

*Des innovations dans la pratique*

**Le programme de recherche  
sur un équilibre sain : le théâtre comme  
outil de traduction des connaissances**

**Stephanie Mason**

L'auteure se penche sur les possibilités qu'offre le théâtre comme outil de traduction des connaissances (TC). Dans le cadre du programme de recherche sur un équilibre sain, une initiative conjointe menée par des interlocuteurs communautaires et universitaires, une pièce de théâtre intitulée *Balancing Act* [Question d'équilibre] a servi d'outil de TC. Bien que cette pièce ait donné d'excellents résultats quant à l'atteinte de certains objectifs du programme liés à la TC, certains aspects du spectacle peuvent être revisités en vue de maximiser les possibilités qu'offre le théâtre en matière de TC.

Mots clés : traduction des connaissances, théâtre, recherche, programme de recherche sur un équilibre sain

## Innovations in Practice

# The Healthy Balance Research Program: Theatre as a Means of Knowledge Translation

Stephanie Mason

The author examines the potential of theatre as a means of knowledge translation (KT). In the Healthy Balance Research Program, a community–university research alliance, the play *Balancing Act* served as a means of KT. Though the play was successful in meeting some of the program’s KT objectives, aspects of the performance can be reimagined in order to maximize the KT potential of theatre.

Keywords: knowledge translation, theatre, research, Healthy Balance Research Program

The Healthy Balance Research Program (HBRP) is a community–university research alliance funded by the Canadian Institutes of Health Research and supported by the Atlantic Centre of Excellence for Women’s Health, the Nova Scotia Advisory Council on the Status of Women, and the Institute of Population Health at the University of Ottawa. One of the program’s knowledge translation (KT) strategies was a play titled *Balancing Act*. This article will discuss theatre as a KT strategy and suggest ways to maximize its potential.

### **Knowledge Translation and Theatre**

The Canadian Institutes of Health Research (2006) defines KT as a process “encompassing all steps between the creation of new knowledge and its application to yield beneficial outcomes for society” (p. 6). The application or dissemination of research knowledge has traditionally taken the form of academic publications or meetings such as news conferences, policy forums, or advisory body meetings (Amaratunga, Neumann, & Clow, 2006, p. 44). Yet many traditional forms of dissemination deliver knowledge in one direction only. According to Lavis et al. (2003), “interactive engagement may be the most effective” KT strategy (p. 226),

which suggests that the most successful KT strategies are those which are dynamic and reciprocal.

Theatre has the potential to embody research in a dynamic and reciprocal manner: “The live performance of findings serves to concretize, rather than abstract, the experiences of research participants” (Paget, 1990, quoted in Stuttaford et al., 2006, p. 33). Numerous theatre companies in Canada espouse awareness-raising of health issues through theatre — for example, Health Action Theatre by Seniors, Are We There Yet?, the Injured Workers’ Theatre Collective, the Stepping Out Theatre Company, Kamamakus, and the Y Touring Theatre Company. Theatre makes for effective KT strategy by the ways in which it engages the recipients of knowledge.

The forms of theatre that lend themselves to KT focus on engaging the audience in social and political issues rather than on character development or narrative: “Theories and practices in...theater arts have been moving steadily toward the social and political goals of employing performance as a tool and method of cultural awareness and social change” (Alexander, 2005, p. 412). The Theatre of the Oppressed and Applied Theatre embody principles used in KT strategy. The Theatre of the Oppressed enacts struggles facing disempowered peoples in order to generate meaningful solutions to oppression. Applied Theatre “presents research in a way where there is audience engagement with research material [enabling] greater potential for transforming social understanding” (Gray et al., 2000, quoted in Stuttaford et al., 2006, p. 33). Both theatre models address health, finance, education, and other social and political issues while presenting an opportunity for genuine audience interaction. “Theatre can educate and engage individuals about issues in health care and so has the potential to be a valuable tool for eliciting public participation” (Nisker, Martin, Bluhm, & Daar, 2006, p. 268). The decision to use theatre as a KT strategy within the HBRP, which explores unpaid caregiving in Nova Scotia, was therefore an appropriate one.

### **The Healthy Balance Research Program and *Balancing Act***

Qualitative and quantitative research conducted between 2000 and 2005 produced greater understanding of the lives of unpaid caregivers in the province of Nova Scotia. In 2006 the program’s co-directors commissioned the Irondale Theatre Ensemble to produce a play employing a KT strategy that was not academic but still in keeping with the program’s objectives. The play, *Balancing Act*, performed for an audience of unpaid caregivers, health-care workers, and policy-makers, portrayed the life of an unpaid caregiver, Tara, “whose aging mother has just moved in after

being released from medical care. Thrust into the caregiving role, Tara struggles to balance her own needs with those of her son — a university student who still lives at home on weekends — and the needs of her mother” (Healthy Balance Research Program, 2006).

