Undoing Wit: A Critical Exploration of Performance and Medical Education in the Knowledge Economy

by

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Dalla Lana School of Public Health
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Abstract

Over the past decade, there has been a turn in applied health research towards the use of performance as a tool for knowledge translation. The turn to performance in applied health sciences has emerged as researchers have struggled to find new and engaging ways to communicate complex research findings regarding the human condition.

However, the turn to performance has occurred within the political landscape of the knowledge economy, and thus conforms to contemporary practices of knowledge production and evaluation. Recent studies about health-based performances exhibit two hallmarks of economized modes of knowledge production. First, these studies focus their attention on the transmission of knowledge to health care professionals through an exposure to performance. Knowledgeable, and thus more useful or efficient, health care providers are the *end-product* of this transaction. Second, many of these productions are created in the context of application, and thus are driven by an accountability and goals-oriented approach to knowledge acquisition.

This thesis argues that economized and rationalized modes of knowledge production do great harm to performance’s pedagogical and ethical potential. By utilizing scientific evaluative methodologies to monitor performance’s ‘success’ as an evaluable, predictable and ends-oriented
practice obscures performance’s liberatory value, and thus misses performance’s potentially most potent and critical contributions. To mount this argument, I present a case study of Margaret Edson’s play *Wit*, which has been used widely in medical education. Drawing from the philosophy of Emmanuel Levinas, I critically explore the impact of the knowledge economy on arts-based pedagogical models within health research and education. Further, I seek to redress potential harms inflicted by the knowledge economy by developing the notion of ethical “response-ability.” Through this concept I argue that performance challenges normative conceptions of reason, rationality and scientific evaluation, making the use of theatre in contemporary educational settings at once troublesome and vital.
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# Table of Contents

1. **INTRODUCTION**

2. **BACKGROUND**
   - 2.1 *The Knowledge Economy*
     - 2.1.1 Growth and development of the Knowledge Economy
     - 2.1.2 Impact on social structures
   - 2.2 *Typologies of Knowledge Production in the Knowledge Economy*
   - 2.3 *Significant Characteristics of New Knowledge Production*
     - 2.3.1 Knowledge as product
     - 2.3.2 Innovation
     - 2.3.3 Measurement and evaluation and the role of positivism
   - 2.4 *Arts and Humanities in the Knowledge Economy*
     - 2.4.1 Performance in health and medical research and education
   - 2.5 **Summary**

3. **METHODOLOGY**
   - 3.1 *Hermeneutics: History and Significance*
   - 3.2 *Hermeneutics as an Epistemological Position: Study Design*
     - 3.2.1 The address and the question
     - 3.2.2 Use of self in the research process
     - 3.2.3 Prolonged textual engagement
     - 3.2.4 Words as tools, words about tools: Close attention to language
     - 3.2.5 Broadening the conversation: The use of theory
   - 3.3 *Hermeneutics as a Political Choice: Troubling Authority*
   - 3.4 **Summary**

4. **THEORY**
   - 4.1 *Mimesis and Identification: Theories from Theatre and Film Studies*
     - 4.1.1 The Ideology and politics of mimesis: Realism versus gestus
     - 4.1.2 Identification: A bridge between theatre and ethics
   - 4.2 *Introducing the Ethical: Levinas*
     - 4.2.1 Ethics as First Philosophy
     - 4.2.2 The I, The Other, and the Face-to-Face Encounter
     - 4.2.3 Knowledge and Totalization
     - 4.2.4 Responsibility, substitution and subjectivity
     - 4.2.5 Ethics versus popular empathy
   - 4.3 **Summary**

5. **EXEMPLARS I AND II**
   - 5.1 *Wit*


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v
5.2 The Wit Studies
   5.2.1 Publication form 96
   5.2.2 Project rationales and objectives 97
   5.2.3 Project design: Methodology and evaluation 103
   5.2.4 Project results: Findings and discussion 108

5.3 Unevaluated Responses to Wit from the Wider Medical Community 114
   5.3.1 Unstructured content 115
   5.3.2 A face-to-face encounter with Wit 118
   5.3.3 Feeling strongly: The role of affective response 119
   5.3.4 Asking questions: The importance of critical reflection 121

