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Applied theatre, puppetry and emotional skills in healthcare: A cross- disciplinary pedagogical framework

ABSTRACT

Artists such as actors and puppeteers in health care face emotional challenges in their work. This article investigates the interpersonal competencies and emotional skills of the artist who uses puppets in their practice in health-care contexts and settings. We present initial findings from phase B of a wider longitudinal study. Phase A focused on actors in hospitals and drama trainees; Phase B uses qualitative research methods with actors, puppeteers and therapists as participants. Content analysis of data reveals that the main competencies the artist needs to deal with emotional incidents in health care are empathy, self- and social awareness, self-care, self-reflection, emotional resilience and active listening. These skills

KEYWORDS

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are needed alongside acting and puppetry skills to develop competent and professional artists in healthcare. The study offers evidence to further develop strategies of receiving, processing and communicating emotions safely and effectively within the protection of the artform. This study therefore diverts our attention from traditional training courses that are mainly about learning artistic skills to a cross-disciplinary pedagogical framework that aims to enable artists to observe, reflect and process emotions before, during and after a performance with patients as theatre 'audience'-participants.

INTRODUCTION

A colleague commented on my work in the wellbeing of artists performing to children in hospital, saying, 'Those vulnerable children are more important than the actors'. I agreed, saying, 'Children are very important audiences to us, but one can't pour from an empty cup! Ensuring that the artist engages in self-care will allow them to better approach and care for the audience during performance'.

Being trusted with inpatients' entertainment and wellbeing truly is an honour. However, actors and puppeteers face several challenges in their performances, particularly in health-care settings where there is a higher concentration of trauma, need and vulnerability. For example, working with vulnerable children with emotional needs in hospitals can impact heavily on an artist's emotional wellbeing (Sextou 2016). Preston (2013: 243) explains that this happens because the artist provides 'emotional labour' in the form of care and positive relationships during performance that, given the complexity of these environments, can be emotionally taxing. Hoggett, Mayo and Miller (2009) argue that applied theatre facilitators need strong, personal mental and emotional resources to cope, feel secure and perform in challenging settings. We therefore believe that investigating the training needs of actors and puppeteers in the context of this article does not undermine the importance of the audience. On the contrary, it highlights the necessity of supporting the artist's emotional resources in order to make them efficient in supporting others' wellbeing through the aesthetic experience in difficult circumstances.

Throughout this article, the artist is acknowledged as an important, contributing professional in the industry of caring for people. The main resource to sustain quality of performance and achieve positive benefits for audiences in hospital through theatre/puppetry is the artist. In their majority, artists are exposed to emotive and challenging situations during their visits to hospitals. In our professional opinion, there are two reasons for this.

First, hospitals are environments characterized primarily by illness. Although hospitals are also spaces of hope and healing, they are 'perplexing environments' for the artist, as they can often become overwhelmed by the complexity of treating patients as spectator-participants. The complexity stems from the intricate nature of using a clinical space as theatre and working with ill people as audiences. Under these conditions and emotional demands, an artist may question their role and capacity to perform in such a demanding environment. Current health research indicates that working in health care has been described as a rewarding and meaningful, yet 'stressful' profession. Emerging evidence points towards a heightened risk among health-care professionals of developing burnout syndrome. This, in turn, may affect their

physical, emotional and social wellbeing by affecting their professional capacity, as well as having a negative impact on their quality of life (Portoghese et al. 2014). Koinis and colleagues (2015) recommend that health workers could be trained to employ relaxation techniques and stress management strategies, seeking psychological support and attending counselling programmes.

Acknowledging the importance of self-care for healthcare professionals in the workplace, it is not surprising there are emerging concerns about the effect that emotionally draining experiences might have on the artist. Of course, one of the rewarding aspects of being an artist in health care is improving the quality of life of patients, and this can be a satisfying experience. Helping others, connecting with patients, saving lives and making a better world are some of the reasons why so many health-care professionals find their work fascinating and tremendously rewarding (Jubbal 2018). However, it is necessary to investigate ways of ensuring that the emotional protection and wellbeing of the artist is justified. The rationale of this research is supported by a factual syllogism: if professionals who work in health care need to be prepared and equipped with adequate emotional and interpersonal skills to regulate their emotional experience in response to illness (Yilmaz 2017), then there is a need to consider the interpersonal skills of the artist dealing with the same healthcare-related emotional experiences.

