



## Digital Storytelling as a Global Tool for Challenging Public Stigma and Amplifying Recovery Narratives among Marginalized Women

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**Abstract:** Public stigma surrounding mental health, addiction, and trauma remains a pervasive barrier to recovery, disproportionately affecting racialized and Indigenous women. This study explores how digital storytelling which is a participatory, creative method for sharing lived experiences can counter these stigmas through personal recovery narratives. Drawing upon intersectionality theory and narrative theory, this research examines how overlapping identities shape both the experience of stigma and the strategies women employ to resist it. Using a community-based, qualitative approach, 15 digital stories were purposively sampled from online grassroots platforms. Each was created by women who self-identified as being in recovery from addiction, trauma, or mental illness. Narratives were thematically coded using NVivo, with a focus on recurring motifs of resistance, identity reclamation, and community solidarity.

The findings reveal that digital storytelling operates as both a therapeutic intervention and a public-facing act of feminist resistance. Storytellers used digital platforms to resist stigmatizing labels, illuminate intersectional forms of pain and healing, foster digital kinship, and challenge dominant frames of recovery. The public accessibility of these narratives transforms them into advocacy tools capable of shifting public perceptions and influencing health discourse. This study underscores the need for accessible, ethical, and inclusive digital storytelling infrastructures. The implications extend to policy design, public education, and mental health service delivery.

**Keywords:** Digital storytelling, Intersectionality, Public stigma, Recovery narratives, Feminist resistance, Narrative theory, Indigenous women, Racialized voices, Mental health, Community-based research.

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### Introduction

Public stigma is not an abstract concept; it is a lived reality that presses in on the daily lives of people navigating mental health conditions, histories of addiction, or the lingering shadows of trauma (1). It speaks in the hushed tones of workplace whispers, in the avoided eye contact of a neighbour, in the unspoken doubts of a healthcare professional. It shows itself in structures too in the housing application quietly rejected, the job interview that ends abruptly, the clinic where cultural needs are met with polite dismissal (2). For racialised and Indigenous women, this stigma rarely comes alone. It arrives intertwined with racism, sexism, and the enduring scars of colonialism (3). These are not separate strands, but a tightly woven net that shapes how stigma is felt, how it wounds, and how women fight back.

Against this backdrop, *digital storytelling* has emerged as a way of taking the microphone back (4). It is more than a creative outlet; it

is a deliberate act of reclaiming space. In short, personal multimedia narratives, women are naming their truths, challenging the labels that have been placed on them, and showing the world that recovery is not a sterile medical chart but a living, breathing process (5). These stories carry the scent of sage smoke, the rhythm of ancestral languages, the tremor of a voice that refuses to break. They invite audiences to sit closer, to listen not just with their ears but with their hearts.

While researchers have long recognised the healing power of telling one's story, especially in therapeutic settings, much less is known about how these digital acts of witness can ripple outward, shifting public perceptions and dismantling stigma through the lens of intersectionality (6). This study takes up that challenge. By centring the voices of racialised and Indigenous women who have crafted and shared their recovery narratives online, it asks: How

can digital storytelling become a tool of resistance against public stigma? In answering, it contributes not only to feminist media studies and health humanities, but also to the growing movement of narrative activism where personal truth meets public change.

## Literature Review

Digital storytelling is increasingly needed as a participatory culture that aligns narrative art and digital media to speak marginalized voices and groups of people as a form of negotiating their lived lives and constructing collective identities. From oral traditions of storytelling, digital storytelling combines picture, sound, and word to construct powerful stories that tell personal lives but also act as channels of social change and healing. Prior attempts at the use of digital storytelling to push health and social justice agendas have found it possible to give voice to voiceless voices and counter hegemonic knowledge about stigmatized illnesses such as mental illness, addiction, and trauma (7,8). For racialized and Indigenous groups, digital storytelling takes on further cultural resonance in that it makes space to archive indigenous knowledge and threatened languages and resists erasure at the structural level. In such communities, digital storytelling as a practice of narrative sovereignty allows storytellers to appropriate representation and have political and cultural agency (9,10).