5.4 Summary 123

6. EXEMPLAR II 127

   6.1 Becoming undone: Watching, passivity and a return to traumatic memory 128
      6.1.1 Watching Pain 129
      6.1.2 Traumatic Memory and Identification 133
   6.2 What’s the point? 139
   6.3 Resistance to Objective Language 139
   6.4 Summary 147

7. ANALYSIS AND DISCUSSION 150

   7.1 The Burden of Proof: Performance as an Agent of Domination 151
      7.1.1 The role of realism: Setting the stage for domination 151
      7.1.2 Identifying domination: Learning objectives and evaluations 156
      7.1.3 An economy of empathy: Defining performance’s object of construction 160
   7.2 Re-Reading Wit: Performance as an Agent of Ethics and Resistance 164
      7.2.1 Identifying performance’s ethical potential 165
      7.2.2 Locating ethics: A few missing moments from Wit 169
      7.2.3 Being faced and becoming undone: Identification and response-ability 173
      7.2.4 The challenge of ethics to the knowledge economy 180
   7.3 Summary 181

8. CONCLUSION 184

   8.1 Findings and Realizations 185
      8.1.1 Instrumentality, ideology, and new economies of empathy and learning 185
      8.1.2 Representational Practices/Ideological Practices 190
      8.1.3 Ethics: From knowing to noticing 195
   8.2 Nagging Worries, Unanswered Questions and Future Directions 196
   8.3 Summary 199

REFERENCES 200

APPENDICES 206
List of Figures

Figure 1: The Evidence Pyramid

List of Appendices

Appendix 1a: Lorenz et al’s Evaluation Results

Appendix 1b: Deloney & Graham’s Evaluation Results

Appendix 1c: McFarland & Rhoades’ Objectives and Evaluation Results

Appendix 1d: Shapiro & Hunt’s Evaluation Results
1. INTRODUCTION

“…the aesthetic personality, opposed as it is towards instrumental reason, cannot engage with an economy in any way other than being oppositional to commercialization and entrepreneurialism…”

- Robb and Bullen (writing satirically as “The Committee to Exterminate Arts and Humanities Funding”)

This study is a critical exploration regarding the impact of the knowledge economy on arts-based pedagogical models within health research and education. My interest in this began in the summer of 2006 during my involvement with a research-based theatrical production entitled After the Crash. The goal of this project was to create a play about traumatic brain injury (TBI) for the express purposes of knowledge translation. As such, the After the Crash project relied on the expertise of scientific and social scientific researchers and artists alike. Relying on my experience in theatre and in social science, my job in this project was to analyze qualitative data collected from focus groups with stakeholders within the brain injury community, as well as to work with the creative team to help realize the themes emerging from the data.

Although my prior experience dictated that I was extremely suited for this job, I was initially extremely reticent about the project. My worry, as expressed at the time, was that the play would be “cheesy.” Retrospectively, this sentiment is more aptly phrased as a worry that the play would be overly normative and didactic, thus impeding the artistic and transformative possibilities for such a production. Happily, these fears were allayed as I began to work with the creative team. Playwright Julia Gray shared my concerns, and held the nascent play’s theatrical integrity in highest regard. In fact, working with Julia and the creative team allowed me to find my way back to my “previous life” as a theatre practitioner – an incredible, if unexpected, gift for me. Drawing from the focus group transcripts and our own experiences with illness and
health care, the creative team used improvisation and creative collaboration to produce a piece which included both highly realist scenes and abstracted, allegorical movement-based scenes.

My struggle within this project began as we introduced the piece to the research team. With understandable focus maintained on the play’s ability to teach, many members of the research team felt uncomfortable with the use of dance, which seemed too abstract for a project designed for knowledge translation. Dance was not straightforward and seemed difficult for audiences to “get,” and since the entire point of the endeavor was for audience members to have easy access to knowledge the dance scene seemed inappropriate.

My own sense of instrumental logic understood this rationale; however, this sense was overwhelmed by my own repeated reaction to the dance scenes, which I found extremely moving. To my mind, it was in these scenes that the embodied, emotive force of the play emerged. In one such scene, for example, a character who learns that her chances of walking post-injury are slim to nil transitions from a realist moment of diagnostic horror to a movement scene where she dances with incredible grace and fluidity. As the scene ends, the character turns to gaze across the stage at her awaiting wheelchair, and slowly, resolvedly, moves toward the chair, seating herself and arranging her legs and feet back into their original position of paralysis.