The growing interest of emotional resilience is well documented within health-care research, suggesting that health-care personnel need to be resilient to deal with work-related, challenging and unexpected situations (Jackson, Firtko and Edenborough 2007). In fact, the health-care context is perceived as highly demanding due to various professional and organizational stressors that are unique to its nature (Tucker et al. 2010). Just some of the stressors that can undermine health-care practice include burnout (Prins et al. 2007), compassion fatigue (Alkema, Linton and Davies 2008), increased workload, limited resources, moral and ethical dilemmas, loss and bereavement (Dixon et al. 2005). Maintaining emotional resilience is thus now perceived as a requisite for practice in various health-care professions such as medical doctors, nurses and social workers (Health & Care Professions Council 2017) in the UK. For example, the General Medical Council (2017: 8, 28) expects doctors to 'demonstrate emotional resilience' as a core professional responsibility in their practice and defines emotional resilience as 'the ability to adapt and be resourceful, mindful and effective in complex, uncertain or stressful situations or crises'. Moreover, the Nursing and Midwife Council (2018: 6) expects registered nurses to possess the ability to 'demonstrate resilience and emotional intelligence and be capable of explaining the rationale that influences their judgments and decisions in routine, complex and challenging situations'.

Although there is recognition of the importance of emotional resilience in health-care practice, there is no standardized operational definition of resilience reflecting the current conceptual debate within research (Windle 2011). This may suggest that emotional resilience behaviour may be profession specific. Emotional resilience has been defined in many different ways in the literature, with the overarching category describing a protective ability to recover from life stressors without a long-term, negative impact (Grant and Kinman 2014). Having emotional resilience can be a beneficial quality in healthcare professionals and more specifically artists-in-healthcare, as it can promote the ability to adapt positively to work-related stressors, reduce burnout and maintain job satisfaction. Research suggests that emotional resilience is not an exclusively innate characteristic. It can be taught through

interventions that specifically enhance the attributes associated with resilience. These attributes include empathy, reflective ability, emotional intelligence, self-awareness, self-efficacy, work–life balance (Fouché and Martindale 2011; Gillespie et al. 2007; Kinman and Grant 2010; Slaski and Cartwright 2003).

There is conceptual variation to the operationalization of emotional resilience, which has been defined as a stable personality trait (Howe, Smajdor and Stöckl 2012), a dynamic process that involves adaptation in the face of adversity and a set of attributes defined as ‘the ability to succeed, to live and to develop in a positive way [...] despite the stress or adversity that would normally involve the real possibility of a negative outcome’ (Cyrułnik 2009). A review of the current literature highlights that emotional resilience has been described as: (1) developing effectively despite of risk exposure (beating the odds); (2) performing well under current threatening or challenging conditions (stress resistance); and (3) returning to normal functioning in the face of adversity (normalization) (Masten 2007). Reflective ability supports emotional resilience by enabling professionals to explore their thoughts and rationalize emotional experiences, which can in turn reduce their impact on wellbeing (Grant and Kinman 2014). Artists who work in health care could enhance their ability to engage in reflective practice through narrative writing, primarily in the form of individual reflective journals, with the potential for the content of these journals to be explored within professional and reflective peer groups.

Reflective listening, also known as active listening, is an essential communication skill. According to Rosengren (2018), reflective listening includes showing an interest in what the person says and what they mean; paying attention to what they say; demonstrating that you are listening; and recognizing and respecting emotional aspects of communication. This can be achieved through feeling statements, paraphrasing or interpreting what the person says and reflecting it back to them. We believe reflective listening can be a transferable skill in applied theatre and puppetry, especially in one-to-one interactive performances with audiences that need attention and would benefit from empathic and compassionate communication with the artist.

