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Close

Theatre to Recognise, Challenge, Change

By Ashley Barnes

Dead Earnest Theatre were commissioned by a Primary Care Trust (PCT) to create a short interactive piece of theatre - *Forum Theatre* - for a day conference of Palliative Cancer Care. It was then repeated for a similar conference two years later. We called the piece *Close*: Close to death, close to one another or tenseness as we wait for the rain to come.

We want people to understand each other better. We want people to show each other more empathy and respect. We believe that, by encouraging people to recognise facets of behaviour and then challenging them about what is helpful or unhelpful, we can offer the tools for change. Not a complete transformation, but rather steps in the right direction; progress. Many leave our events having experienced private epiphanies. Change is therefore preceded by recognition and challenge.

Background

Theatre is an involvement in a social interaction. Unlike electronic media (TV, radio), performers and audience are together in the same space. No matter how much actors rehearse, their performance is in real time and space; they express those emotions there in front of the audience.

Feedback is therefore immediate. The audience laugh, gasp and clap... or not. A different audience will make a different performance. A very generous audience responding as hoped can make a big difference to a performance.

Performances and reactions are part of the present, so therefore are the themes and issues in the play. Some plays are naturally more relevant than others but even old classics can, in skilled hands seem entirely part of the Zeitgeist. This is why theatres throughout history have been censored and closed.

The theatre is a natural place to present ideas and to stimulate debate. Many theatre theorists, mostly on the left, have surmised how to harness the power of theatre and the state of mind it is possible to induce in the audience.

Into this tradition came Augusto Boal, a Brazilian theatre director determined to use his art to tackle poverty and oppression. As a young theatre maker he set off with a troupe of actors to perform hard-hitting political theatre to Brazilian peasants. One such performance ended with the actors waving wooden guns above their heads, exhorting the audience to take up arms and reclaim their rightful land. Much to their surprise a man with a real gun suggested they all - actors and audience - march together against the land owner. The actors embarrassedly had to explain their weapons were not guns but words, and they weren't prepared to shoot anyone.

The approach had to be changed. They decided to perform a problem, asking the audience to propose solutions within the play. *Forum theatre* was born when Boal asked an audience member to demonstrate what she meant and she got up on stage, replacing the actor.

In pure *forum theatre* the acting company presents a performance in which there are mistakes, or social errors. There is an initial performance in which the audience just observe, but when this is performed a second time, the audience is invited to replace the actors on stage in order to try

different solutions. Most of the time there will be a main protagonist that the audience will recognise as similar to them, and they will try to help them. The other characters unite in not giving the audience an easy time in finding solutions. As in life, there are no easy solutions, but rather realistic and workable ones.

This was also called *The theatre of the Oppressed*. Boal, however, discovered that the oppressions in Europe were not the same as in Brazil. Our oppressors are the 'cops' inside our heads.

Forum theatre isn't only a way of seeking change, but also of trying change for size. The audience (or in Boal's parlance 'spect-actors') can literally rehearse strategies for different behaviour. They can try out different ways of communicating, see if it works and, if it does, adopt similar approaches in their everyday lives. Little wonder that Boal's ideas have influenced techniques used in areas such as drama therapy, psychodrama, family therapy.

Creating an anti-model

The first step for us is to write a script. This needs to show an imperfect model or behaviour that can be improved (Boal refers to this as anti-model). The client had asked us to feature characters that related to the audience and especially a receptionist, a district nurse (DN) and general medical practitioner (GP): each involved in patient care and treatment from first diagnosis to after death. It was to be part of a day on the Trust's palliative practice; so there would be limited time to find solutions to all the issues in the *forum*, but themes could be revisited later in the day in different workshops. After the event we were told that the audience had consisted of 35.5% GPs, 14.5% PNs, 5% practice managers, 22% receptionists, 9% community nurses, 10.5% admin / office workers, and 3.5% others.

