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Actor training for doctors and other healthcare practitioners: A rationale from an actor's perspective

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Abstract

Two four-hour workshops were held in Singapore offering health care workers (HCWs—clinicians and others) training in theatre skills and techniques to expand their range of 'performativity' and effectiveness in relating to patients. Experiential theatre training exercises (including body-awareness and work with masks) were conducted by an experienced actor-director and acting teacher. This paper presents the rationale for these workshops from an actor's perspective. Whilst objective measures, in terms of outcomes, are required in justifying innovations in education, we claim that outcome measures are not sufficient. Actor training for HCWs needs also to be underpinned by a pedagogical rationale that is derived from acting theory and practice. This paper presents several justifications from an arts perspective including that there is much that is in common between what actors, doctors and other HCWs do; that acting is not to 'pretend' but to express a role in a way that is effective for the role and genuine for the actor; that mask work is a means to teach HCWs to be more expressive; that there are many parallels between 'theatre' and 'medicine'; that communicating well with patients goes beyond 'communication skills' to include 'embodied practice'; and that actor training can provide HCWs with an experience and an understanding of their capacity to be simultaneously empathic and analytic.

Keywords: drama training, actor training, health care workers (HCWs), communication skills; role play.

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1. Introduction

There are a few reports of actor training for medical students. For example, in New Zealand, Lim et al. 2011, made use of drama training in teaching students 'how to act-in-role.' They found that these students performed better than students given more conventional empathy training, particularly in observed structured clinical examinations (OSCEs) (Lim, Moriarty & Huthwaite, 2011). Hoffman et al. (2008) used improvisational theatre techniques to improve students' communications skills (Hoffman, Utley & Ciccarone, 2008). Hammer et al., provided theatre training to improve case presentation skills in their medical students (Hammer, Rian, Gregory, Bostwick, Birk, Chalfant & Hall-Flavin, 2011). These reports discuss the effectiveness of drama training in terms of outcome measures, although without providing any rationale that draws on acting theory and practice to explain why drama work may be effective in training medical students and health care practitioners.

We conducted two workshops on 'Applying Techniques from Actor Training to Performativity of Doctors and Healthcare Practitioners' in September 2013 and January 2014 in the Yong Loo Lin School of Medicine, National University of Singapore. The workshops provided actor training for clinicians and other health care workers (HCWs) with the aim of increasing their effectiveness in relating to patients. A study of the participants' responses to these workshops was approved by the National University of Singapore Institutional Review Board and the outcomes for participants will be reported in a further publication (forthcoming). We intend therefore to offer a similar justification, as the above reports, for these workshops in terms of their effectiveness in training HCWs to expand their range of 'performativity' in relating to patients.

The aim of this paper however is to explore the rationale for these workshops in theatrical terms. We outline the program of the workshops and discuss their rationale and endeavour to persuade the reader that these workshops are justified on the basis of acting practices, and their theoretical underpinnings, from an arts perspective.

2. The Workshops

Actor training exercises were conducted with HCWs by an experienced actor-director and acting teacher (Author 2) who, with Authors 1 and 4, facilitated two separate four hour workshops with two different groups of 22, and 23 participants.

2.1. Workshop program of activities

Both workshops began with an 'ice breaking' activity, in which participants, with closed eyes, reached out to hold the hands of two other people, to whom they introduced themselves (See Table 1). This was followed by a role-play in which three pairs of participants performed assigned roles whilst wearing an expressionless white mask. One of the participants was a 'patient' who was requested to 'perform' the symptoms of a medical condition (Parkinson's disease, depression, or eczema). The other performed as 'doctor' whose role was to welcome and then to diagnose the 'patient.' Both participants acted these roles in silence. Three successive role-plays were performed in front of the others. Following this, two workshop facilitators performed a similar role-play, although without mask—to promote reflection on perceived differences between wearing and not wearing a mask. One of the facilitators (Author 4), also in silence, acted a succession of roles: 'demanding patient,' 'pleading patient,' and 'passive, help-me patient.' The other facilitator (Author 2) responded as 'doctor' silently to each of the 'patient roles.' Participants then shared their observations.

