people in the target population at the first writing of the script, two years earlier, was that this was an unlikely situation.

For propaganda to work in this instance an awareness of the evolutionary process of the attitudes of society toward HIV/AIDS is important. Thus there is an ongoing need to conduct re-analysis of the environmental forces influencing those attitudes. An audience must be prepared to be propagandized. Ellul articulates this theory when he says:

Direct propaganda, aimed at modifying opinions and attitudes, must be preceded by propaganda that is sociological in character, slow, general, seeking to create a climate, an atmosphere of favorable preliminary attitudes. (15)

The revisions in the script could not claim power without being part of this slowly evolving climate which is encased in the "net of propaganda" (above 8-9), as evidenced by increasing numbers of newspaper and periodical articles, television programs, and songs such as Salt and Peppa's "Let's Talk About AIDS" (a revised lyric from its original, "Let's Talk About Sex") or Gwen Guthrie's lament, "Love is no longer free/The price is high/I don't want no AIDS or herpes . . . I'm too young to die" (Price 21). The growing

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societal awareness of heterosexual transmission of HIV imposes upon this project periodic re-writing of the "set of rules" (above 9-10) which govern the methods by which the goals of the play are pursued.

By placing greater emphasis on heterosexual transmission through Holly's character and as described in her monologue, the impact of the shorter monologue by the young woman in the AIDS support group scene is intensified. The credibility of this monologue is strengthened by the conceivability of Holly's situation. This strategy reinforces the concept that unprotected sex with a partner one does not know well, or at all, can bring about undesirable results, in this case HIV infection. Thus, the goal to convert the attitude of the target audience to re-evaluate engaging in casual unprotected sex is more clearly served. Not only does the viewer have an opportunity to sympathize with Holly's situation in hearing of her plight in her monologue, but by witnessing the development of her friendship with Frankie, a potential boyfriend, and the reunion with her childhood girlfriend Julie, the viewer begins to empathize with her. In so doing an identification is established between Holly and the audience members through the unfolding of events in the play. Seeing her engage in familiar activities in a high school setting (e.g., conversations with friends, attending a party), the target audience relates to

Holly on a personal level. What Holly says and does mirrors what the viewer associates with his or her own real life experiences.

Other HIV-infected individuals are presented in the play in the characterization of an IV drug abuser and Rick's HIV-infected, gay brother. As mentioned above, analysis of the target population indicated little need for emphasis on the issue of IV drug use. This analysis continues to remain valid and no further revisions have been made in this characterization. The inclusion of the IV drug abuser, however, though brief, satisfies the necessity to identify IV drug use as a means of transmission.

Rick's gay, HIV-infected brother has also remained unchanged. In a monologue, this character, although mentioning that he is gay, focuses more on his relationship with his family members, and in particular, with his brother, Rick. While Rick's brother does not describe the circumstances under which he became infected, it is most likely that the audience members assume he contracted the virus through unprotected sex. This assumption could be identified as a result of integrational propaganda in that it is an accepted norm by most of society that, if a homosexual male is infected with HIV, sexual transmission rather than a tainted blood transfusion or intravenous drug use is assumed the probable cause. Unlike Holly, however, the way

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in which he became infected was of less importance to the propagandistic goals of the play. The intent in his characterization is to give a face and personhood to the image Rick has described up to this point in the play. Rick's first monologue centers on his difficulty dealing with a brother who is gay and is now dying of AIDS. The further intent is to represent this character as again going against the stereotypical perception of a homosexual male. In his monologue, recalling how his little brother Rick used to look up to him, Rick's brother creates an image of himself which is contrary to this stereotyping:

I guess he forgot about all the fun we used to have when we were kids. Like back in high school when he used to come to football practice and watch. You know, he actually thought I was the best running back there ever was.

The purpose, then, of the appearance of this character is not to focus on his homosexuality but to strengthen the concept of compassion and to dispel myths about stereotypical HIV-infected individuals.

The Concept of Choice and How It Is Dealt With

The title, CHOICES indicates the underlying theme of the play. As illustrated earlier, the rap prologue introduces the concept of choice in a repetitive question and answer format. To reinforce this concept, large, white, plastic letters spelling out the word "CHOICES" are attached

to the back drop. Their assembly is incorporated in the staging of the rap. The letters are tossed from one member of the cast to another and affixed to the backdrop. They remain there and are visible to the audience throughout the play. Serving as a propagandistic device, the letters are a reminder throughout the play that contraction of HIV for a teenager is (with the exception of a tainted blood transfusion--an almost extinct possibility today) a matter of choice. From an agitational perspective the implication is for the spectator not only to convert his attitude to a commitment to responsible choice but to act on that choice at the appropriate moment.

Periodically throughout the play a situation is presented where a character responds with a statement referencing choice. Rick and Frankie engage in a conversation about having protected sex as opposed to abstinence:

(Holding up a condom . . .)

RICK

Safe sex, safer sex. Whatever. I know, I know they say it's not 100% safe but what are the odds? Anyway she's not going to get pregnant and I'm sure as heck not worried about AIDS. I sure don't have it and I know Julie doesn't. So we're free and clear. No problem.

FRANKIE

It's your choice!

The implication here is the importance of making the right choice. While the two boys do not know at this time that Holly is HIV-infected, the audience does. In Rick's

urging Frankie to have sex, even unprotected sex with Holly, he presents a possible risk situation, that is, of course, assuming Holly would consent to have sex with Frankie. The suggestion in this moment is that sexual intercourse could occur with a person whom one would not suspect to be HIV-positive. One of the goals of the play is to convince the audience that abstinence from sexual intercourse outside of a lasting monogamous relationship is the best choice and that, if one chooses not to abstain, then proper use of a condom is the next appropriate choice.

Condom use is a major issues which is grappled with constantly when dealing with teenage sex as it relates to HIV transmission. As mentioned in Chapter 2 in a discussion of the conditions and limitations placed upon the play by the sponsoring and funding agents, it was noted that the challenge in developing the script was to satisfy the educational goals of the State while at the same time representing the moral viewpoint of the Church. In fulfilling the conditions of the State, it was imperative to include mention of condom use as an alternative choice to abstinence. The Church, while not denying the scientific fact that proper use of condoms is an alternative preventative measure if one's choice is not to abstain, emphatically maintains that this choice is morally wrong.

The inclusion of these two alternatives in the play was

necessary to fulfill conditions of both the Church and the State. The play, however, is more heavily weighted in favor of abstinence. This was a deliberate choice made in the writing of the play since abstinence is held by both the Church and the State to be the only 100 percent sure way to avoid transmission of HIV and therefore a ground upon which both can stand in agreement.

Choice
Based Upon Rational and Irrational Responses

The dissemination throughout the play of scientific factual information about the transmission of HIV, presented in an entertaining way, appeals both to the intellect and the emotions. It is the judgemental response to the information which creates the emotional response. This response is generated in the audience member by his own value-judgment reaction to the information or by witnessing the characters' judgmental reaction to that information. The overall strategy is to impart information with the express goal to affect appropriate choices with regard to that information.

An opportunity to reinforce the information about transmission and prevention occurs in a scene which is again for the most part didactic and which seems to call for even less of an emotional response from the audience. The scene takes place at a school assembly to which a "Speaker" has

come to give information about HIV and AIDS. The ensemble members ask questions not addressed in the rap: "I heard you could get HIV by using an infected person's toothbrush or razor blade. Is that true?" The Speaker also reinforces facts already mentioned regarding the main ways of transmission.

The style of this scene in its simulation of a conventional form of education--that of an adult figure standing before a body of students reciting factual information--at first analysis appears to appeal only to the intellect. Although intellectual appeal may be predominant, the possibility of a value judgement by the audience member would then render an emotional response to that information. This emotional response would be based on the individual's interpretation of that information as it applies to the individual or the individual's friends. In the same manner, this same emotional response might also emerge from the fact that Holly is in attendance at this assembly and the audience members, already aware of Holly's situation, vicariously assume an emotional response to the information through association with her.

The relationship established between the audience members and the characters is brought on by specific artistic contrivances. The monologues spoken directly to the audience are the most obvious of these devices and render the

most effect. Through them the audience members are intimately drawn into the confidence of the character and become the character's "best friend," a person who--in the life of a teenager--is vital and often-times influential.

Less of an appeal to the intellect and more to the emotions are scenes in which characters interact with each other regarding issues of relationship. It is in just such a scene between Rick and Julie that dialectical as well as agitational propaganda serve the goals of the Church. In this scene, moralistic viewpoints are expressed in a clear departure from the scientific reasons for abstinence and safer sex. Rick and Julie engage in an argument in which Julie states her personal value system as her justification for refusing to have sex with Rick:

JULIE

And if you were HIV-positive or I was, do you think that would be the only reason we wouldn't have sex? (Sarcastically) After all, there's always a condom - safer sex and all that. Don't you understand, Rick, I'm just making a choice. And there is more to it than just deciding to be safe when it comes to AIDS, or getting pregnant, or anything else. Commitment just means a lot to me. And when I make that kind of commitment, it's hopefully going to be forever.

This is a bold statement to make to an audience representing a group whose sexual activities have increased measurably in the last twenty years. The National Centers for Disease Control (CDC) issued in 1992 a report, "U.S. Youth Risk Behavior Survey, 1990." Significant and relevant

to CHOICES were these facts as detailed in the CDC study of 11,631 high school students surveyed throughout the United States:

54.2 percent reported having had sexual intercourse (60.8 percent male, 48 percent female), compared with 29 percent in 1970; 20 percent of high school seniors have had four or more sexual partners; over 800 people with AIDS have been diagnosed between ages 13 and 19, and 8,402 between ages 20 and 24. With as much as a 10 year incubation period, this means they were most likely infected when they were teenagers. (CDC MMWR 40.51,52 885)

In interviews I conducted with teenagers it was interesting to note that, among those who stated that they practiced abstinence from sexual intercourse, they did not impose a moralistic judgement on their friends who had made a choice to engage in this sexual activity. They were, however, most concerned with the fact that their friends were placing themselves at risk of HIV infection. This attitude could be interpreted to mean that since they did not place a moral judgement on the actions of their friends, the choice to practice abstinence on their part was out of the awareness of the potential risk involved.

Thus, Julie's refusal to engage in sex with Rick strikes an agitational propaganda posture with those who do not practice abstinence and an integrational one with those who do. She challenges both positions regarding behavior, however, not on the basis of its risk of infection of HIV or

of pregnancy but on the moral issue of sex outside of a monogamous and lasting relationship. There are those who would argue that only through changing the moral fabric of society can this epidemic be eliminated and that instilling fear of infection alone is not enough--particularly with this population. One has only to look at the statistics of death among teenagers attributed to drinking and driving to conclude that this population is not easily moved by scare tactics. A decision to maintain a balance between the moral and scientific reasons to abstain did not only fulfill the conditions of the Church and the State, but would also appeal to a broader audience.

The choice to exclude using the term marriage was a deliberate one and is another example of an attempt to appeal to a larger proportion of the target audience. To the student of Szanto, this choice to refrain from using the term marriage would be labeled as a distortion device in that it imparts only partial information. It has become another norm in our society for couples to establish a monogamous relationship outside of the institution of marriage. That is not to say that marriage is not an optional future for such a relationship, but, for many choosing to engage in a sexual relationship, marriage is not the only option. Julie's statement, "And when I make that kind of commitment it's hopefully going to be forever" implies

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marriage but does not overtly state it.

Although agitational propaganda is at work in this instance, there is also evidence of integrational propaganda. Julie's refusal to give in to Rick's request directly opposes what is considered normal by teenaged society. Her refusal comports with what Szanto describes as the mechanism of agitation propaganda: "a propaganda of negation, standing in opposition to popularly recognized institutions" (above 13-14). At the same time its integrational characteristic lies in the omission of a recognition of the necessity for the institution of marriage to constitute what is identified as a commitment to a lasting relationship. Thus it allows those viewers who believe in marriage--as well as those who do not--to feel included, thereby increasing the possibility for identification. In an integrational sense, then, the omission of the word marriage satisfies both mindsets and corresponds to and reinforces the beliefs of its (integration propaganda) target, "to reshape his thoughts and behavior in terms of the permanent social setting" (Ellul 75). It is within this social setting that agitational propaganda can work in an effort to convert attitudes toward safe and/or safer sexual practices.

The final scene in the play is a monologue delivered by Rick and demonstrates the clearest example of praxis. In this monologue Rick exposes his conversion in an emotional

purging of all that had caused him pain and confusion and explains his actions to his "friends," the audience members:

It's all wrong. It wasn't supposed to happen this way. I know that AIDS kills. But this was too fast. I guess I hoped they would find a cure before it happened to him. I was going to talk to him. I mean he was my brother.

Okay, so I was mad, confused - I don't know. I didn't understand about his being gay so I took it out on Julie and Holly. I just wanted to work it through, to figure it all out.

Then my folks said he was getting really sick, really weak. They wanted me to go see him. I was afraid to see him like that. I wasn't ready.

Now, it's too late. Because he's gone. I'll never be able to tell him I loved him, that it didn't really matter about his being gay or that he had AIDS. What mattered was that he was my brother. And he was dying.

I loved him. I really did.

Rick's final statement in the play is not a spoken one but a gesture immediately following his monologue. Turning and seeing Julie and Holly who have entered upstage of him before the end of the monologue, he goes to both of them, and, after embracing Julie, he offers an extended hand to Holly in a final gesture of acceptance and demonstration of his total conversion.

The final scene reunites the ensemble in a closing rap directly compared to the call to action exemplified in the final scenes of the Living Newspaper, One Third of a Nation and Odets' Waiting For Lefty:

ENSEMBLE

YOU MAKE THE CHOICE - IT'S UP TO YOU.
YOU CAN CHOOSE TO NOT,
YOU CAN CHOOSE TO DO.
BUT WHATEVER YOU CHOOSE,
IT'S UP TO YOU.
SURE THERE ARE TIMES WHEN YOU DON'T HAVE A CHOICE.
BUT THINK OF THE TIMES WHEN YOU DO.
WHEN YOU'VE GOT THE POWER,
YOU'RE IN CONTROL.
SO DON'T ABUSE IT, YOU'LL ONLY CONFUSE IT.
WHEN YOU'VE GOT A CHOICE. DON'T LOOSE IT.
CHOICES! JUST TALKING 'BOUT CHOICES!

It is significant that the final statements of the play appeal to the emotions. Rick's final gesture of acceptance of Holly prompts an emotional response as does the challenge to make an appropriate choice voiced in the closing rap scene. These final images are imprinted with the assemblage of factual information allowing for an overall picture of what has transpired throughout the play; but the power of these final images lies in their ability to cause an emotional response. Therefore, this emotional response combines with the consumption of information in a rational and irrational manner to form propaganda. It is this emotional response which forms an attitude in the propagandee and

which leads him to action.

The manner in which these propaganda devices and strategies employed in the script and performance of CHOICES affected the target audience is discussed in the next chapter.

CHAPTER 5

CHOICES: THE PROBLEM OF EVALUATION

Synopsis of Chapter

It has been established in this study that the devices and strategies of propaganda, as limited by the State and the Church, are employed in the production and performance of CHOICES.

This chapter focuses on a fundamental problem which confronts all theatre: How can it be determined whether the work achieved its goals. It is posited in this study that an examination of the methods available to conduct an evaluation of the effectiveness of CHOICES demonstrates that there are in fact indicators which are useful in conducting such an analysis. Conclusions are drawn which provide elucidation about the validity of measuring the efficacy from such indicators.

At the outset it must be stated that a valid assessment of the effectiveness of CHOICES regarding behavioral change is not attempted. Obviously, an assessment of the type of behavior change sought to be effected by CHOICES would entail long-range empirical and clinical research.

Methodology of the Evaluation

The methods used to accomplish this evaluation are embedded in the process established to present CHOICES to its target audience. Unlike a typical play where the audience participation in the theatrical experience ends with the applause at the final curtain, CHOICES employed a process which not only prolonged but intensified the involvement of its target audience. Question and answer sessions, lasting from 10 to 45 minutes, followed the performance. On many occasions, after this general question and answer period, the audience was divided into small groups for more in-depth discussions with the teen cast members. When the audience did leave after the small group discussions, "de-briefing" sessions were conducted with the cast members with the primary focus being placed on the reactions, responses, statements, and questions which had been presented to the cast members by the audience members.

