Background
Over the past decade I have worked regularly with adults in hospital encouraging them to get inspired and creative. The most common feedback is 'happy' and it was in seeking a possible explanation one patient suggested he had been suffering from boredom. While children are provided with toys, colourful surroundings, play specialists, schools, supported by parents and charities they also naturally play. Adults are often left in bland surroundings with no options for what to do to take their minds off their situation. Few can focus on books and TV is passive and often expensive. While apparently obvious, boredom has not been well recognised and is missing from the NICE report on the patient experience. The Anti-boredom Campaign aims to increase understanding, spark research, create inspiring resources and encourage a change of culture so adults in hospital can feel more alive.

Boredom: The problem
Normally transient, boredom helps motivate and guide us to find more meaningful or interesting activity and can drive creativity, or can simply encourage us to get up and move somewhere else. In hospital you may need to wait for long periods in one place. Boredom is an unpleasant, aversive emotional state especially when prolonged characterised by time slowing, lack of meaning and hope, frustration, anger, apathy, anxiety, emptiness, dissatisfaction, sadness and an agitated restlessness leading to a desire to escape from one's current situation. In this state the sufferer wants engagement but is unable to focus with a lack of challenge or interest in their environment. In a cohort study, people bored at work had higher mortality rates. Physiologically, boredom can increase heart rate but lower skin response revealing mixed high and low arousal. Goetz suggests five stages of boredom from 'indifferent' to the most angry 'reactant' wanting to change the situation and have agency, and finally to 'apathetic' which is the most negative state lacking motivation.

Experimentally it is possible to induce boredom through constraint, monotony, slowing clocks or simply not doing anything at all. This state is aversive for most people quite quickly as illustrated by a study by Wilson et al putting people into a blank room for just 6-15 minutes. When given the option 67% of men, and 25% women chose to repeatedly self-administer electric shocks to escape boredom. This finding is backed up by other papers finding boredom to be unpleasant, with suggestions this may be due to negative mind-wandering associated. In hospital, rooms are often bare, routines and surroundings mundane, interruptions, and a focus on illness encouraging negative mind-wandering. Few people can read, indicative of mind-wandering and boredom which deprives the sufferer of the ability to focus on complex cognitive tasks. There is a genuine lack of options for what to do, and while studies reveal boredom to be prevalent in hospital, ideas on how to help are unimaginative.

Neuroscience reveals new ways to understand boredom, suggesting the slowing of time signals to our executive system that something is wrong, hence decreasing our cognition and perception. Lower activity of midbrain dopamine neurons in mice results in an overestimation of time with a fearful, aversive response, while higher activity results in an underestimation of time, motivation...
and engagement. Another group manipulated VTA dopaminergic neurons in mice involved in motivation, reward-seeking and learning. Inhibition leads to sleep, while activation produces wakefulness. Higher levels of dopamine increases blink rates to help disengage from the external world or looking towards a blank wall can help think imaginatively. Imaging suggests retrieval of memories and spatial navigation can counteract boredom.

**How to help:**
The impact of boredom in hospital is unclear, but for many it clearly results in suffering. Areas for investigation could be recovery time, fatigue, pain management, sleep, anger and feelings towards staff, and how engaged the person is in their own care and treatment. From experience, and reading initial long-term ideas for the Anti-boredom Campaign include:

- **Materials and resources**: variety, novelty, inspiring, interesting, with meaning to interact on paper as more physical – suitable for minds that wander, and aimed at motivating the person to think what they can continue to do themselves that is intrinsically interesting
- **Themes**: nature, change, surprise, scale
- **People**: what difference does a personal intervention make to motivation?
- **Change culture**: education and resources such as folders, need for variety, intriguing/inspiring images, colour, different physical spaces people can move to
- **Self-motivation**: encouraging people to think of ideas and pack a bag before hospital, encourage family and friends to support, sharing of inspiring stories of using time in hospital as an opportunity

**Why are some people bored and others not?**
There has been a focus on individuals more prone to boredom leading to risky behaviour including gambling, alcohol and drug abuse, binge-eating, dropping out of school, depression and anxiety. Adults with ADHD, and following brain injury and strokes are more prone, relating to problems with attention and are more likely to lack self-control. Studies tend to focus on people with problems and overlook successful creative people such as a David Bowie, Andrew Marr and Heston Blumenthal who describe that feeling easily bored drove them onto new ideas and the urge to create. It may be that many people are so good at finding ways to keep themselves interested and engaged they are unaware of boredom. As a society we are less willing to admit to getting bored.

In hospital, I wonder if the environment and becoming a 'patient' can be so disempowering, with a focus on illness, that the person is unable to cognitively think what they could do. They genuinely lack options of things around them or being able to get up and leave, but there may be ways to help. The situation may resemble a learned form of helplessness, with experiments previously showing an aversive experience from which there seems no escape results in "apathy" and hence accepting a complete lack of control. In this state the person or animal gives up trying to escape. One lady, who I worked with had been profoundly bored for over six weeks, and needed to be reminded of the things she could do. A session allowed her to remember she enjoys making and creating, and after my one visit her family then brought in further materials. She was then able to keep herself engaged and interested. It turns out she had not even realised she could leave the room. Encouragement, ideas and permission were needed to help her emerge from apathy to do things she enjoyed, and to turn time from 'wasted' into an opportunity.
References


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