Table 1. Program of Activities

Introduction
'Ice breaking' activity
Performance in Mask:
Exploring 'Six directions of space'
Walking exercise focussed on centres of the body
Attitudes to the mask; Acting the 'four elements' in mask
Group presentation of four elements in mask
Combined groups inter-acting all four elements in mask
Discussion of workshop overall and participant feedback

Participants were then directed in a psychophysical 'body awareness' activity known as the 'six directions of space': an exercise drawn from the work of Russian Actor and Director, Michael Chekhov (Chekhov, 2002). This was a series of movements including leaning to the left and right, front and back, raising up on one's toes to experience height, and then allowing oneself to feel heavy and pulled down by gravity—whilst maintaining a sense of being centred. The activity is designed to assist in experiencing an 'embodied' sense and to locate a psycho-physical centre point in the body. Participants discussed this exercise and how the experience could relate to various medical conditions where there are changes in patients' spatial sense.

A subsequent body awareness exercise involved participants walking while adopting different postural attitudes based on the six directions of space: such as leaning forward to greet others, walking and greeting people leaning into the 'back space,' or deliberately adopting restricted limb movements to experience both psychological and physiological imbalance.

2.2. Performing in mask

Participants were asked to put on a mask and to circulate amongst themselves whilst looking at each person in passing. Then, removing the mask, they were instructed to regard the mask with respect, as if it were a precious icon. This attitude of respect for the mask is derived from the work of renowned French drama teacher Jacques Lecoq (2006). Participants then, in mask, returned to circulating and looking at one another. Differences between performing with these two attitudes toward the mask (normal and respectful) were discussed and related to the various attitudes participants had toward their roles as HCWs.

Following this, participants acted all four elements in turn whilst generating a speech sound, and movement gesture, appropriate to each element: such as 'D' for earth, 'L' for water, 'R' for air, and 'F' for fire. This exercise derives from the work with gestures in sound and movement developed by Michael Chekhov (discussed above). Groups of 5 or 6 participants—wearing masks—then improvised and performed a dance-drama, of a chosen element, for the other remaining participants. Subsequently the various groups, each performing one or other of the elements, interacted in movement, in a spontaneous dance-drama that represented the meeting of all four elements. Embodying the four elements in sound and movement gestures acts as a conduit for understanding both physiological constituents that make up the human body and the psychological (early Greek) humours of melancholic, phlegmatic, sanguine and choleric temperaments.

3. Rationale from an actor's perspective

Much of the preparation for these workshops was based on an exchange of ideas between ourselves, as facilitators and organisers, in planning the workshops. We discussed and developed our various ideas, starting from our different perspectives. Through discussion it became clear to us that HCWs play their roles—not only as a figure of speech, but in actuality. HCWs therefore,

like actors, can be trained to play their roles more effectively—not just from a medical perspective, but also from an actor's perspective where honing aesthetic skills using theatre technique constitutes a foundational pedagogical process. We argue that to justify such workshops on the basis of the health care outcomes alone (as important as they may be) gives insufficient recognition to a rationale for these workshops in terms of acting theory and practice. There is a need for understanding why these skills are relevant from an arts perspective. This understanding is also needed to refine teaching methodology to make it more effective in providing actor training for HCWs.

This paper represents the positions we came to as a basis for offering HCWs a wider repertoire of skills in acting. These are positions that we advocated throughout the workshops. What follows is an elaboration of the basis for each of the positions we adopted in the planning and running of these workshops.

3.1. There is much that is in common between what actors, doctors, and other HCWs do

For most of us (at least those more fortunate among us) a health crisis is a relatively rare event. When someone close to us is injured, or becomes seriously ill, we may well be anxious and emotionally disturbed. HCWs however, dealing with someone who is injured or seriously ill, are simply going about their normal and every day work. Depending on the HCW's specialty, there may be several patients dying in any one week. The reality of injury, disease or death is unlikely to be a source of anxiety or to be emotionally disturbing for someone working in this environment. Yet, it is clearly inappropriate for HCWs to behave in an unconcerned, light-hearted, or jocular manner around those experiencing serious illness or suffering over the illness of a loved one.

The HCW's emotional expression (but not necessarily their emotional feeling) needs to be appropriate to the role they are playing. This is acting. It is something learnt on the job. No doubt some are better at it than others, but it is a necessary skill that is learned in interaction with those who are suffering. No one would accuse a doctor, who is acting in this manner, of being false or inauthentic. Indeed it would be a strange idea of authenticity to insist that doctors should be 'true to their feelings' if indeed they did find situations in this context amusing and laugh when those around them were in grief. This is to recognise that doctors are, by necessity, actors. And ideally they are good at it. To be capable of appropriate expression of thoughts and feelings means to act appropriately in the role they are performing. This is definitional of a good actor. Moreover the doctor, like the actor, is better able to leave that feeling behind as she moves to the next situation—perhaps to give a lecture to a group of students where it is appropriate to be humorous and to laugh.