These three events--repeated approximately 100 times during the four-year run of CHOICES--provided a fertile source from which *indications* about attitudinal change could be assessed. This assessment is not based only upon personal recollection of those individual sessions. Some of the sessions were videotaped and provided documentation of the expressions of some members of the target audience. Portions of these tapes have been transcribed and have been

appended to this study. Because of the great number of sessions conducted, many of the same questions, responses, and statements were frequently repeated and, therefore, lend themselves to categorization.

Another source available for use in this study to measure the effectiveness of CHOICES are interviews of cast members conducted by an independent film-maker as part of a video project. Transcripts of some of those interviews are appended to this study.

In addition to a review and analysis of these post-performance sessions and interviews, written evaluative instruments prepared by the AIDS Project of the Center for Human Concerns were infrequently used in an attempt to measure the effectiveness of CHOICES. The manner in which this tool was used and the results obtained by its use provided another means by which an *indication* of the effectiveness of CHOICES could be measured.

Post-Performance Question and Answer Sessions

At the conclusion of each performance, the cast members appeared before the audience, introduced themselves with their real names, and invited the audience members to ask them questions about any issues raised in the play or about HIV and AIDS.

The questions asked by the audience members are here

categorized based upon the frequency with which they were asked and the repetitive nature of the same or similar questions during the four-season run of the play.

The first category was that of the transmission of HIV:

Can you become infected through kissing?
Can you become infected through oral sex?
What are the odds of becoming infected through
having unprotected sex only once with an HIV-
positive person?

Some of these questions were asked in the form of more complicated scenarios, such as, "If an HIV infected person has sex with a person who is not infected, is there a chance that the uninfected person will not become infected?"

The second category involved questions about the disease itself:

How long does it take after engaging in risky
behavior for the virus to show up in a test?
What are the symptoms?
How did AIDS come about?
What AIDS-related disease do AIDS patients usually
die from?
How long does it take before a person shows any
symptoms?

Of course since the audience was comprised of teens, they routinely asked numerous personal questions, the third category:

Are any of you gay?
Do any of you have AIDS?
Do you know anyone who has HIV or AIDS?
Why did you do this play?

These three categories of most frequently asked questions provided no concrete means for the measurement of

attitudinal change on the part of the target audience. The questions asked about the disease itself were generally neutral, not related to attitude. The questions about transmission of the disease may have had embedded in them a concern about the asker's own past behavior. The personal questions asked of the cast members generally indicated a curiosity about the performers: who they were, where they came from, why they were involved in the play.

The above descriptions about the nature of the questions asked are simply inferential and speculative. The questions asked in these sessions provided no significantly reliable data from which valid conclusions about the effect of the play on attitude could be drawn.

What the sessions did *indicate*, however, was that the play had indeed provoked thought about the information and issues presented. The mere fact of conducting the question and answer sessions provided some indication that members of the target audience were engaged in a thought process about the play's content or about issues related to its content. That the audiences had been provoked to thought about the issues indicated that dialectical propaganda was at work to demystify or clarify a confused social issue. Although the question and answer sessions did provide evidence--albeit inferential--that that particular propagandistic strategy was working, they did not provide a thorough tool to evalu-

ate how effectively it had worked.

To draw conclusions about the effectiveness of CHOICES based only on the questions and answer sessions would be fraught with difficulty. Too many other unmeasured factors were at play during those sessions: Were the questions asked to impress friends? or teachers? Did the composition of the audiences in the varied locations--detention centers, churches, schools--impact the motivation for asking the questions? Did the presence of adults or parents in the audience inhibit the teen audiences?

In summary, although the question and answer sessions offered no definitive evidence of the effectiveness of the specific propagandistic devices and strategies employed in the play to affect attitude regarding either HIV transmission or compassion for those infected, they did serve as an indicator that the dialectical strategies provoked thought.

Small Group Discussions

The small group discussions allowed audience members greater opportunity to respond on an emotional level to the issues raised in the play. In these discussions, audience members--then direct participants with the actors--were prompted to voice their opinions about events occurring in the play. Pamphlets, imprinted on the front cover with the word "CHOICES" and with the arrow symbols which were part of

the set design, had been distributed to each member of the audience prior to the performance. The pamphlets contained a list of questions pertaining to the play and issues posed in the play; the cast members facilitated the group discussions using the questions as a guide. The questions provoked responses involving attitudes, beliefs, and values:

1. What do you think your reaction would be if you found out a friend was HIV-positive?
2. What questions would you have?
3. How do you feel others at school would respond?
4. How would members of your family feel about you having a friend who had HIV?
5. Holly got HIV through sexual transmission. In what way did this information influence Julie's decision not to become sexually active?
6. What do you think made it so difficult for Rick to accept his brother's homosexuality? . . . his illness and death?
7. Do you think Frankie will wait until he marries to have sex? Will Rick and Julie wait? How long?
8. Do you know anyone who may be at risk for HIV infection? What places that person at risk?
9. Do you know anyone who is HIV-positive or who has AIDS? If not, do you think you will ever know a person with HIV infection or AIDS?
10. Has knowing about AIDS caused you to change any of your attitudes or the ways you act? If so, how?

In some instances discussion surrounded issues that the audience members raised, and the cast members found it unnecessary to use prepared questions to lead the discussions.

These sessions revealed reactions to the play and to the issues raised in the play. The discussions allowed for a more private setting within which to ask questions which

might have been embarrassing for a teen audience member to have asked in front of the larger assembly. The smaller groups also permitted a comfortable forum in which teens debated such issues as acceptance of HIV-infected friends, homosexuality, or what kind of condom to use.

As a tool to measure the effectiveness of the propagandistic devices in the play, the discussion groups were useful only in an anecdotal sense. Since there was no systematic recording of the statements made, attitudes expressed, or intentions declared regarding future behavior, any conclusions arrived at would be inferential at best. What these discussion groups did accomplish was to provide a forum for the target audience to ask questions on a more emotional rather than a rational level. It gave them an opportunity to share with each other and the cast members their personal attitudes about AIDS-related issues. During these discussions, it was not uncommon for an audience member to state that he or she had been attitudinally affected by an event, a characterization, or a statement made in the play. To allow for a more candid expression of feelings within the group context, these statements were not recorded by any audio or video means or by written notes.

The one exception to this practice occurred on April 23, 1993 following multiple performances at St. Francis High School. Notes taken during this unique post-performance

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discussion session are appended (see appendix B). What the group discussions failed to do was to provide a valid method to measure the effectiveness of the propaganda devices and strategies.

On March 11 and 30, 1993, CHOICES was performed at juvenile detention facilities, Harold Holden Ranch for Boys and William James Boys' Ranch in Morgan Hill, California. Subsequent to these performances, Michael Fallon, the Center for Human Concerns AIDS Project Coordinator, received from some of the audience members written requests to two questions he had posed:

1. What was said or done in the presentation that affects your attitudes or beliefs about HIV and AIDS?
2. What was said or done in the presentation that will affect or change your behavior toward sex or homosexuality or AIDS?

The questionnaire was administered to a sample group--selected by the detention facilities staff--of the approximately 175 boys who attended the performances. There were 34 responses, 23 to the first question and 11 to the second (see appendix C).

In the response to the first question, the answers indicated that the audience was impacted by the education about HIV transmission and by the fact that the play had been presented by their peers. Of the 11 boys responding to the second question, seven indicated an intention to change

their behavior; one referred to getting tested for HIV; one referred to compassion toward gays; and the answers of the remaining two pertained to safer sex practices.

Clearly, these 34 responses do not provide a reliable method to evaluate how the propagandistic devices and strategies affected the approximately 14,000 members of CHOICES' target audiences. However, the responses are an *indication* of the effectiveness of CHOICES concerning the respondents' attitudinal change, as well as intended behavior change.

"Debriefing" Sessions with Cast Members

As a follow up to the performance, the post-performance question and answer sessions, and the small-group discussions, the cast gathered at the end of the day's or evening's work to report and discuss their impressions of the responses of the audience. During this "debriefing," cast members related responses which audience members had shared with them regarding the content and the performance of the play. The cast members reported the subject matter of the discussion groups and the particular areas which were focused on by the groups.

Throughout the entire four-year process, it was consistently reported by the cast members that prevention of HIV through safer sex practices was the predominant issue of concern to the target audience. The teens wanted to know

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more about condoms--which kind to use, what their failure rate was, and how to properly use them. There were many reports that audience members stated their intention to use safer sex practices. Never did a cast member report that an audience member had been converted to an intent to practice abstinence as a result of viewing the play.

If any valid conclusion can be drawn about the effective use of propaganda strategies in CHOICES, it is that the debriefing sessions provided a method of determining the relative success of the State's goal of promoting risk reduction through safer sex as contrasted with the Church's goal of promoting abstinence.

The debriefing sessions provided an opportunity to evaluate audience reaction to specific devices and strategies utilized in the presentation. An example of the evaluative process in the debriefing sessions occurred at a performance attended by abused and neglected teens at the Santa Clara County Department of Social Services. The audience had been particularly active during much of the performance--getting up to use the bathrooms, talking with other audience members, making comments out loud, and responding inappropriately to events in the play. That behavior did not occur at other performances. The reason for these reactions, as explained by the professional counsellors working with this population, was that, since many of these indi-

viduals had been sexually abused, the sexual subject matter in the play created for them an uncomfortable atmosphere.

An observer of the behavior at this performance might have assumed that this audience was not at all influenced by the propaganda devices and strategies employed in the play. This assumption was invalidated, however, by the reaction of this group to a single device utilized in a scene near the end of play. As described in Chapter 4, Rick's gesture of acceptance of Holly, the HIV-infected teen, closes the performance. At the moment Rick extended his hand to Holly, this audience unanimously broke into enthusiastic applause.

The conclusion drawn by the cast members in their debriefing after the small group discussion was that the overwhelming response by the audience indicated in a most profound manner that they had not only been attentive to the message of compassion but had been immediately impacted by it.

This observation did provide evidence of an attitudinal response which, depending upon the pre-performance mindset of the individual audience member, indicated either an agitational or integrational effect.

The debriefing sessions after the small group discussions did prove to be a method to evaluate the effectiveness of CHOICES. It is noted, however, that this method was primarily interpretative and deductive. The validity of the

interpretations made and deductions arrived at make the results subject to challenge.

Interviews with Audience Members

Undoubtedly, the most direct way to measure the effectiveness of a theatrical performance upon audiences would be to interview them. In the first season of CHOICES (1990), a local high school senior, Peter Dana, videotaped some of the rehearsal process and some of the performances of the play. He also conducted interviews with audience members following a performance at Bellarmine College Preparatory, an all-male Catholic high school in San Jose. The students interviewed were seniors.

Although the young interviewer had had no training in evaluative interview techniques and had no design in mind when he conducted the interviews, he managed to elicit some pertinent audience reactions.

With regard to the issue of abstinence and the play, one articulate student voiced his opinions:

I think for a lot of people the play didn't help them make a decision to be abstinent or not. I think most people have already made that decision. But what it did is, it informed both groups of people what their risk was and what their choices were in each given situation. . . . It addressed both groups--not passing judgement.

This student's comments substantiated other comments made by numerous audience members in many different settings

regarding the issue of abstinence. Although this technique of interviewing audience members cannot be used for every member of an audience, it did provide a means to measure the effectiveness of the devices and strategies in the play to affect attitude. The value in this technique lies in its ability to preserve expressed opinions and attitudes which, if used in conjunction with other methods of evaluation, would provide an indication of how well the devices and strategies worked.

When asked what he would say if he discovered that his brother were gay and were HIV-positive, another student interviewed responded with self-conscious laughter, looking at his peers who also laughed at the question:

If he was gay? . . . And had AIDS? (more self-conscious laughter) I'd ask him how he got it.

The student was then asked, "Would you still love him."

The student responded:

(laughter) Would I still love him? (more laughter) Would I still love him? (laughter beginning to fade)--Uh--(now serious) Yeah. (serious expression)

This interview provided a method to observe this participant's involvement in the thought process to answer the questions. It did not however, with regard to this specific issue of compassion, provide evidence of the effects of the devices and strategies in the play to promote this attitude.

A third student was asked about the use of peers as

performers in the play. His response to the utilization of this specific device follows:

Well, I think that the whole idea of having peers do it is that, to begin with, it breaks down the generation barrier--there's always that communication gap. . . . To have the peers of the audience actually do it makes it that much more believable. . . . It seemed like it was more of an inspiration to see that someone of your own age was actually going out there and taking the time to figure all this stuff out--putting that much effort into it. And so you know that it's more than just coming up here and acting. They've gone out and researched it and they're people your age, so it's not something that we can't do--that we could be aware of.

Again another respondent made reference to the impact made by the peer actors:

You see posters that say you can't get AIDS from a glass, you can't get AIDS from a handshake. Use a condom for safer sex--and you can pick out all these different things. But then to see that someone has spent that much time researching--someone your own age--that you can trust--and you can understand--and have them have that much background on it--and put it all in one package, it just makes it that much easier to believe and that much easier to remember.

Another student was asked about his impression of the play in general. He responded:

So what happens is you hear a lot of information--you really don't know what to believe. . . . You start picking out what is most said, you kind of start believing. . . . But what this (the play) did--everybody's aware of how you can get it or if certain people are aware--they don't know a lot about it--it is sometimes very cloudy--but having it repeated over and over, you start kind of getting the picture.

The above quotation obviously makes a statement about the

propagandistic device of repetition.

Although the use of taped interviews can provide some indication of whether specific devices worked, this technique provides only a limited and highly selective means of evaluation. This method indicates only individual's responses to whatever devices and strategies were employed and could hardly form a basis for any valid generalized conclusions about how the devices and strategies worked on an entire audience.

Videotaped Interview with Cast Members

An independent film-maker, Karen Birnie, recorded interviews of cast members' impressions of the project and of audience members' reactions on May 12, 1993, approximately two weeks after the last performance of that year's season. Less immediate than the debriefing sessions, these accounts are retrospective accounts by the cast members of their conversations with audience members over the entire performance schedule of March and April. Embedded in these interviews are indications of the effects of integrational, agitation-al, and dialectical propaganda on the cast members as a result of their participation in CHOICES.

In these interviews, two cast members discussed how they had been impacted by the experience of being in CHOICES. One cast member, Marc, expressed his feelings this

way:

For me it's opened my eyes to this whole, this whole world out there, and it has also made me examine my own life--what actions I've done and what I could do--I can change my life and the risk behavior that I've participated in--and how I should've--what I should and shouldn't do and how I should respond to people.

Another cast member, Carolin, refers to the character she plays, Holly, and the reaction she had in meeting someone after a performance at an ARIS (an AIDS support group) gathering:

One woman that I met in the ARIS project when we did a performance there, she had also gotten it through sexual transmission and she was only in her early twenties. . . . I believe she did contract it like in her late teens. She's very young. . . . Holly was her standing up there you know . . . I'm out there and I've met people that have HIV who are living with it and you know, I know that it's very possible for my friends to get it.

The purpose for the inclusion of the responses of the cast members is to demonstrate the implication of the impact of the devices and strategies of propaganda not only on the audience members as a result of viewing the play but also on the cast members as a result of participating in the entire process of the presentation of CHOICES.

A transcript of this videotape is appended and provides, evidence of numerous indications of such impact on cast members (see appendix D). Also included in this videotape are recollections by the cast members of audience

reactions and the audiences' responses to the play.

Based upon these examples the inference is that information provided by the videotaped interviews of cast members suggests that the interview process provides a method of evaluating the effects of some of the propagandistic devices and strategies employed in the play.

Written Evaluation Instruments

Post- and self-evaluation surveys were used inconsistently and proved to be of little value as a method of measuring the effects of the play upon the target audience. While the inconsistent use of these tools was a deterrent to their value, the failure to utilize a pre-survey tool to measure knowledge and attitude--existing prior to the performances--rendered these attempted evaluations invalid. Although those surveys which were administered provided information regarding knowledge and attitude of audience members, they in no way indicated whether the audience members possessed this knowledge and attitude before viewing the play (see appendix E). Interestingly, in its contract with the Center for Human Concerns, the State's only requirement to measure the effectiveness of the theatre project was that "300 students participate in the follow-up discussion process and demonstrate an 80 percent knowledge competency level of AIDS risk-reduction behavior on a written post-test."

Obviously, a well designed pre-test administered to audience members prior to viewing a performance would have supplied data with which to compare the data obtained in the post-test, and would have provided a sound basis from which definitive conclusions could have been drawn.

