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This is the embodiment of empowerment: use of forum theatre to address tobacco use in community psychiatry

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Involvement in theatre has become an accessible avenue for individuals within the psychiatric system to dispel myths which surround their lived experiences and to actively create representations of themselves. Since practicing effective research knowledge translation to address tobacco within the context of mental health is emotionally charged, it must be approached not only with care and attention but also with creativity and skill. Interactive or “Forum” Theatre is a powerful tool to address sources of oppression for vulnerable groups and emerging evidence validates its use specifically as a method of knowledge translation. The objective of this current project was to engage in participatory dialogue through the use of forum theatre with individuals living with mental illness and with those who provide them services to contribute to creative strategies for behaviour change and to increase capacity building to address tobacco use within community psychiatry.

Keywords: thematic analysis; community arts; smoking; forum theatre; mental health

Background

Mental Illness and Tobacco

The high rate of tobacco use among individuals living with mental illness is a well-documented phenomenon (Dixon et al., 2007; Lasser et al., 2000) and studies have shown that these individuals receive inadequate support related to tobacco reduction from mental health care providers (Johnson et al., 2009). Mental health care providers’ unwillingness to address tobacco with clients may be related to a distortion and minimization of the harms of tobacco (Lawn & Condon, 2006). The successful introduction of cigarettes by tobacco industry marketing has contributed to the ubiquitous norm of smoking in psychiatric settings. Cultural value placed on the use of cigarettes as a point of therapeutic connection or as behavioural currency has become commonplace (Dickens, Stubbs, & Haw, 2004; Reilly, Murphy, & Alderton, 2006) and assumptions of a tobacco presence as part of the social landscape of mental illness is troublesome. Due to the complicated nature of these issues, there has been a temptation to ignore tobacco as an issue in this context historically (Ziedonis, Williams, & Smelson, 2003). However, as serious health complications are explicitly tied to tobacco use, it is important to address tobacco use in this population (Brown, 2004). Despite the need to address this issue, few efforts have been made to

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examine ways of introducing tobacco control practices in psychiatric settings. Well documented research exists that outlines best practices for tobacco cessation (Fiore et al., 2008). However, it is a challenge to truly engage individuals within the mental health community in meaningful, impactful and lasting dialogue about tobacco, due to the sensitive nature of the topic and its corresponding emotional charge. Providing support around tobacco reduction or cessation remains a challenging feature of working within community psychiatry (Johnson et al., 2009).

Having recently completed a study documenting the high rates of tobacco use among clients and providers in a local mental health system, we were looking for ways to translate these findings into practice. We used forum theatre as a means to provide knowledge about the effects of tobacco use and to encourage a re-examination of values and practices related to tobacco.

Knowledge Translation and Theatre

Theatre has been used in a variety of ways for knowledge translation (Ferguson, 2009). Projects range from productions which have been collaboratively scripted and performed by research participants (Mitchell, 2001; Palmar & Nascimento, 2002; Sullivan & Lloyd, 2006), to professionally written and performed scripts that have been informed by research findings (Eakin & Endicott, 2006; Seguin & Rancourt, 1996). Theatre and the performing arts are increasingly being recognized as effective knowledge translation tools specifically for disseminating qualitative health research findings (Rossiter et al., 2008). Theatre has been used for groups who traditionally do not dialogue with each other (e.g. clients and practitioners) and in which there is an inherent power imbalance. This method has helped bring forward patient voices to promote both social and personal change (Ferguson, 2009; Mitchell, 2001; Seguin & Rancourt, 1996) and to guide health practitioners in moving toward providing patient-centered care (Gray, Fitch, Labrecque, & Greenberg, 2003; Rosenbaum, Ferguson, & Herwaldt, 2005; Smith & Gallo, 2007). Case studies within the literature point to theatre as a means to empower decision-making with the potential to lead to health promotion and behaviour change because theatre is, “experiential learning – kinetic, engaged and real” (Stevens, Foote, & Wu, 2008, p. 91). By translating research into performance the data becomes, “accessible and unassuming ... its agendas are instantly open to interpretation by non-academics as well as by the academy” (Mienczakowski, 1995, p. 368). In addition, Kontos and Poland (2009) argue that theatrical performances have the ability to retain and effectively portray human emotions and fears, refusing to flatten human experience which is a common consequence of traditional dissemination techniques. It also compels both the audience and performers to reflect and engage with the research data with enhanced emotion and empathy (Eakin & Endicott, 2006; Green, 2001; Rolfe, Mienczakowski, & Morgan, 1995). Performative research dissemination has successfully lent itself to a variety of topic areas including brain injury (Colantonio et al., 2008), Alzheimer’s disease (Ferguson, 2009; Kontos & Naglie, 2007), smoking prevention (McCaffrey, 1999; Perry et al., 1999), mental illness (Johnston, 2004; Mitchell, 2001; Rolfe et al., 1995; Seguin & Rancourt, 1996), prostate and breast cancer (Gray et al., 2003) and cardiovascular disease (Stuttaford et al., 2006).