3.2. 'Acting' is not to 'pretend' but to express oneself effectively and genuinely

When we examine what doctors and other HCWs are required to do (as above), it becomes obvious that teaching doctors to act more effectively is not teaching them to be false or to 'pretend.' The skill of actors is in expressing themselves appropriately in the roles they are performing. This, as is argued above, is also what we expect of HCWs. Actor training addresses the need of HCWs to express themselves effectively and genuinely within the requirements of their role. We expect our HCWs to be serious in responding to health crises, and to engage directly and genuinely with those they are responding to.

We go further in noting the reality that actors are often more effective in this aspect of the role when playing a doctor or nurse, than actual doctors or nurses. There are many examples of very good actors who have played the roles of doctors and nurses in movies and television dramas. We also acknowledge that actors may be somewhat exaggerated in those roles, and appear (especially to HCWs) to 'over-act.' However that is the 'soap-opera' phenomenon characterised by 'over-acting' whatever role the actor is playing. In quality movies, actors come across as genuine—and we maintain that they are genuine—in playing their roles.

Offering HCWs actor training therefore is to support them to express appropriate behaviours and attitudes.

3.3. 'Masks' are not to hide but to accentuate

In common parlance we refer to 'hiding behind a mask' in the sense of hiding our 'real' feelings and thoughts. In this sense, it is to take on a false identity. At a masked ball we may have the luxury of not being recognised for who we really are 'behind' the mask. Festivals, such as Rio de Janeiro's Carnival and its parade of masked characters, are seen as time out from usual social responsibilities. It is understandable therefore, that the naïve view of wearing a mask is to 'put on an act.'

In theatre however, wearing a mask has traditionally been a device to amplify and accentuate a characteristic, not to hide it. The clown's red nose is one such mask. The tradition of the clown however is incredulity, and naïve openness, rather than 'putting on an act' and being silly. Comedia dell-arte characters were masked archetypes of characteristic human traits such as greed, lustfulness, foolishness, and swaggering pride. These characteristics were far from hidden—quite the reverse. The word personality derives from the Latin persona—which referred to a theatrical mask. Early masks were designed with a built in mega-phone—a cone-shaped acoustic horn—to amplify the voice so that the 'persona,' speaking through the actor, could be both seen through body gesture and heard.

In theatre training, the mask is employed to train actors in expressing themselves more fully. As mentioned above, the clown's red nose is a device for training actors in naïve openness and expressive wide-eyed wonder. The 'white mask' is a device for giving stillness to the face and drawing attention to the actor's movements. The 'neutral mask' is designed to promote an attitude of neutrality and inner stillness in the actor who, from this still centre, can express a range of elements from the sturdiness of a tree to the wildness of fire. Comedia dell-arte masks are used in training actors to express a single trait, such as greed or lust.

Work in mask provides a medium for embodied expressiveness and allows HCWs to be free of other constraints and to learn to be more instrumental in expressing essential elements in the range of human expressiveness. Mask work is very effective therefore, in training expressiveness and transparency of expression. This is the antithesis of what most people associate with theatrical masks.

3.4. There are many parallels between 'theatre' and 'medicine'

Theatre is a space and place of action—a site of activity where dynamic changes take place. It is not mere coincidence that the surgical operating room is called an operating 'theatre.' At the centre of early operating theatres was a table or chair to which a patient was strapped and operated on by a surgeon both for the benefit of the patient, but also as a performance for an audience. Rows of seats were provided, on raised platforms, as in repertory theatre, to allow medical students and trainee surgeons to view the operation as it progressed. Before the era of sterilisation, surgeons simply wore an apron (effectively a costume) over their street clothes, held unsterilised instruments in ungloved hands, and members of the audience were similarly present in their unsterilised street clothes.

Observing surgical operations in progress still happens of course, but with fastidious attention to sterility and a limited space for direct viewing. Nevertheless, glass observation panels and video cameras allow for remote viewing. What is important to recognise is that these were, and continue to be, performances. The term 'theatre' continues therefore to have the connotation of a place for witnessing a drama as it unfolds. The theatre becomes, as the late Polish Theatre Director Jerzy Grotowski suggests, a laboratory where both activity and observation can take place simultaneously (Grotowski, 1986).