The script and the performance demonstrated qualities that make for an effective KT strategy. For instance, the script’s literacy level ensured wide accessibility: “Theatre can overcome literacy barriers through use of local experience and vernacular to provoke emotional and analytical responses in the audience” (Mbizvo, 2006, p. S30). The play’s set featured a clothesline representing the daily tasks of a caregiver. The clothesline was later used in an exercise exploring the audience’s reaction to unpaid caregiving. Feedback included comments such as “Brought the research to life” and “Helped me to process my own caregiving experience.” *Balancing Act* was, in some ways, a successful product of the methodology of theatre as a KT strategy.

### **Reimagining *Balancing Act* to Maximize Knowledge Uptake**

Reimagining the set-up at the performance site and instituting support structures for spectators and actors can help to maximize the KT potential of theatre. A conventional theatrical performance consists of a proscenium arch, which displays the stage as would a picture frame, an invisible “fourth wall” through which the action is observed, and seating arranged in parallel rows facing the raised stage. These conventions serve to minimize the audience’s engagement with the play. To counter this effect, chairs can be grouped into small pockets for pre- and post-performance discussion, the play’s action can be set amongst the audience instead of at a distance, and opportunities for actors to interact with the audience can be explored.

Performing *Balancing Act* for a sympathetic audience of unpaid caregivers was an innovative opportunity to acknowledge the demands on their time in a financially and emotionally supportive manner. Unpaid caregivers have little spare time: “Giving up leisure to take up caregiving was quite common.... Priorities were given to paid employment and unpaid caregiving” (Gahagan, Loppie, MacLellan, Rehman, & Side, 2004, p. 23). Unpaid caregivers would be able to attend a performance of such a play if the event included a support team of health-care workers or experienced caregivers who could fill in for them while they attended the performance. In a more sophisticated framework, support teams could also fill in for unpaid caregivers interested in performing in a play, such as *Balancing Act*, developed from their lived experiences. Such financial and emotional support would enable unpaid caregivers to continue in the tradition of exchanging care “with each other as a form

of barter” (Gahagan et al., 2004, p. xiii). Unpaid caregivers watching the play would be engaged by seeing their experiences being re-enacted on stage, while unpaid caregivers acting in the play would be empowered by the opportunity to relate their experiences first-hand.

*Balancing Act* translated knowledge on unpaid caregiving to stakeholders through theatrical performance, although research on KT and issue-driven theatre suggests that even greater uptake could have been achieved. Using theatre as a means of engaging an audience with issues, modifying the performance site, and building support structures for the audience and actors serve to maximize theatre’s KT potential. More reimaginings of theatre will inevitably lead to more possibilities for dynamic, reciprocal, successful KT.

### References

- Alexander, B. (2005). Performance ethnography: The reenacting and inciting of culture. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative health research* (3rd ed.) (pp. 411–442). New York: Sage.
- Amaratunga, C., Neumann, B., & Clow, B. (2006). The Healthy Balance Research Program: Knowledge translation for women’s unpaid caregiving. In J. Frank & J. Zelmer (eds.), *Moving population and public health knowledge into action: A casebook of knowledge translation stories* (pp. 43–46). Ottawa: Canadian Institutes of Health Research.
- Canadian Institutes of Health Research. (2006). Foreword. *Moving population and public health knowledge into action: A casebook of knowledge translation stories*. Ottawa: Author.
- Gahagan, J., Loppie, C., MacLellan, M., Rehman, L., & Side, K. (2004). *Caregiver resilience and the quest for balance: A report on findings from focus groups*. Halifax: Healthy Balance Research Program.
- Healthy Balance Research Program. (2006). *Finding a healthy balance: Research, policy and practice in women’s unpaid caregiving in Nova Scotia – Forum highlights May 2 & 3, 2006*. Halifax: Author.
- Lavis, J., Robertson, D., Woodside, J. M., McLeod, C., Abelson, J., & Knowledge Transfer Study Group. (2003). How can research organizations more effectively transfer research knowledge to decision makers? *Milbank Quarterly*, 81(2), 221–248.
- Mbizvo, E. (2006). Theatre – A force for health promotion. *Lancet*, 368, S30–S31.
- Nisker, J., Martin, D., Bluhm, R., & Daar, A. (2006). Theatre as a public engagement tool for health-policy development. *Health Policy*, 78, 258–271.
- Stuttaford, M., Bryanston, C., Hundt, G., Connor, M., Thorogood, M., & Tollman, S. (2006). Use of applied theatre in health research dissemination and data validation: A pilot study from South Africa. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 10(1), 31–45.

**Author's Note**

The author would like to thank the Canadian Institutes of Health Research and the Healthy Balance Research Program and its co-directors, Carol Amaratunga, Brigitte Neumann, and Barbara Clow, for access to the research and information contained in this article. The author would also like to thank Jane Moloney and Erin Fredericks for their assistance with the writing of the article. No conflicts nor financial disclosure statements pertain to this submission.

Comments or queries may be directed to Stephanie Mason, #502, 1465 Brenton Street, Halifax, Nova Scotia B3J 3T4 Canada. Telephone: 902-494-7856. Fax: 902-494-7852. E-mail. [stephanie.mason@dal.ca](mailto:stephanie.mason@dal.ca).

---

*Stephanie Mason, MA, is Coordinator, Healthy Balance Research Program, Atlantic Centre of Excellence for Women's Health, Dalhousie University, Halifax, Nova Scotia, Canada.*