

# Performing medicine: the role of theatre in medical education

Martin Kohn

On one of my recent walks through the Cleveland Clinic, I noticed (once again) a beautiful dog sharing with me the pedestrian walkway over Carnegie Avenue. Who could have imagined, even as recently as a decade or so ago, a dog pawing along the antiseptic halls of our healthcare institutions? Of course, he had a trainer, was on a leash and was doing his work for a purpose—no doubt a well-defined one—backed up by studies of the salutary effect of unconditional canine love on the health of patients.

A year prior to that stroll, my brother and I were searching for assisted living options for our mother (of blessed memory). Many of the facilities were, as my brother put it, 'nursing homes masquerading as assisted living'. Fortunately, we found a place that bucked the trend. In fact, I told mom that the place we found was 'as quirky as corporate could get!' It worked well for her. Having lived a wonderfully quirky life, she bloomed during her final 6 months of life there. When I first walked into this assisted living facility (that resembled a country inn), I was greeted by Sonny, the pound-rescued dog that had the run of the place. Most days Sonny would be asleep on a chair in the foyer, and if not there, on the floor behind the front desk, or in the sunroom or in the bistro (with the jukebox that played favourites from the 1940s and 1950s). Sonny just was there—played out most days in all his thereness.

Those of us who believe there is a place for theatre, in particular, and the arts, in general, in medical education are eager to make our presence felt in the medical school environment and justify our existence there. We are trying to provide answers to those who ask what is to be gained by bringing performance, actors and theatre educators into medical education. And, of course, many of us are

also troubled by having to justify the place of art in academic medicine. We want art to be experienced unleashed as well.

Fortunately, like most worthy endeavours, there is not merely one way forward, but a wide variety of opportunities along the leashed—unleashed spectrum. Just as the two streams of work in our field, medical humanities and bioethics, have developed in myriad ways over the past 50 years,<sup>1</sup> so, too, will our efforts in this, our field's third stream, find multiple means of expression.<sup>2</sup>

Indeed, as the study in this issue points out (*see page 18*), there have been numerous efforts to bring theatre and performance into medical education<sup>3</sup>: to teach case presentation skills, to give greater verisimilitude to standardised patient encounters, to present the patient experience of illness to students so that they may empathise in ways in which they may not feel as comfortable doing in the immediacy of care giving, among others. To this we can add the study of the performative nature of medicine itself,<sup>4 5</sup> the use of plays to understand how doctors struggle with ethical dilemmas and how viewing plays can help communities struggle better with decisions about limited healthcare resources.<sup>6</sup> On the more unleashed end of the spectrum, there is also the end-of-year satirical review, standard fare at most medical schools. Dare we venture farther? Would guerilla theatre ever find a home in the medical environment? *Improv* troupes? Court jesters ensconced in the chief-of-staff office or in the trustees' board room? We'll see....

Just as important as developing programmes and projects, however, is the development of curricular rationales for our work, lest our work be seen as a passing fancy. What theories of knowledge can we put forth to which our activities can adhere, and through which our students can view our work's purpose in their professional development? The curricular engine of medical education needs to be fuelled by both reproducible and irreducible ways of knowing and knowledge making. The scientific basis of medical practice, and all its gleaming accomplishments from the cutting and

measuring of things (science's Latin root, 'scire', derives from 'to cut, divide'), needs to find its place in the complete picture of lived human experience. Thus our advocacy for experiences for our students steeped in embodied word and image—qualitative symbols—that allow them to thicken and enliven their quantitative understanding of the world in which they will live and practise.