Conclusion

It has been demonstrated that propagandistic devices and strategies are employed in the play CHOICES. Evaluating the efficacy of these devices and strategies is problematic. Although the post-performance processes provide *indications* of the effectiveness of these devices and strategies, no definitive conclusions can be drawn.

Although there was no scientific evaluation of the effectiveness of the play upon its target audiences, the *indications* from the available methods provide evidence that the propagandistic devices and strategies are effective in educating the target audiences and affecting their attitudes.

APPENDIX A
SCRIPT OF CHOICES
(Revisions included at end of script)

CHOICES

An AIDS Education Play

by

Beverly Valenti-Hilliard

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CHOICES is part of an AIDS Education Project developed by the
Center for Human Concerns of Santa Clara County, Inc.,
a nonprofit public benefit corporation of the
Roman Catholic Diocese of San Jose in California
and
was written, produced, and directed with funding provided by
the State of California, Department of Health Services,
Office of AIDS

The CHOICES Ensemble is made up of eight actors, three males and five females. The characters of HOLLY, FRANKIE, RICK, and JULIE remain constant. The remainder of the Ensemble play various roles throughout the play.

Costume changes and character changes are indicated by adding or eliminating simple costume pieces such as jackets, glasses, sweaters, etc.

The set consists of one large platform placed upstage center, and two smaller platforms, one each left and right. Set pieces consist of four small black boxes (18" square) which are used throughout the play as furniture and as containers for props. The boxes are highly portable and are moved about by the Ensemble members. No stage crew is needed.

No special lighting is required.

Various musical background pieces are used throughout.

The play was originally produced using sound reinforcement which employed a combination of hand-held and body wireless microphones.

(During beginning instrumental section of rap rhythm, Ensemble members move around the stage removing large plastic letters from the boxes which had been brought on at the beginning of the music. The use of these letters is incorporated into the choreography and they are tossed among the Ensemble members. They are eventually affixed to the UC backdrop spelling out the word, CHOICES. Then the rap vocal begins.)

ENTIRE ENSEMBLE

(Spoken in rap rhythm to recorded musical accompaniment)

THERE'S A LOT OF TALK GOING ON TODAY

'BOUT A DEADLY DISEASE THAT THEY'RE CALLING AIDS -

ACQUIRED IMMUNE DEFICIENCY SYNDROME.

GOT IT? NO WAY!

PERSON ONE

(straight dialogue)

Acquired - This means that the disease is passed from one person to another. It is not hereditary in nature.

PERSON TWO

Immune - The body's defense system, which normally protects us from disease.

PERSON THREE

Deficiency - This means the defense system is not working.

PERSON FOUR

Syndrome - A group of symptoms which, when they occur together, mean a person has a particular disease or condition.

(rap)

IT CAN HAPPEN TO ME. IT CAN HAPPEN TO YOU.

WHO ME? YES YOU. COULDN'T BE! THEN WHO?

HE GETS IT. SHE GIVES IT. YOU GOT IT.

THAT'S SAD, SAD, SAD. THAT'S SAD.

I DON'T WANT TO GET IT, SO TELL ME HOW NOT TO.

I THOUGHT ONLY GAY PEOPLE GOT IT AND GAVE IT.
CAN YOU KISS A PERSON WHO'S GOT IT AND GET IT?

PERSON TWO

No cases from open-mouthed kissing or deep kissing have been documented.

(rap)

I HEARD PEOPLE GET IT FROM GETTING TRANSFUSIONS.
SOME PEOPLE HAVE. THAT'S NOT AN ILLUSION.

PERSON ONE

Currently, about 4000 people are known to have gotten AIDS from blood transfusions. Since March 1985, all blood donated for transfusions has been systematically tested so that today the risk is greatly decreased.

(rap)

THEY HAD NO CHOICE. BUT MOST PEOPLE DO.
SO WHAT IS THE ANSWER TO ALL THIS CONFUSION?
THERE'S NOT MUCH CONFUSION
WHEN YOU KNOW THE FACTS.

PERSON FOUR

There are five known ways of getting AIDS. Three ways don't involve choice: when a baby is born to an HIV-infected mother, through mother's breast milk, and through an HIV-infected blood transfusion. Two ways of getting and spreading the HIV infection call for choices: sex - through exchanging bodily fluids during sexual contact with an infected person; and drugs - through the exchange of contaminated blood by use of an infected needle.

(rap)

IF YOU HAVE A CHOICE AND MOST PEOPLE DO,
YOU MAKE THE CHOICE. YOU CAN GET IT OR LEAVE IT.
BUT FIRST, MAN, YOU BETTER LEARN

HOW YOU RECEIVE IT.
 CHOICES! SO WHAT KIND OF CHOICES?
 TAKE A LOOK AT YOUR LIFE AND
 THE THINGS THAT YOU DO.
 ARE THE CHOICES YOU MAKE
 THE RIGHT CHOICES FOR YOU?
 I DON'T WANT TO GET IT, SO TELL ME HOW NOT TO.
 CHOICES! SO WHAT KIND OF CHOICES?
 OH, YOU MEAN LIKE WHAT KIND OF CONDOM TO USE -
 OR MAYBE NOT HAVING A REASON TO USE ONE!
 HUH? HUH? HUH? WHAT? WHAT?
 CHOICES - JUST TALKING 'BOUT CHOICES.

(Rap group disperses while beat continues. Music fades out. As group disperses, Holly moves downstage. She addresses audience.)

HOLLY

Choices. it doesn't always work that way. I didn't really have much of a choice coming here to St. Dominic's. Oh, I guess I could have stayed at my old school. But my parents thought that it would be best if we just moved away before - before everyone found out.

I remember hearing about those kids who weren't allowed to go to school when people found out that they had . . . that they . . . had . . . it. Everybody treated them like they had leprosy or something.

The car crash was pretty scary and so was having the surgery afterward. But everything turned out fine. At least it was until I had that blood test. I thought my mom had spaced out making me get tested for AIDS. She got scared because she read this article in the newspaper . . . you know, about people who are now getting AIDS from blood transfusions they got before 1985. Well, the car crash . . . that was in 1984 and you know the surgery I had, well I had a blood transfusion too. So anyway, she made me get this blood test.

I'm not even sick or anything. But I am HIV positive. That means I have something called "Human Immunodeficiency Virus" - the virus that causes AIDS. But I'm not sick. And I might not get sick for a long time. Oh sure I was mad when I found out . . . real mad. But now I'm just scared.

So, you see, I didn't really have a choice. Sounds pretty unbelievable, doesn't it? Humpf. That's what I would have thought. Well. I'm not sick now. And I plan on staying that way as long as I can.

My mom wants me to go to this group that they have - like a support group for people like me. Well, maybe I will. But I am not sick.

I just want to forget about it. That's one choice that I can make right now. And right now that's my choice. Everything's gonna be cool. It's gonna be cool.

(Julie enters.)

JULIE

(Overlapping Holly's last line)

It's gonna be cool. I can't believe you're here. It seems like the sixth grade was just yesterday. I never thought we'd see each other again.

HOLLY

Me too! I'm so glad you're here. I was really scared to come here, not knowing anybody and all. So what's it like here.

JULIE

It's O.K. Some of the rules are pretty dumb, but that makes them more fun to break. So what happened? Why did you move here?

HOLLY

Oh, my Dad just wanted to get out of the City - you know, slower pace and all that. Anyway he still goes into the City to work.

(Rick enters.)

RICK

Sup?

JULIE

Rick, you won't believe this. Holly and I were best friends from kindergarten to the sixth grade. And I see her coming down the hall next to Fremont's class. I couldn't believe my eyes.

(Quickly and matter-of-factly.)

Oh, yeah, you two haven't even met yet. Uh, Rick this Holly - Holly this Rick.

RICK

(To Holly)

Was she an airhead in the sixth grade, too?

(Michelle and Frankie enter.)

MICHELLE

C'mon you guys, we have to get to the assembly.

JULIE

(to Michelle and Frankie)

Oh, this is Holly. She just transferred in. We were best friends in grammar school. And this morning, after first period, I was walking down the hall next to Fremont's class, and I couldn't believe . . .

RICK

Look you guys can stay here and listen to "The Return of Julie and Holly - Part Two." I already heard it. I'm heading for the assembly.

HOLLY

What's the assembly about?

FRANKIE

Oh they have some speaker who's gonna tell us about AIDS. As if we haven't heard enough already.

(To Rick, joking around and trying to act tough)

Anyway, we only shot up with the same needle . . . what, 10 maybe 50 times before first period today. Right, dude?

RICK

(In a feminine voice)

You know that I don't go out with you anymore, Frankie, sweetie.

(Everyone laughs. Julie reacts, afraid that Holly will think that they're jerks, and hits Rick in the arm.)

JULIE

Knock it off, you guys. Holly's gonna think you're for real.

RICK

(Placing arm around Holly)

One perfect evening with me and that'll set her straight.

JULIE

(To Holly)

I forgot to tell you that there are some real jerks at this school.

(General teasing and laughing as they move into the assembly scene. Recorded speech by AIDS Speaker as group moves boxes into assembly and assumes positions facing upstage.)

SPEAKER'S VOICE (Off-stage)

It is possible to be HIV infected and have no related symptoms. This latent stage of incubation can last eight to twelve years or more. This is a very dangerous stage because a person can unknowingly spread the virus to others.

(The Speaker enters CS on the upstage platform and takes over the conclusion of speech, on-stage)

SPEAKER

So, what I really want you to remember is how the virus that causes AIDS is transmitted.

The HIV infection is spread only through the exchange of body fluids - such as blood, or semen or vaginal fluid - with a person who has the infection.

This exchange can happen in five ways:

1. during sexual intercourse with an HIV-infected person;
2. through the use of an HIV-infected needle;
3. through birth when the mother is HIV infected;
4. through infected mother's milk; and
5. through an HIV-infected blood transfusion, although

this is very rare since the testing of blood started in 1985.

HIV is an "equal opportunity virus." It doesn't care whether you are rich or poor, male or female. It doesn't care what color your skin is or how old you are. It will attack anyone.

Now, are there any more questions.

STUDENT 1

I heard that you could get AIDS if you use an infected person's toothbrush or razor blade.

SPEAKER

Since both could carry traces of blood, there is a risk involved, and therefore it is not completely safe to share these items.

STUDENT 2

Sometimes people share a needle to pierce ears with. Is that unsafe too?

SPEAKER

Any transmission of bodily fluid or blood from one individual to another poses a potential danger.

RICK

Can a girl pass the virus to a guy?

SPEAKER

Yes, a woman can infect a man. Remember you have the choice to protect yourself against becoming infected. And the only 100%, sure way is abstinence from sexual intercourse and intravenous drug use. Now if I can have someone help pass out these brochures.

(While a student approaches
Speaker's platform and gets
brochures from Speaker, the
following Aside occurs.)

RICK

(Aside to Frankie)

Hey, Jeff and Eddie used a needle for steroids. Remember? We thought that they were really stupid for using steroids. We never even thought about AIDS. What if one of them had the virus?

SPEAKER

You'll find the number of the AIDS Information Center in the brochures at the doors. If you have any other questions, please feel free to call the Center. You don't have to give your name. Thank you all for your attention.

(Applause by assembled Students.
During Students' exits, Holly moves DS
and addresses audience. Julie
remains on.)

HOLLY

What was I supposed to do? Say, "Hey, you guys, I can tell you all you want to know. After all, I'm a firsthand expert." Great introduction to a new school, huh?

(Julie moves DS and joins Holly)

JULIE

(Overlapping Holly's last line)

Great introduction to a new school, huh? Listen there's a rad party Friday night. You've gotta go. You can come with Rick and me.

HOLLY

Oh sure, I can be your chaperone.

JULIE

No, c'mon, a bunch of us will go together. Frankie, too. I know that he thinks you're cute.

HOLLY

How do you know that.?

JULIE

He told Rick. And Rick told me.

HOLLY

News sure travels fast around here. Oh my God! You didn't tell Rick that I thought Frankie was fine, did you?

JULIE

Oh, he won't say anything!

HOLLY

Julie, he told you what Frankie said about me.

JULIE

Oh that's different. He tells me everything.

HOLLY

And do you tell him everything?

JULIE

Only what I want him to know.

(Holly exits)

(Julie moves to DSL box, opens box, takes out tape-player, and listens to music "in her room." Julie's Mother enters UR on to Right platform. Julie's Mother is folding laundry and is talking to Julie from "another room" in the house. During following, Julie turns off tape-player and crosses UR to Mother. As dialogue continues, Julie helps Mother fold laundry.)

JULIE'S MOTHER

Julie, your brother called today from State. They had three cases of hepatitis and the student med center is giving gammaglobulin shots. That's the blood that has the most antibodies to fight infection. He wanted to know if he should take it or not. I told him I'd rather he got hepatitis than take a chance getting somebody's infected blood. There's so much talk about AIDS these days.

JULIE

Mom, that's stupid. Getting blood today is safe. They check it all. You can't get AIDS that way any more.

MOTHER

Well, aren't you getting to be a real AIDS information hotline.

Say speaking of AIDS, I saw Holly this afternoon going into the AIDS support center in Meadowood. You know the one where Trish's mom volunteers? That's really nice of Holly to do volunteer work. I don't know if it's such a good idea though. She probably has to deal with all kinds. You know what I mean.

JULIE
(Aside)

That's funny. She didn't say anything about doing that.

(To Mother)

By the way, Mom, Holly is going to go out with Rick and me Friday night so she'll probably spend the night. Is that O.K.?

MOTHER

Sure, but if you are going to spend the whole night talking, you'd better sleep in sleeping bags downstairs. I plan to get a good night's sleep.

(Mother and Julie exit)

(Rick and Frankie enter. Rick is dribbling a basketball.)

RICK

So you're going to the party right? Guaranteed she'll be all over you.

FRANKIE

Oh yeah! Right.

RICK

No lie! I happen to have it from a very reliable source that Holly thinks you are a class "A" stud.

FRANKIE

(Said with a knowing, "I might have known she'd try to get us together)

Julie.

RICK

Yeah. She tells me everything.

(Spins basketball on one finger)

FRANKIE

And you tell her everything!

RICK

Are you kidding? No way! She just thinks I do.

(Fancy maneuver with basketball)

It's gonna be a hot night for Julie and me. It could be for you too, buddy.

(Passes ball to Frankie)

FRANKIE

Give me a break. I don't even know her that well. So you and Julie have been. . . .

(Rotates basketball with two hands)

RICK

No not yet. But I have a feeling tonight's the night.

FRANKIE

I thought you really cared about her.

RICK

I do. Oh hey, I care a lot about Julie. That's why I want everything to be just right. I want it to be really special.

(Pulls out his wallet and removes a condom from it)

And I'm making sure we don't have to worry about anything either. This little puppy is my insurance.

(Holding up the condom, in the voice of an announcer doing a commercial)

Latex, and pre-lubricated with non-oxynol-9 - "the aids virus killer." You know safe sex and all that.

FRANKIE

You mean safer sex.

RICK

Safer sex. Whatever. I know, I know they say it's not 100% safe but what are the odds? Anyway she's not going to get pregnant and I'm sure as heck not worried about AIDS. I sure don't have it and I know Julie doesn't. So we're free and clear. No problem.

FRANKIE

It's your choice.

(Passes the ball back to Rick)

RICK

What are you telling me? You don't like sex?

FRANKIE

Sure I do. It's just that I think I want to wait for that part of it.

RICK

You've got to be kidding. You mean you've never.....

(Taking the ball aggressively from Rick)

FRANKIE

I didn't say I never. It's just that I'm beginning to think that it's not such a stupid idea to wait . . . till you feel really sure you want to make a commitment. Something that's going to last.

(There's a pause. Frankie tosses ball back to Rick who twirls it on his finger during next line)

RICK

That's cool I guess. For you. (Pause) I'll pick you up around eight.
(Rick dribbles ball a couple of times.
Reaches in his pocket, pulls out wallet.)

Sure you don't want to change your mind?

FRANKIE

(Frankie shakes his head and smiles)

See you around eight.

(Rick begins to exit away from Frankie. Rick dribbles a couple of times in direction that he is going then passes the ball backwards over his head - a real "no look pass" - to Frankie. Rick walks off. Frankie dribbles ball a couple of times. Stops. Holds it and says to himself).

So she thinks I'm a stud.

(Exits twirling the ball on his finger.)