It was important for us to find the right tone for the piece. If the mistakes are too obvious, the performance becomes comedic and light. In certain circumstances this can be positive, but when dealing with bereavement we needed to avoid any possibility of flippancy.

After much discussion a synopsis was drawn up in which professionals were put into subtly difficult situations. Their minor mistakes would make things more difficult or perhaps more traumatic for the patient and her husband. Many of their mistakes would be made by either a desire to be personable and friendly when perhaps they needed to be more circumspect, or by having to balance speaking the truth whilst maintaining hope.

Synopsis

Sc1. Husband phones wife and is surprised when she says that she's going to the doctor. We learn that they are not completely open with each other. She reassures him that it is something minor.

GRAHAM: Hello love, it's me. You couldn't do us a favour could you? Can you stop off at Morrison's on the way home for us..? ... Why, where are you? ... You didn't tell me you were going to the doctors. What's this for? I thought you said that was nothing to worry about... Well, don't you think I have a right to know? ... Who's picking up Toby from school? ... And you've asked Sheila about this already? ... It's just that, I wished you'd told me, that's all... So, it's nothing to worry about then? ... All right... No, don't worry I'll go... All right, love... See you later

Sc2. Woman sees GP. The GP suggests that she needs further tests, but also warns her that she will need to talk through the possible implications with her partner.

Sc3. Woman walks into the reception area to make another appointment. She is understandably distracted and upset. The friendly receptionist talks to her about their children, but when she asks for another appointment the receptionist sticks to the Practice rules and is unable to book one. The woman reacts with anger

Sc4. Time has moved on. The woman phones her husband from hospital. We discern that she has had a mastectomy. She asks to talk to her son.

Sc5. District Nurse visits woman's house. The DN changes the woman's dressing. The DN also tries to find some common ground in their conversation by trying a very informal style of conversation and touches on a raw nerve. When the woman reacts with anger, the DN deals with the situation by telling the woman that her feelings are quite natural. There is still a miscommunication

Sc6. The husband phones a friend. We discover that the woman's condition has deteriorated and that he needs someone to talk to

GRAHAM: Dave? It's Graham. How are you? ... Not too good, really, mate... She had some more results today... No, they say they still haven't got it all. They're not giving up hope, but it's not looking good... Well, you know what she's like, she's a real fighter, my wife. She'll never give in... Listen mate, Maureen's taken Toby to see her Mum. You don't fancy a pint do you?

Sc7. The husband visits the GP about a minor, but stress related ailment (e.g. eczema). Just as he is about to leave, he asks the GP about his wife. The GP maintains patient confidentiality and doesn't give much away. The husband wants, in particular, to know what to say to his son

Sc8. The woman has died. The husband goes to the Practice to return his wife's drugs. The receptionist finds the situation embarrassing and is unsure how to deal with it. It is awkward

There is a sense of unease throughout about talking about unpalatable truths. The GP is the most comfortable in this situation but even he/she worries about opening Pandora's box.

A three stage approach

Dead Earnest uses a three stage approach to our work: recognise, challenge and change. These also affect the way we facilitate events.

The use of a facilitator or joker is the other important aspect of *forum*: the link between audience/spect-actors and performers. In popular terms, the facilitator is much like day-time TV presenters such as Trisha, who walks amongst the audience with a microphone to elicit thoughts or advice for the people on stage. Similarly our facilitators wander amongst the audience to coax responses.

Generally facilitators have three tasks. They start by warming the audience up after the initial performance. This is in order to establish that this is to be a very different type of performance and that the audience will be required to do some work. It also ensures that they are less rooted to their chairs. Then they explain the 'rules of the game'. The audience are told that they can stop the action whenever they feel that a character has said or done anything that is not helpful. This is done simply by raising an arm in the air and shouting 'stop!'