Involvement in theatre and drama productions has become an accessible avenue for mental health clients to break their silence and dispel myths which surround their lived experiences (Green, 2001). As Mitchell accurately points out, mental health clients are often excluded from “actively participating in the creation of representations of

themselves” (Mitchell, 2001, p. 96) and interactive theatre has proven to be an effective avenue in which individuals living with a mental illness can engage in self-representation (Mitchell, 2001; Palmar & Nascimento, 2002; Seguin & Rancourt, 1996).

Theatre of the Oppressed – Forum Theatre

Augusto Boal’s forum theatre lays the foundation for many research-based theatre projects (Österlind, 2008; Sullivan & Lloyd, 2006). Boal, a theatre director, writer, and theorist used his Theatre of the Oppressed and, more specifically, his forum theatre methods to teach non-actors how to identify and transform conditions of oppression in their lives (Kontos & Poland, 2009). He believed this practice was valuable because he saw theatre as the ideal place to rehearse acting-out against oppression in real-life scenarios (Mienczakowski, 1995). Forum theatre is therefore a participatory performance in which actors and audience members are both engaged, to enlist and empower people to find new outcomes. Forum theatre requires the audience to become “spec-actors” who are intimately involved in how a specific scene unfolds and how a protagonist deals with a problematic scenario. Usually, at a prescribed scene in the play, a facilitator halts the action and asks for audience involvement. An audience member then comes up and switches places with an actor and continues to improvise the scene, taking over the course of action of the play. This happens over and over again until everyone in the audience has had the opportunity to bring their voice, and their solution to the narrative, to the stage (Sullivan & Lloyd, 2006). Forum theatre promotes dialectic process, in which all involved are encouraged to imagine and practice change, to reflect collectively on the suggestions, and to become empowered to generate social action. Facilitated discussion groups regarding themes found within the play are often carried out following forum theatre performances.

This type of interactive or forum theatre is a powerful tool for self-expression for those who are unable to represent themselves or who feel subdued in their relationships with their healthcare practitioners; especially in cases where mental health clients are actively involved in the writing of the script (Mitchell, 2001; Palmar & Nascimento, 2002; Seguin & Rancourt, 1996).

To date, interactive theatre has been used as a tool to educate and engage specific audiences. Plays have been used in nursing education courses to teach students about communication skills and patient-centred care (Rolfe et al., 1995; Smith & Gallo, 2007). The positive impact of these productions on the students’ medical practice is heightened by their involvement as performers and by their close collaboration with research participants (Rolfe et al., 1995).

