Bedside theatre performance and its effects on hospitalised children's well-being

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Abstract

This paper reports on practice-based pilot research being undertaken at Birmingham Children's Hospital in England on the impact of bedside theatre performance on hospitalized children's wellbeing. It discusses the process of creating theatre for sick children, connecting with the hospital and working within tight hospital routines, dealing with ethics, working with theatre artists, and performing to children. It also reports on evidence collected by questionnaire and interviews about the perceived benefits of bedside theatre by children and their parent/carers. This emphasis on the process is appropriate for theatre practitioners, arts therapists and clinical staff who work with hospitalised children.

Key words: Theatre, Applied Drama, Public Health, Children, Well-being.

'In hospitals, children must cope with the stresses of new and old unpleasant experiences' (Armstrong & Aitken, 2000, p. 1)

Introduction

This report explores how a pilot project of bedside theatre for children was developed and implemented at Birmingham Children's Hospital (BCH), NHS Trust in 2010. It was conducted within a Higher Education Institution in the UK with the support of an Entrepreneurship Award from He*f*CE & UnLtd. This study focused on children from three different wards (cardiac, oncology and general pathology). It involved children between 5 and 12 years old and their parent/carers.

To contextualise the work described in this paper, we find it appropriate to offer a few definitions in order to position the project in the arts-in-health practice. We have been accurately aware that there is a growth of arts-based projects in health in the UK since the 1990s. These have occurred as a result of collaborations between community artists and health organisations with support from the government (Arts Council of England 2004; London Arts in Health Forum, 2012; Brodzinski, 2010; Sextou, 2011; Staricoff, 2006). Theatre has been included in the pallet of 'Performing Arts in Healthcare and is described as a 'live performance' together with music, dance, poetry, readings, opera, voice and singing (Staricoff, Duncan, Wright, Loppert, & Scott, 2001). 'Live' highlights the interactive relationship aimed between the patients and the artists. This relationship differentiates performance from art, design and architecture projects in health settings.

Theatre in hospitals exists under applied drama with focus on health and wellbeing. We use the generic term of 'applied drama' instead of 'applied theatre' or 'applied performance' in this paper, although the project is more performance-based than process-led, to avoid any associations with theatre space and performance. We do not want to be preoccupied here with debates on these terms. We use applied drama as a diverse range of both process-led and performance-based interactive practices that rely on both pedagogy and aesthetic engagement, take place in non-traditional theatre contexts and spaces and, aim to transform and improve the lives of individuals and communities.

According to Somers (2009) "applied drama has the maximum potential for 'therapeutic' effect, as it is custom made for each individual set of circumstances and constitutes a collaboration between facilitator and participants" (p.194). Within this context, our bedside theatre is an applied drama project. It is custom-made with focus on a community of children at BCH with 'particular' circumstances. It expects audience and actor synergy during performance through verbal interaction and breathing practice and it takes place in hospital wards rather than theatrical venues. We also use the phrase theatre *for* children in hospitals in this paper because our project is made for hospitalized children, it cares for them and it aims to provide for them. However, we do not speak 'for' them. Bedside theatre does not claim the right of representation of the children's voices as some applied drama practitioners often tend to do for communities who need support to vocalize the issues concerning them (Preston, 2009).

This project neither claims to promote pedagogy as defined in Nicholson's (2005) theoretical work. Her identification of *praxis* provides a context for negotiations of knowledge and learning where the participants are enabled to realise their ability to change their lives. Within the challenges of the hospital cultural setting, we are realistic not to expect that sick children can easily become enabled to negotiate meanings and realise their own powers of transformation. The children who participate in this project are not involved in reflecting upon their values, condition and behaviour; they neither share their stories with the researcher nor create characters and scenes based on their experience, neither have we invited them to a journey of self-exploration and interrogation of ideas. Therefore, we are careful not to make claims about the project's effectiveness on the improvement of the lives of children long term. Nevertheless, we are motivated to explore the perceived benefits of theatre during their stay in hospital and think of the potential benefits of achieving it in the long-term.