I am unable to capture here the force of this scene, which undoes me each time I watch it, even many years later. Hence, the idea of changing the play in the service of instrumental knowledge elicited in me a strange and inexplicable sense of anger and indignation. The scenes were fundamental to the play, although not because they taught a specific skill or concept. To cut these scenes would do the performance irrevocable harm, although at the time I struggled to articulate why I felt so strongly.
Further, my own instrumental logic was contested by growing anecdotal experience about other audience members’ experience of the play. As we began to show the work-in-progress to audiences of health care providers to gain feedback, it was this scene in particular which affected many audience members. Interpretations of this scene varied wildly, ranging from “the scene about her damaged neurons” to “the scene about her aqua therapy,” to “the part about loss,” and indeed it was impossible to say what exactly the audience “got” by way of knowledge from this moment. However, these allegorical and non-narrative movement scenes often elicited the strongest emotional reactions from the audience. Thus, between my own reaction and the reactions I saw in other audience members, the suggestion to leave out the dance scenes based on their putative inability to transfer knowledge generated not only a sense of anger, but also a deep need to articulate my sense of intense reaction to the suggestion that the dance scenes be cut. It was at this point in the project’s process that I began to keep notes of my thoughts and questions about research-based theatre.

A second issue that provoked intense reaction from me occurred as the research team worked to prepare an evaluation of the play, which was to be given to all audience members following the performance. Clearly, the project’s perceived validity hinged upon its ability to make its audience understand a particular idea or concept (in this case empathic knowledge about TBI and best practice for the provision of care to TBI survivors) and the job of the research was to capture how well theatre had performed in its capability as an instrument of knowledge transfer. Again, my own instrumental, social scientific thinking understood this as a logical,

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1 I need to note here that the dance scenes were left in. I commend the research team on their flexibility, and continued interest in engaging in dialogue and debate in regards to these issues.
legitimate and even obvious step for the project; however, another, more sonorous part of me balked and resisted the notion of evaluation.

The evaluation itself was based on a fairly standard, social scientific evaluative template that used a Likert scale to gauge and measure the audience’s response, and included a space for short written explanations of audience member’s rating choices. The questions for this evaluation revolved around how much audience members had learned about TBI from the play, how much audience members felt that this learning experience would impact future practice and behaviour, and how highly audience members rated theatre in terms of its efficacy as a teaching tool.

Like the impetus to exclude the dance scenes, the inclusion of the evaluation elicited in me an overwhelming sense of discomfort. Watching the play was an emotionally charged event not only for me, but also for many audience members. To subject the play to such an evaluation seemed to diminish and even ignore its most important qualities. My sense of discomfort was rooted in a sense of loss – the evaluations seemed to inflict a kind of damage in terms of theatre’s potential value within health care education, although I could not explain this sentiment at the time. To my mind, the evaluation dictated an appropriate response to the play, which had to do only with its instrumental value as a teaching tool, and this bothered me enormously. To remedy my sense of discomfort, I advocated for the inclusion of a question in the evaluation about the aesthetic quality of the performance itself. Given my own inability to clearly express my emotional response, wording this question proved very difficult. In the end, the “aesthetic” question on the evaluation read: “The quality (as opposed to content) of this production positively affected my learning.”
While at the time I did not have the words or thoughts to adequately explain my very strong reactions to the After the Crash project, these reactions stayed with me, haunted me. Why did I feel so strongly, and what was it that was bothering me so much? Why did it matter so much to me? Clearly, these reactions marked the necessity for a much larger exploration that might allow me to better understand and articulate their strength and origin. Like the Wit Educational Initiative, which I examine in this thesis, the After the Crash project was a case study that illuminated a wider set of issues that went beyond questions of whether to include dance, or how to structure a post-show evaluation.