(Recorded music under recorded voices of parents' conversation with kids.
"I want you home by midnight. . . . Oh, Mom, everybody can stay out later than that." "Where is the party?" "Will her parents be home?" "I know you won't be drinking, but don't get into a car with anyone who is."

"Remember, son, better safe than sorry, if you know what I mean. <Guy to guy kind of laugh> Sure, dad, I know what you mean. You do?"

(Music up on party scene. Couples dancing. Frankie, Holly, Julie and Rick are UC talking. Others have filtered into scene during recorded voices at top of scene. A couple is hanging all over each other, obviously having had too much to drink. They stagger off together. Julie sees them leave.)

JULIE

I hope he's not driving Michelle home like that.

RICK

I think he's got other plans that don't include sitting behind a steering wheel. Anyway, Michelle, looks like she's pretty buzzed herself.

JULIE

I just hope she knows what she's doing.

RICK

Are you kidding? Neither of 'em knows what they're doing.

(Rick whispers in Julie's ear. It's time to make his big move.)

JULIE

(Pushing Rick away)

No.

RICK

So why not?

JULIE

For one thing, I'm not drunk.

RICK

(Teasingly)

Oh well, if that's all it's gonna take. . . .

JULIE

It's not that simple, Rick. There are a lot of things to think about.

RICK

I told you I'd take care of that. Anyway, we've been going out for six months. You know that you're the only one I want to be with. Look, as long as we use protection, there's nothing to worry about.

JULIE

You know I care about you Rick.

RICK

But not enough, right. I get it!

JULIE

Oh, come on, Rick. You know better than that.

RICK

O.K. . . . O.K. I know. (Pause) It's the AIDS thing, isn't it. Because of what they say about condoms not being completely safe. Look, Julie, you can trust me. I've never used a needle and (coming on to her) you know I'm not gay.

JULIE

Come on, Rick. You need some cooling off.

(Rick and Julie cross R and upstage of two girls who are sitting on a box talking. During this Rick and Julie are playing a "cat and mouse" game.)

GIRL 1

How do you know that she has AIDS? Maybe she just does volunteer work or something. You know like a candy striper.

GIRL 2

(Rick and Julie are still playing a "cat and mouse" game. It is Julie who begins to overhear the conversation.)

Because Trish picked her Mom up at the AIDS support center. You know where her mom works. She saw Holly. Holly didn't say anything. She just said "hi" and walked out of the place.

GIRL 1

So that means that Holly has AIDS?

GIRL 2

Trish said that the look on Holly's face was absolute shock - like she had been caught stealing or something.

GIRL 1

So that's why they moved here. Now it all makes sense. Oh my God, Holly and I just shared a coke in there.

GIRL 2

Are you crazy? You know that you can't get AIDS that way.

(The two girls return upstage to party not noticing that Rick and Julie have overheard their conversation. Julie is bewildered and angry. She doesn't want to believe what she has overheard and decides to tell Holly thinking that Holly will tell her that it's not true. Rick tries to stop her.)

RICK

You know that they're just jumping to conclusions. You don't believe it, do you?

JULIE

Of course I don't!

RICK

So forget about it. It's just stupid gossip!

JULIE

I can't just forget about it. I'm going to straighten this thing out right now!

(Julie returns to party as recorded music becomes very loud, making everything a pantomime. Julie interrupts Holly and Frankie's conversation. Julie takes Holly aside and tells her what she heard. It is obvious by Julie's reaction that Holly has told Julie that what Julie heard was true. At the same time Rick is telling Frankie. Frankie thinks Rick is joking around and playfully hits Rick on the shoulder as if to

tell him to knock it off. Music switches to heavy-metal, confused, wild, fast. . . . Kids walk slowly away from party and into various positions with backs to audience and Holly. Julie backs away from Holly. Holly remains center watching everyone leave her. Rick pulls Frankie away who tries to remain focused on Holly, but gives in to Rick and turns away also. Holly turns and moves DS and addresses audience.)

HOLLY

Now they know. It's funny, I feel relieved in a way.

(All players except Holly take positions on the platforms: two on SR, two on SL, three on CS platforms. All have backs to Holly who is sitting on DSR box facing out. During each of the following lines, each player turns DS and speaks line straight out, not speaking lines to each other or to Holly. After each line is spoken, the speaker turns around to the original position with back facing Holly.)

MICHELLE

I wonder how she got it.

JULIE'S MOTHER

Maybe you shouldn't get too close to her. You never know with these things.

A FATHER

I hope that you're going to stay away from that girl.

MICHELLE

But how do you think she got it?

GIRL 3

She probably slept with some druggie or some guy who is "bi."

BOY 1

At least she got it from a blood transfusion. I mean that's better than the other ways.

JULIE

What difference does it make how she got it?

RICK

(to Frankie)

Julie says she got it from a blood transfusion. Look man, you're safe, aren't you? I mean you didn't get together or anything. Right? So forget it. It's not like she's the only girl in the world.

FRANKIE

(With an "I don't care" tone which he doesn't really mean.)

Yeah, right. (Pause) So why do I feel like I just lost something special?

(Recorded music is played while Holly and others slowly exit. Julie moves to DSR box, and sits. Rick joins Julie at box.)

JULIE

I just don't understand your attitude. How can you be so cold? Maybe Frankie really likes Holly.

RICK

So where can it go? He's lucky he found out now before things got any hotter.

JULIE

Is that all you think about?

RICK

You really have a hang-up about sex, don't you?

(He realizes he has hurt her feelings.

This subject of sex is an old one with them. After a pause, . . .)

Look, I mean before he starts to really care about her, the way I care about you.

JULIE

And if you were HIV positive or I was, do you think that would be the only reason we wouldn't have sex?

(Sarcastically) After all, there's always a condom - safer sex and all that. Don't you understand, Rick, I'm just making a choice. And there is more to it than just deciding to be safe when it comes to AIDS, or getting pregnant, or anything else. Commitment just means a lot to me. And when I make that kind of a commitment, it's hopefully going to be forever.

RICK

Gee, where have I heard that before?

JULIE

What?

RICK

Never mind. We can argue about this another time. I just think that Frankie ought to stay away from her.

JULIE

The next thing that you're going to say is that I shouldn't be Holly's friend anymore.

RICK

Well, you're not really going to stay close friends with her, are you?

JULIE

I can't believe you're saying this. I thought I knew you.

RICK

Julie, she's got AIDS. That kills people. How do you know she's telling you the truth about how she got it anyway?

JULIE

There you go again. What difference does it make how she got it? Does that make it any better for her? She's still a human being

RICK

Maybe she got it from sleeping around with some druggie. They're the ones who are giving it to everyone anyway. They don't care about anyone else. All they care about is what makes them feel good.

JULIE

Sure. Maybe she got it from some guy who's gay. Why don't you blame them too?

(Pause) Why are you so angry about this, Rick? I've never heard you talk like this before.

RICK

Look, Julie, I gotta go. I'm sorry. I'll talk to you later.

(Julie angrily pulls away from him
and exits. Rick comes downstage and
talks to audience.)

I couldn't tell her. I've gone this long without anyone knowing. If she found out, what would she think of me? And what if the guys found out? I mean my own brother is gay. It was easy keeping it a secret, you know, 'cause he's ten years older than me and lives in the city. (Defensively) Well, some people don't understand about . . . you know . . . being gay. I'm having a hard enough time myself. I used to make jokes about gays. But now, he's got AIDS. My own brother has AIDS. Can you believe it? (Pause) Why did he let that happen? How could he let it happen? I really looked up to him when I was a kid. I don't even see him much anymore. I guess I don't want to see him. (Pause) I don't know what to say to him.

(On this last line, Rick is DL. Rick
turns, and exits UL.)

(As Rick is making his exit, Holly enters UR and crosses to DR position. Two Females and Rick's Brother enter and take positions in upstage area. One Female sits on a box. Rick's Brother sits on a box. Second Female stands at SL platform. Holly addresses audience.)

HOLLY

I've started coming here to the Support Center. It helps. I can talk about things and they understand how I feel.

(Turns upstage, facing support group,
and joins them.)

. . . So that's how the kids at school found out. Nobody is really saying anything to me about it. It's like nothing ever happened. I know it's because they don't know what to say. My best friend Julie said she felt really bad for me. She wanted to know if there was anything she could do. But, then, she hasn't called in three days.

FEMALE 1

You know, I like heard all that talk about not sharing needles. But I knew all of the people I shared with, and none of them was sick. At least not that I knew of.

FEMALE 2

I never used drugs my whole life. It was the first time I'd been away from home. College was really great. I was at this great frat party. I guess I had too much to drink 'cause I usually didn't do this kind of thing with a guy I just met, but he was really good looking. . . . Anyway, I went up to his room. It was only once. Do you know the odds are of getting it from just once? Well, I got the lucky number. I heard he died two months ago.

RICK'S BROTHER

I moved away from home. I figured it was the only way I could be happy, and it made it easier on my family. There had never been a gay person in the family before. Or at least as far as I knew. Since I got sick, my folks have been really understanding.

It's my kid brother who doesn't talk to me. I guess he forgot about all the fun we used to have when we were kids. Like back in high school when he used to come to football practice and watch. You know, he actually thought that I was the best running back there ever was. He was kind of like the team mascot 'cause he was always around so much. I remember when he fell off his skateboard and broke his arm, the whole team signed his cast. That meant a lot to him then. I meant a lot to him then. That seems like a long time ago.

(Female 1 and Rick's Brother exit UR while Holly and Female 2 cross DC and hug. Female 2 exits R. Holly turns L and sees Julie who has entered from DL.)

HOLLY

Julie! What are you doing here?

JULIE

I just wanted you to know that it doesn't matter. I know that I haven't talked to you much this past week, but I've been busy and . . . that's not true. I just wasn't sure how I felt. Then, Rick and I were talking, and I realized that this shouldn't change anything about our friendship. Just because you have this thing. I want you to know, Holly, I'm going to stand by you. You can count on me.

(They hug.)

Holly, Frankie says he tried to call you. You're not taking his calls.

HOLLY

It's better if we don't get anything started. I don't want to see him - I've been avoiding him.

JULIE

(Observing Frankie walk up behind Holly)

I think it's too late.

HOLLY

What do you mean?

(She sees Julie looking past her. She turns and sees Frankie)

How did you know that I was here?

FRANKIE and HOLLY

Julie.

JULIE

(Playfully defensive)

I don't tell Frankie everything. Only what I want him to know.

(Julie exits. Frankie and Holly stand somewhat awkwardly. Both break the ice at the same time and start to talk.)

FRANKIE/HOLLY

(Simultaneously)

FRANKIE: Look, I

HOLLY: I

(Both laugh, still uncomfortable)

FRANKIE

Look, Holly, I just want you to know that . . . it . . . you know . . .
ah . . . this thing . . . I mean . . . it doesn't make any difference. I mean, I
know it makes a difference. You know what I mean. Look I still want to
be your friend
. . . your good friend. I want to help, Holly. . .

(He reaches out and takes her hand)

if I can.

(He gives her a hug and they walk off together.)

(During following recorded rap, Julie enters with one girl. They are joined by two other girls. Holly joins them. Two of the girls back away upstage when they see Holly. They obviously do not want to have anything to do with Holly.)

(rap)

YOU MAKE THE CHOICE

IT'S UP TO YOU

YOU CAN FIGHT IT, DENY IT, SAY YOU

DON'T BUY IT.

ACT LIKE THERE'S NOTHING THAT YOU CAN DO

YOU CAN TURN YOUR BACK. AND HAVE NOTHING TO
SAY.

YOU CAN CHOOSE TO IGNORE IT. BUT IT WON'T GO
AWAY.

CHOICES. JUST TALKING 'BOUT CHOICES.

A CHOICE TO DO

A CHOICE TO NOT DO

BUT WHATEVER YOU CHOOSE

IT'S UP TO YOU.

CHOICES. JUST TALKING 'BOUT CHOICES.

(Julie and other girl stand in a freeze.
Two upstage girls who are obviously
gossiping about Holly also freeze.
Holly addresses audience.)

HOLLY

Most everyone knows by now. Some of the kids have been really understanding. Some are still . . . afraid of me, I guess. I know they're talking about me.

(Holly crosses upstage. Two upstage girls exit. Frankie enters to meet Holly. Julie, who is DR, addresses audience)

JULIE

Frankie has been really great to Holly. They go out a lot. I still see Rick but he never wants to go out with Frankie and Holly. I just can't tell Holly why. I can't tell her that Rick of all people can't accept her.

I sure wish we could all go out together. I just know that something is wrong. Rick hasn't been himself at all lately.

(Holly and Frankie exit UR. Julie exits DR)

(Rick appears upstage center on elevation)

RICK

(to audience)

It's all wrong. It wasn't supposed to happen this way. I know that AIDS kills. But this was too fast. I guess I hoped they would find a cure before it happened to him. I was going to talk to him. I mean he was my brother.

Okay, so I was mad, confused - I don't know. I didn't understand about his being gay so I took it out on Julie and Holly. I just wanted to work it through, to figure it all out.

Then my folks said he was getting really sick, really weak. They wanted me to go see him. I was afraid to see him like that. I wasn't ready.

Now, it's too late. Because he's gone. I'll never be able to tell him I loved him, that it didn't really matter about his being gay or that he had AIDS. What mattered was that he was my brother. And he was dying.

I did love him. I really did.

(Rick turns and faces upstage. He walks to Julie and Holly who have come on up-center during the last part of Rick's monologue. He puts his arm around Julie, and takes Holly's hand. They all walk off upstage.)

ENSEMBLE (Except Rick, Holly, Julie,
Frankie)

(rap)

YOU MAKE THE CHOICE - IT'S UP TO YOU

YOU CAN CHOOSE TO NOT

YOU CAN CHOOSE TO DO

BUT WHATEVER YOU CHOOSE

IT'S UP TO YOU.

SURE THERE ARE TIMES WHEN YOU DON'T HAVE A
CHOICE.

BUT THINK OF THE TIMES WHEN YOU DO.

(Rick, Holly, Julie, Frankie join
Ensemble)

WHEN YOU'VE GOT THE POWER.

YOU'RE IN CONTROL.

DON'T ABUSE IT, YOU'LL ONLY CONFUSE IT.

WHEN YOU'VE GOT A CHOICE, DON'T LOSE IT

RICK/HOLLY/JULIE/FRANKIE
Choices. Just talking 'bout choices.

ALL
Choices. Just talking 'bout choices.

END

REVISIONS TO SCRIPT

STATISTICS: (Precedes Rap)

CURRENTLY, THERE ARE ABOUT 250,000 CASES OF AIDS IN THE UNITED STATES.

AN ESTIMATED ONE MILLION AMERICANS ARE INFECTED WITH HIV.

ONE OUT OF 250 PERSONS NATION-WIDE IS BELIEVED TO BE INFECTED.

THERE ARE 40,000 CASES OF AIDS IN CALIFORNIA.

IN SANTA CLARA COUNTY, THERE ARE 1,000 CASES OF AIDS.

OF THOSE 1,000 CASES, 20% ARE IN THEIR TWENTIES.

THIS MEANS THEY WERE MOST LIKELY INFECTED WHEN THEY WERE TEENAGERS.

Rap Prologue**BOY #1**

You've got to be kidding!

BOY #2

No, Man. I mean it! She asked me if I'd been tested.
Things are moving along real smooth, ya know? and she stops
me cold and says . . .

GIRL #1

Have you been tested? and he says: "For what?"

GIRL #2

You've got to be kidding!

BOY #3

I can't get AIDS! I'm not gay!

GIRL #3

If it happened to him, it can happen to anyone!

GIRL #4

She said her cousin had it.

GIRL #5

I don't know anybody who has it!--I think?

HOLLY
(Revised monologue: January 1993)

Choices. It doesn't always work out that way. I didn't really have much of a choice coming here to Central High. Oh, I guess I could have stayed at my old school. But my parents thought it would be best if we just moved away before everyone found out.
(pause)

I remembered hearing about those kids who weren't allowed to go to school when people found out they were infected. I guess it would be pretty hard to go when people treat you like you have leprosy or something.

The first thing everyone wants to know when they hear about you is, how did you get it? The few people that heard about me before we left thought I got it from a blood transfusion. "How could Holly get it any other way? She's such a nice girl. She doesn't look the type."