Second, artists are exposed to emotive and challenging situations during their visits to hospitals because aesthetic distance is elevated during participatory performance. Active audience participation is seen by Cole (1975) as a process that compromises aesthetic distance because it blurs the distinction between stage and audience. This rather extraordinary paradox is described as metaxis. According to Boal (1995, cited in Jackson 2007: 140), metaxis is the belonging of the participant to two different and autonomous worlds at the same time: the fictional, the image of reality; and the real, the reality of the image. Both the clinical and metaxis conditions can potentially affect the emotional exchange between the performer and the audience in health care. This emotional exchange has long been acknowledged in the therapist–client relationship as transference and counter-transference (Yalom 2002). Transference processes can hold invaluable information that can inform the performer–observer in the emotions present during the performance and how to work through them. There can also be unhelpful transference. In a participatory performance context, emotional exchange could create tension in the feelings experienced by the artists and the way they observe and work through them in health-care settings.

The impact of metaxis on the facilitator’s emotional experience was acknowledged by Preston (2013: 244), who explored the implications of performing to ‘vulnerable communities in contexts of risk and uncertainty’ for

a 'resilient' pedagogical practitioner of applied theatre. Preston (2013) argues that the applied theatre practitioner needs a strong capability to feel, explore and reflect on feelings. Thompson (2003) also focuses on applied theatre practice with refugee audiences experiencing trauma. One of his observations is that performing for communities in crisis is an activity often defined by moments of emotional experience for the artist when watching the struggle of individuals and groups who try to find meaning in their lives at times of difficulty. This seems particularly relevant in a hospital context that exposes the artist to dealing with the emotions (i.e. anger, fear, surprise) that emerge at the outcome of an incident when they see patients dealing with illness and difficulty. This leads us to think that artists may need to use their emotional intelligence (Houston 2020) to find a sense of control and ownership of their own emotions in overwhelming situations. By 'emotional intelligence', Salovey and Mayer (1990) mean one's capacity to perceive, process and regulate emotional information accurately and effectively, both within oneself and in others, and to use this information to solve personal and interpersonal problems. They argue that those with stronger emotional intelligence are more likely to respond calmly to negative environments. While emotional skills have the potential to reduce the possibility of 'burnout', artists also need to remember that the fictional frame is their 'protective armour' against actual emotional engagement in challenging events that take place in hospitals. O'Connor and Anderson (2015) argue that the dramatic framing using theatre conventions creates emotional distancing and recreates the focus of the event within the safety of the fictional world. Fictional framing is indeed essential to all drama work, with great applications to hospital performance. It provides both the audience and the artist with aesthetic distance and allows the reimagining of worlds of illness into happier places. However, for the experience of an artistic performance to be effective in healthcare, a connection of emotion is essential between the artist and the audience. It contributes to enriching the space of shared experience for the artist and participant. Thus the accurate regulation of emotions is a much-needed skill for the artist in health care.

The problem is that we have little knowledge of the previous personal experiences of these artists apart from the fact that they are trained performers, actors and puppeteers, not clinicians. For some artists, their familiarity and understanding of health care may be restricted. We also do not know how being on the hospital wards and bearing witness to ward life could act as a trigger for personal sensitive or traumatic memories of the artist. For an artist who has been hospitalized or has been a carer for close family members during their stay in hospital, performing in this context might present them with an additional layer of emotive challenge. We therefore have to ensure they possess the necessary emotional skills to successfully respond to emotionally challenging situations by including these when devising the artwork to protect the artist without losing sight of their artistic purposes. The artist cannot seek to simply perform and walk out of the hospital ward. The aim is to create and explore an imaginative context with the audience, to enable engagement and connection with the characters in the drama. Therefore, training the artist with these thoughts in mind has to be as much about the artist's emotional protection as it is about the process of enhancing the audience's wellbeing. Yet there are always moments when the artist worries that the arts-based activity might 'become traumatic or too close to their personal experiences' (Balfour et al. 2015: 117). After observing situations where artists on hospital wards are confronted with moments of emotional ambiguity, we searched for evidence about the emotional demands and skills of performing in healthcare.