Rationale

Practicing effective research knowledge translation to address tobacco use within the context of mental health services is emotionally charged and must be approached not only with care and attention but also with creativity and skill. Given the promise of forum theatre we set out to use this approach in our project. We found, however, that there were no documented theatre projects that specifically explored tobacco use behaviours in the context of mental health. In this case study we address this gap and reflect on our experiences in using forum theatre to address and shift understandings of tobacco use and mental illness.

Research Approach and Methodology

Our research objective was to describe the use of forum theatre as a method to address the challenge of changing tobacco use practices in mental health settings. The theatre project was evaluated through the use of questionnaires, field notes, and focus group data. Audience questionnaires were circulated at the beginning of each performance. The facilitator introduced and explained the purpose of the survey at this time and briefly explained the issues related to voluntary participation and the procedures of informed consent. At the end of the post performance audience dialogue, the facilitator reminded the audience to complete the questionnaire. Consent to participate in the survey was implied with the return of the survey. Detailed field notes were taken at each theatre rehearsal, including the two-day theatre training as well as at each performance. In addition, a focus group was conducted with the cast members, discussing their experiences with the project. Informed consent was obtained from all theatre participants prior to the collection of data. Focus group data were audio recorded and transcribed verbatim. Data was accuracy checked, cleaned and thematically analysed by advisory committee research staff.

Description of Theatre Project

The theatre performance was aimed at engaging in participatory dialogue through the use of forum theatre with individuals living with mental illness and those who provide them with services to contribute to creative strategies for behaviour change and to increase capacity building to address tobacco use within community psychiatry.

Participants were recruited if they were either living with a mental illness or working as a mental health service provider (or both). No previous acting experience was required. All applicants were invited to a two-hour information session in which they were provided with information about the project and invited to complete the project application form. All applications were reviewed by members of an advisory committee and the successful applicants were notified shortly after this date. In total, there were 14 offered positions in the cast, 11 of whom were clients of the mental health system and 3 were service providers working in the mental health field. Many of the participants were current smokers and all were affected by tobacco use in other ways. All of the participants attended a two-day forum theatre training session in which they were introduced to basic theatre techniques and explored issues of and experiences with tobacco and psychiatry. Six two-hour rehearsals took place from November 2007 to January 2008 and were led by the project coordinator. Using research findings from our study examining tobacco use in community psychiatry and building upon participants' personal experiences, scenarios involving the complexity of the issues were discussed. In each subsequent rehearsal, core issues were addressed and three scripts were fleshed out and further explored. The three stories that evolved from the rehearsals are briefly described below.

Scene 1 – A hospital scene with a man who is dying of a smoking-related disease surrounded by various different characters. Five characters were needed for this scene: smoker who is dying, his wife, best friend, healthcare provider and religious representative. The core issue explored was the power of addiction (the physical need of smoking and the physical impact) and coping with end of life in context of addiction and the conflicts, judgement that brings.

Scene 2 – The story took place in a family home of a daughter, parents and a friend. Daughter smokes and is living with her parents who reject her for her smoking habit. She was recently discharged from a psychiatric hospitalization and her friend also smokes. Four characters were needed for this scene: An adult who is a smoker, mother and father, and friend. The core issue explored in this scene was oppression of smokers and the right to choose as well as living under other people's rules and family dynamics.

Scene 3 – The story was set in a group home where a non-smoker's belonging is not respected and used by smokers as an ashtray. The mental health worker could diffuse the situation or escalate the conflict. Four characters were needed for this scene: three residents of the home (two are smokers and one is a non smoker) and one worker in the home. The core issue explored was respect between smokers and non-smokers living together, policies of smoking in mental health facilities.

Actors were chosen for each role after several rehearsals. Two facilitators were assigned for the performances and took on the role of introducing the performances, specifying the timing of the performance and directing the interventions by the audience members in the participatory aspect of the theatre.