Emerging directly from my experience of After the Crash, the work of this thesis has been to trouble the notion of performance as a tool for knowledge transfer, and to re-construct the notion of performance as an ethical, rather than instrumental, practice. The writing of this thesis has allowed me to explore, articulate and understand my own original strong reactions to the instrumentalization of the play, and has generated a number of important insights about my understanding of the state of knowledge and creativity within the current socio-political climate, informed by the neoliberal knowledge economy.

A few of these insights, or beliefs, are best shared at the beginning of this thesis. Barbara Browning (1995) writes that “all teaching becomes meaningful when it acknowledges its ground of belief...Acknowledgment of belief need not be restrictive or even dogmatic. It may rather open out a field of possible significance.” (p. xiii) Thus, because I understand this thesis as a primarily pedagogical exercise, I want to begin by acknowledging the ground of belief and field of significance that has been opened for me through this project.
First, I strongly resist the idea that knowledge, in order to be understood as “useful” has to be an agent of tangible change. That is to say that “useful” knowledge is productive only insofar that it makes something happen in a particular and predictable direction. Or, otherwise stated, that knowledge is valuable only in its application, only as a means to some other end. This is what is implicitly meant when we ask what the “point” or “goal” of our work is, and also what is meant by the answer that the work is only useful or beneficial if it makes its way “out” into the world. Both the question and the answer are codes within the language of research and knowledge production, and both devalue the notion of ‘pure’ knowledge, or the production of knowledge as an end in and of itself.

Through the writing of this thesis, I have come to understand that the codes of “utility,” “efficacy” and “dissemination” translate roughly as: “others will read, understand, and most crucially, enact productive change on account of my work.” This is where domination occurs. We only understand our knowledge work as valuable if it forces others to do, or act, or perform in certain (predictable) ways. The problem is that none of these reactions are predictable, rational or ‘reasonable.’ We can neither control nor predict who will read our work, or how they will receive it. As thinkers - and I include here artists, humanists and critical social scientists - our work is not a scalpel by which to re-shape others thoughts and actions – not because we don’t want it to be, but because the processes of intellectual and artistic creativity and exploration simply are not amenable to this type of instrumentalization. My thesis is an attempt to articulate how and why this is so.

Further, the recurrent, underlying tropes of “utility,” “efficacy” and “dissemination” (and the relations of domination these codes engender) are problematic because they undermine our work terribly. These codes cannot help but introduce an element of terror into the process of
thinking and writing, and, as such, limit what we can think and do. The fear is that if our work is unable to enter into the realm of “productivity,” and therefore knowledge-based relations of domination, that it is worthless, futile, and meaningless. If we cannot safely predict and evaluate the impact of our work, so the reasoning goes, why bother? So we think and write in service of instrumental change and utility, and this is incredibly constraining.

Second, I feel very strongly that the value of creative thought and expression begins in the *act of its own creation*. For it is in and through the acts of thinking and writing, not to mention drawing, painting, dancing, singing and indeed, teaching and performing, that we begin to *establish our own ethical relationship with the world around us*. And, this relationship makes its way into the wider world in unpredictable ways as others encounter our work. Through these acts we configure and reconfigure our relationships with ourselves, other individuals, the objects around us, social systems, etc. We place ourselves in service of thought and writing, we are response-able (able to freely respond) to the process of artistic and intellectual engagement with the world – both through our work and through the unpredictable reactions and relationships our work might foster. We put our work into the world not ever knowing how it will be received, or by whom, and what the “impact” of this reception might entail. Terrifying indeed. And also exhilarating.

Might our work produce tangible, “useful” change? Maybe.

Might change or impact also be entirely outside our field of vision? Again, maybe.

Might no change occur at all? Only if we have set narrow parameters regarding what constitutes change, utility or impact. By defining these features, we can almost guarantee not to meet our own goals.
So outside the impossible condition of knowing and predicting the impact of our work, our best, and only, hope for creating change is to remain response-able to the work itself and open to the unpredictable reactions and relations it might foster. Our goal must be to remain open and welcoming to the work itself, and to the unforeseen relationships that might occur as a function of its being. And as I will explore over coming chapters, this is neither navel gazing nor useless, but rather the only ethical way to enter into the field of knowledge. Again, a large part of this thesis is dedicated to the articulation of what ethics, and ethical relationality, mean in this context.