Well there is no type. He didn't look like the type either. It was the summer of my sophomore year. I was so excited to get to work in that summer camp. He was a counselor too, and he was in college. He wanted to be a P.E. teacher. I guess I couldn't believe this guy really liked me. I don't know, there was just something about him. He was so good with the kids and he seemed so--perfect--you know. (pause)

We spent a lot of time together--a lot of time. I trusted him. I believed him. It just happened. I didn't think about anything. Choices!

He had told me in the beginning of the summer that he's been thinking about transferring to a college on the East coast. Well, the summer ended, and he left for the East coast. Then toward the end of my junior year we had a blood drive at school. So, I gave blood. A few weeks later I got notified that I was HIV-positive.

I felt like I had crashed into a brick wall when I found out. I was HIV-positive. This couldn't be true. I mean--he was the only guy I had been with and he wasn't sick or anything. How could I have gotten this?

Then we found out that he was infected. And he didn't tell me.

Well, anyway, right now I feel fine. I mean, I'm not sick at all. And I plan on staying that way as long as I can. It's just that they don't have a cure. And I always wanted to get married and have kids, you know?

My mom wants me to go to this group that they have--like a support group for people like me. Well, maybe I will. But I'm not sick. I'm not even mad anymore. I'm just scared.

I just want to forget about it. Everything's gonna be cool. It's gonna be cool.

Montage Scene

BOY #1 - **Maybe** she got it from a blood transfusion. . . .

RICK - (Delete: Julie says she got it from a blood transfusion.)

Fight Scene

RICK - . . . (Delete: How do you know she's telling you the truth about how she got it anyway?) Insert: Did she tell you the truth about how she got it?

Rick's First Monologue

RICK: (After: I used to make jokes about gays) Add: I guess I still do!

Support Group Scene

FEMALE 2 - I never used drugs my whole life. It was the first time I'd lived away from home. I was at this great party. I guess I had too much to drink 'cause I usually didn't do this kind of thing with a guy I just met, but he was really good looking. Anyway, we went into the bedroom. It was only once. Do you know what the odds are of getting it from just once? Well, I got the lucky number. I heard he died two months ago.

Frankie and Holly Reconciliation Scene

FRANKIE - Look, Holly, I just want you to know that . . . it . . . you know . . . ah . . . this thing . . . I mean . . . **about the HIV.** It doesn't make any difference.

HOLLY - Even though you know how I got it?

FRANKIE - Look, Holly, I still want to be your friend . . . your good friend. I want to help, Holly, if I can.

APPENDIX B

NOTES TAKEN DURING POST-PERFORMANCE DISCUSSION

TRANSCRIPT

ST FRANCIS HIGH SCHOOL - CHOICES SMALL GROUP PROCESS - APRIL 26
24 Selected Students from AM. performances, Sophomores & Juniors
Adults present: Bev Hilliard, Director; Mark Busbin, SFHS Tchr;
Terrie Iacino and 4 WCAC Members; Kelly Sherman, V.C.; and Michael
Fallon as recorder. CAST = member. B = Boy / G = Girl Responding.

BEV introduced purpose of gathering: to discuss sexuality and
HIV/AIDS beyond the play itself.

CAST opened discussion by asking for comments. No response.
Then asked about AIDS education received.

B: AIDS education is getting repetitive. We hear it alot. It is
good reinforcement I guess.

G: The play was a good format for education. It was on our level.
We also get more education in biology and health classes.

TERRIE: How many know any PWAs (persons with AIDS)? -10-

G: One young friend died from an HIV transfusion. (all got quiet)

CAST: There was a change of script from infection by transfusion
to infection by heterosexual intercourse.

CAST: The play asks, "does it make a difference how you get it?"

G: Yes, some persons and ways are considered "worse", from
transfusions are considered "victims."

CAST: People are treated differently.

G: I knew a theater director who was gay and got AIDS and he was
looked down upon and condemned by my friends.

G: Persons do look down on gays, and those gays with AIDS
reinforce the sterostype.

G: Gays have become the scapegoats who are blamed for AIDS, but
heterosexuals are the ones getting infected today.

WCAC: I'm a PWA from LA, disablled with heart disease and
arthritis, but I am always asked how I got AIDS! When asked, I
tell them how I got arthritis. Also there was an important point
made that an individual with AIDS also has an affect on the family.

G: Every line in the play was so typical, not outdated.

G: It does not matter how you got AIDS, you're gonna die.

BEV: Remember the first time you heard about AIDS. How have
you changed?

B: This seemed to be the new cancer, but it became a bigger role worrying about AIDS.

G: Seemed it would be a flash in the pan, but AIDS news stories went on for several months, then in the first year so many things were forced upon us we had to pay attention.

G: Seemed it was only among gays, but now among heterosexuals.

G. Hemophilia cases and other stories help me realize anyone could get AIDS.

G: My mother, a nurse, had a needle prick which caused us worry. So I learned about it through a medical approach which was helpful.

G: In grade school we learned how some treated the sick and lepers: we saw how Jesus would treat them.

BEV: When did we move from "them" to "we"?

G: When we found out anyone could get it.

G: We used "they" because it was scary and we did not want it. But now we are forced to say "we".

G. We say "they" until it touches our life.

G: I'd like to ask a different subject: what are symptoms to look for? CAST gave responses.

MF: Could we come back to what is effective education? We are the Church, a Catholic School. We teach abstinence. Is it effective?

G: Condom education is there for the majority who "do it", it's the minority who don't. My friends don't talk bout it though. And they don't think, or think we won't get it. We talk about STDs like chlamydia, and pregnancy, but not about AIDS.

CAST: Why not?

G: We don't think we'll get it. Yet, I know so many who sleep together. For example, my friend is still a virgin, but her new boy friend is known to be bisexual, She's only concerned about being on the pill, how naive.

Note: There is a high degree of interest and hands and attention.

CAST: What does it take (to get persons thinking safe)?

G: That's my question to you.

G: The high school student comes in with a mind set. Start education at an earlier age. Understand what it is that you. Sex

does have consequences. You're never too young to start to learn to protect yourself. At HS age getting a lecture is not effective, nor is being told over and over. Ideas are established. Adults need to learn that teens will drink and have sex.

G: Kids have already made these mistakes.

G. Getting HIV is too late (to learn from these mistakes).

WCAC: It's hard getting parents to understand. How do we get this point across to adults.

G. Explain it to them. I know girls who have sex at age 11. Distributing condoms is not adding to their having sex. It's already happening. Something needs to be done.

TERRIE: What do you say to your younger brother or sister? Do you talk with them, yes or no?

G. My brothers talk to me. He's made his mistakes.

G: My parents will ask us, me and my brother. We talk about what is right and wrong. My family does talk.

G. Families should be open. It is helpful if you have brothers and sisters. It is hard to talk to parents, because it gives them ideas about your personal life.

G: I am the oldest. I can talk, but my dad's best line is: "you don't need to understand; you don't do this."

G: In education we need to talk to kids earlier. Teachers must get parents approval to talk about sex. We need a scare or eye opener. We are too use to TV, there is no new shock to us. But there is a real need to be talked to by HS kids like this.

BEV: So we should get to younger kids? "yes!" We had a cancelation for two public junior highs, but we are playing at Sacred Heart to grades 6-7-8. Regarding HS talk, it is like propaganda that can be good. It raises consciousness. We do realize that HSers have a mind set. Should we teach abstinence only and expect to be successful? A show of hands? Response 0.

G: If you scare them enough (abstinence might work).

BEV: How do we do that?

G: Get a speaker or real person. Look for different ways.

G. The Church has been preaching abstinence since the dawn of time, and it's too threatening.

G. How many kids do listen to that?

G. How are you going to teach abstinence when kids go to movies, watch TV, and see idols "do it" all the time?

G. Society is so ignorant. I have the best communication with my parents, especially my mom. I can talk to her. Mom trusts me. Communication can make it so good.

G. Don't scare kids, but teach by reality. Don't say "you'll go to hell".

B: The reality is you're going to die if you get AIDS.

G. Parents don't understand, it did not happen to them.

MARK: I'd like to encourage others to speak before we close.

WCAC: As a parent, what a wonderful process this is, and what points you made. It was difficult for us. Parents don't believe kids are conjugal, "not my kids." We educated. We as parents would have nixed sex education in school. But today the Church has duty to get parents and people talking. It's not the 50s.

B: Parents now aren't (educating). But we will be when we are parents.

G. Yes, but if parents now don't learn - we won't be around. We won't have a future.

BEV: Education is happening as time goes on.

G. Even if we learn, people still make mistakes, like drugs in the 60s. They still do it. Like sex, no matter what is said, people still do it. It seems hopeless.

G. Parents like my mom did not have to worry. They did not have to deal with it then, so they cannot deal with it now. But parents must deal with it.

CAST: If abstinence is not the ideal, do we give condoms at school? Raise hands for condoms at school. Response was 20 of 24.

CAST: There are also cultural, Mexican things to think about. Parents don't understand what's needed. The paper (approval for sex ed) was not signed. We must deal with culture and background as well as our parents.

BEV: We appreciate this opportunity to talk. This is valuable. To end on a hopeful note, we have enlightened kids with a little more information than they had prior. Let's keep aware and keep on top of this. Keep talking with your friends.

APPENDIX C
WRITTEN RESPONSES OF SELECTED AUDIENCE MEMBERS

Harold Holden Ranch -

- A. What was said or done in the presentation that affects your attitude or beliefs about HIV and AIDS?
1. It made me think more about using protection.
  2. AIDS is scary, because I use to have a lot of sex.
  3. That you can't get AIDS from touching or sharing things such as room, food, toilet from a person who have HIV.
  4. I remember that getting AIDS is very easy, if you had AIDS you life is ruin.
  5. That sex and drugs are a common system of getting infected or being at risk.
  6. That you can't have AIDS unless someone such as your partner has it or you.
  7. When your friend and you know that someone has AIDS and you leave them, that's cruel.
  8. When you are going to do sex, just always use a condom.
  9. People with AIDS are just like you and they have feeling too.
  10. Nothing I already know that the presentation had to say.
  11. The whole play.

12. Dieing.
  13. Don't just go around sleeping with people you don't know.
  14. If you are going to have sex use protection. Talk to your partner before having sex.
- B. What was said or done in the presentation that will affect or change your behavior toward sex or homosexuality or AIDS?
1. I will get tested once a year.
  2. I will be careful next time and use a condom.
  3. I changed it by telling me to use a condom.
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William James Ranch -

- A. What was said or done in the presentation that affects your attitude or beliefs about HIV and AIDS?
1. The way the actors acted out the play about AIDS made me feel like I should take more precautions.
  2. The everyone can get it. Aids is not something to play with.
  3. It made me think about the AIDS plague and about our future and it answered a lot of my questions about AIDS.
  4. The way they show you it could happen to anyone. And that you wouldn't be able to tell if they were infected.
  5. The real life dramatization have a clearer picture of just how close it can come to you.
  6. The Japanese condoms are better than the U.S. condoms.
  7. It just made me more aware about how serious HIV is.
  8. Because those people could take time out to more educate the community why can't I.
  9. Nothing, I knew basically everything I need to know Education wise and compassion wise.

- B. What was said or done in the presentation that will affect or change your behavior toward sex or homosexuality or AIDS?
1. It was sacred to think if I have it. I know now that I can get it. But I get sacred thinking about me and the people I love.
  2. I will think before doing.
  3. It doesn't change sex but I still hate gays.
  4. I'll try not to become too mean to gays.
  5. Nothing will change my behavior because I already know that is said in the presentation.
  6. They said AIDS did not have a certain color race they hit the most it was "who ever"
  7. That everybody should know everything about that other person.
  8. I will be a lot more safer when I go out.
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APPENDIX D
TRANSCRIPT OF VIDEOTAPED INTERVIEWS
OF CAST MEMBERS

(QUESTIONER: Karen Birnie
BOY ONE: Demetrios Vorgias
GIRL ONE: Julie Petersen
BOY TWO: Marc Casto
GIRL TWO: Carolin Lopez)

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3 BOY ONE: WELL, MY CHARACTER'S NAME IS
4 RICK, AND HE'S KIND OF AN ALL AMERICAN KID. HE'S
5 SOMETIMES A JERK. BUT ALL AROUND, HE'S A PRETTY NICE KID.

6 HE HAS A PROBLEM. AND THAT PROBLEM IS HIS OLDER
7 BROTHER HAS, IS GAY AND IS HIV. THAT'S A BIG ONE. THOSE
8 ARE TWO BIG WHAMMIES RIGHT THERE, BECAUSE IN OUR SOCIETY,
9 BOTH THINGS ARE LOOKED DOWN UPON AND BOTH THINGS ARE
10 FEARED.

11 AND THE WAY HE DEALS WITH IT IS BY SHUTTING IT UP
12 INSIDE, AND HIDING IT, AND JUST LOCKING IT AWAY, AND
13 PUTTING OFF DEALING WITH IT, WHICH IS NOT UNUSUAL FOR A
14 HIGH SCHOOL KID TO DEAL WITH. AND HE JUST GOES ABOUT HIS
15 LIFE AND TRIES TO LEAD AN ORDINARY LIFE IN AN UNORDINARY
16 SITUATION.

17 I GO TO BELLARMINE, AND BELLARMINE, BEING AN ALL BOY
18 SCHOOL, THE HORMONES RAGE, AND I KNOW A LOT OF GUYS WHO --
19 I REMEMBER MY SOPHOMORE YEAR, WE TOOK A POLL IN MY CLASS,
20 AND WE HAD THREE QUARTERS OF THE CLASS, THEIR MAIN GOAL
21 WAS TO BECOME SEXUALLY ACTIVE. THEY DIDN'T USE THOSE
22 WORDS, BUT --

23 QUESTIONER: THEY WANTED TO GET LAID?

24 BOY ONE: GET LAID AND OTHER STUFF. AND
25 THEY WANTED TO BECOME SEXUALLY ACTIVE.

26 BUT I THINK THROUGH THIS PLAY AND THROUGH, YOU KNOW,

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3 EDUCATION, I KNOW THAT NOW AS A SENIOR, I CAN LOOK AT
4 THOSE PEOPLE, AND NOT SO MUCH WITH MY FRIENDS, I CAN LOOK
5 AT THEM, AND I CAN SAY, YOU KNOW, THEY KNOW IT'S OUT
6 THERE, SO EVEN IF THEY DO BECOME SEXUALLY ACTIVE, THEY
7 WILL TAKE PRECAUTIONS.

8 WELL. WHEN I FIRST BEGAN CHOICES, IT WAS REALLY BY
9 LUCK ACTUALLY, BUT I KNEW, I KNEW AIDS WAS OUT THERE. I
10 KNEW THE TECHNICAL STUFF. I KNEW WHAT IT DID. I KNEW THE
11 STATISTICS. I KNEW WHO WAS AT RISK AND WHO WASN'T. I
12 KNEW THE TECHNICAL SIDE OF IT.

13 THROUGH CHOICES, I GOT A MUCH MORE DETAILED LOOK AT
14 IT. I BECAME MORE, I BECAME ACQUAINTED WITH PEOPLE WHO
15 HAVE HIV, AND I SAW THE HUMAN SIDE OF IT, AND IT HAS
16 SENSITIZED ME TO JUST HOW TOUGH THESE INDIVIDUALS ARE TO
17 KNOW THAT AT ANY DAY THEY CAN DIE, AND THEY LIVE IT, AND
18 THAT THEY STILL GO ON WITH EVERY DAY LIFE.

19 AND THAT HAS INSPIRED ME, THAT HAS GIVEN ME STRENGTH
20 THAT WHEN I'M IN TROUBLE, THAT WHEN I HAVE A HARD TIME
21 DEALING WITH SOMETHING, I CAN ALWAYS LOOK BACK AND SAY,
22 WELL IF THESE GUYS CAN LIVE, AND BREATHE, AND DO ALL THE
23 THINGS OF AN ORDINARY LIFE WITH HIV AND WITH THAT KIND OF
24 HANDICAP, THEN I CAN GET THROUGH THIS.

25 SO IT HAS INSPIRED ME, AND IT HAS GIVEN ME STRENGTH
26 TO -- IT HAS GIVEN ME A HIGHER PURPOSE, IN NOT SO MANY

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3 WORDS.

4 GIRL ONE: I THINK WE HIT A FEW PEOPLE VERY
5 STRONGLY. LIKE SOME PEOPLE, YOU KNOW, WERE IN TEARS. AND
6 THEY JUST SAID THEY JUST DIDN'T REALIZE, THEY JUST NEVER
7 THOUGHT ABOUT IT. AND WHEN THEY SEE THE PLAY THEY JUST
8 LIKE, IT JUST KIND OF HITS THEM. LIKE "WOW, GOSH, THAT
9 COULD HAPPEN TO ME. THAT COULD HAPPEN TO ANYBODY."