The performance was titled *Much Ado about Smoking: A Conversation about Tobacco Addiction and Mental Health*. Five performances were showcased at venues within the mental health community. Due to the high demand, two additional performances were subsequently performed. At each performance, the facilitator introduced the performance and engaged the audience members and the cast in theatre warm-up exercises. The exercises included exploring issues related to tobacco addiction and mental health and provided a brief experience with being "on stage". After this first segment, there was a break and refreshments were served. The second half of the event showcased the three rehearsed scenes. Each scene was introduced by the facilitator and then the cast members performed the scene. After the initial performance, the facilitator explained how the audience participation would occur. The cast members then performed the scene a second or third time, inviting cast members as well as the audience to "intervene" in the scene. The new "actor" would yell "stop" and the scene would freeze at that moment. The new actor would explain who they wanted to "replace" and at which point in the scene would they like to recommence. The scene would then begin anew and the actors would organically respond to the new possibilities of the direction of the scene. Other cast members or audience members could continue to intervene if they perceived a welcome opening in the scene. In all cases, the facilitator would end the scene when a natural ending seemed opportune. After all three scenes were performed several times the facilitator brought the performance to a close and led a question and answer session. The total duration of each performance event was two hours.

Results

Participating in forum theatre was a powerful experience for the actors. Three main themes emerged from the focus group data with the participants. We explore these themes below.

The Impact of the Shared Group Experience and a Space in which to Belong

The cast members' powerful experiences centred on the interactions they had with each other as a diverse group. The act of performing the play was of secondary importance to the perceived social support, belonging and emotional safety that the group provided:

Well, I really felt the sense of belonging, I mean when I came here I didn't know what to expect (*Much Ado* cast member)

the best part about being involved? Acting, and being not alone. That's the best part. (*Much Ado* cast member)

For some, working towards a common goal and developing a sense of camaraderie was key:

But, one of the best things was being able to work towards a common goal. To know that we wanted to get a message across, to know that we had layered messages to get across ... To know that we're all working together to convey that somehow ... So, I guess, one of the best things for me was to watch people from day one, including myself, come in and create an energy and a camaraderie and work together very quickly. This is a fabulous working tool I think. (*Much Ado* cast member)

It makes everything a level playing field – hierarchy, authenticity and cutting across power dynamics.

Both the cast members who were clients and providers emphasized the rare experience and the positive emotional impact of working together with the “other”. There was a sense that forum theatre effectively contributed to an equalization and balance of power among traditional trajectories of an “us and them” paradigm:

Because, you know, what tends to happen in projects like this you either are a professional group, service provider group or you have a client consumer group, you know with families tagged in. And this was promoted really well in that way. Yeah, I don't know of any other project like this. And I've been working in you know, the system, a few years myself. And I think this is a really positive thing, because it immediately removes any distinction between us because we're all member of a cast. (*Much Ado* cast member)

and you know, we're all very different, different backgrounds, different ... well, some are you know, well it's been brought up ... you know some are medical ... or some are ... you know in a position of staff and some are you know ... I don't want to say peons but (*Much Ado* cast member)

Participation as a member of a unified cast allowed the participants to transcend normally assumed or assigned roles. Being united in a common cause in which all members had to “risk” something helped to dismantle the hierarchy.

It's Been a Stepping Stone – The Impact of Theatre on Decisions around Tobacco Behaviours

Cast members talked about the impact of social support on their tobacco use behaviours. One participant simply stated “If I had 30 hugs today, I would not be smoking”, speaking to the isolation experience of people living with mental illness and the role that tobacco plays to decrease or neutralize the lack of social supports. They reported that being a part of this experience helped them to smoke less, to quit smoking or gave them hope that cessation was a realistic possibility:

I haven't smoked as much, like when I'm here, I mean I smoke here, like on break ... but through this whole experience, I haven't smoked as much as I would have if I wasn't involved in this experience. (*Much Ado* cast member)

It took me a little bit longer but anyway, yeah the insight for me actually led to change gradually. And the other things I loved, that I quit smoking during this program (*Much Ado* cast member)