Finally, the facilitator handles these 'stops' using the *recognise, challenge and change model*. Firstly the audience should be able to recognise mistakes that are being made or what motivates a

character. Then they are encouraged to challenge the characters ‘in role’ about their behaviour (at times, the characters challenge them back by saying things like “that’s easy for you to say”). Finally they coax the audience up on stage to try their solutions in place of the actors.

It takes a lot of confidence to be able to step up on stage in front of a large audience and many of our audiences are made up of people with low confidence. On one occasion an audience member came up on stage early in the first scene to propose a good alternative way of behaving. Thereafter no one put their hand up, knowing they’d be invited up on stage too. On other occasions only a small number of confident people regularly get on stage and the vast majority remain quiet.

Our initial aim to ‘recognise’ what is going on has the other benefit of getting lots of people talking very quickly. We also make a point of valuing everything that people say, so that no one feels that their views are less important than any one else.

The play in practice: Recognise

Sc2

Maureen has just been examined and is buttoning her blouse.

MAUREEN: How serious is it?
GP: Well, there’s a definite lump there, isn’t there? I think it’s important that you’re seen quickly by the hospital, so I’m going to refer you straight away and ensure that you’re seen in two weeks
MAUREEN: Could it be... *[pause]* you know?
GP: It is possible

An audience member shouted “STOP!”

Immediately this created a lot of debate. Maureen is scared and unable to say the word ‘cancer’. The GP is being sensitive, allowing her to use her own language. However, the GP doesn’t get her to actually say the word and so it is not absolutely clear what it is she is scared of. The audience thought that there is a benefit of talking about cancer openly and not avoiding saying words that for some people carry very negative connotations, but are not necessarily as serious as the patient may think.

A subtle subtext here is that the GP, by not being open, also inadvertently hints by their behaviour about the seriousness of the matter, rather than dealing with openly.

The scene finishes with the GP asking Maureen to make another appointment, because there are other patients waiting.

GP: What I’d like is for you to make another appointment to come back and see me in two days, so that we can talk it through. If you can manage it, you might want to bring your husband too.

The focus moved to the receptionist in Sc3.

RECEPTIONIST: *[She has answered the phone and is making an appointment for someone. At the end of the conversation she puts the phone down and sees Maureen]* Mrs Beck, isn’t it?
MAUREEN: What? ... Yes
RECEPTIONIST: I’m Mrs Jones, Paul’s mum
MAUREEN: Oh, right
RECEPTIONIST: Paul said that Toby wasn’t at football last night

MAUREEN: No
RECEPTIONIST: Is he all right?
MAUREEN: Yes, he's fine
RECEPTIONIST: Good, cos I know that him and Paul get on really well...
MAUREEN: Look, I'm sorry, I need to make another appointment

An audience member shouted "STOP!"

The discussion here was about the balance between maintaining a welcoming and friendly atmosphere in the reception area, whilst also appreciating that some things are inappropriate to say. The receptionist has probably been looking for an opportunity to say hello to the mother of her son's new friend. However, this recognition at a point of anguish for Maureen is not only confusing but also embarrassing. Maureen is probably feeling a mixture of emotions, one of which is to do with feeling very self conscious and now everyone in the reception area knows her name. As the scene develops the receptionist is unable to make her an appointment on the day she wants and Maureen explodes at her

MAUREEN: I don't believe this... I don't bloody believe it! *[She bursts into floods of tears]* It's not as if I want to... *[Sob, sob, sob]* There's other things...
[Sobs]

Maureen has started to feel that things are out of her control. She is worried about bringing her husband to an appointment with her, she feels that everyone knows who she is and she feels like they are not listening to her. All of which could have been avoided.

There is also a difficult situation of the receptionist not feeling able to release other appointment times without the say of the practice manager

RECEPTIONIST: When do you want your appointment for?
MAUREEN: Dr Hall said for two days time. Early in the morning if you can.
RECEPTIONIST: We're full that day, I'm afraid. I can do you one next week?
MAUREEN: No, that's no good. Dr Hall said in two days
RECEPTIONIST: I see, well, unfortunately...