METHODOLOGY

The study presented in this article is the second phase of a larger research project titled 'Training the Applied Theatre Practitioner in Healthcare: Exploring the Professional Skills', conducted within the Community and Applied Drama Laboratory (CADLab) at Newman University Birmingham in the UK. Phase A of the study aimed to explore the skills and competencies relevant to applied theatre practice in health care with a focus on training provision (Sextou and Karypidou 2018). This is phase B of the study. It explores ways of creating training and professional development opportunities for performers (actors and puppeteers), health-care professionals and therapists to use puppets as a method to address social issues affecting individuals from varied age and socio-economic groups in health and wellbeing contexts.

Given the lack of information about professional training and the expected competencies for actors in health care (Moss and O'Neill 2009), we found it useful to take an applied research approach. More specifically, we use an inductive research approach to understand the skills involved in performing in health-care settings. This study therefore applies a purely data-driven qualitative research strategy using open-ended questionnaires and is exploratory in nature (Thomas 2006). Qualitative methodology ensures that the real experiences of experts relevant to the research topic are explored (Taylor, Bogdan and DeVault 2015). This qualitative research inquiry has the primary aim of exploring and identifying relevant emotional skills for applied theatre/puppetry practice in health care. Anonymous, open-ended, self-report questionnaires were used to collect data (step one). Participants filled out paper questionnaires. Open-ended questions gave the participants the freedom to respond in detail with minimized effect of investigator bias, as they were not limited by response options. As a result, open questionnaires can generate thoughtful responses that provide valuable qualitative material (Greetham 2009). Example questions that were included in the open questionnaire included:

- What are the required emotional skills in your profession?
- How do you demonstrate these in your daily practice? Please list and define the top three emotional skills that are relevant to your professional practice with puppets/objects/shadow figures in a health-care setting.
- How do you think that puppets/objects/shadow figures may affect your emotional protection in creative interventions within health care?
- What would be the content of a training course for applied puppetry/theatre practitioners in health care? Can you name top three learning outcomes?

Both verbal and written consent was received prior to data collection. The participants were informed about the aims, the requirements of the study and the criteria used to determine participation eligibility, which – stated on the form – 'can then be corroborated using other methods of data collection'. The completion of the questionnaire lasted up to fifteen minutes.

Analysis

The qualitative data was analysed by inductive content analysis technique (Mayring 2004), which is a systematic text analysis. This was selected as it preserves some methodological strengths of quantitative analysis by following

a step-model approach. It makes 'inferences by objectively and systematically identifying specified characteristics of messages' (Holsti 1969, cited in Stemler 2001: 3). The above theoretical background and research questions informed the formulation of the criterion of definition (essential skills for the artist-in-healthcare). This criterion guided the step-by-step analysis of the questionnaire responses to deduce tentative categories. A category is considered a significant piece of information relating to the research question (Braun and Clarke 2006). Initially, the category level of abstraction was high. Categories were revised within a feedback loop during the process of analysing the materials. This process allowed for the reduction to the main categories presented in this article and also allowed for checking their reliability. This process of analysis was completed by all three researchers. Using investigator triangulation enhances the analytical process as it seeks convergence of information and eliminates coding and researcher bias (Duffy 1987). This is especially important when considering the qualitative nature of the data in order to ensure valid conclusions. Furthermore, the cross-disciplinary background of the investigators allowed for both artistic and psychological categories to be identified and extracted from the data.

Sampling

We applied a convenience purposeful sampling approach, as participants needed to meet the inclusion criterion for participation eligibility: knowledge and/ or performance experience of applied theatre/puppetry practice in health-care settings. Purposive sampling is the most common sampling approach in qualitative inquiry and may be advantageous when studying participants with special expertise and/or experience on a research topic that may be still under-developed (Marshall 1996). The participants completed the questionnaire during their attendance at the Broken Puppet Symposium 3 (BP3) on puppetry, applied theatre, disability, health and wellbeing at Newman University (17–18 April 2019) to ensure the consistency of environmental dynamics during the completion of the questionnaire across all participants. Participants were registered attendees in BP3 who come from a varied socio-cultural and professional background demographic. Nineteen participants from seven countries (France, Germany, Greece, Lebanon, Switzerland, the Netherlands and the UK) completed the questionnaires. They defined themselves as actor, puppeteer, applied theatre practitioner, clown doctor, drama therapist, psychotherapist, nurse, social worker and social anthropologist. Some of them were highly experienced at performing in health care (20–30 years), while others – who were students – had very little or no practical experience. Despite the small sample, the demographics bring to the study a multi-layered, cross-disciplinary and international dimension to the understandings of puppetry in both applied theatre and therapy contexts in health care.