The stigma surrounding mental illness, addiction, and trauma also still prevents recovery and falls disproportionately on racialized and Indigenous women. Intersectionality theory provides a critical lens through which to analyze the way intersecting identities, race, gender, class, and indigeneity, construct stigma and impact the process of recovery. Kimberlé Crenshaw (1989) originally conceptualized intersectionality as a response to single-axis models of analysis that cannot accurately describe the unique marginalization experienced by multiply oppressed groups (11). Research has shown how racialized and gendered stigma operates in compounded ways, specifically for Indigenous women whose intergenerational impact of colonialism further makes health inequities worse and deepens social marginalization (12,13). Similarly, Black women in recovery from addiction are often confronted by racialized gendered stereotypes that challenge their legitimacy and right to care (14). Digital recovery narratives thus operate at the point of overlap between these intersecting stigmas, in which writers use their own narratives both to navigate their paths to healing and to resist structural oppression (15).

In racialized and Indigenous contexts, digital storytelling is a process that incorporates culturally specific elements, rituals, symbols, and language, that claim identity and solidarity within communities. Indigenous communities have embraced multimedia storytelling as a principal language revitalization and cultural preservation strategy, to establish digital repositories deeply within traditional knowledge systems and communal histories (16,17). Racialized women, however, have used digital storytelling as a form of resisting system sexism and racism by creating narratives as spaces of virtual sanctuary through which marginalized selves are validated and honored (18). These types of stories are typically posted on popular platforms such as YouTube, Vimeo, and local websites that facilitate local stories to reach global perspectives. But such global flow raises interpretative challenges requiring caution with the application of cultural context and narrative authority so that digital storytelling processes do not distort or weaken cultures (19).

Methodologically, community-based participatory research (CBPR) designs have been found very valuable in digital storytelling research, particularly in research on health equity and marginalized groups. CBPR engages community members as co-equals at every stage of the research process, from planning to dissemination, thereby honoring cultural knowledge and upholding ethical research practice (20). CBPR is very much in line with Indigenous paradigms for research that prioritize relational accountability and respect for sovereignty (21). According to CBPR guidelines, scientists can co-construct storytelling programs for the benefit of communities, achieve cultural sensitivity, and optimize narrative authenticity (22). Alongside qualitative thematic analysis, this method enables rich interpretation of recovery narratives to reveal resistance patterns, reclamation of identity, and solidarity based on lived experiences (23).

Most existing scholarship deals with identity categories, i.e., race, gender, or health status, in isolation from one another, with little attention to the complicated, intersecting stigmatizations that shape recovery and representation. Too little attention is also paid to how Indigenous knowledge systems become inscribed in digital storytelling practice, especially regarding technological access and literacy disparities.

This tension between maintaining cultural specificity and gaining broad access for audiences is a persistent ethical and methodological challenge that requires further exploration. In addition, whereas the promise of digital storytelling to influence individual healing is well recognized, comparatively little has been known about how such narrative practices influence systemic policy change or institutional change. There is also significant research geographically skewed towards Global North contexts, with limited empirical work documenting Indigenous and racialized women's digital storytelling in Canadian or other settler-colonial contexts.

These intersecting gaps in research are filled by the current study, employing an intersectional lens grounded in CBPR to explore digital recovery stories made by Indigenous and racialized women in Canada. In its focus on grass-roots digital spaces and the preservation of culturally meaningful expressions, this study provides rich insight into how digital storytelling operates both as source of individual transformation and collective resistance, and space of community formation. It sheds light on narrative practices that subvert public stigma, reclaim identity, and mobilize solidarity, explaining how such digital stories transcend the healing of individuals into larger-scale social change. In so doing, this study contributes to underdeveloped areas of scholarship that concern the convergence of digital media, health, culture, and social justice among multiply marginalized populations.

## Materials and Methods

### Research Design

This study was rooted in the principles of community-based participatory research (CBPR) not as a token gesture, but as a way of ensuring that the women whose stories were being studied had a say in how they were represented (24). CBPR is about doing research with communities, not on them. That meant inviting Indigenous and racialised women, along with representatives from community organisations, into the early conversations that shaped the project. They helped define what counted as "recovery," advised on cultural considerations, and ensured that our interpretations were not stripped of their lived realities.