Unfortunately, as the practice manager has popped out, the receptionist is left in a very awkward situation. She also thinks that Maureen has been slightly rude to her in ignoring her chat about their children and now feels uncomfortable. As a defence mechanism she adopts a slightly officious / 'jobs worth' manner, thus missing a simple solution such as "let me do what I can and give you a ring" or, even better, taking it upon herself to release an emergency appointment time. If anything, the learning outcome here was to listen... and listen... and listen and let the patient set the tone of the conversation.

Challenge

Sc5 involved a home visit by a District Nurse (DN). Things start quite well

DN: How are you feeling, then?
MAUREEN: It's not as sore as it was
DN: *[She gently probes in order to get Maureen to speak]* Right? *[Pause]*
Any other feelings? *[But as there is no response]* Have you looked at yourself?
MAUREEN: *[Hurt]* Of course I have
DN: Properly?
MAUREEN: *[Hurt again]* I do bath, you know

DN: And when you look in the mirror..?
MAUREEN: *[Changes the subject]* It's funny, isn't it? Because with a jumper on you'd never be able to tell. And Graham's been superb. I suppose it's just me...
[longer pause] Well not me

The DN is trying to get Maureen to talk about her feelings, but somewhat mechanically. The audience were asked to challenge the DN about her approach. In character the actress replied

"I know it's important to get them talking about their feelings"

Although the other DN's agreed with this there was differing opinions about whether it was Maureen's right to talk when she was ready or if it was the DN's role to prompt her. The DN in this piece is experienced, but gives the impression that she has seen it all before and is doing her job by numbers. "On this visit I will get her to talk about looking at herself in the mirror". She attempts this in a sensitive way, but there is a hint of the school teacher when she says in the script "properly". It is as if she doesn't trust Maureen's answer.

The scene continues:

DN: It must ease things when you can rely on your husband
MAUREEN: Yer well he's been great... and great with Toby, but..?
DN: What?
MAUREEN: Nothing. *[Pause]* He broke a glass washing up last night and...
DN: Yes?
MAUREEN: He started to cry. I mean we've got plenty of other glasses, but they're crystal... we were bought them for our wedding... *[Pause. She looks upset]*
DN: We were bought crystal for our wedding too. I don't think we've got any left. We end up drinking wine out of tumblers [STOP!]

This moment caused outrage by most of the audience and they demanded to know from the DN the reasons for her relating the situation to her own life. The actress in role responded:

"I wanted to tell her that I sympathised and to let her know that everyone breaks their crystal glasses".

Of course, the point here is that the DN had picked up on the wrong prompt. The breaking of the glass is not the most important issue here, but rather that Maureen's husband was letting his feelings out. This was such an opportunity to discover more about Maureen's relationship and how she and her husband were coping. When challenged about this the actress responded:

"I know it's important to listen, but I'm not a psychologist. And so, I have to be careful not to expose myself to situations I can't control"

Change

Finally a DN from the audience offered to become a spect-actor and replace the actor on stage. The scene was replayed like this:

MAUREEN: Nothing. *[Pause]* He broke a glass washing up last night and...
DN: Yes?
MAUREEN: He started to cry. I mean we've got plenty of other glasses, but they're crystal... we were bought them for our wedding... *[Pause. She looks upset. Long pause]*
DN: Go on

MAUREEN: *[She starts to cry. Through her tears she speaks]* He's scared. I can see, he's scared. I've never seen him like that before. He's always been my rock. I'm the one who cries not him... I wanted to tell him not to worry... that everything would be all right... but how could I?

Suddenly Maureen was able to tell the DN all about her relationship with her husband. It became clear they loved each other but didn't talk and that Graham needed some support too. It also became clear that Maureen, through her relationship with Graham, found it hard to say how she was feeling or to see him expressing his emotions.

In Sc7 Graham visits the GP.