DISCUSSION OF FINDINGS

Significant interrelated categories emerged from the analysis of our data. We asked the participants how they used puppets in their professional practice. As the participants' professional identities varied, it was expected that their replies would be mixed and would reflect their practice. They reported two

main uses for puppets: one in the community (i.e. schools and hospitals); and one in therapy. Education, research and communication were also mentioned.

Puppetry is presented as a multi-medium that enhances communication, contact and connection and as a form that encourages play, creative expression and engagement in both performance and therapy in health-care environments. For the purpose of exploring the perception of emotional skills by the participants, we also asked them what emotional skills were necessary in their profession. The top significant categories that were demonstrated were empathy, emotional safety, emotional resilience, reflective openness and social awareness, self-awareness and self-reflection, and active listening.

Empathy

Based on our analysis of the data, empathy is the strongest category. Most participants have expressed that empathy is a core skill in puppetry practice. Empathy is defined and conceptualized by participants as a caring, compassionate and sensitive approach that involves understanding of an audience's emotions and a demonstration of that understanding. It also contains acceptance of the need of the audience to facilitate 'connection' with the performer through verbal and non-verbal communication. Participants, for example, referred to 'eye contact', 'active listening' and 'responsiveness' as main channels of demonstrating empathy to an audience. The majority of participants are, however, cautious about the 'danger of playing the role of the helper'. As highlighted in the introduction, understanding, acknowledging and accepting how people feel can be emotionally taxing for both artists and their audiences. Artists therefore need to maintain a balance of establishing effective communication with their audience while maintaining emotional and personal boundaries. Achieving this balance is essential to protect the wellbeing of both artist and audience. Participants reported that puppets can facilitate these boundaries by acting as an intermediate third party.

Emotional safety

Ensuring a safe approach to applied puppetry practice is another strong category in the data. Participants reported about the use of puppets in securing emotional safety for both the artist and the audience in health care. For example, they see puppets in health care as 'excellent transitional objects, a mask for the whole body', 'safe distance', 'creators of a metaphorical world between me and the participant', 'objects in the middle between client and puppetry therapist' and 'security, acting as a partner'. Participants expressed the need to create and maintain a safe, meaningful experience for the audience through the use of puppets as intermedium. In fact, participants expressed that puppets facilitate the development of 'safe distance' between them and the audience as they can be used to regulate the level of emotional investment, connection or distance in health-care setting participatory dramas.

Emotional resilience

This study reveals that emotional resilience is perceived as an essential central quality in applied theatre using puppetry. Participants expressed that emotions and emotional involvement with the audience are inherent elements of this practice. Although puppets may help establish 'safe distance' with the audience, participants expressed that puppetry could trigger an emotional response that

may require 'emotional strength', 'tolerance' and 'patience' from the puppeteer to avoid 'emotional burnout'. This is poignant because, as mentioned in the introduction, emotional burnout and compassion fatigue are frequent challenges in caring professions and among applied theatre practitioners. The majority of participants talk about 'emotional neutrality'. They see it as an essential skill when dealing with the 'possibility/ danger of awaking emotional memory' and the 'possibility of pathological attachment of the patient with the puppet' during audience participation. Others describe it as a strategy for 'coping with emotional exhaustion' and as 'a way to protect yourself' from emotions. These findings further support our view that emotional protection needs to become a central aspect of the work of actors and puppeteers in health care, similar to the emotional protection training received by therapists. Being immersed in a clinical setting and frequently bearing witness to the challenges faced by people in pain requires emotional resilience. Connecting with patients in the fictional story is based largely on emotional sharing. This connection is underpinned by caring, warmth, compassion and understanding, all of which draw upon the emotional reserves of the artist. Therefore, this supports our case that training for the artist needs to encompass skills that will enhance their emotional understanding and resilience to ensure work-related wellbeing and job satisfaction in health-care settings.