I haven't quit smoking but I want to quit. And, every time I light up... I somehow get a picture of this room (the theatre rehearsal space) when I light up from what's happened here ... and I received a lot of confidence ... I mean I've quit something for a couple of months, 3 months before, but then something happens and I light up again but, you know some people, like X, she's quit smoking, and well if X can do it, I can do it. (*Much Ado* cast member)

Participants also spoke about the long-term effects of the experience and how they thought it would help them move toward and maintain abstinent from smoking:

it's almost like this experience, is like something to hang this on, that makes it feel more permanent, like, no ... you know ... I don't want to waste sort of the value that I got out of this sort of thing ... do you know what I mean? Like ... It just gives me an extra incentive, having been part of this to keep not smoking, I guess, do you know what I mean? So, that's a cool thing. (*Much Ado* cast member)

Forum theatre also helped to open up dialogue around tobacco and made it easier for participants to address this issue inside the performance and outside of the theatre space:

Well, personally, I got, you know, my dad and mom, and my brother and sister-in-law saw it and I think they understand me a little better from what they saw ... because I'm the only smoker. (*Much Ado* cast member)

In summary, participation as a cast member was compelling for both clients and providers as a way in which to connect around these issues. In addition, the experience caused many to reflect on their attitudes and behaviours about tobacco.

Audience response to "Much Ado"

There were approximately 130 audience members who attended the *Much Ado* performances with a range from 5 to 40 people per audience. The shows were attended primarily by service providers/professionals, family members and friends. A total of 78 completed audience surveys were returned.

Most audience members (78%) reported that they would attend another forum theatre presentation about tobacco use and that they would recommend using forum theatre to discuss tobacco use (96%). The majority (92%) of survey respondents agreed that using forum theatre to engage people in an open dialogue around issues of tobacco use and mental illness was powerful and almost all (91%) of the survey respondents reported that they learned "a lot" or "some" about issues of tobacco use and mental illness. Most respondents (90%) reported that they felt more knowledgeable about how tobacco use affects the mental health community and 73% agreed that they felt better able to support the tobacco reduction efforts of individuals living with mental illness. Finally, half of the audience members who smoked (18% of respondents) indicated not only that their attitudes had changed and that these shifts were related to an increased awareness of the effects of smoking, but also 57% of these individuals noted a re-emergence of reflection on the possibility of changing their own smoking habits.

In the qualitative section of the survey, audience members responded to items exploring aspects of the performance as well as the subjective experience as an audience member. They commented about the method of forum theatre as a compelling therapeutic method and an engaging teaching tool. Specifically, they thought that this approach highlighted the potentially divisive issues in a palatable format and demonstrated how attitudes and outcomes can potentially be changed. Many audience members commented on the interactive element of the performance and were impressed specifically with how dramatically this interactive communication affected the various outcomes. They appreciated the opportunity to think about new possibilities and educate people about

seeing different points of view. Most of the audience members reported that what they liked the most about the event was the enthusiasm, willingness, courage and openness of the cast members. In addition, many reported that they were especially impressed with “the sense of ‘bonding’ between the actors and the audience”. Audience members were also appreciative that many of the actors were living with mental illness and reported that “it was really interesting to see people living with mental illness talk about the issues they face” and “there’s nothing more direct and honest than getting the information from those who struggled or are struggling with smoking”. Audience members also commented on the solidarity and good rapport between cast members and specifically they “loved seeing the collaboration between the clients and the staff”.

In summary, audience members indicated they: had learned about the significant issues related to tobacco use facing members of the mental health community, believed the use of theatre to communicate these issues was powerful, and recommended that theatre continue to be used in this way. During the post-performance dialogue, the audience was keen to discuss the issues and indicated that theatre helped to foster this engaging educational environment.

Discussion

Green (2001) cites various examples of ways in which forum theatre or Theatre of the Oppressed techniques are used in health and community settings, including mental health settings and recalls that the “foundational principle of giving people the power of self-representation remains potent and promising” (Green, 2001, p. 53).

