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# Overview

The Francis Report (2013) called for a fundamental culture change across health and social care sectors, putting patients first at all times. One of the six core themes identified to drive this change was leadership, subsequently endorsed by the Government response with a pledge from Jeremy Hunt (DH, 2013) to “change behaviour, individually and institutionally”. As healthcare educators, Higher Education Institutes are uniquely placed to explore new pedagogies and approaches to leadership education. Daniel Goleman, in an interview following the publication of his book, Working with Emotional Intelligence, (Goleman 2008) criticises the “spray and pray” approach, (sending candidates on leadership courses, praying that something will stick) and argues that engaging with your emotional brain requires a new model of learning – that includes repetition and practice rather than traditional chalk and talk approaches. Following the recommendations of the Francis report, students at the University of West London undertaking Masters study take a leadership module which uses a novel approach to creating sustainable changes in behaviour. Focus is on leadership strategies which will directly improve the patient experience, where day long workshops are facilitated by an applied theatre group – The Common Air Project.

# The Method’s evolution: Forum Theatre to Interactive Theatre via Touch Tag Theatre

The Common Air Project’s (CAP) participatory behaviour change methodology is known as ‘Interactive Theatre’ (IT). This technique is based on Theatre for a Change’s (TfaC) ‘Touch-Tag Theatre’ (TTT) which itself derives from the more well-known ‘Forum Theatre’ (FT) methodology, originally developed by Augusto Boal (Boal et al 2000).  Boal drew heavily on ideas presented by educationalist and contemporary Paolo Freire and his manifesto *Pedagogy of the Oppressed* (Freire et al 2000) which revolutionized teaching pedagogy. Both Freire and Boal believed that education and theatre up until that point had been utilised by the ruling classes to pacify and silence the population: that learning by rote was oppressive and cathartic theatre was coercive. They believed that education and theatre were inherently political and should not be ‘neutral’ as was currently practiced. They used their books as a call to arms for the oppressed population to once again become active participants in theatre and education processes.

Boal’s FT seeks to show a person, the protagonist, trying to deal with an oppressive circumstance but failing because of the resistance of one or more obstacles, the antagonist/s. An innovation in FT is to treat the audience as what Boal called ‘Spect-Actors’, meaning that those in the audience are active, not passive, spectators who take part in the action; even those who do not physically participate have the *potential* to join in, and their involvement, or lack thereof, is a conscious choice.

A FT performance consists of two distinct halves. During the first half, the audience watches a short play in which the protagonist encounters an obstacle which cannot be overcome. The subject-matter will usually be something of immediate importance to the audience, often based on a shared life experience. After this performance, there is a brief discussion amongst the audience, mediated by a figure known as the ‘Joker’ or facilitator.  The play is then started again from the beginning. This time however, whenever a Spect-Actor feels the protagonist might usefully have tried a different strategy to overcome the obstacle, he/ she can pause the play, take the protagonist‘s place, and try something different. Through the experiential nature of FT, the Spect-Actors play a vital role as they suggest and test out alternative strategies to the real-life problems that are being re-enacted. The other characters in the piece respond realistically, as they feel their characters might react on a bad day; they do not make it easy for new tactics to succeed (even failed strategies succeed in the sense that they reveal the mechanics of an oppressive situation and as a result, oppressed communities often reach a collective consciousness which in turn can lead to organization and action against the ‘oppressor’). If an intervention works, the actors will not prevent the intervening Spect-Actor from achieving a resolution.

Once the intervention by the Spect-Actor has been performed, the audience invariably applauds and the Joker invites the audience to discuss the proposed solution, and to offer others. During a session of FT, several audience members will try out alternative strategies, entering into a form of theatrical debate in which possibilities can be freely rehearsed in a safe communal space. By taking ownership of the performance in this way, the Spect-Actors often experience a sense of individual empowerment, as well as solidarity with one another.

TfaC is a UK-based charity that works in the United Kingdom, Malawi and the DRC focusing on gender rights and sexual and reproductive health. Touch Tag Theatre developed from FT because of the need, as seen by Patrick Young, the founder and director, for a more balanced approach to participatory theatre (Hahn 2010). Young was also influenced by Robert Chambers, the British academic and development practitioner, who coined the phrase ‘handing over the stick’ (Chambers, 1983) to encourage proactively listening to and learning from the very people with whom the drama workshops were developed. To ‘hand over the stick’ is to reverse the power, from ‘extracting’ to ‘empowering’ the community (Chambers 1994).