Reflective openness and social awareness

Participants perceived an open and reflective approach to puppetry as a core skill, not only in developing a meaningful experience within practice, but also as a skill for personal development and growth. They reported that reflective openness allows them to 'open new rooms for working together', 'open new questions in the practice', 'be open-minded', 'be curious', 'develop new skills in the field', 'reflect on one's life experiences' and 'be open to teaching collaborations'. In this project, openness has been defined in two ways. First, participants define openness as a genuine, honest and authentic approach to engaging with the audience. Additionally, they see reflective practice as a means to achieve personal and professional development within the field of puppetry through supervision and cross-disciplinary, collaborative work.

Self-awareness and self-reflection

A majority of the participants reported that a central aspect of applied puppetry practice and engagement with the audience was awareness – specifically, social awareness and self-awareness. Social awareness involves puppeteers being aware of the situational factors that may affect the ability of the artist to maintain engagement and development of their interaction with an audience, thus impacting the quality of the performance.

'Self-awareness', 'consciousness', 'emotional resilience', 'emotional strength' and 'reflection' are all interconnected skills. However, upon deeper exploration, we see that to practise self-awareness as an artist, practitioners must reflect both on themselves (personal reflection-awareness) and on their practice (professional reflection-awareness). Self-awareness has been described by participants as a conscious attunement to one's own mental processes with the aim of engaging their practice with clarity, insight and an awareness of their personal limits.

Performing in hospital takes more than looking at the audience or hearing their words. It requires the artist to be able to sense, interpret and respond to patients as audiences so they no longer feel alone. At times, the emotions may overwhelm the artist, but it is important to still be able to listen, observe and learn about oneself and others through performance. Awareness was one of the qualities that was valued most frequently by the participants. They wrote 'aware of the limitations of emotional involvement', 'aware of me', 'aware of my weakness' and 'find my emotional strengths'. This study therefore shows that reflecting on one's emotions by actively listening to the audience and to the artist's own needs is instrumental when it comes to ensuring the quality of the facilitator's performance. This need for self-awareness and active listening has become clear to the study participants following years of experience. Considering the high levels of burnout associated with the field, it would be prudent to provide artists with tools to enrich and develop their self-awareness and active listening skills at the beginning of their training. For medical professionals, self-awareness has been identified as increasing 'patient satisfaction and physician resilience' (Dobie 2007). This therefore raises the question of what is the most effective reflective training tool that leads to enriched self-awareness or the artist-in-healthcare. It remains a key concept in our study because it echoes the real-life professional challenges that artists, puppeteers and therapists must consider in such highly sensitive and demanding work.

Reflection may enable the practitioner to become more cognizant of their actions, emotions and biases through recognizing patterns in their thoughts and emotions, and understanding where these may lead them. In education, Gibbs' (1988) reflective circle allows the learner to transform their perception of reflection so it involves more than what happened during the experience. Gibbs' reflective practice on how the learner feels enables them to evaluate the positives and negatives of the experience and recognize areas for future amendment. Always being engaged in an active process of reflecting on feelings and experiences allows us to critically evaluate our interactions with the world, enabling us to assess our position within the multiple social systems within which we exist. Self-awareness enables the individual to recognize the impact of personal histories, everyday lives, affect and personal characteristics on their relationships (Saunders et al. 2007). Self-awareness will enable the artist-in-healthcare to identify the effect these individual variables have on their interaction with the patient-participant and use this emotional response to inform and improve the performance. Personal and professional reflection will help them to learn from their experiences in the context of the artist's relationship with another person during performance. In turn, this will improve the quality of their practice as they are engaging in a constant evaluative cycle of the variables influencing their participatory work. This enables them to identify strengths and limitations, both in the practical and emotional aspects of their practice, thus highlighting areas for amendment. Koshy and colleagues (2017) describe the benefits of reflective practice in health care as developing skills in self-directed learning, improving motivation and improving the quality of care the health-care professionals are able to provide. By reflecting on artistic practice in health care, the artist is better equipped to recognize their emotional boundaries in professional artistic practice in clinical environments than those who are less attuned to their own emotions. That is because reflective listening allows the artist performing in hospital to provide person-centred care by attending to what the patient-audience needs and wants to take away from the two-way dynamic performance in that very moment.