In this thesis I will argue on behalf of the ethical process of creative thought and expression, whether it be writing, teaching, or art making. I am in this thesis intending to hold the space open for the total unpredictability of these forms of engagement, and to grapple with the ethical importance of forms of resistant thinking and interpretive sense-making that do not register within knowledge production schema valued within prevailing and dominant discourses that seek to commodify and instrumentalize knowledge. Resistant thinking and interpretive sense-making are not the opposite of knowledge, or a conceptual place where knowledge is not, but rather are practices through which pre-given categories of knowledge may be suspended, opposed, challenged, reconfigured, up-ended, re-written. These are practices that operate without the fear of “inefficacy” shaping and directing their trajectories.

Thus, this thesis in an exercise in both defending and performing resistant thinking and interpretive sense-making in the face of powerful forces that seek to contain, constrain and dominate these creative, hermeneutic acts, and the responses they may engender.

To help me with this exercise, I have constructed my argument as follows. I situate my study against the backdrop of the knowledge economy – a prevailing contemporary social
construct that values and reconfigures knowledge within the discourse of capital, and thus understands knowledge as a tangible, measurable and valuable product. As within other kinds of economies, the notion of valuation is critical here, for without a system of valuation knowledge’s worth is undefined, and the economy comes screeching to a halt. Within the knowledge economy, positivist methods are primarily used to value and measure knowledge’s worth.

Set against the ideological backdrop of the knowledge economy, I have chosen to explore one particular case that demonstrates the instrumentalization of performance. While I certainly could have chosen to explore any number of acts within any number of subsets of knowledge economy, here I have chosen the use of theatre within health education and research. I provide more detail about this choice in Chapter 3, but suffice it to say here that performance is just one of many instances that I could have chosen to illuminate the politics of knowledge domination.

To help me mount my arguments, I draw from two theoretical sources: ethical philosophy and theatre and film studies. Specifically, I rely on the ethical philosophy of Emmanuel Levinas. Through certain aspects of Levinas’s work I have been able to articulate the ethics of relationship and response-ability, and the ethical dangers of totalizing forms of knowledge. I have chosen theatre and film studies for their substance and content, but also for their subversive value in terms of challenging the knowledge economy’s preferred forms. My sense of these linked fields is that they do not wholly cooperate or comply with demands from the knowledge economy in terms of producing “useful” knowledge. The majority of theory that I have encountered emerging from theatre and film studies is not interested in the provision of proof, or the establishment of efficacy. Rather, theorists in these fields use performance as a means to attend to broader social and political issues and struggles and at the same time to engage in creative thinking. Theorizing performance, be it theatre or film, becomes the means
for these authors to enact their response-ability to the world. Substantively, theatre and film theory helps provide the conceptual links between the example of performance I am studying, and the broader ideas I have drawn from Levinas’s work.

This case study unfolds in two directions. The first is an exploration and critique of the use of performance within the knowledge economy. How does domination occur in this instance? What does knowledge look like in this field? What (or what kinds of) subjects are produced by the use of theatre within the knowledge economy? To engage these questions, I look at the use of Margaret Edson’s play *Wit* as it has been taken up within medical education as an exemplar of the use of art within the knowledge economy, specifically drawing on the Wit Educational Initiative (WEI) and two related studies. The second direction takes the exploration of my own response (-ability) to theatre as an exemplar of a response to theatre that exposes and resists knowledge economy practices. How does this response differ from that predicted and demanded by the knowledge economy? What does a non-instrumental response to theatre look like? What does it mean to be response-able in this context, and what ideological function does the entrance into a state of response-ability produce?

The results of this thesis may, at times, be maddeningly contradictory. This is, of course, the crisis of someone with one foot in the knowledge economy and one foot out. Working within the confines of a university gripped by the current ferocious requirements of the knowledge economy, I cannot help but argue in and on the terms provided by this particular discourse (I have data! And findings!). Because I am, in part, a product of the knowledge economy, strains of this discourse run through my work, and challenge my own abilities to think in resistance or refusal of constraint. However, I understand my work as deeply oppositional to these demands, and my struggle remains to find ways to critique the knowledge economy on
multiple registers. Within this thesis the articulation of resistance and refusal has taken the form of theorizing, drawing, satirizing, and remaining reflective about my own place within the work.
2. BACKGROUND