Description of the project

Working with actors

The researcher selected two volunteering actors (CAD/Lab alumni) to participate in this project upon their previous experience of performing to vulnerable audiences in community contexts. The researcher and the actors worked closely on the adaptation of the story through improvisation and storytelling during a period of two months. A MBCT therapist offered a session on breathing and imagery practice to the actors. The actors employed MBCT techniques in the performance where the story created opportunities for breathing and

imagery. The actors reported after the completion of the pilot that MBCT helped them to be aware of the experience of 'being' with the child. The actors were also toured into the hospital prior to performance in order to familiarize with the clinical setting. Debriefing services were set in place for the actors in case they felt distressed during the project.

Connecting with NHS Trust

Before the study started, it gained favourable approval from the National Health System Research Ethics Committee (NHS REC) in the UK, the hospital's Research & Development department and the REC of our HEI. Going through a maze like NHS ethical process, we realized that the difference between medical and arts studies in health is not fully acknowledged by NHS. Although the standards of medical ethical practice are important and the NHS REC process is excessive for us, we found that it is not sufficient. There are sections in the application about medical research tools, blood and DNA samples and testing of new medication that are not suitable to a bedside theatre project.

Connecting with the Hospital

We collaborated with the Arts department at BCH for a period of ten months before the beginning of the project. A series of eight meetings were arranged for the researchers and hospital staff to prepare for the implementation of the study. The meetings aimed to help us familiarise with the tight hospital routines and regulations, connect with the link nurses and ward managers.

The performance

Warm-up (5 minutes): The actors enter the ward, meet with the hospitalised child and introduce themselves as 'clown doctors', a title widely used for clowns who entertain children in clinical settings. Clown doctors have a positive impact on hospitalized children's lives (Weaver, Prudhoe, Battrick, & Glasper, 2007; Kingsnorth, Blain, & McKeever, 2010). Rokach and Matalon's (2007) theoretical work, reports on the benefits humour has in performance for sick children and the reduction of children anxiety concerning illness, hospitalization and the associated medical procedures. We devised humorous dialogues to

break the ice with the child, to engage the child's interest and establish an actor-child relationship.

The play (20 minutes): The actors change costumes from clown doctors into the characters of the story 'A Boy and a Turtle' (Lite, 2001). Lite aims to relax stressed kids through her stories while in bed. The two actors play the Boy and the Rainbow. The Boy also brings a soft toy to life to play the Turtle. We used a soft toy, a pink turtle with red shell and big brawn friendly eyes (pillow size). Soft toys are commonly used in healthcare to reduce stress, help children to adapt to hospitalization, decrease fear, anxiety and frustration and facilitate communication between the child and the healthcare team (De Lima, Azevedo, Nascimento & Rocha, 2009). In our performance the Boy and the Turtle watch a rainbow in an imaginary location by a calm pond. At this stage the Mindful visualisation of an imagery pond aims to help the child 'de-center' from the hospital environment. The Rainbow starts dancing bedside sending a range of colours to the child. The body scan begins with the Boy guiding the child to imagine that each colour is filling in her body. In between each colour, the turtle and the child practice the breathing together to relax their bodies. At this stage breathing plays an important part to the story as it focuses on the effects of breathing on body and mind (Crane, 2009). The colours of the rainbow gradually surround the Boy and the Turtle. By the end of the play, the child has completed the relaxation practice.

Closure (5 minutes): The child is offered a few moments to enjoy the relaxation. An opportunity is also given to reflect on the experience by asking questions or giving her opinion on the characters and the story. This is optional and decided by the actors depending on the child's preference.

Project rational and goals

Our rational focuses on three main areas. First, the project aims to provide evidence on theatre's contribution to meeting the patients' needs in healthcare beyond the clinical treatment. At present, music and arts projects in hospitals have been overviewed and valued (Staricoff & Clift, 2011) but there is limited evaluation of the impact of performances on hospitalised populations (The British Medical Association, 2011). This is disappointing

considering the developing dialogue between the arts and health, the growth of arts in health professionals and the initiatives taken in healthcare (Brodzinski, 2010).