This parallel has been a focus of the work of French artist Orlan who treated surgical operations on her own face as "baroque theatre with poetry, music, and costume revealed in video and photographic images broadcast live to galleries around the globe" (Macneill, & Ferran, 2010). Her work was an ironic re-colonisation of the surgical operating theatre and a relocation of the drama of surgery into theatres within art galleries. It was also a relocation of the surgical into a theatrical idiom.

Many of medicine's other rituals have parallels in theatre also. Taking a history is a formalised story-telling, in which students are taught the arts of observation and making 'public' declarations of these observations by relating what they have seen to a small group that includes their clinical teacher and fellow students. They are critiqued and assessed on these performances. A medical trainee's behaviour is shaped toward particular ways of seeing, terms of expression, and styles for articulating their observations. In many ways (at least in broad terms) this parallels the training of acting students. Of relevance is the work of Hammer et al., mentioned above, in their use of theatre training to improve case presentation skills in their medical student (Hammer, Rian, Gregory, Bostwick, Birk, Chalfant & Hall-Flavin, 2011).

In a broader sense, what happens in hospitals, clinics and doctors' rooms, parallels life. The subject matter itself is obviously fascinating in that much contemporary theatre focusses on tragic encounters of sickness, injury, illness and death. These events are the stuff of literature, and of stories that we tell one another. They are an inescapable and significant portion of the drama of our lives.

Whilst artists of all kinds (novelists, actors, bioartists, and film-makers) draw on medicine as the source of their art, it makes (at least poetic) sense that doctors and other HCWs would draw on the theatre, and on theatre skills, to develop their own art.

3.5. Ability to relate to patients goes beyond communication skills and role playing—embodied practice

All HCWs are now trained in communication skills, to listen more attentively, ask open-ended questions, summarise and paraphrase. This is a welcome development. Nevertheless it could go much further. Actors are also trained in communication—but in a more 'full bodied' sense. A lot of preparation for acting involves physical expressiveness and movement, attention to breath, and awareness of interacting with others (Zarrilli, 2000). The actor is more palpably full-bodied and aware—so much so that an audience may be strongly affected by a performance. Actor training involves communication skills that go beyond what we normally understand as communication in a counselling context.

Role plays have also become a staple exercise in training of HCWs. However, conducted as they are by educators, they lack the depth of engagement that actor training usually requires. What is missing is a resourceful use of the body and emotions in the actions and exchanges of the role players. We support role playing as an effective teaching methodology but it could go much further. When playing a role is foundational to acting and to acting effectively it makes sense that the expertise of those who are trained for role playing—namely actors—is needed to train HCWs to play their roles. We contend therefore that HCWs have much to learn from actors about the craft of interacting sensitively and effectively with others.

3.6. A capacity to be simultaneously empathic and analytic

The renowned Russian actor-teacher Konstantin Stanislavsky saw the pinnacle of acting as both experiencing oneself fully engaged within a role, whilst at the same time observing oneself as a performer. This apparent 'dividing of oneself' is not experienced by an accomplished actor as division, but as supreme mastery and integration (Macneill, (In Press, 2014). This is not an idea drawn from theory, but from Stanislavsky's experience on stage as an actor (Carnicke, 2009). Extrapolating from this—and our own experiences of this in performance—we conclude that it is this capacity that allows HCWs to be fully engaged with a patient and to be empathic,

whilst being—at the same time—analytic and objective. It is an elevated experience of mastery, which includes both transcendence and full engagement in the particular. Chekhov refers to this sense of mastery as an experience of the higher self (Chekhov, 2002).

Actor training can address a perceived dichotomy between empathy and analytic knowledge (Macneill, 2010; Rosenfield, & Jones, 2004). Through training as an actor, one can learn to be fully immersed within a role and empathically relating to other 'actors,' whilst being at the same time, analytic and objective. These are not mutually exclusive capacities or experiences, particularly when working with psycho-physical theatre techniques that are specifically designed to bring about an experience of body-mind connection.

4. Conclusion

In this paper we have offered a number of justifications for providing actor training workshops for HCWs as a means for expanding their range of 'performativity' and effectiveness in relating to patients. Whilst we intend also to justify this work in terms of the outcomes of these workshops, we believe it is important to substantiate the work on the basis of acting theory and practice—as we have endeavoured to do in this paper. We offer these ideas in the hope of prompting discussion about acting theory and practice in training medical students and HCWs. We further hope our ideas act as a support for those working with drama in these contexts.

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