As I have started to describe in my Introduction, this thesis is situated within the context of what has come to be described as the knowledge economy. The term ‘knowledge economy’ denotes a social shift that has taken place over the past 50 years in which knowledge, as opposed to natural or industrial resources, has come to be re-valued as a vital form of capital. This shift has occurred both alongside and because of other broad-scale social changes, including globalization and neoliberalism (Olssen & Peters, 2005) and the massification of higher education (Drucker, 1969; Gibbons et al., 1994). Within this chapter, I will begin by briefly tracing the growth and development of the knowledge economy, and its impact on government and education in terms of changes to policy and practice. I will then examine the influence the knowledge economy has had upon research, knowledge production, and the movement of research into practice. Here, I will look closely at the growing demand for skilled “human capital,” innovative forms of knowledge and evaluation as distinct features of research practice within knowledge economy. Finally, I will turn toward the recent interest in theatre within health science research as an example of the ambivalent role of the arts and humanities within the knowledge economy. It is this use of theatre that I will explore and critique throughout my thesis.

2.1 The Knowledge Economy

2.1.1 Growth and development of the Knowledge Economy

While I will be using the term “knowledge economy” throughout this thesis, it is important to note that multiple terms have been used interchangeably and in addition to describe the phenomenon at hand. Other terms include but are not limited to “knowledge society,” “information society,” and “knowledge-based society/economy” (Kenway, Bullen, Fahey &
Robb, 2006, p. 10). The term “knowledge economy,” however, stands as a historically important term, as this was the term first used to describe wide-scale social and economic shifts in terms of production, noted in the late 1960s by Professor of Management Peter Drucker (1969). In his landmark publication, *Discontinuity*, Drucker (1969) described a massive shift in demographic and economic patterns in industrialized countries (particularly the United States) which resulted in the unprecedented growth in white collar workers: “by 1960, the largest single group were what the census called ‘professional, managerial, and technical people,’ that is, knowledge workers.” (p. 264) Knowledge work, Drucker (1969) argued, was fast outpacing other forms of productive labour (skilled or unskilled), and he predicted that by the late 1970s “every other dollar earned and spent in the American economy will be earned by producing and distributing ideas and information, and will be spent on procuring ideas and information.” (p. 263) In other words, knowledge, as described by Drucker (1969), had become a highly valuable commodity, and one that had taken a central place within the economy at large.

This analysis is both echoed and bolstered by the work of sociologist Daniel Bell (1976) who located the development of the knowledge economy within the context of a “post-industrial” society. Like Drucker (1969), Bell (1976) understood that intellectual capital has become a driving resource for growth, change and progress. Bell (1976) predicted that within the burgeoning post-industrial society, huge increases in education for the whole population, as well as the enormous growth of ICTs (Information and Communication Technologies, computers, for example) would radically change the social and economic landscape in terms of access to and dissemination of knowledge, as well as increased capabilities for knowledge production.

Thus, over the past several decades, knowledge has been redefined not as an external resource for growth and production, but rather a central object or goal of production, whether
through the creation of “innovative” new technologies or applications, or through the development of human capital - knowledge embodied within particularly trained individuals or organizations. In other words, from a political economy perspective, knowledge has been recast as an economic good and has assumed a starring role in late-stage, global capitalism. Recent economic theories have reflected and incorporated this shift: for example, endogenous growth theory, or new growth theory, argues that investment in and support of knowledge and innovation is paramount for economic growth and development (Bullen, Kenway & Robb, 2004).

2.1.2 Impact on social structures

Described by sociologists and economists alike, these shifts have been both realized and perpetuated at the supranational and national levels, where the reconfiguration of knowledge as a valuable commodity drives policy and practice. These policy and practice measures rest on twinned assumptions that innovation as an entrepreneurial activity drives economic growth, and that “innovation facilitates innovation and is accompanied by a tendency to concentrate or ‘cluster’” (Kenway et al., 2006, p. 19). As such, policy regarding the knowledge economy focuses on facilitating, disseminating and protecting innovation.