Secondly, we are concerned with the stressors the children experience in the hospital. Peterson and Shigetomi (2006) argue for the importance of child relaxation prior and post to medical or surgical procedures and the contribution of coping techniques to minimize child stress and anxiety. The stressors for children in hospital settings can be the physical pain, mutilation, immobility, loss of control and disruption, the shock caused by the medical incident, the possible side effects of the medical treatment, the seriousness of the illness, the emotional condition of the child, the lack of privacy in a hospital ward, separation from significant others, the pressure on the child-family relationship added by adults or peers during the stay in hospital, and, the surroundings such as small room in relation to a large number of people (Coyne, 2006; Aldiss, Horstman, O'Leary, Richardson & Gibson, 2009; Kostenius & Öhrling, 2009). We developed a methodology aiming to improve the children's wellbeing during their stay in hospital.

Finally, we acknowledge the positive results of Mindful Behavioural Cognitive Therapy (MBCT) with children with emotional difficulty and decided to use breathing and imagery practice in performance to help hospitalized children relax. MBCT calms the effects of child depression, anxiety and psychological trauma and teaches them the capacity to be aware, and to be comfortable with oneself (Crane, 2009; Willard, 2010), to manage and reduce stress, accept the physical pain, and become more thoughtful, resilient and empathetic (Greenland, 2010; Randye & Lee, 2011). We recognise the boundaries between applied drama in health settings and therapy. We do not claim to provide the in-depth therapy offered by MBCT and Drama therapists but we aim to engage the children in a project that will enhance relaxation and wellbeing. Given the above, the project was created according to the following rationale:

> *Hospitalised children should benefit from theatre performance to improve their wellbeing during their stay in hospital.*

The project addresses the following goals:

- To examine the potential of relaxation and distraction from illness inherent in the delivery of bedside theatre performance for the benefit of the child and the family while staying in the hospital.

- To capture evidence about how bedside theatre is understood to influence the participants' wellbeing as a potentially important strategy of preparing children for procedures and copying with clinical stress and anxiety.

At the core of our work has been the idea that theatre in hospitals is an area that deserves more research and attention. Children should expect and also deserve quality of life while being in hospital.

How the project is evaluated

The evaluation came from two main sources: The first part of the data consisted of a brief pre-performance questionnaire conducted with the children and their parent/carers on the day of the performance before the bed-side performance was presented to the child. These were analysed using SPSS. The second part of data was collected through post-performance standardized interviews with children and parent/carers on the day following the bedside performance, aiming to collect their personal comments and views (Bryman, 2008). Pre and post evaluation enabled data to be aggregated so that comparisons could be made between pre and post-performance attitudes. We managed to obtain the views of twelve participants, six children (three girls and three boys) and their parent/carers.

Both the methodology and the collection of data were affected by the child condition, the hospital routines and regulations.

1. Child disabled mobility, low immune system and side effects of medication suggested that not all children could get out of bed to attend a theatre performance addressed to a large audience elsewhere in the hospital. In order to offer equal opportunities to all children to experience the performance despite their condition, it was decided to take the performance to their bedside and make each child feel special as an individual who deserves to receive personal attention and care.
2. We were informed by the link nurses that the children receive strong treatment in cancer and cardiac wards. One of their therapy side effects is difficulty with concentration. This information led us to a decision about the length of the play (maximum of 30 minutes) to reduce the possibility of the children losing focus during the performance.