Active listening

A research participant referred to 'active listening'. In the context of applied theatre in schools, active listening describes the ability to take the time to listen to students' problems, offer guidance, show warmth and build caring ethical relationships with them (Isenbarger and Zembylas 2006, cited in Lazaroo and Ishak 2019). As we understand this comment in the context of this study, it places importance on remaining in the present, listening in the moment, observing audience reactions, body language and facial expressions during the performance, and responding to them to the extent the artist's emotional ability and artistic skill allows. We believe the power of reflective, active listening in participatory performance stems from the shared experience between the artist and the audience, where they form a connection during the fictional story. They are engaged in a dyadic, natural process of kindness and compassion. Therapists and artist participants in this study valued self-awareness and reflective listening in their practice. 'Being present and grounded' allows one to 'know ... how I feel in the world around me so I can be present for my clients'; one participant described becoming attuned 'to audience/clients through active listening', while another engaged in 'listening/ talking therapy'. A participant tried 'hard to make space for listening'; in their practice. This comment addresses the need to evaluate the communication, participation and enjoyment that take place during the artistic experience in hospital. More importantly, it highlights that listening to and with others is a necessary practice to connect with the audience, especially when suffering is involved. The audience thus becomes an important 'other', and also part of the artist's human experience.

Interpersonal skills

In order to gain insights into the participants' practice, we asked them how they demonstrated emotional skills, and to highlight the three most relevant skills for their professional practice. Artists participating in projects with patients for the first time often face confusion: it is a demanding and challenging activity that requires adaptability in employing new patterns of physical, verbal and emotional communication. Data show that artists who enter health care question their practice because they become emotionally involved with their audience's experience. This is explained in the participants' own words: 'I am emotionally involved in the women I befriend. I am often very tired from caring' and 'I know that without those skills it is difficult to work in everyday basis with children'.

According to the participants, other interpersonal skills also proved effective in performing and communicating with audiences within a health-care context. These were respectfulness, attentiveness, authenticity, humour, positivity, caring, enthusiasm, joy, curiosity, appreciation, love.

In participants' conceptualization of expected interpersonal skills in applied puppetry practice, the development of a relationship with the audience is important. Participants in this study reported 'self-awareness', 'awareness of environment', 'reflection of his own emotions' and 'creating a safe space' as important intrapersonal skills in their practice. Therapists appear to be more aware of self-care strategies when it comes to using puppetry with a vulnerable individual. 'Congruence', 'empathy' and 'unconditional positive regard' – which was explained as 'I love you always' – were identified by a

puppet-therapist participant as being the most important emotional skills used in puppet therapy.

A person-centred approach

Unconditional positive regard is relevant to the counselling approach that participants apply in their practice. It is all about accepting and valuing the client. These qualities are elements of the person-centred – previously known as client-centred – approach proposed by Carl Rogers (1979). The person-centred approach explains the establishment of a therapeutic relationship and a dyadic, dynamic interaction between therapist and client. In counselling, the person-centred approach acknowledges the individual as a unique entity, applies a holistic approach tailored to the needs of that individual and refers to both therapist and client as equal partners in the therapeutic context. In applied theatre/puppetry, there is a focus on the shared experience between the artist and participant. For example, both bedside performance to a child in hospital and a therapy session using puppets can be person-centred theatrical experiences, although with different intentions. It is consequently fitting to borrow these definitions and apply them to the interaction between artist and patient during a performance in a health-care setting.

