

'Beckett on the Wards': medical humanities pedagogy and 'compassionate care'

Jonathan Heron,¹ Elizabeth Barry,² Francesca Duncan,³ Elaine Hawkins,⁴
Zoe Playdon⁴

¹Institute for Advanced Teaching and Learning (IATL), University of Warwick, Coventry, UK

²Department of English and Comparative Literary Studies, University of Warwick, Coventry, UK

³Independent Researcher/Theatre Practitioner, UK

⁴University of London and formerly of Health Education Kent, Surrey and Sussex, UK

Correspondence to

Dr Jonathan Heron, Institute for Advanced Teaching and Learning (IATL), Senate House, University of Warwick, Coventry CV4 7AL, UK; J.P.Heron@warwick.ac.uk

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To be 'compassionate' is to share the passion—etymologically, to suffer together. For some clinicians, there is an understandable tension between this compassion (to *feel* pity) and the imperative of diagnosis (to *know* thoroughly). This tension became an explicit concern of the 2013 'Beckett on the Wards' medical humanities project (commissioned by Health Education Kent, Surrey and Sussex, hereafter HEKSS), and the 2012 'Beckett and Brain Science' interdisciplinary research project (funded by the Arts and Humanities Research Council, hereafter AHRC). This educational case study exemplifies the medical humanities in a number of ways, but primarily through the direct collaboration between theatre practitioners and consultant psychiatrists. It will proceed in three parts: (1) the academic context, (2) the clinical context and (3) the pedagogic practice, before a final reflection on the use of Samuel Beckett's theatre within clinical settings. This work has now been expanded as part of the AHRC-funded 'Modernism, Medicine and the Embodied Mind' research project at the Universities of Bristol, Exeter and Warwick.

THE ACADEMIC CONTEXT

Elizabeth Barry, Ulrika Maude and Laura Salisbury, scholars of Beckett and medicine, collaborated with performance practitioner Jonathan Heron and consultant psychiatrist Matthew Broome to investigate Beckett's interests in the sciences of the brain, the influence of these interests on his work and the value of his writing to those studying and treating disorders of the brain and nervous system today. Heron's transdisciplinary workshops, involving scholars and practitioners in the arts and sciences, gave shape to the intuition of many clinicians that literature and theatre offer a means to understand challenging mental conditions. Through this work, Beckett's depiction of disordered experience offered a stimulating challenge to the categories and narratives used in medicine. These topics, approached in part through experiential learning in performance devised by Jonathan Heron, prompted Zoe Playdon (the then HEKSS Head of Education) to commission Heron to run educational workshops with NHS clinicians.

THE CLINICAL CONTEXT

HEKSS had recognised that the region's elderly population was high, that elderly medicine was therefore a priority and that intellectual impairment was a particular issue in this demographic. Clinical encounters with intellectually impaired patients can be challenging because the patient

narrative, which lies at the heart of the consultation, may be fragmented, incomplete and unconventionally structured. The roles of family and carers are particularly important in long-term care, and understanding their perspectives and challenges can be the key to improve the patient experience. Playdon felt that if clinicians could improve their 'decoding' of these dislocated patient narratives, and gain deeper insights into the perspectives of carers, then they might be able to deliver more effective care more quickly. This improved efficiency could have a positive impact on the financial bottom line in a range of ways—a more rapid 'throughput', less repeat visits, for example—and would provide a clinical encounter that is more satisfying to clinicians and more effective for their patients.

Taking place locally in NHS Trusts, the project was designed to address issues specific to local patient population and to attract no costs of travel or locum cover for its attendees. The project was instinctively interprofessional in that it used transdisciplinary methods (practical activities, problem-solving and sustainable practices) to appeal to everyone who had direct patient contact, including managers as well as clinicians. At the heart of it, too, lay the fundamental desire to extend the range and depth of 'compassionate care' among clinicians, managers, patients and carers, by engaging imaginatively with different possibilities for human embodiment (in the drama of Samuel Beckett).