3. Given the health condition and various moods of hospitalised children, the actors were guided to be flexible with the performance in such a way that differentiation between each performance depending on each child's mood and responses during the performance would be available. To achieve flexibility we used storytelling techniques such as eye contact with the child, improvisation, use of minimum of costume, props and sound (Harvey, 2010; Wilson, 2006). During the play the actors could use their improvisational skills to let the story grow if the child responds well, or bring the performance to an end, in case of an emergency or if the child falls asleep.
4. Performance was offered to children between 5.30 to 7pm as bedtime in hospital life is a settled time. Medical tests are completed, dinner is finished, medication is taken and the visitors are gone. We assumed that because of these factors in place, the children would be more likely to accept a purposeful theatre performance that suggests relaxation in bedtime zone rather than during busy hospital hours.
5. General light and limited space between beds at the hospital made performing challenging. Both actors and child were exposed to an intimate relationship which could generate issues of invasion of the child's privacy. The actors were advised to ask the child if the distance between them was comfortable to the child before the beginning of the play. The child agreement removes away tension and so offers less chance of the child feeling 'attacked' in their private bed space.
6. The collection of data lasted only 3 days as agreed with the hospital to reduce any possible defect the study could have on the hospital operation. Cancellations of performances due to emergencies (two operations and one death in oncology) dropped the numbers of participants from fifteen to twelve.

We dealt with ethical issues such as the relationship of trust between the actors and the ill child (warm-up), the audience involvement, the potential impact of the play on individuals' lives and the respect of the child as individual and not as a research 'object'. However, we are concerned that the current NHS research ethical application system does not provide space for non-medical researchers like us to address the unique issues which are faced in hospital. This shows a need for greater attention to ethical decision-making relating to the arts in NHS trusts.

Given the practical focus of the paper, a detailed analysis of the results is not provided here; however trends are reported as thematic discussions.

Results

The use of many confounding variables at play (humour, storytelling, breathing and a toy) made it difficult to pin down cause and effect relationships but we anticipate that the project has overall evidenced a number of considerable results. Each child watched a different performance created with the synergy of the teller, the child and the clinical circumstances. The use of toys in hospital performances is a promising practice with young children because toys work as communicators between the child and the actors. This is something to be considered in future investigations.

Distraction from illness

Bedside theatre performance is perceived to be an intervention that breaks the hospital routine, distracts the mind form the pain and gives the child something to discuss with their families after the show. All of the children could recall the play and remember doing some breathing exercises with the Turtle. This helped them relax and made them forget their presence in hospital.

Helping with taking medication

According to two of the parents in oncology and cardiac wards, the performance had a huge impact on their children in relation to medical procedures the following day. They recalled that their children normally have difficulty taking their medication. However, the day after watching the performance, with some prompting by their parents they remembered the breathing practices. These enabled them to relax and take their medication with little difficulty.

Helping with pre-operative stress

Children and parents support the view that bedside theatre can lift the spirits of sick children and teach them easy relaxation exercises to use when they feel stressed or unwilling to go through a painful procedure, pre- or post-operative. A parent of child in the cardiac ward

stated that the following day that her daughter (age 5) had to go for a procedure for which she was quite upset. The performance taught her to put some breathing in use when experiencing anxiety.

In high risk wards

The parents who had children in the cardiac and oncology wards thought that the bedside performance was beneficial to their children. This shows the suitability of the methodology on children at high risk and that the severity of the child's illness increases the parents' willingness to explore the potential of theatre's 'therapeutic' effect. Theatre in hospital could give parents a better experience in the hospital too.

Future plans for the project

The pilot phase finished in 2010. NHS approved the main phase of the study to be continued at the same hospital in 2011-12. The lessons learned from the pilot study have been used towards the improvement of the main phase. The two phases hang together as follows. The age group of the participants is reduced from 5-12 to 4-10 as it was proved that both the story and the soft toy were more appropriate for younger children. It became a priority to focus more on children with serious illnesses (cardiac, cancer) and their parents and perform to them more exclusively. The size of the group has been doubled. We realised it is important to sustain a good number of participants even if there are cancellations of performance due to emergencies. Relevant medical data is collected with the assistance of link nurses in order to judge the effectiveness of the project on the child physical condition. Bedside theatre for children in hospitals is continued and being developed with the collaboration of researchers from drama and social studies, actors, therapists, NHS and clinical staff in an attempt to generate future research that contributes to a deeper understanding of the potential theatre has over the wellbeing of hospitalized children and their families.

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