We join the consultation near the end

GP: Okay, I'll write you out a prescription for some steroids for your eczema. You need to rub them on the affected area twice a day. Try and make sure you wash your hands so that you don't infect the skin. There's one cream for your body and the other for your face. All right? *[Pause, he looks at Graham knowing that there is something else]* Is there anything else you wanted to talk about?

GRAHAM: *[Pause]* You saw Maureen yesterday?

GP: Yes I did. *[He knows Graham wants to talk about it]* How is she today?

GRAHAM: Not much different

The discussion started around the intentions of the two characters and both were questioned in character. The GP knows that Graham wants to talk about Maureen and probably came in to do so. The eczema in a way was a piece of shadow puppetry before the main subject was raised. However, they have now used most of the consultation time. The GP has adopted a perspective of dealing with each patient separately and allowing them to direct the consultation. So, Graham has come in about his eczema, which has flared up, and the GP thinks they must deal with that, even though the cause of the flare up might well be stress. There is once again the fear of opening Pandora's box.

The consultation continued:

GP: *[More sensitive territory]* Have you talked to each other?

GRAHAM: About what?

GP: How are you both coping?

GRAHAM: I think she's coping better than me, to be honest

GP: So you have talked about it then?

GRAHAM: *[Pause]* It's difficult

GP: I know it is, but don't you think it's important?

GRAHAM: Why?

GP: *[Pause]* You might surprise each other

GRAHAM: What am I meant to say? Goodbye?

GP: It depends on what you want to say

GRAHAM: And what should I say to our son, eh? What should I tell him?

GP: Maybe that's what you should discuss with your wife

There were a number of interventions in this scene. It is a difficult scene for a GP to manage and there is no definitive right or wrong approach. Clearly the GP needs to be sensitive to the confidentiality of his other patient, Maureen. The GP can't make a judgement about whether Maureen wants her husband to know or not and in any case it is not appropriate. However, by not answering any of Graham's questions the GP is making Graham feel unimportant and frustrated. One approach was to give credence to Graham's feelings

GP: *[More sensitive territory]* Have you talked to each other?
GRAHAM: About what?
GP: How are you both coping?
GRAHAM: I think she's coping better than me, to be honest
GP: It must be hard for you
GRAHAM: Yes it is *[Pause, which the GP doesn't fill]* I don't know what to say to her.
What should I say to her?
GP: What do you want to say?
GRAHAM: I don't know
GP: It's not easy, I know
GRAHAM: Do you?
GP: It's important, though... to try. *[Graham is silent, the GP fills the gap]* I'm sure there's a lot she wants to say too
GRAHAM: Like what?

The GP who replaced the actor quickly saw that by saying the last line they had cornered themselves and the consultation stopped. In discussion, it was thought that progress had initially been made, but with Graham desperate for any news about Maureen it was best to keep the focus on his feelings and not hers.

In the next attempt the starting line was amended from "How are you *both* Coping?"

GP: How are *you* coping?
GRAHAM: Not good. I think she's coping better than me, to be honest *[Pause not filled by GP]* But then she's a fighter. *[Pause not filled by GP]* She gets on with it
GP: And how about you?
GRAHAM: What?
GP: How do *you* cope?
GRAHAM: I get through one day at a time. If you can call that coping. But then it's easier for me, I'm not dying.
GP: You still need to look after yourself, as well. *[Graham scoffs quietly under his breath]* You need to stay well
GRAHAM: Just like that

Graham is feeling hurt and is looking for opportunities to be antagonistic. In this one the GP is more insistent to keep the focus on him and away from Maureen. However, Graham should still be able to ask the difficult questions rather than being steered away from them.

The scene ends with Graham demanding to know how long Maureen has to live.