The person-centred approach includes three core elements in the relationship between the actor (as therapist) and the audience (as client): congruence, unconditional positive regard and empathic understanding. Rogers argued that these conditions apply in any situation in which personal growth is a goal. Congruence therefore refers to the actor's transparent approach, suggesting that the more genuine the actor, the more constructive the engagement of the audience. Unconditional positive regard involves an accepting and caring attitude (Rogers 1979), essential to ensure a safe space. Such an approach may involve warm and accepting behaviour through verbal and non-verbal cues. This will promote relationship development and audience growth, and will achieve performance goals. If an actor demonstrates a positive and accepting behaviour towards the participating audience, the participant may show greater levels of engagement and positive changes as a result of the performance. The third element within the person-centred approach is the empathic understanding in the relationship between the actor and audience. This may involve the actor adopting a phenomenological approach in their practice by appreciating the audience's world-view as a core aspect of working collaboratively. The results of this study indicate that empathic participation in performance is one of the top skills required by professional artists (actors and puppeteers) – in other words, the emotional preparation of the artist to develop further empathic awareness needs attention when it comes to the design of artist training for health-care contexts.

An interdisciplinary approach

Interdisciplinary collaboration between drama practitioners and health professionals in complementary training provision has proven beneficial for drama and nurse/midwifery students, with positive learning outcomes for both sides (Loth et al. 2016). Loth et al. (2016) argue that sessional training as a non-compulsory drama and health course has enabled drama, nursing and midwifery students to develop artistic and clinical skills in relation to communication and emotional fatigue. Drawing on this example of collaborative

training between drama and other health-related disciplines, we consider further exploring what the artists could learn from therapists in relation to emotional preparation. The therapist-participants' perspective in this study suggests that there is an overlap of common skills and tools between the therapist and the applied theatre/puppeteer practitioner. The term 'common' is used to acknowledge that the emotional experience of working with vulnerable individuals is observed in both professions, and creates similar training needs. It is our view that training the artist to further develop emotional skills offers the opportunity to make self-assured artistic choices with the minimum emotional risk, allowing artists to express themselves through their art form (acting, puppetry, etc.) in such a way that will make them better equipped to manage the emotional demands of the role. It will promote self-awareness and the ability to respect and accept not only their own emotions but also those that their performance might evoke in the patient-participant. This level of deeper self-awareness and emotional control seems essential for the artist who performs in health care due to the clinical environment constraints. In a clinical setting, there is limited use of props, thus leaving artists to use their imagination to explore and animate the audience's experiences in order to create a bespoke fictional, playful and creative world. This can only be achieved if the artist is grounded in themselves and attuned to both their own and the participant's emotions. It is hence vitally important to find ways to train artists that will ensure emotions are understood and processed.

CONCLUSIONS

The findings of this study propose that emotional and social awareness, empathy, reflective listening, congruency and emotional resilience are important skills to include in the future training of artists in health care. We further demonstrate that artists need to take responsibility for the safety of the audience, themselves and the environment through emotional awareness and processing.

However, this approach is sceptical about certain clinical (therapeutic/counselling) practices that need to be learned. Artists are not necessarily equipped with a relevant background and understanding of a 'clinical vocabulary' – including psychological terms and practices – as therapists are. Whereas many artists and therapists do speak with confidence about the use of puppets in their health-care practice, this study shows that emotion is a central experience for artists when working with patients through applied theatrical forms.

Using applied theatre and puppetry in health care can be a positive process of responding creatively to communities, connecting with audiences and reframing their clinical experience from daunting to positive. The emotions generated during interactions with a patient can stimulate the artist to develop strategies to communicate with them powerfully within the protection of the artform. To achieve this, artists require training on the use of both artistic and emotional tools. Artistic tools will enable them to use fictional framing to create aesthetic distance and to allow the reimagining of worlds of illness into happier places. Emotional tools will help them build awareness of their own and others' emotions and self-care. Training on emotional awareness and self-care is not to be confused with self-therapy; rather, it is a process of empowering the artist to perform to patients as an audience, and to feel emotionally secure in performing through this empowerment in a demanding environment.

This study diverts our attention from traditional undergraduate actor and puppeteer training courses that are focused primarily on learning artistic skills to complementary, intensive seminars and workshops that will teach artists interpersonal skills and tools to process their emotions during performance with patients as audiences. We propose the creation of an interdisciplinary, collaborative curriculum for applied theatre/drama and applied puppetry related to additional resources across psychology and creative therapies for the trainees, to help address the emotional challenges they may face in healthcare.

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