Our analytical approach followed Narrative Inquiry, because this research was not about numbers or detached case files it was about stories, and stories demand to be understood on their own terms. The analysis was anchored in Intersectionality Theory (25), to recognise that stigma does not arrive as a single blow but as many intersecting forces, and Narrative Theory (26), which reminds us that stories are not just accounts of the past they are acts of meaning-making in the present.

## Sampling and Data Collection

Fifteen digital stories were chosen through purposive sampling. The selection process was careful and deliberate. Each story met four criteria:

- I. The storyteller self-identified as a woman in recovery.
- II. The narrative addressed lived experiences with mental health, trauma, or addiction.
- III. The storyteller belonged to a racialised or Indigenous community.
- IV. The story was publicly available under open licensing or community-approved sharing guidelines.

Stories came from varied digital spaces; the polished platforms of community organisation websites, the intimate self-recorded uploads on YouTube, and grassroots social media campaigns. This diversity brought a richness of form: some stories were carefully edited with music and imagery, others were raw, single-take recordings where the speaker looked directly into the camera, unfiltered and unflinching.

## Data Analysis Procedure

Once gathered, each story was transcribed verbatim, capturing not just words but pauses, repetitions, and emotional cadences all of which carried meaning. The transcripts were then imported into NVivo 14 for coding.

The analysis unfolded in three cycles:

**Open Coding:** where every recurring idea, image, or emotional beat was noted.

**Axial Coding:** where these fragments were gathered into broader categories such as *resistance*, *kinship*, and *healing*.

**Selective Coding:** where those categories were distilled into the four core themes that form the backbone of this paper.

Two researchers coded independently to reduce bias. Our intercoder agreement was 87%, with a Cohen's  $\kappa$  of 0.74 a level considered substantial in qualitative research [10]. Discrepancies were not just “resolved” but discussed at length, often with community advisors present, ensuring that interpretations honoured cultural and personal contexts.

**Table 1. Summary of Story Sources and Demographics**

Story ID	Age Range	Identity (Self-described)	Recovery Context	Platform Type
DS01	25–34	Indigenous (Cree)	Trauma & PTSD	YouTube
DS02	35–44	Black Canadian	Addiction	Org. Website
DS03	45–54	Indigenous (Métis)	Mental health	Vimeo

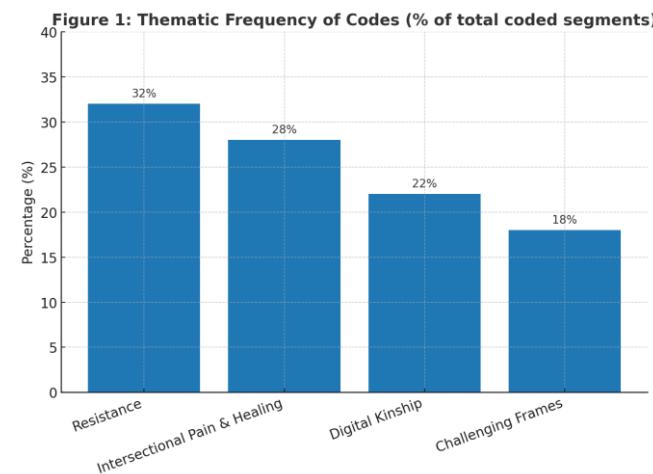
## Ethical Considerations

Ethical approval was obtained from Tai Solarin University of Education, Nigeria. Because the stories were already in the public domain, one might assume no additional safeguards were necessary but that assumption risks harm. Extra care was taken to honour the spirit, not just the letter, of consent. Even if a story was public, it was shared under licences or permissions that aligned with community norms.

Names were replaced with pseudonyms unless the storyteller had already chosen to publish under their real name and gave explicit permission to retain it. Cultural expressions whether in language, symbolism, or ritual reference were preserved intact. To remove them would be to strip away part of the story's heartbeat.

## Results and Discussion

The thematic analysis revealed four interconnected themes that illustrate how digital storytelling functions as a site of resistance, healing, and transformation for racialized and Indigenous women in recovery. The frequency of each theme within the coded dataset is presented in Figure 1.