GRAHAM: And what should I say to our son, eh? What should I tell him?
GP: Maybe that's what you should discuss with your wife
GRAHAM: Why don't you come down off that fence? What can I say?
GP: It's hard to know what's right... But children usually pick up a lot more than we give them credit for...
GRAHAM: He's only eight. What can I say to make him understand?
GP: The truth perhaps
GRAHAM: Well, in that case, what is the truth? Maybe you can tell me that. I mean how long has she got?
GP: That's really hard for me to say
GRAHAM: Why, don't you think I have a right to know?
GP: It's not that, it's...
GRAHAM: Don't you think it would be easier for us all...

GP: It's not that easy...
GRAHAM: What, a week? A month? A year?
GP: I wish I could say...
GRAHAM: Or do you just not want to?

The GP clearly can't say. They genuinely do not know. It's difficult to convince Graham of this point, however. He is desperate for someone to help him. This was another attempt

GRAHAM: How long has she got?
GP: I really don't know
GRAHAM: Or don't you want to tell me?
GP: No. I really don't know. It's impossible to say.
GRAHAM: What, a week? A month? A year?
GP: I know that it would be easier for you to know. But each person is different. It could be any one of those options
GRAHAM: I see

But the real point here is that Graham and Maureen have to be able to talk the issues through together. Who else can make decisions for them? A counselling service or a local Hospice might be able to help them communicate with each other.

The final scene finishes like this:

The receptionist has been chatting with an elderly gentleman on the phone.

RECEPTIONIST: All right, love... Thanks a lot... Bye! [*She talks to Graham without looking up*] Hello, Can I help you? [*Looks at bag*] Few provisions?
GRAHAM: No. I'm bringing these back
RECEPTIONIST: Oh yes, what are they? [*She looks up*]
GRAHAM: I'm Mr Beck. They're my wife's medication. Dr Hall asked me to bring them in
RECEPTIONIST: [*Now she's embarrassed*] Oh yes, I see... well, thank you... I'll let him know... That's very good of you

By this time we had already seen the GPs and DNs step up and replay their scenes, now it was the turn of the receptionists. The first intervention was straight to the point. The audience member/spect-actor toned down the joviality of their phone conversation and then waited to look at Graham before speaking. When they spoke, they spoke to him politely and without embarrassment. The final question was put to the audience by the joker.

"Was that progress?"

And the answer came back a resounding "yes".

Conclusion

I commented earlier how the theatre offers immediate feedback. This piece has now been performed on three occasions and audience reaction has always been positive and warm. Although few people now think of going to their local theatre to see a play, when a piece is presented to them with direct relevance to everyday lives the real power of the medium (to offer stimulation to the eyes, ears, head and heart) can still be harnessed.

To gain clearer understanding of the performance's usefulness, we used audience feedback forms. 97% responded that the piece was relevant. Some added further comments:

"A good way to look at patient reactions and how medical staff can interact better with them"

“V. good exploration of sensitivity, confidentiality, responding to verbal and non-verbal clues”
“Helped me reflect on how I handle certain situations. I don’t have a formulaic response, but feel one’s way through consultation”

They were also asked to comment on the effectiveness of this approach as a learning tool. Once again the response was extremely positive with comments such as:

“Excellent. Really draws out the issues and the differences in approach”

”It’s evocative, thought provoking and an excellent learning tool”

“It was very true to life and showed different ways of dealing with a situation”

“It made all the professional groups think about how they approach patients”

“It’s a very powerful medium”

“Can be threatening and uncomfortable. Can open cans of worms”

“It was a very different and more realistic way of looking at the issue”

It is often difficult for the Arts to provide real evidence of benefit; longitudinal feedback was not possible, say six months later. Nor would it be relevant. This type of ‘training’ is not prescriptive, saying that the correct way of doing something is A then B then C. Instead it allows for the audience to take away personal learning points corresponding with their own set of beliefs and behaviours. To truly change someone’s behaviour would take considerably longer than one hour, but we have to start somewhere. Surely this work says to the audience: “it is possible to change” / “There are other ways of carrying out you’re your job” / “You can improve the experience of patients by trying to understand the situation from their perspective”. And that for me is real progress.

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