A particularly important policy driver at the supranational level has been the Organization for Economic Co-operation and Development (OECD). This international body, whose member states (including Canada) must adhere to the principles of a free-market economy, acts as both a forum for international policy coordination regarding economic growth and as a monitor of economics trends and shifts (www.oecd.org). With an overarching goal of global economic betterment, the OECD has been very involved in ongoing analysis of the knowledge economy given its potential to radically reshape economic productivity.
A keystone publication by the OECD about the knowledge economy outlines a few key areas for sustained attention and investment in order to support and foster a flourishing knowledge economy. These areas include investment in channels of knowledge distribution, investment in highly skilled workers (“human capital”) for the knowledge economy, the development and maintenance of a diffuse and functional science system (the perceived loci of knowledge production and dissemination) and finally the development of “knowledge-related indicators.” These indicators are meant to monitor “knowledge stocks and flows...; social and private rates of return to knowledge investments to better gauge the impact of technology on productivity and growth; the functioning of knowledge networks and national innovation systems; and the development and skilling of human capital.” (Organization for Economic Co-operation and Development, 1996, p. 8, emphasis added)

The position outlined by the OECD has also been absorbed and manifested at national levels, where efforts in the area of policy and funding have a direct impact on both the public and private sectors. For example, Industry Canada, the federal department charged with monitoring and enabling Canada’s industrial and economic output, describes its role almost exclusively within the purview of knowledge productivity:

The Department's mission is to foster a growing, competitive, knowledge-based Canadian economy. The Department works with Canadians throughout the economy and in all parts of the country to improve conditions for investment, improve Canada's innovation performance, increase Canada's share of global trade and build a fair, efficient and competitive marketplace. (“About us”, 2009, para. 1. Emphasis added).

Further, a brief scan of the Industry Canada website (www.ic.gc.ca) further indicates the federal government’s commitment to and interest in investing knowledge industries and knowledge production as well as protecting intellectual property as key components of Canada’s national...
economic strategy. These commitments are realized within both the public sector and the private sector. As will be discussed, one policy-level change that supports the Canadian government’s commitment to the knowledge economy has to do with collapsing the functional categories of “public” and “private” such that public institutions, like universities, and private institutions may no longer be understood as separate or autonomous entities.

Kenway et al (2006) write that the trickle down of economic theories from supranational level organizations “puts knowledge at the centre of economic policies and is what makes investment in human capital via education, training and funding research and development, so important to economic growth” (p. 21). As such, these initiatives include targeting the creation of “research ‘clusters’ or centres for excellence,” (p. 22) the promotion of international, transdisciplinary, collaborative research relationships, setting of national research priorities, and, most important to my own study, promotion of “innovation and entrepreneurial activities at all levels of knowledge production,” and the “acquisition of generic ‘employer friendly’ skills, including communication skills, learning ability…and self management.” (p. 22)

Because knowledge resources often emerge from institutions of higher learning, shifts in policy and practice at the national and supra-national levels have had profound effect on universities (Redshaw, 2004)). Once considered separate from the private sector, universities now face declining public funding, and are thus through targeted external funding programs are increasingly tied to industry in order to satisfy growing demands from the knowledge economy. Nowotny, Scott and Gibbons (2001) write: “Intimate alliances have been established between university science and the military; civil and corporate R&D have coalesced into archipelagos of like-minded knowledge-producing institutions...” (p. 79). These “alliances” may take many forms, including joint research programs, and centres for research, innovation, or excellence
These shifts, which take place at the supranational, national, and local levels, encourage not only a very particular notion of knowledge production, but indeed, of knowledge itself. Changes in policy and practice have altered *how knowledge functions* within society. Kenway et al. (2006) write:

[The Knowledge Economy metanarrative] has had a powerful impact on which knowledge is seen to matter, who has access to it, who controls it and for what purpose. The intensification of the economic function of knowledge has come at the expense of the social function of knowledge. (p. 25)

In light of knowledge’s shifting functionality, the provision of a clearer idea of the key facets of knowledge production and uptake is necessary. It is this notion of knowledge production that I will explore in some detail, as it provides conceptual scaffolding for my own later critique.