**Figure 1. Thematic Frequency of Codes (% of total coded segments)**

### Theme 1: Resistance through Voice

In every narrative, there was a conscious rejection of stigmatising labels such as “addict,” “victim,” or “broken.” These rejections were not superficial acts of rebranding; they were deliberate, defiant declarations of selfhood. Storytellers asserted their agency by defining themselves through strengths, values, and community roles rather than deficits.

For example, DS07, a Cree woman in her early thirties, described herself as “*a mother, a leader, a survivor*”, her voice steady despite recounting years of systemic neglect and personal struggle. This assertion directly subverted dominant deficit-based portrayals in media and public discourse (27). By claiming space in the digital sphere, she and others positioned themselves as authors of their stories, refusing to be mere subjects of others’ interpretations.

### Theme 2: Intersectional Pain and Healing

Many narratives wove together threads of trauma that were inseparable from systemic oppression. Racism, sexism, colonial dispossession, and gender-based violence were not whispered about in these stories they were named plainly, without apology. The women did not treat them as separate chapters in their lives,

but as intertwined threads in a larger, often painful tapestry. These forces shaped not just the crises they faced, but the very terrain on which their recovery unfolded.

For DS03, a Métis woman, depression could not be reduced to a chemical imbalance or an isolated trauma. She traced its roots to the intergenerational scars left by the residential school system, describing how “my grief is not only mine; it is inherited.” Her words carried the weight of histories that linger in bodies and communities long after the events themselves.

Yet, amid this layered pain, the narratives pulsed with accounts of reclamation and resilience. Healing was not portrayed as a neat, linear path but as a weaving together of practices that honoured both personal survival and cultural continuity. Smudging ceremonies filled rooms with the grounding scent of sage. Talking circles became spaces where stories were not interrupted, where listening itself was an act of care. The revival of Indigenous languages was spoken of not only as communication, but as breathing life back into ancestral knowledge.

These were more than coping strategies; they were acts of defiance against systems that had tried to erase these traditions. In reclaiming them, the women challenged dominant recovery models that view healing as purely clinical, often neglecting the spiritual, communal, and historical dimensions that are inseparable from their lived experiences (28).

### Theme 3: Digital Kinship

Several women spoke of forging connections they never expected with people they had never met, in places they had never been. The screen between them and their audience did not dull the intimacy; instead, it created a strange kind of closeness, where words and images travelled freely across boundaries of geography and circumstance.

For some, a single upload changed the trajectory of their recovery journey. A video posted late at night might lead, weeks later, to an invitation to speak at a community gathering or to partner with an advocacy organisation. Others described opening their inboxes to find messages from strangers half a world away people who recognised themselves in the struggles and victories of these women, who reached out to say, “*Your story is mine too.*”

For DS11, a Black Canadian woman in recovery from opioid dependency, this *digital kinship* became a lifeline. “*When I uploaded my story, I thought it would just sit there. But people reached out especially people who saw themselves in me. That made me realise I wasn't as alone as I thought.*” Her words reflect a transformation that is both deeply personal and politically potent.

Although mediated by technology, these connections were unmistakably human. They were not abstract “engagement metrics” but genuine relationships that offered encouragement, validation, and a sense of belonging. They also carried political weight: each message of solidarity added to a growing network of voices advocating for change. In this way, digital kinship became both an emotional anchor and a source of collective power (27), reinforcing the truth that recovery, like storytelling, is rarely a solitary act.

### Theme 4: Challenging Dominant Frames

Again and again, the women turned their stories toward the systems that had failed them naming them, dissecting them, refusing to let them remain invisible. They spoke of mental health

programs so underfunded that waiting lists stretched into years, and of encounters with law enforcement where help was replaced with suspicion. These were not abstract policy critiques; they were lived realities, recounted in the language of frustration, grief, and resolve.

In doing so, the storytellers pushed back against the narrow, clinical definitions of recovery that dominate public health discourse. They replaced the image of recovery as a solitary, medicalised journey with one grounded in collective care and cultural belonging (29). Recovery, in their telling, was not something done to a person by an institution it was something nurtured with them, by a community that understood their history, values, and needs.