THE PEDAGOGIC PRACTICE

Elaine Hawkins (then in HEKSS) and Francesca Duncan (theatre practitioner) supported Heron in the delivery of the 3 h workshops, which took place between May and July in 2013 at Guildford, Hastings, Rochester and Chichester. Multiprofessional teams (consultant psychiatrists, nursing staff and hospital managers) engaged in practical tasks focused around the theatre of Samuel Beckett and its application to 'compassionate care', a particular concern of the 'Francis Report' (published on 6 February 2013 as the 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry'). Hawkins and Heron were also interested in how the workshops stimulated participants' reflection on their professional communications and the kinds of narrative that have shaped the performance of their professional identities. This was later addressed through reflective discussion at the end of each workshop and measured through written feedback.

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Educational case study

The workshop practice therefore had to evolve in each new environment through a reflexive and experimental approach. Duncan and Heron adapted methods from theatrical rehearsal (including games, improvisation, voice and movement work) in order to promote an inclusive and kinaesthetic learning environment for clinical staff. A significant proportion of time was spent encouraging ‘open-space learning’¹ to maximise participation. Once participants in each group were willing to immerse themselves in the activities, the material from Beckett’s *Not I* and *Footfalls*² could be shared. Examples of tasks in this phase of the workshop included ‘stream-of-consciousness’ work via the role of ‘Mouth’ in *Not I* and a consideration of the Auditor’s ‘gesture of helpless compassion’.²

Our focus on compassion promoted a lively exchange among the clinicians (and senior administrators, including a Head of Security in one case) regarding the Francis Report and its bearing on the psychiatric treatment of dementia. The project team devised activities that some participants, in this case Guildford, found challenging:

- ▶ ‘[I was] initially perplexed and fearful. I think it did allowed a breath of discussion beyond our usual experience’.
- ▶ ‘[This was] somewhat out of the usual type of educational sessions we participate in our weekly meetings’ (31 May 13).

While the inclusion of the workshop within a compulsory education programme had made the Guildford session more challenging (regarding participant engagement), even optional sessions, such as the Chichester event, still produced contradictory responses:

- ▶ ‘I think this workshop needs to be offered as widely as possible—throughout the NHS, schools, prisons, care homes, etc. The list could go on forever. [It] made me think of importance of looking beyond what is said or disclosed’.
- ▶ ‘I guess it might have made me more aware of the need to think about my geriatric patient, but not much in the way of tangible outcomes’ (10 July 13).

The majority of written and oral reflections from participants in all four trusts were positive, but a small percentage noted the lack of ‘tangible outcomes’ in relation their clinical practice. The two examples above, the first from a retired Community Psychiatric Nurse and the latter from a working general practitioner, represent an apparent rift between *performative* pedagogy (eg, open-space learning) and *tangible* outcomes (ie, clinical education). One insists on the intrinsic value of the practice, imagining a wider dissemination to improve well-being and

compassionate caregiving. The other respondent focuses on the inability of the practice to communicate efficiently and immediately to his/her professional context, locating this responsibility with the educator, rather than the clinician. The difference between ‘the need to think about my geriatric patient’ and ‘not much in the way of tangible outcomes’ is particularly interesting as it responds to the *diagnostic/compassionate* tension.

BECKETTIAN BODIES AND MEDICAL CULTURE

The body in Beckett, for McMullan,³ ‘is presented as both sign and site, engine or matrix of production (of stories, semblances, voice, footfalls or hiccups) and fabric to be composed and recomposed with limited materials’ (p. 125). These Beckettian bodies indeed provide both an engine and a fabric for medical humanities, especially its emergent pedagogies, which are uniquely placed to respond to what Figley⁴ calls ‘compassion fatigue’. What will need to follow is an extended analysis of late modernism (Beckett’s theatre in context) and medical culture (clinical education in context) in order to develop this practice. In the *Journal of Medical Humanities*, Blackie and Lamb⁵ argue that ‘texts matter, and what we do with texts in our classrooms matters’, whereas our findings seem to imply that *bodies* matter, and what we do with *bodies* in our classrooms matters more.

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