Our project was unique in that it incorporated the particular method of “Theatre of the Oppressed” for use with individuals living and working within the mental health community about tobacco issues. Like Green, we found that the use of this method was an effective way in which to begin a dialogue about tobacco use in the context of mental illness represented by those people living and working with these issues.

Drawing on research in knowledge translation, we consider the ingredients that made this forum theatre project a success. Credibility was established by the “knowledge brokers” or actors who were all individuals directly affected by the issues explored, highlighting the authenticity of the voices who presented the tobacco behaviour messages. The exchange of knowledge in this theatre process blurred the traditional lines between experts and users of tobacco research. Multiple audience-specific messaging was apparent from the varied directions of the interventions within each scene and the key principle of interaction specifically between cast members, between individuals identified as “clients” or “service providers” and between the cast and the audience. Credibility, multiple complex messaging and interaction are all principles that increase the likelihood of knowledge uptake and translation (Lavis, Robertson, Woodside, McLeod, & Abelson, 2003; Shonkoff, 2000).

One important aspect of this study was the collaboration of clients and health care providers working in the mental health system. Interestingly, the concept of theatre as a “level playing field” mirrors the paradigm of tobacco use in the context of psychiatry. Cigarettes are often used as a therapeutic bond between clients and providers as a way in which to connect. Mental health care providers have reported that smoking with clients creates a climate of trust and underlines their commonality as opposed to a focus on a power differential. Our project highlighted that participating in the creation of forum theatre echoes this effect. Traditional notions of status are modified in the direction of equality allowing for particular kinds of conversation to happen. Membership in the

theatre experience granted access for providers and clients to connect in a different way and for both to feel validated and empowered.

One aspect of the project that led to its success was the use of fictional scenarios based on real live experiences. As noted by others, the fictional setting and the staged nature of the theatre creates a level playing field where actors and spectators from a diversity of backgrounds and subjectivities can act out their lived realities without fear of repercussion or ridicule (Ferguson, 2009; Mitchell, 2001). The theatrical setting created a safe space to address issues and power dynamics experienced in the real world of psychiatry. Individuals could both physically and emotionally rehearse or practice acting-out decisions before attempting to do so in real-life contexts. Throughout these interactive performances, everyone is given the opportunity to be a “spec-actor” and to actively solve the issue being addressed or challenge the power dynamic being explored, on their own terms and in their own words (Green, 2001; Mieniczakowski, 1995). This rehearsal becomes a template for dealing with similar situations experienced off-stage and has the power to be a transformative process for the “spec-actor” as this process has been shown to increase feelings of self-confidence and empowerment among spectators (Kontos & Poland, 2009; Mitchell, 2001; Österlind, 2008).

So often in psychiatric settings, clients’ voices are muted or unheard. The forum theatre created a space where clients could actively demonstrate to practitioners in the audience and cast how they would shape their interactions if they felt they had the power to do so. They were not in the clinical setting, where they often feel they are unable to voice their real selves in the presence of a physician or a psychiatrist who has the power over their health. This experience gave them the opportunity to “write-in” their experiences with the healthcare system. Similarly, others have noted that interactive theatre gives individuals a chance to be free of the skewed power dynamics they may experience in social systems and institutions (Mitchell, 2001; Seguin & Rancourt, 1996).

Participants reported that the impact of the shared group experience and the social networking changed their relationship with tobacco and created opportunities for new dialogue around tobacco use behaviours. In some ways, participating in theatre partially replaced the utility of the cigarette as a point of connection. The literature suggests the capacity of interactive theatre to legitimize the experiences of individuals and/or groups who feel silenced, also creates a sense of belonging with others and increases access to various forms social support (Eakin & Endicott, 2006; Green, 2001; Rosenbaum et al., 2005; Rossiter et al., 2008; Seguin & Rancourt, 1996; Sullivan & Lloyd, 2006).