10 I THINK THERE WERE SOME PEOPLE'S BEHAVIORS ARE
11 CHANGED NOT EVERYBODY'S. IT'S OKAY BY ME. IF WE SAVE
12 JUST ONE LIFE, THEN AND IT WAS WORTH IT.

13 BOY TWO: THE INDICATION I GOT WAS THAT
14 FROM HER, BY LISTENING TO THE PLAY AND THROUGH INTERACTION
15 WITH ME IN THE SMALL GROUP DISCUSSIONS WAS THAT NOW
16 BECAUSE SHE HAS THIS INFORMATION, SHE DOES WANT TO CHANGE
17 HER LIFE. IT WASN'T SOMETHING THAT WAS ORIGINALLY THERE TO
18 EXIST WITH, AND IT WAS JUST REALLY TOUCHING JUST HEARING
19 THIS AND WATCHING THIS.

20 THIS IS JUST THE BEGINNING OF TEACHING PEOPLE, AND
21 WE'VE ONLY KNOWN ABOUT THIS EPIDEMIC FOR WHAT, ABOUT A
22 DECADE, AND IT'S GOING TO LAST A LONG TIME, AND I'M JUST
23 HOPING THAT IF WE START TO TEACH PEOPLE NOW, THEY'LL
24 EVENTUALLY LEARN AND KNOW, AND WE CAN TRY TO WIPE IT OUT
25 EARLIER. BUT IT IS GOING TO BE A LONG WAY DOWN THE LINE
26 UNTIL WE GET ANYWHERE NEAR ALONG THOSE LINES. JUST HOPING

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3 THAT SOME DAY WILL COME WHEN IT'S SAFE. WHEN THEY HAVE A
4 CURE FOR IT IF THEY DO.

5 QUESTIONER: WHAT WAS YOUR MOST MEMORABLE
6 PERFORMANCE?

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7 BOY ONE: OKAY. MY MOST MEMORABLE
8 PERFORMANCE WAS WHEN WE PERFORMED IN FRONT OF A VERY ROWDY
9 GROUP OF KIDS WHO WERE IN PLACEMENT HOMES AT THE TIME.
10 THE WHOLE TOPIC WAS, THE WHOLE TOPIC MADE THEM NERVOUS.
11 AND AS THE PLAY KEPT GOING ON, THEY WERE LAUGHING THEY
12 WERE MAKING JOKES. AND JUST THE FACT THAT THEY WERE SO
13 ROWDY MADE PERFORMING DIFFICULT.

14 AND THEN TOWARD THE END OF THE PLAY, THINGS QUIETED
15 DOWN. THINGS BECAME, SUDDENLY BECAME MORE SERIOUS. THE
16 AUDIENCE STARTED GETTING DRAWN INTO IT, AND AT THE VERY
17 END, I REMEMBER AS I WALKED OFF THE STAGE AFTER MY LAST
18 MONOLOGUE, THEY GAVE AN OVATION. NOW, I DON'T KNOW IF IT
19 WAS TO ME OR TO THE PLAY. I HOPE IT WAS TO THE PLAY. BUT
20 EITHER WAY, CONSIDERING THAT THEY WERE LAUGHING, THEY WERE
21 LAUGHING AT THE MATERIAL THE WHOLE TIME, IT WAS, IT WAS
22 TOUCHING TO HEAR THEM, YOU KNOW, CLAP FOR US, AND THEN
23 WHEN WE TALKED TO THEM AFTERWARDS, THEY WERE REALLY
24 IMPRESSED.

25 THEY THOUGHT WE WERE GETTING PAID FOR THIS, WHICH WAS
26 ANOTHER SHOCKING EXPERIENCE. BUT JUST THE WHOLE CHANGE

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3 FROM LAUGHING AND BEING VERY FIDGETY AND NEVOUS TO
4 CLAPPING AND TALKING TO US OPENLY ABOUT AIDS, SEX, AND
5 EVERYTHING ELSE THAT THEY THOUGHT WAS TABOO AND DIDN'T
6 REALLY WANT TO TALK ABOUT WAS TOUCHING.

7 QUESTIONER: WHENEVER YOU ARE READY.

8 GIRL ONE: I CAN'T SAY THAT ANYTHING I
9 MORALLY FELT HAS CHANGED, BECAUSE I CAME IN WITH BASICALLY
10 THE SAME BELIEF THAT BEV ENCOURAGES US TO TEACH OTHERS.
11 THAT'S ABSTINENCE IS THE BEST POLICY, AND THAT'S WHAT I'VE
12 CHOSEN. BUT I DO THINK IT'S IMPORTANT TO TEACH OTHERS
13 THAT AREN'T GOING TO CHOOSE THAT, BECAUSE YOU CAN'T MAKE
14 OTHERS BELIEVE WHAT YOU BELIEVE, AND I DO THINK THAT TO ME
15 IT'S MORE IMPORTANT THAT THEIR LIVES ARE SAVED THAN THAT
16 THEY DON'T HAVE SEX.

17 GIRL TWO: I HAVE TO AGREE. I MEAN I'VE
18 ALWAYS HAD, MY MORAL BELIEFS HAVE ALWAYS BEEN ABSTINENCE
19 AND THAT KIND OF THING. AND SO WHAT THIS REALLY IMPACTED
20 ME MORE IN WAS GOING OUT AND REACHING OTHERS AND TRYING TO
21 GET THEM TO SEE IT, TOO.

22 I MEAN, BEFORE I ALWAYS BELIEVED IT MYSELF. BUT I
23 WASN'T VERY INTERESTED IN MAKING OTHERS CHANGE THEIR MINDS
24 ABOUT IT, BECAUSE TO ME IT WAS ALWAYS THAT'S THEIR
25 DECISION. BUT IT DIDN'T REALLY EVER OCCUR TO ME THAT THAT
26 DECISION COULD COST THEM THEIR LIFE.

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3 NOW THAT I'VE BEEN INVOLVED IN THIS, AND I KNOW THE
4 IMPLICATIONS OF NOT, BESIDES PREGNANCY THERE ARE SO MANY
5 OTHER THINGS OUT THERE INCLUDING HIV, AND IT JUST HELPS
6 JUST MAKES ME WANT TO MORE TRY AND CONVINCE MY FRIENDS TO
7 LIKE COME OVER TO MY SIDE OF IT SO.

8 QUESTIONER: DO YOU THINK YOU HELPED CHANGE
9 ANYBODY'S BEHAVIOR, THE AUDIENCE OR FRIENDS?

10 GIRL ONE: I THINK WE HIT A FEW PEOPLE VERY.
11 STRONGLY. LIKE SOME PEOPLE WERE IN TEARS. THEY SAID THEY
12 JUST DIDN'T REALIZE, THEY JUST NEVER THOUGHT ABOUT IT.

13 WHEN THEY SEE THE PLAY, THEY JUST LIKE IT KIND OF
14 HITS THEM LIKE, "WOW, GOSH, THAT COULD HAPPEN TO ME. IT
15 COULD HAPPEN TO ANYBODY."

16 AND I THINK SOME PEOPLE'S BEHAVIORS ARE CHANGED NOT
17 EVERYBODY. BUT IT'S OKAY WITH ME. IF WE SAVE ONE LIFE,
18 THEN IT WAS WORTH IT.

19 QUESTIONER: WHAT'S AN EXAMPLE? WHO WAS IN
20 TEARS, WAS IT THE AUDIENCE?

21 GIRL ONE: THERE'S BEEN SEVERAL PEOPLE. I
22 KNOW THERE'S ONE LADY AT THE PREVIEW, AND THERE'S BEEN
23 OTHER PEOPLE AT OTHER PERFORMANCES. I'M TRYING TO
24 REMEMBER.

25 BOY TWO: FOR EXAMPLE, LIKE SOMETHING LIKE
26 THAT AT ONE TIME DURING ONE OF THE SMALL GROUP

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3 DISCUSSIONS. ONE OF THE GIRLS WE WERE TALKING ABOUT IT,
4 SHE STARTED RELATING SOME OF HER OWN PERSONAL EXPERIENCES.
5 IT WAS GETTING PRETTY MUCH CLOSE TO TEARS. YOU COULD SEE
6 IT COMING OUT OF THE EYES. AND SHE WAS TRYING TO HOLD IT
7 BACK.

8 JUST SOMETHING LIKE THAT, JUST THE WHOLE ATMOSPHERE
9 OF THE SITUATION WAS SUCH THAT IT COULD DO IT TO HER.

10 QUESTIONER: COULD DO WHAT?

11 BOY TWO: THEY COULD BRING SUCH EMOTION OUT
12 TO HER.

13 QUESTIONER: SO THAT YOU TOUCHED HER.

14 GIRL TWO: I THINK A LOT OF PEOPLE, TOO,
15 EVEN IF THEY DON'T AT THAT TIME SHOW IT, THEY DON'T CRY OR
16 WHATEVER, IT STILL REALLY IMPACTS THEM IN A GREAT, YOU
17 KNOW, BIG WAY, BECAUSE THEN THEY GO AWAY, AND EVEN IF
18 THEY'RE JUST, IT JUST MAKES THEM THINK AND JUST MAKING
19 THEM THINK. YOU KNOW. THE MORE THEY THINK, THE MORE THEY
20 HEAR IT. THE MORE THEY'RE LIABLE TO CHANGE THEIR MINDS.
21 AND THE MORE IT WILL CHANGE THEIR ATTITUDE.

22 SO JUST EACH. THOUGH SOMETIMES ON THE SURFACE WE
23 DON'T, MIGHT NOT SEE THE IMPACT RIGHT AWAY, WE KNOW IT'S
24 THERE, AND WE KNOW IT'S GOING TO HIT THEM.

25 GIRL ONE: WE CAN TELL THOUGH THAT PEOPLE
26 ARE LISTENING TO US, BECAUSE THEY'LL START ASKING A LOT OF

QUESTIONS.

LIKE AT WHICH RANCH WAS IT? AT ONE OF THE RANCHES, THEY WOULD NOT STOP WITH THE QUESTIONS. WHAT WAS IT LIKE AN HOUR AND A HALF. THEY JUST KEPT COMING, AND COMING, AND COMING, AND YOU KNOW THAT THEY'RE LISTENING, AND THEY REALLY WANT TO KNOW.

AND WHEN THEY ASK THAT MANY QUESTIONS, THEN OBVIOUSLY YOU'RE GETTING THROUGH TO THEM, BECAUSE THEY'RE ASKING QUESTIONS SO THAT THEY CAN FORM AN OPINION THAT MAYBE SOME THINGS THEY THOUGHT WEREN'T QUITE RIGHT, AND THEY REALLY WANT TO KNOW.

QUESTIONER: ONE YOU CAN HOPEFULLY CHANGE SOMEONE'S BEHAVIOR.

GIRL ONE: YES.

QUESTIONER: WHAT ABOUT THE OTHER ASPECT OF THE PLAY, THE IDEA OF COMPASSION WITH DEALING WITH PEOPLE WITH HIV? HAVE YOU MADE AN IMPACT?

GIRL ONE: YES, I KNOW I HAVE CHANGED PEOPLE'S MINDS. THEY'LL START OUT, I MEAN THIS IS AN EXAMPLE. ONE LITTLE KID STARTED OUT BY SAYING, "OH, I'LL JUST KILL HIM."

QUESTIONER: EXPLAIN.

GIRL ONE: AND I SAID "WHAT?"

THE QUESTION WAS, WE HAD ASKED HIM, "WHAT WOULD YOU

DO IF YOU FOUND OUT ONE OF YOUR FRIENDS HAD HIV?" HE SAID, "I'D JUST KILL HIM."

THAT TO ME WASN'T AN ACCEPTABLE ANSWER. I'M ALL "NO. WAIT A MINUTE. YOU CAN'T JUST SAY THAT."

I STARTED ASKING MORE QUESTIONS. IT CAME OUT AT THE END THAT HE HADN'T REALLY THOUGHT ABOUT IT. THAT WAS JUST HIS FIRST REACTION, AND JUST BY BEING ABLE TO TALK WITH HIM, IT MADE HIM STOP AND THINK.

THIS HAS HAPPENED IN TALKING WITH OTHER PEOPLE AND OTHER GROUPS. THEIR REACTIONS WERE VERY SIMILAR.

LIKE IN ONE OF THE RANCHES, THEY SAID, "WE JUST WOULDN'T TALK TO THEM. WE'D ISOLATE THEM." I JUST SAID "WHY?" AND STARTED TALKING TO THEM. AND SUDDENLY THEY SAID WELL, THREE OUT OF THE FOUR OF THEM CHANGED THEIR MINDS AND SAID, "WELL, OKAY, MAYBE NOT. I GUESS I'D STILL BE HIS FRIEND."

SO JUST GETTING THEM TO STOP AND THINK ABOUT WHY THEY'RE MAKING THESE DECISIONS, BECAUSE IF THEY STOP AND THINK ABOUT WHY, MAYBE THEY'LL CHANGE THEIR MIND AND SEE THAT IT'S NOT REALLY LOGICAL JUST TO OUTCAST SOMEONE JUST BECAUSE THEY'RE SICK.

GIRL TWO: A LOT OF TIME, IT'S JUST THEIR FIRST REACTION. THEIR FIRST REACTION IS FEAR. AND THEY'RE SCARED. THEY KNOW THAT HIV AND AIDS CAN KILL YOU. AND

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3 IT'S THAT THAT HITS THEM TO BEGIN WITH, AND THEY DON'T
4 REALIZE HOW THIS OTHER PERSON IS FEELING UNTIL THEY
5 ACTUALLY STOP AND THINK ABOUT IT. WELL, YOU KNOW, HE'S
6 STILL A PERSON. AND SOME OF THEM JUST AREN'T INFORMED
7 EITHER. THEY DON'T EXACTLY KNOW HOW IT'S TRANSMITTED, AND
8 SO THAT REALLY SCARES THEM.

9 IT'S LIKE. YOU KNOW. THEY DON'T KNOW WHAT THEY SHOULD
10 DO, WHAT THEY SHOULDN'T DO. SO LIKE THAT TENDS TO MAKE.
11 THEM WANT TO ISOLATE THEM. SO THEY FIGURE IF I JUST DON'T
12 TALK TO THEM, IF I JUST DON'T HAVE ANYTHING TO DO WITH
13 THEM, THEN I'M SAFE, AND I DON'T HAVE TO WORRY ABOUT IT.

14 QUESTIONER: WHAT ABOUT THE PEOPLE YOU HAVE
15 MET AND WHO HAVE HIV? I KNOW YOU'VE GONE TO THE ARIS
16 PROJECT. WHAT KIND OF EXPERIENCE IS THAT FOR YOU TALKING
17 TO PEOPLE WHO LIVE WHAT YOU ARE TRYING

18 GIRL ONE: IT'S BEEN REALLY GOOD. THEY'RE
19 REALLY COOL PEOPLE. THEY'RE REALLY POSITIVE, AND IT
20 MAKES YOU SEE THAT HIV ISN'T THE END -- I MEAN, IT ISN'T
21 LIKE THE END OF LIFE.

22 A LOT OF PEOPLE GO, "IF I GOT IT, I'D JUST COMMIT
23 SUICIDE." THEN YOU CAN SAY, "WELL, NO, WE MET PEOPLE, AND
24 THEY'RE HAVING A REALLY FULFILLING LIFE WHILE LIVING WITH
25 THIS DISEASE. AND THEY ARE GOING OUT AND LIVING THE BEST
26 THAT THEY CAN."

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3 AND SO WHEN PEOPLE SAY -- THAT'S ANOTHER WAY OF
4 DISCOURAGING PEOPLE WHO SAY "IF I GOT IT, I'D JUST COMMIT
5 SUICIDE." YOU'RE GOING, "NO" YOU KNOW.

6 AND I KNOW THEY'VE REALLY HELPED US, TOO, JUST WITH
7 EVERYTHING, BEING ABLE TO ANSWER OTHER PEOPLE'S QUESTIONS,
8 AND JUST A LOT.