It quickly became apparent in TfaC’s initial workshops that the FT model was reinforcing a prevalent negative attitude about women. Being the protagonist, the burden was assumed to be hers; to change her behaviour, to ‘win’ against the other characters, whose behaviour was explicitly understood to be immutable. This carried connotations of victim-blaming, suggesting that women were responsible for averting threats of physical and emotional abuse, sexual coercion and rape, rather than the perpetrators being responsible for – and able to change – their abusive behaviour.

TTT like FT encourages participants to represent their experiences and develop ways of changing their behaviour to improve their circumstances. However, TTT shifts the sole responsibility away from the protagonist and instead addresses balance, equality and mutual benefit. The goal of TTT is to address the needs and responsibilities of *all involved*. With the emphasis of TTT being on a collective process of behaviour-change, the audience has a forum where they can develop how they would like their whole community to change, balancing everyone’s interests and rights. Another key development of TTT is that anyone can ‘jump into the ring and take over’ at any moment (Hahn 2010), as soon as the idea to change a character’s behaviour is conceived rather than wait for FT’s ‘Joker’ to ask you to enter into the world. This removes the Joker as perceived (and problematic) ‘gatekeeper’ to debate and participation.  A further distinction is the intimacy of the subject matter that TTT can address. FT seems to suit scenarios where the audience’s sympathies lie very much on one side of the conflict i.e. the bullied and bully. By contrast, TTT can deal with more personal issues such as addressing the challenges female sex workers face when negotiating safer sex practices, but also gives men an opportunity to try out other behaviours.

CAP applies the methodology to a wider range of spheres where communication breakdown, power imbalance, hierarchical taboos and difficulties feature. The key principles of all of these forms of interactive theatre is to treat the participant as co-creator of knowledge, rather than a vessel waiting to be filled with knowledge from a teacher or leader (Freire et al 2000) and to focus not on “what a person *should* or *would* do, but rather what that person *could* do” (Boal et al 2000).

# Student evaluation data

CAP introduced this methodologies to the University of West London (UWL) in 2013. Student evaluation data has enabled the team to explore how utilising an applied theatre-based approach could be extended throughout healthcare education. Participant feedback points to the value clinical staff acknowledge when observing their own behaviour, its impact on others and the opportunity to practically implement alternative strategies in a safe environment. Students report significant professional and personal benefits as a result of re-visiting a previous challenge or dilemma they have faced. The opportunity to examine how shifts in use of voice, body and space can influence and/ or minimise conflict is described as very useful. Students appreciate the inclusive nature of the methodology as well as its emphasis on reflection. The workshop is built around developing a pool of resources to deal with and prevent commonly experienced challenges.

The IT performance consists of an improvised play (usually two or three scenes) created by the UWL participants based on their own experience of a situation that did not unfold as they might have hoped. Witnessing participants are invited to become Boal’s ‘Spect-Actors’ and replace a character whom they feel needs empowering. The process of sharing experiences, representing them via body, voice, time and space, witnessing, participating and then reflecting are some of the key aspects of this methodology that stand out. As seen in the student evaluations, a sense of community and trust is established surprisingly quickly. Participants report that they are rarely, if ever, offered the opportunity to re-visit a past experience and try out alternative strategies. What may have been deemed as the only response in that moment is re-approached via a variety of new perspectives and therefore, alternatives. The interventions are physical and the learning experiential thus presenting interpersonal dynamics and power inequalities explicitly. As a result, systemic and institutional change are questioned and potentially changed should the group deem it necessary.

There are opportunities to explore this approach across a range of disciplines, where the engagement with and development of emotional intelligence is central to the learning experience. As a one-day workshop, this methodology employed in the context of this Masters course is clearly beneficial, but limited. Extending it to deliver a full module of study has the potential to achieve two aims; firstly, the facilitators can address the principal criticism - namely how to include those who’s learning styles lean to the verbal/ linguistic rather than the physical/ kinaesthetic. Although the methodology is on the experiential end of the learning spectrum, there is a significant theoretical underpinning which can be taught via the presentation of related theories of emotional intelligence and the evolution of Applied Theatre.  Secondly, it would create capacity to reach its full benefits – at present, the students can only really benefit as participants. Many students expressed an interest in bringing the methodology to their place of work as an alternative to discussions. With more sessions, students (who are already leaders in their place of work) could be trained to be facilitators. Also, it is interesting to note that participants reported that most of their challenges are actually experienced with other members of staff rather than patients. With more time, collusion, hierarchical work-based taboos and assertiveness could be explored in more detail. The umbrella of Applied Theatre also includes a powerful variation – Legislative Theatre (LT) - which goes beyond issue awareness and improved collaborative leadership. LT uses theatrical techniques to determine the need for, create and potentially enact advocacy, socio-political impact or laws where necessary. Which, given the current NHS climate, is arguably apposite?

# References

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