Those who participated in our study indicated that they experienced a sense of camaraderie and support. Others have also reported that individuals whose life experiences are being portrayed in a staged production feel for the first time that they are not alone in their experiences as they are able to recognize that others have been through similar and related challenges with the healthcare system (Colantonio et al., 2008; Eakin & Endicott, 2006; Ferguson, 2009). They are able to identify others who have had similar experiences, a process which brings people with common experiences together to work toward a common goal. There is the opportunity to create networks within this newly acknowledged community that are integral to gaining ongoing social support (Ferguson, 2009; Seguin & Rancourt, 1996; Sullivan & Lloyd, 2006).

Both participants and audience members explored their current ideas and behaviours around tobacco and in some cases were compelled to make changes in their tobacco use behaviours. Interactive theatre promotes behaviour change by enabling individuals to “take a first step towards [their] own transformation: from thinking to saying out loud and acting” (Seguin & Rancourt, 1996, p. 69). To effectively promote this behaviour change

by and for a group of individuals, theatre interventions must involve a script which addresses people's real concerns and lived experiences (Mitchell, 2001; Rolfe et al., 1995; Seguin & Rancourt, 1996; Sullivan & Lloyd, 2006). Similarly in this study the authenticity of the performance was key to the success of the actors and audiences members' first steps towards tobacco cessation. Others have noted this focus on the positive benefits of the sense of empowerment felt by individuals who are involved in interactive theatre. These feelings of empowerment are important for an individual to acknowledge their power to change their own health behaviours. Empowerment also gives individuals a sense of responsibility to change their behaviours in order to teach and positively influence their peers (Afsar & Gill, 2004; Palmar & Nascimento, 2002).

Limitations

While there was some evidence of short-term change, we cannot make the case that this project resulted in long-term or sustained changes. Although the evaluation of the long-term effectiveness of theatre-based interventions has proven to be difficult, the literature suggests – through the results from post-production surveys, feedback and discussion groups in various case studies (Colantonio et al., 2008; Rossiter et al., 2008; Stuttaford et al., 2006) – that interactive theatre, as a knowledge translation tool for health promotion, is effective through its ability to level systematic power structures on stage while empowering actors and spectators to promote social support and behaviour change. For theatre to continue to gain momentum as a dissemination tool for health researchers, an education tool for health promoters or a means in which to bring empowerment and change to a community, there needs to be further research into how to better evaluate the current strategies and outcomes (Kontos & Poland, 2009; Mienczakowski, 1995; Rossiter et al., 2008). Although behaviour change as an outcome of theatre interventions has been difficult to evaluate effectively and in the long term, the literature shows that involvement of children with interactive theatre productions for the purposes of health promotion has positive impact on their health behaviours in regards to their decisions around bullying and eating habits (Stevens et al., 2008). Results from pre- and post-play surveys indicate that because they were able to suggest and enact various positive solutions to the play's themes alongside their peers, they were motivated and encouraged to look for new ways to handle difficult situations (Stevens et al., 2008).

Conclusion

Forum theatre is a powerful paradigm to give voice to individuals whose voices often go unrecognized. Individuals living with mental illness are frequently marginalized and often experience the double stigma of mental illness and tobacco use, resulting in oppression from mainstream society. Theatre can be utilized as an instrument of action and healing. Individuals living with multiple oppressions are in need both of healing from their life circumstances, but also are encouraged to action to transform their experience. The findings of this study suggest that forum theatre is an ideal setting in which individuals living with mental illness can be empowered to face their own lives. In addition, this dialectic process allowed mental health care providers to release themselves from the traditional power dynamics of psychiatry in order to engage more authentically with their clients. As theatre has been found to be a useful tool to address complex material dealing with human emotion and interpersonal relationships, we recommend its use as a tool to engage individuals to address tobacco use in the community psychiatric setting.

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