DS05’s account captured this contrast vividly. She described the difference between the impersonal, one-size-fits-all treatment she had received in the healthcare system where her name was just another file number and the community-led healing she later found. In the latter space, she was welcomed with ceremony, her experiences honoured, and her recovery journey shaped by local knowledge and cultural practice.

Her story was not just a personal narrative; it was a call to action. She urged for culturally safe and locally responsive interventions that see the person before the diagnosis, the history before the symptom. By framing recovery as a shared responsibility, rather than an individual’s burden to bear alone, she challenged policymakers, practitioners, and communities to reimagine what true healing looks like and who gets to define it.

**Table 2. Examples of Counter-Narrative Strategies**

Strategy	Example	Impact
Cultural reclamation	Integrating traditional language into narratives	Reinforces identity pride
Direct address	“If you’ve been told you’re broken, hear me: you’re not”	Builds empathy and solidarity
Visual symbolism	Use of beadwork imagery in video	Encodes cultural meaning

## Discussion Highlights

These findings affirm that digital storytelling is far more than a personal coping tool; it is also a form of public pedagogy (30). When a woman places her story into the digital sphere, it ceases to be a quiet, private reflection and becomes a public intervention a deliberate act of *narrative activism*. The stories in this study were not casual sharing of experiences; they were purposeful, political statements aimed at reshaping the conversation around recovery and stigma.

The power of these narratives lies in their dual nature: they are intimate confessions and public declarations all at once. Storytellers opened themselves to vulnerability, recounting moments of pain, loss, and systemic injustice. But this vulnerability was not a weakness it was sharpened into a tool, a means of reclaiming control over the story of their lives. By confronting stigma openly, they pulled narrative authority away from those who stigmatise and placed it firmly in the hands of those who have been stigmatised.

As Bruner (26) states, narrative is a primary way of *world-making*. In telling these stories, the women were not just describing their worlds they were remaking them. In these worlds, they were not marginal figures to be pitied or pathologized, but central voices to be heard and celebrated.

The implications are profound. Integrating digital storytelling into public health initiatives could:

**Humanise** statistical data by pairing it with the textures and truths of lived experience.

**Promote** culturally safe care that honours the intersecting realities of identity, history, and healing.

**Mobilise** community-led advocacy strong enough to influence policy and shift systems.

In essence, these stories were seeds planted in the soil of the public digital sphere. Once planted, they carried the potential to grow into movements, movements that could reach beyond individual healing to nurture justice, equity, and collective transformation.

## Conclusions

Digital storytelling, when framed through intersectionality, emerges as a transformative practice for marginalized women in recovery. It offers therapeutic benefits, builds digital solidarity, and challenges entrenched public stigmas. Policymakers, educators, and health practitioners should invest in sustainable infrastructures for community-led storytelling projects. Future research should explore audience reception and long-term impacts on stigma reduction.

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## Recommendations

### Integration with Public Health

**Programs:** Policymakers and public health practitioners should identify digital storytelling as an important resource to augment quantitative data with individual-level stories and narratives that contextualize lived experiences. The integration of digital stories produced by racialized and Indigenous women into mental illness and addiction treatment programs has the potential to increase cultural sensitivity, promote provider empathy, and decrease care setting stigma.

**Community-Based Storytelling Projects:** Community-based organizations working with marginalized populations ought to be funded to establish participatory digital storytelling projects. These projects empower the storytellers in deciding how they want their stories to be told while creating social solidarity and collective healing. Funding and technical assistance are crucial to sustaining community capacity for this endeavor.

**Culturally Responsive Approaches:** Digital storytelling projects must respect and sustain cultural expressions, language, and symbolism so as to honor the identity of the storytellers in a true sense. Cooperation with cultural knowledge keepers and Indigenous advisors must be the priority of planning to avoid appropriation or erasure.

**Public Awareness Campaigns:** Digital storytelling should be employed in public awareness and anti-stigma

campaigns to provide voice for marginalized communities outside of mainstream media channels. Sharing individual narratives in social media and community networks can increase reach and allow space for intersectional recovery and stigma discourses.

**Policy Advocacy:** Advocacy organizations and activists can utilize digital stories in order to strategically engage policymakers through offering rich, firsthand accounts of systemic inequalities and the need for reforms. They can be effective tools for social justice and community-based advocacy campaigns.

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