9 QUESTIONER: YOU TALK ABOUT THAT AND EXPLAIN
10 IT, BECAUSE THEY'RE NOT GOING TO HEAR ME.

11 GIRL TWO: THE PEOPLE THAT WE'VE MET THROUGH
12 ARIS PROJECT. AND AT OTHER THINGS, THAT HAVE HIV AND AIDS,
13 THEY REALLY HELPED US LIKE SEE IT FIRST HAND.

14 I MEAN, FOR ME AT LEAST, I NEVER MET ANYBODY BEFORE,
15 AT LEAST NOT THAT I KNEW OF, BEFORE I STARTED DOING
16 CHOICES, THAT WAS HIV POSITIVE, AND THEN MEETING THESE
17 PEOPLE, IT'S JUST A WONDERFUL EXPERIENCE, BECAUSE THEY'RE
18 THERE, AND THEY'RE LIVING WITH HIV. AND THAT'S THE
19 IMPORTANT THING.

20 THEY'RE GOING OUT, THEY'RE EXERCISING REGULARLY.
21 THEY'RE JUST HAVING FUN AS IF, YOU KNOW, THEY'RE JUST
22 LIVING THEIR LIVES WITH HIV.

23 I MEAN, THEY CAN'T PRETEND IT DOESN'T EXIST, BECAUSE
24 THERE'S SO MANY MEDICATIONS AND STUFF THAT THEY'RE ON.
25 BUT WHEN YOU LOOK AT THEM, YOU WOULD NEVER KNOW. THEY'RE
26 JUST SO SPIRITED AND SO, SO HAPPY, YOU KNOW, THAT YOU

COULD NEVER REALLY TELL.

QUESTIONER: SOME OF THE BARRIERS THAT YOU MIGHT HAVE HAD. IT'S ONE THING TO KNOW WHAT'S OUT THERE. IT'S ANOTHER THING TO MEET PEOPLE.

BOY TWO: OH YEAH.

GIRL ONE: I CAN SAY WHEN I FIRST WENT INTO THIS, I ALWAYS SAID "OH, I KNOW I WILL NOT BE PREJUDICE OR BE SCARED OF SOMEONE WHO HAS AIDS OR HIV." BUT YOU KNOW. PEOPLE ALWAYS SAY, "WELL, YOU'LL NEVER KNOW. YOU'LL NEVER KNOW UNTIL YOU'VE MET SOMEONE."

WELL, NOW I CAN SAY I DID MEET SOMEONE, AND NOW I STILL KNOW IT'S THE SAME. NOW I CAN SAY, WHEN PEOPLE SAY, "WELL, HOW DO YOU KNOW?" YOU CAN SAY, "YES, YOU CAN MAKE THIS DECISION WITHOUT KNOWING." BECAUSE I CAN SAY I KNEW, AND IT WAS THE SAME.

SO, I DON'T KNOW. IT HELPED THOUGH TO MEET THE PEOPLE SO THAT YOU KNOW IT YOURSELF, TOO.

GIRL TWO: WHEN I FIRST DID THIS, I DIDN'T KNOW WHAT TO EXPECT WHEN I MET ANYBODY WITH HIV, BECAUSE I NEVER MET ANYBODY BEFORE, AND I WAS A LITTLE BIT YOU KNOW, HESITANT AT FIRST, BECAUSE I DIDN'T KNOW WHAT TO SAY, YOU KNOW, OR HOW TO ACT, OR ANYTHING LIKE THAT.

THEN ONCE I GOT TO MEET THEM, YOU KNOW, THEY'RE JUST ORDINARY PEOPLE. YOU JUST ACT LIKE YOU WOULD WITH YOUR

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3 FRIENDS. IT'S NO CHANGE.

4 BOY TWO: YEAH, ONE PERSON MADE IT REALLY
5 EASY. LAST YEAR I REMEMBER JUST HEARING ABOUT TIM, THIS
6 ONE GUY, I WON'T SAY HIS NAME. BUT HE'S JUST LIKE THIS
7 STIGMA OF THE GROUP, THIS GREAT PERSON OF THE GROUP. WHO
8 IS THIS GUY?

9 THEN ONE DAY WE MEET HIM. HE JUST LIKE RUNS IN,
10 GIVES EVERYBODY A HUG. HOW ARE YOU DOING? HOW ARE YOU.
11 DOING? JUST A GREAT PERSON, JUST REALLY LIVELY.

12 IT'S, YOU KNOW, YOU HAVE HIV, THAT'S NOT THE WAY
13 YOU'RE SUPPOSED TO BE. YOU ARE SUPPOSED TO BE SICK. AND
14 MORBID. AND UNHEALTHY. BUT HE'S JUST LIVELY AND ENERGETIC
15 AS CAN BE.

16 GIRL ONE: OR YOU THINK THEY ARE GOING TO BE
17 TOTALLY DOWN ON LIFE. YOU HAVE THIS OPINION THAT ANYBODY
18 WHO KNOWS THEY'RE GOING TO DIE IS GOING TO BE THE MOST
19 DEPRESSING PERSON TO BE AROUND. AND THEN YOU MEET THESE
20 PEOPLE. THEY'RE PROBABLY THE MOST LIVELY PEOPLE AND THE
21 MOST POSITIVE PEOPLE YOU'LL MEET, AND YOU'RE JUST LIKE
22 WOW, IF THEY CAN BE POSITIVE, AND THEY'RE LIVING WITH HIV,
23 THEN, WOW, THAT SURE SAYS SOMETHING TO ME ABOUT BEING
24 POSITIVE.

25 QUESTIONER: SO ON AN INTERPERSONAL LEVEL, HOW
26 DID YOU GET THAT ACROSS IN THE PLAY OR WITH THE QUESTIONS

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3 AND ANSWERS? I DON'T KNOW IF I'M MAKING MYSELF CLEAR
4 HERE. LIKE IF ANYTHING YOU'VE GOT A MESSAGE OF HOPE ALONG
5 WITH THIS, THAT YOU CAN LIVE A NORMAL LIFE, THAT YOU CAN
6 HAVE A NORMAL RELATIONSHIP.

7 GIRL ONE: ACTUALLY WE USE THEM A LOT FOR
8 EXAMPLES. LIKE WHEN PEOPLE MAKE THESE STATEMENTS ABOUT,
9 AND YOU CAN SAY, "NO, I KNOW SOMEONE, AND THAT'S NOT HOW
10 IT IS."

11 I KNOW PEOPLE AND THAT'S NOT HOW IT IS. SO THAT'S
12 ANOTHER GOOD REASON

13 QUESTIONER: COULD YOU BE SPECIFIC.

14 GIRL ONE: I'M TRYING TO THINK OF SOMETHING.
15 JUST, THEY'LL MAKE GENERALIZATIONS. I'M TRYING TO THINK
16 OF ONE.

17 BOY TWO: YEAH, SOME OF THE PLACES WHERE
18 WE'VE HAD SMALL DISCUSSIONS, SOME OF THE SCHOOLS WITH
19 YOUNG KIDS. THEY SAY "THEY'RE ALL SICK." OR "THEY ALL OF
20 ALL THESE SCABS AND THIS STUFF IN THEIR MOUTH."

21 WE'RE LIKE, "NO." IN FACT, MOST OF THE PEOPLE WE
22 KNOW, THEY WEREN'T THAT WAY. YOU WOULD NEVER BE ABLE TO
23 LOOK AT THEM AND TELL. THEY JUST SEEM ABSOLUTELY HEALTHY,
24 SEEM ABSOLUTELY NORMAL UNTIL SOMEONE TELLS YOU, "OH,
25 THEY'RE INFECTED, " YOU'RE CLUELESS.

26 GIRL ONE: OR PEOPLE THINK THEY'RE ALL

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3 HOMOSEXUALS. THEY THINK THEY'RE ALL GAY MEN. YOU'RE
4 GOING, "UH-HUH, UH-HUH. WE'VE MET PEOPLE WHO ARE MARRIED
5 AND WOMEN."

6 YES, YOU CAN SAY RIGHT THERE, "UH-HUH, I KNOW PEOPLE
7 WHO AREN'T." AND THEN THEY'RE JUST, REALLY, WOW.

8 OH, YOU CAN KIND OF CHANGE THEIR MINDS ABOUT THESE
9 DECISIONS THEY'VE ALREADY MADE UP IN THEIR MIND. YOU CAN
10 KIND OF GO AND CHANGE THEIR MINDS A LITTLE ABOUT THAT AND.
11 PROVE TO THEM THAT THOSE MISCONCEPTIONS AREN'T RIGHT.

12 QUESTIONER: BEING THAT TEENAGERS ARE REALLY
13 AT RISK, CAN YOU TALK ABOUT THAT AS FAR AS GETTING OVER
14 SOME OF THESE STEREOTYPES. THEY MIGHT THINK THEY'RE NOT
15 AT RISK BECAUSE THEY'RE STRAIGHT, BECAUSE THEY'RE WOMEN.

16 GIRL TWO: WELL, I THINK THE PLAY ITSELF
17 REALLY HELPS TO GET OVER THOSE STEREOTYPES, BECAUSE LIKE
18 THE CHARACTER. HOLLY. WHO GETS HIV. YOU KNOW. SHE'S A
19 YOUNG GIRL. YOU KNOW. SHE'S REGULAR, YOU KNOW,
20 HETEROSEXUAL GIRL. AND SHE GETS IT THROUGH SEX. AND I
21 THINK, AND THEN. YOU KNOW. THERE'S OTHER PEOPLE IN THE
22 PLAY. THERE'S ANOTHER GIRL WHO IS OLDER. AND YET SHE HAS
23 IT, AND YOU KNOW.

24 IT HELPS FOR PEOPLE WHO SAY LOOK AT HER, YOU KNOW,
25 SHE'S JUST LIKE ME, AND SHE GOT IT, TOO. AND IT REALLY
26 HELPS FOR PEOPLE TO SEE THAT IT'S NOT JUST GAYS OR

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3 WHATEVER.

4   THOUGH. I THINK A LOT MORE. NOW A DAYS. THAT
5 STEREOTYPE IS BEING BROKEN DOWN. BECAUSE MORE WOMEN AND
6 MORE OTHER AGE GROUPS. AND OTHER SEXES ARE COMING FORTH
7 AND SAYING THAT "I'M HIV POSITIVE." AND IT'S BEING MORE
8 BROUGHT OUT IN THE MEDIA. SO I THINK AT LEAST THAT
9 STEREOTYPE IS BEING BROKEN DOWN.

10   QUESTIONER: HOW DO THE AUDIENCES' REACT TO.
11 YOU OFTEN GET ASKED DO YOU GET PAID FOR THIS? WHY ARE YOU
12 DOING THIS? DO YOU KNOW, HAS YOUR FAMILY GOT HIV? DO YOU
13 HAVE HIV? TALK ABOUT THAT.

14   GIRL TWO: I REMEMBER ONE TIME, I CAN'T
15 REMEMBER WHO IT WAS, BUT SOMEBODY ASKED, "DO YOU GET PAID
16 FOR THIS?" WE SAID, "NO." THEY'RE LIKE "OH MY GOD!"
17 THEY'RE LIKE TOTALLY SHOCKED. THEY'RE LIKE, "WHY ARE YOU
18 DOING THIS?"

19   GIRL ONE: WHY DO YOU DO THIS?

20   GIRL TWO: YOU ARE STILL DOING THIS? WHY DO
21 YOU DO THIS? YOU'RE NOT GETTING PAID? THEY DIDN'T
22 UNDERSTAND. YOU KNOW, WHY WOULD WE WANT TO DID THAT.

23   BOY TWO: THE. BY THE MATTER OF FACT I'M
24 TELLING THEM WE'RE DOING THIS VOLUNTEER WORK. IT SHOCKS
25 THEM.

26   IT SHOWS THAT WE REALLY CARE. IT'S SOMETHING THAT'S

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3 PERSONAL TO US. WE GIVE A LOT OF TIME TO THIS PROJECT.
4 IT'S SOMETHING THAT'S DEEP WITHIN OUR LIVES, WITHIN OUR
5 HEARTS. AND IT JUST LIKE BRINGS THEM, IF IT'S THAT
6 IMPORTANT TO THEM. MAYBE THERE'S SOME CREDENCE. AND I
7 SHOULD LISTEN TO THEM. THEY HAVE SOMETHING SOME SAY.

8 GIRL ONE: PEOPLE DON'T ALWAYS ASK DO YOU GET
9 PAID. SOMETIMES THEY GO HOW MUCH DO YOU GET PAID? THEY
10 JUST ASSUMED YOU GET PAID.

11 WE'RE ALL LIKE, WE DON'T GET PAID. THEY'RE ALL JUST
12 LIKE -- IT IS.

13 REALLY, THEY JUST CAN'T UNDERSTAND WHY WE DO THIS.
14 AND THEN WE JUST TELL THEM WHY, THAT DOES, LIKE THEY SAID.
15 IT REALLY DOES MAKE A DIFFERENCE TO THEM ABOUT THE WAY IT
16 AFFECTS THEM WHEN THEY KNOW YOU'RE NOT GETTING PAID FOR
17 THIS, AND THAT YOU HAVE OTHER REASONS FOR DOING THIS LIKE
18 GOING OUT AND TRYING TO EDUCATE PEOPLE. THEN IT MAKES
19 THEM THINK, TOO.

20 BOY TWO: AND AS IN THE PERSONAL
21 RELATIONSHIPS, PEOPLE DURING THE CAST CAME FOR ALL
22 DIFFERENT REASONS. SOME PEOPLE KNEW PEOPLE WHO WERE
23 LIVING WITH HIV. ONE EXMPLE, IT WAS HER UNCLE, NO IT WAS
24 HER UNCLE. NO IT WAS HER BROTHER.

25 GIRLS: UNCLE.

26 BOY TWO: UNCLE. OKAY. FOR JUST A WHOLE

VARIETY OF REASONS, AND IT'S JUST ENOUGH TO MOTIVATE US TO COME AND JUST DO THIS PROJECT.

QUESTIONER: FOR SOME OF YOU, YOU KNEW A TEACHER OR SOMEONE MENTIONED BEFORE.

GIRL ONE: BEV WENT AROUND TO THE SCHOOLS RECRUITING PEOPLE. AND I THINK SOME PEOPLE GOT INTERESTED THAT WAY. SHE DIDN'T COME TO MY SCHOOL. I GOT IN IT THROUGH A FRIEND.

BUT JUST EVERYBODY CAME FOR DIFFERENT REASONS, AND EVEN WHEN BEV WENT RECRUITING, PEOPLE STILL DECIDED TO ACTUALLY GO OUT AND START THE PROCESS OF GETTING INTO THE PLAY FOR THEIR PERSONAL REASONS, BECAUSE IT HAD TO EFFECT THEM IN A CERTAIN WAY.

EVERYBODY HAD A DIFFERENT REASON THAT PERSONALLY WHY THEY WANTED TO COME OUT AND GET INVOLVED.

QUESTIONER: YOU WERE ALL ESSENTIALLY PICKED BECAUSE OF YOUR COMMITMENT TO THE CAUSE TO TEACHING.

GIRL TWO: RIGHT, WE ALL WENT THROUGH AN INITIAL LIKE INTERVIEWING PROCESS. WHERE, I MEAN, YOU DIDN'T AUDITION FIRST, YOU GOT INTERVIEWED FIRST, AND SO SHE FOUND OUT, YOU KNOW, WHY YOU WERE INTERESTED, AND IF IT WAS POSSIBLE FOR YOU TO EVEN DO THIS, BECAUSE IT IS SUCH A LARGE COMMITMENT. AND THEN AFTER YOU WENT THROUGH THAT ENTIRE PROCESS OF INTERVIEWS, THEN YOU WENT TO THE

AUDITIONS.

I MEAN THAT ITSELF SPEAKS FOR THE REASON WHY PEOPLE ARE GOING TO DO THIS. IT'S NOT BECAUSE OF ACTING. I MEAN, YEAH, SOME PEOPLE MIGHT HAVE LIKE IN THE BACK OF THEIR MINDS THAT, TOO. BUT IT HAS TO BE MAINLY FOR THE CAUSE OF AIDS, BECAUSE THIS IS SO MUCH WORK. IT'S NOT JUST GOING TO LIKE A SCHOOL PLAY AND JUST DOING THAT. I MEAN IT'S A LOT DIFFERENT. IT'S A LOT MORE WORK. YOU PUT IN SO MUCH EDUCATION BOTH AS A GROUP AND ON YOUR OWN. YOU KNOW.