Theatre in particular can provide irreducible experiences emanating from the realms of flow knowing and whole knowing. Flow knowing is knowing in relation to others and to our environment. It is expressed through narrative and kinesthetics—our stories and bodies in spatiotemporal communication with our fellow creatures and the world. Whole knowing comes in a flash (epiphanically) through engagement with the arts, and panoramically, through engagement with synoptic disciplines such as history, philosophy and religious studies.<sup>7</sup> The combination of flow and whole knowing, with empirical knowing, grounds every medical story within the context of a human story. It also moves our students to meld their 'being' (values, character and beliefs) with their 'doing' (technique) towards creation of a full and reflective practice life. Others theorise for a deeper synthesis of art and science, a new aesthetic reconceptualisation of the medical curriculum itself, where medical humanities is '...the process or perspective that creates the conditions of possibility...' for the learning of science to occur (p 200).<sup>8</sup>

Ultimately, medical education is a moral enterprise whose aim is to develop actors of sound moral character who make (sometimes very difficult) decisions, in order to do the right thing. Jonathan Levy, whose life work has been in theatre and moral education, carefully distinguishes, however, between educating a good (obedient) child and a moral child, 'one who can be expected to act morally in unforeseen circumstances' (p 69).<sup>9</sup> He worries about a theatre of propaganda based on selling 'known truths' and 'true' attitudes, while also citing many virtues of theatre as a vehicle for developing the moral child (in our case, the neophyte physician): the power of dialogue, of repetitions, of emulating good characters and of acting out moral lessons.

But his primary claim for the power of theatre is educating for feelings and the 'sympathetic experience theatre, in its fullness, can give' (p 72).<sup>9</sup> Levy calls, as do many of us in medical humanities and the

**Correspondence to** Associate Professor Martin Kohn, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University; Director, Program in Medical Humanities, Center for Ethics, Humanities, and Spiritual Care, Cleveland Clinic/ NA24, 9500 Euclid Avenue, Cleveland OH 44195, USA; kohnm@ccf.org

arts, for more research to back up his claim. High-quality arts-informed research that bridges, as recommended in the article in this issue, the artificial divide between art and science, and that illuminates their shared grounding in 'exploration, revelation, and representation' (p 2)<sup>10</sup> should solidify our position in academic medicine. More work is needed in community-based participatory research as well, both as a means for envisioning ways to reconstruct our communities and for developing programmes aimed at greater health and well being through theatre experiences.

Our work is known by many names—theatre, drama, play and performance. If our default mode becomes a narrow rather than a broad view of 'performance' that conceptually aligns closely with quantitative measurability and reproducibility, we may gain a patina of respectability,

but at what cost? Rather, we have the courage to create space for improvisation, to educate the emotions, to co-construct community through theatre arts and to educate our colleagues about the theoretical underpinnings of our work and the vital and vibrant collaborative qualitative research opportunities beckoning us, than tragically lose our less-leashed voices.

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## REFERENCES

1. **Wear D.** The medical humanities: toward a renewed praxis. *J Med Humanit* 2009;**30**:209–20.
2. **Kohn M.** Jumping into our field's third stream: bioethics, humanities, and the creative arts. *Atrium: The Report of the Northwestern Medical Humanities &*

*Bioethics Program.* Northwestern University, Chicago 2010:13–15.

3. **Hammer RR,** Rian J, Gregory JK, *et al.* Telling the patient's story: using theatre training to improve case presentation skills. *J Med Ethics; Medical Humanities* 2011;**37**:18–22.
4. **Woolliscroft JO,** Phillips R. Medicine as a performing art: a worthy metaphor. *Med Educ* 2003;**37**:934–9.
5. **Case GC,** Brauner DJ. The doctor as performer: a proposal for change based on a performance studies paradigm. *Acad Med* 2010;**85**:159–63.
6. **Johnston K.** Grafting orchids and ugly: theatre, disability and arts-based health research. *J Med Humanit* 2010;**31**:279–94.
7. **Phoenix P.** *Realms of Meaning: A Philosophy of the Curriculum for General Education.* New York, NY: McGraw-Hill Book Company, 1964.
8. **Bleakley A,** Marshall R, Bromer R. Toward an aesthetic medicine: developing a core medical humanities undergraduate curriculum. *J Med Humanit* 2006;**27**:197–213.
9. **Levy J.** Theatre and moral education. *J Aesthetic Educ* 1997;**31**:65–75.
10. **Leavy P.** *Method Meets Art: Arts-Based Research Practices.* New York, NY: Guilford Press, 2009:2.



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