GIRL ONE: FOR THE FIRST TWO MONTHS. ALL YOU DO IS JUST EDUCATION. YOU DON'T EVEN START THE PLAY UNTIL, GOSH, AFTER LIKE AT LEAST A COUPLE MONTHS, AND ALL YOU'RE DOING IS GOING IN THERE AND JUST LEARNING.

AND LIKE WE HAD PEOPLE COME IN LIKE THE, ANOTHER CAST MEMBER, HER UNCLE THE ONE WHO HAD IT, CAME IN AND TALKED TO US, AND JUST TALKING WITH OTHER PEOPLE. AND WE WENT TO THE AIDS TRAINING SEMINAR. THAT'S WHERE WE MET SOME OF THE PEOPLE WHO ARE LIVING WITH HIV.

SO YOU REALLY, IT ISN'T JUST ACTING. YOU GO IN AND YOU DON'T EVEN TOUCH ACTING FOR A WHILE.

GIRL TWO: EVEN WHEN YOU COME OUT, YOU'RE STILL LEARNING. BECAUSE I KNOW NOW WHENEVER I'M FLIPPING THROUGH ANYTHING, AND I SEE ANYTHING THAT HAS TO WITH HIV

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3 OR AIDS, LIKE YOU AUTOMATICALLY STOP OKAY AND READ IT.
4 YOU'RE EITHER FLIPPING THROUGH THE CHANNELS AND YOU HEAR
5 SOMETHING, WAIT WHAT WAS THAT? YOU GO BACK, BECAUSE NOW
6 IT'S SO MUCH PART OF OUR LIVES. YOU JUST KEEP LEARNING
7 AND KEEP LEARNING. BECAUSE THERE'S SO MUCH INFORMATION.
8 THERE'S NO WAY ANYBODY CAN LEARN EVERYTHING THERE IS TO
9 KNOW. SO YOU JUST HAVE TO -- IT'S A CONTINUAL PROCESS.

6
10 QUESTIONER: WHAT DO YOU FEEL IS UNIQUE AND.
11 SPECIAL ABOUT THIS PROJECT?

12 BOY TWO: THE MAIN THING I WOULD SAY IS
13 BASICALLY IT'S BY TEENS FOR TEENS. IT'S NOT SOME ADULT
14 EDUCATOR. YOU KNOW, WITH A LOT OF KNOWLEDGE COMING AND
15 TELLING PEOPLE, AND HE OR SHE WOULD HAVE A LOT TO GIVE.
16 BUT THE LISTENING AND THE RESPONSE ISN'T AS MUCH THERE.

17 BY THE FACT THAT WE ARE THE SAME GROUP, THE SAME AGE.
18 THERE IS MORE RESPONSE. PEOPLE TEND TO MORE LISTEN TO US.
19 AND ALSO THE FACT THAT WE VOLUNTEER ADDS A LOT MORE
20 CREDENCE TO WHAT WE'RE SAYING AND WHAT WE'RE DOING.

21 PEOPLE ACTUALLY START LISTENING TO US.

22 GIRL ONE: LIKE WHEN WE WENT TO SAINT
23 FRANCIS, I KNOW THAT THEY TOLD US THAT THE WAY IT WAS
24 PRESENTED, THROUGH A PLAY, THAT THAT MADE IT A LOT EASIER
25 TO LISTEN.

26 BECAUSE THEY SAID THEY HAD GUEST SPEAKERS, BUT THEY

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3 SAID THAT THEY JUST GOT SO BORED. BECAUSE IT'S JUST
4 SOMEONE UP THERE TALKING AT YOU. WHEN YOU'RE WATCHING
5 LIKE A DRAMATIC PLAY, IT'S MUCH EASIER WHEN THE
6 INFORMATION IS COMING OUT THROUGH THE PLAY TO REALLY HEAR
7 IT AND TO LISTEN TO IT. AND SO PEOPLE JUST THE WAY IT'S
8 PRESENTED, IT'S PRESENTED IN A CREATIVE, INTERESTING WAY
9 SO PEOPLE HEAR THE INFORMATION.

10 GIRL TWO: IT'S ALSO PRESENTED IN A RELATIVE
11 WAY TO LIKE, YOU KNOW, THEIR LIVES. YOU KNOW, WHEN THEY
12 SEE TWO PEOPLE TALKING ABOUT IT, YOU KNOW, THAT ARE JUST
13 LIKE THEM. THEY'RE JUST HANGING OUT, AND IT JUST HAPPENS
14 TO COME UP IN THE CONVERSATION WHEN THEY'RE TALKING ABOUT
15 SOMETHING, AND THEY CAN RELATE MORE TO THAT.

16 THEY CAN SAY. "HEY, I'VE HAD ONE OF THOSE
17 CONVERSATIONS." OR "I'VE BEEN IN THAT POSITION BEFORE."
18 AND IT HITS HOME A LOT BETTER THAN IF SOMEBODY WERE JUST
19 SAYING THE EXACT SAME STUFF, BUT JUST SAYING IT AT THEM
20 INSTEAD OF LIKE TALKING TO SOMEBODY ELSE.

21 IT'S KIND OF LIKE YOU ARE EAVESDROPPING, AND YET
22 YOU'RE LEARNING ALL THIS INFORMATION AT AT SAME TIME.

23 GIRL ONE: AND PEOPLE HAVE TOLD US, THEY
24 SAID, "OH MY GOSH, THAT WAS SO MUCH LIKE STUFF THAT'S
25 HAPPENED. OH MY GOSH." AND THEY'RE JUST LIKE IN SHOCK
26 THAT SCENES IN THE PLAY ARE EXACTLY LIKE STUFF THAT'S

HAPPENED TO THEM IN REAL LIFE.

QUESTIONER: WHO SAYS THIS?

GIRL ONE: OH, LIKE WE HAD A BIG DISCUSSION GROUP AT SAINT FRANCIS. THAT WAS ONE OF THE PLACES THAT PEOPLE TOLD US THAT WAS SO MUCH LIKE HOW IT WAS. THEY SAID, "THAT'S JUST HOW IT IS AT SCHOOL. PEOPLE SIT AROUND AND TALK LIKE THAT, AND THESE SAME EXACT TYPE THINGS ARE SAID."

GIRL TWO: AT THE AIRS PROJECT, I WAS TALKING TO ONE OF THE WOMEN, AND SHE WAS IN HER EARLY 20'S, AND SHE SAID THAT THE HOLLY CHARACTER UP THERE WAS JUST LIKE HER, AND SHE WAS LIKE, SHE WAS JUST AMAZED.

SHE WAS SITTING THERE WATCHING IT, AND SHE WAS JUST SO AMAZED THAT THIS PERSON RELATED SO MUCH TO HER. SHE WAS LIKE YEAH. WHEN SHE WAS TALKING ABOUT MARRIAGE AND EVERYTHING. I THOUGHT THOSE EXACT THINGS. YOU KNOW AND THOSE WERE THE SAME IDEAS THAT WERE GOING THROUGH MY HEAD WHEN I FIRST OUT. YOU KNOW. I WAS ANGRY. BUT THEN I UNDERSTOOD. YOU KNOW. THAT IT'S REAL. BECAUSE PEOPLE HAVE GONE THROUGH THE EXACT SAME THING.

QUESTIONER: DO THE CHARACTERS KEEP GROWING AS YOU GO THROUGH THE PLAY?

GIRL ONE: I THINK JULIE, THE CHARACTER JULIE IS A PRIME EXAMPLE OF SOMEONE WHO GROWS THROUGH THE

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3 PLAY. SHE STARTS OUT SHE'S A VERY BUBBLY PERSON. VERY
4 LIVELY. NOT SO SERIOUS. AND TOWARDS THE END. AS THE PLAY
5 GOES ON, SHE BECOMES MUCH MORE SERIOUS. AND SHE REALLY
6 DOES GROW INSIDE. AND SHE ACCEPTS, YOU KNOW, HOLLY WITH
7 AIDS, AND SHE -- OR WITH HIV, I GUESS, HOLLY DOESN'T HAVE
8 AIDS YET. SHE DEALS WITH IT, AND SHE DOES GROW
9 INTERNALLY.

10 GIRL TWO: ALSO ONE OF THE CHARACTERS, RICK,
11 WHOSE BROTHER DIES OF AIDS IN THE PLAY, HE AT THE
12 BEGINNING, YOU KNOW, STARTS OFF NOT WANTING TO ACCEPT IT,
13 NOT WANTING TO EVEN THINK ABOUT IT, TALK ABOUT IT OR
14 ANYTHING. AND YET HIS BROTHER IS DYING FROM HIV.

15 AND BY THE END OF THE PLAY, HIS BROTHER HAS DIED, AND
16 INSIDE, BY GOING THROUGH THESE TALKS WITHIN HIMSELF, LIKE
17 HIS MONOLOGUES AND STUFF, HE'S LEARNING HOW TO ACCEPT HIS
18 BROTHER, AND HE DEFINITELY GROWS AS A PERSON, FROM
19 STARTING OFF FROM SOMEBODY WHO DOESN'T EVEN WANT TO TALK
20 ABOUT IT. DOESN'T WANT TO LISTEN TO ANYTHING THAT HAS TO
21 DO WITH IT. TO SOMEBODY WHO'S. YOU KNOW, REALLY REALLY
22 AFFECTED BY IT AND KNOWS THAT HE HAS TO ACCEPT IT.

23 GIRL ONE: AND IN THE END. HE ACCEPTS HOLLY.
24 AT THE BEGINNING OF PLAY. HE WOULD NOT ACCEPT HOLLY. HE
25 DIDN'T WANT TO HAVE ANYTHING TO DO WITH HER. YOU CAN TELL
26 THAT HE'S GROWN AS A PERSON, BECAUSE HE ACCEPTS HOLLY.

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3 QUESTIONER: IS THERE ANYTHING WE HAVEN'T
4 COVERED HERE? ANYTHING YOU WANT TO TALK ABOUT? ANY
5 PERSONAL ANECDOTES ABOUT PERFORMANCES OR AUDIENCE
6 REACTION?

7 GIRL ONE: LET ME THINK.

8 QUESTIONER: YOU TALK ABOUT THE GUY WHO SAID,
9 HE WOULD SHOOT SOMEONE. HAVE ANY OF YOU HAD ANY SIMILAR
10 EXPERIENCES WHERE ANY OF YOU HAD OPINION OR REACTION?

11 BOY TWO: ACTUALLY, THERE'S ONE THAT COMES
12 TO MIND. WE WERE GIVING THIS GROUP DISCUSSION, ME AND ONE
13 OF THE CHARACTERS, ONE OF THE PERSONS WHO PLAYS A
14 CHARACTER IN THE PLAY. WE WERE GIVING A GROUP DISCUSSION
15 IN A CLASSROOM. AND THIS ONE BOY, HE KNEW VIRTUALLY
16 EVERYTHING THAT WE HAD TO TELL HIM. WHEN WE WERE ASKING
17 ALL THE QUESTIONS, HE ALREADY KNEW ALL THE ANSWERS.

18 IN THE END, WE ASKED PEOPLE TO RAISE THEIR HANDS IF
19 THEY THINK THEY SHOULD BE FRIGHTENED ABOUT GETTING,
20 BECOMING INFECTED. HE WOULDN'T RAISE HIS HAND. HE
21 THOUGHT, "I KNOW ALL THIS INFORMATION, BUT IT'S NOT GOING
22 TO HAPPEN TO ME. I CAN GO HAVE SEX. I DON'T NEED TO USE
23 A CONDOM, BECAUSE IT'S JUST NOT GOING TO HAPPEN TO ME."
24 AND HE WAS THOROUGHLY CONVINCED. EVEN THOUGH HE KNEW ALL
25 THE INFORMATION.

26 YOU KNOW. SOMETHING LIKE THAT JUST STRUCK DEEP IN MY

HEART. I'M LIKE, WHAT CAN WE DO?

QUESTIONER: SOME SORT OF MASSIVE DENIAL?

BOY TWO: OH YEAH, COMPLETE MASS DENIAL.

GIRL ONE: THAT'S HAPPENED WITH PEOPLE I
TALKED TO. YOU TELL THEM THE INFORMATION. AND EVEN A LOT
OF TIMES IT IS PEOPLE WHO KNOW THE INFORMATION. AND IT'S
LIKE. I GUESS. YOU JUST CAN'T. THERE'S NOTHING YOU CAN DO
UNTIL MAYBE THEY KNOW SOMEONE WHO GETS HIV. OR UNTIL IT.
HITS CLOSER TO HOME. THERE ISN'T MUCH YOU CAN DO.

BUT IT'S SHOCKING, AND IT'S FRUSTRATING. BECAUSE YOU
WANT SO BADLY TO MAKE THAT PERSON UNDERSTAND THAT IT CAN
HAPPEN TO THEM. AND THEY JUST CAN'T HEAR IT. THEY CAN'T
SEE THAT.

QUESTIONER: OKAY.

APPENDIX E
WRITTEN EVALUATION INSTRUMENTS

SELF-EVALUATION ON HIV/AIDS

1. I UNDERSTAND THE BASIC FACTS ABOUT HIV AND AIDS. YES NO
  2. WHAT I DO - NOT WHO I AM - CAN PUT ME AT RISK FOR HIV. YES NO
  3. USING ALCOHOL OR DRUGS AFFECTS HOW I MAKE CHOICES. YES NO
  4. IT IS IMPORTANT TO DISCUSS HAVING SEX WITH MY PARTNER **BEFORE** WE HAVE SEXUAL INTERCOURSE. YES NO
  5. I INTEND TO ABSTAIN FROM SEXUAL INTERCOURSE UNTIL MARRIAGE. YES NO
  6. I PLAN TO POSTPONE SEXUAL INTERCOURSE UNTIL I AM OLDER. YES NO
  7. IF HAVING PRE-MARTIAL SEX, I WILL ALWAYS USE A CONDOM AND PRACTICE "SAFER SEX". YES NO
  8. I REFUSE TO HAVE SEX WITH A PERSON-AT-RISK, OR WITH ANYONE I DO NOT KNOW WELL. YES NO
  9. I WILL NOT SHARE UNCLEAN NEEDLES OR USE DRUGS. YES NO
  10. I WILL GET TESTED FOR HIV IF I DO ANYTHING THAT PUTS ME AT RISK FOR INFECTION. YES NO
  11. I BELIEVE ALL PERSONS INFECTED WITH HIV WILL DEVELOP AIDS, BECOME SERIOUSLY SICK, AND DIE. YES NO
  12. I HAVE COMPASSION FOR PERSONS WITH AIDS. YES NO
- A. WHAT WAS SAID OR DONE IN THE PRESENTATION THAT AFFECTS YOUR ATTITUDE OR BELIEFS ABOUT HIV AND AIDS?
- B. WHAT WAS SAID OR DONE IN THE PRESENTATION THAT WILL AFFECT OR CHANGE YOUR BEHAVIOR TOWARD SEX OR HOMOSEXUALITY OR AIDS?

INFORMATION FOR PROJECT STATISTICS -- CIRCLE: RACE - SEX - AGE

Asian	Black	Filipino	Latino	Portuguese	White	Other
Male	Female	Under 13	13-19	20-29	Over 29	

KNOWLEDGE SURVEY ON HIV/AIDS

1.	Not having sex and not doing drugs are the safest ways to prevent HIV-infection.	T	F
2.	All persons infected with HIV show symptoms.	T	F
3.	HIV is a virus in the blood; it is not passed through the air, nor through casual contact such as touching.	T	F
4.	An asymptomatic person who shows no signs of HIV cannot pass the virus to another person.	T	F
5.	HIV can be transmitted by oral sex.	T	F
6.	An HIV-infected mother can transmit the virus to her new-born child through birth or breastmilk.	T	F
7.	Sharing injection needles or skin-piercing needles can transmit HIV from one person to another.	T	F
8.	To become infected, HIV must pass from an infected person through blood, semen, or vaginal fluids, into another person's body and bloodstream.	T	F
9.	An HIV Antibody Test always tells if a person is infected with the virus.	T	F
10.	It may take one year after infection for most persons to test positive on the HIV Antibody Test.	T	F
11.	Using condoms for sex reduces the risk of infection, but condoms may still be risky if either partner has HIV.	T	F
12.	One drug that cures AIDS is "AZT" which slowly shuts down the virus causing AIDS.	T	F

[ ] - I want to do something more to prevent HIV and AIDS in my community.
For information phone the AIDS Project at (408)983-0130. Or give:

Name: _____ Phone: _____

Street: _____

City-Zip: _____

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