2.2 **Typologies of Knowledge Production in the Knowledge Economy**

As ‘knowledge’ has come to dominate the socio-economic landscape, ideas and practices regarding knowledge production have also changed. Because applicable (or commodifiable) forms of scientific and technological knowledge have been most highly valued within the changing schema of knowledge production, these shifting notions of how to produce, evaluate and disseminate knowledge have particularly affected science research systems and methodologies. Over the past decade, numerous typologies, both descriptive and prescriptive, have been offered as a means to make sense of the changes occurring within systems of knowledge generation. Here, I will describe a few of these typologies, and will then focus on a few overarching themes emerging from these analyses that are relevant to my own analysis.
One of the most influential accounts of these changes (Kenway 2006; OECD, 1996) is described in Gibbons et al.’s (1994) book entitled *The New Production of Knowledge: The Dynamics of Science and Research in Contemporary Societies*. In this groundbreaking work, Gibbons et al (1994) outline two modes of knowledge production: Mode 1, a traditional model for research and knowledge dissemination, and Mode 2, a model emerging to meet the demands of the knowledge economy. Briefly, Mode 1 knowledge production takes place within a traditional academic context, and is disciplinarily both singular and bounded; for example, in Mode 1 research, a scientist trained in biology works on biological research only. Mode 1 researchers claim autonomy over the shape and direction of their work, but are subject to conventional forms of quality control, such as peer review (Gibbons et al., 1994; Hessels & van Lente, 2008). Mode 1 research may be curiosity driven, or performed for its own ends, rather than for pre-determined purposes of applicability, utility or commercialization.

Conversely, according to Gibbons et al. (1994), Mode 2 knowledge production, which is practical and ends-oriented, occurs in the “context of application,” and is transdisciplinary in nature in order to ensure a knowledge product with wide utility and applicability. Further, given its ends-oriented structure and focus on applicability, Mode 2 research is geared to both “reflexivity and social accountability” (Hessels & van Lente, 2008, p. 741), meaning that researchers may claim less autonomy over the direction and shape that research takes. Finally, the quality of Mode 2 research may not be evaluated using traditional methods, but rather quality control may be both unique and individual to the project itself. This account of the ‘new’ knowledge production is useful in its ability to clarify how and where knowledge production has changed over the last several decades. However, in terms of my own study, Gibbons et al. (1994) also provide a clear illumination of the importance of applicability, innovation and
evaluation as major issues within contemporary knowledge production. I will return to these issues in the following sections.

Gibbons et al.’s (1994) account of Mode 1 and Mode 2 knowledge production stands as a very comprehensive account of new forms of knowledge production\(^2\), however, it is by no means the only account of these changes. These accounts range from very prescriptive and celebratory (see, for example, Funtowicz & Ravetz’s 1993 work on post-normal science) to highly descriptive (including Mode 1/Mode 2) and critical (see forthcoming accounts of academic capitalism). Here I have chosen to elaborate on just a few of these typologies, and will only focus on narrow pieces of these accounts that inform and illuminate areas of my own critique. In particular, I will focus on accounts that describe the ties between knowledge and capital, and between knowledge and utility, or applicability.

Two typologies in particular make explicit links between knowledge production and systems of capital. The term ‘academic capitalism’ has been used and developed by Slaughter and Leslie (1997) to describe implication and enmeshment of universities and academic work within private industry. This includes the pressure put on academics to engage in competitive entrepreneurial work to in order to secure increasingly scarce resources, or resources that are increasingly tied to external forms of control. These external demands or conditions often have to do with the creation of functional, productive knowledge products for whose success academics are ultimately responsible (Hessels & van Lente, 2008, p. 746), leading to a reduction in “curiosity-driven” research (Mazzolini, 2003).

\(^2\) The notion of Mode 2 knowledge production has been so hotly debated that the authors of *The New Production of Knowledge* have written a second work focusing exclusively on Mode 2 research, entitled *Rethinking Science: Knowledge in an Age of Uncertainty* (see Nowotny et al., 2001)
A second, related account, called the “Triple Helix Model” describes the movement of private industry, academia and government into a position of increasing interdependence and enmeshment (Etzkowitz & Leydesdorff, 1997). The triple helix “is a spiral model of innovation that captures multiple reciprocal relationships at different points in the process of knowledge capitalization” (Etzkowitz, 2002). This model seeks to capture interdependence between organizations in terms of structure and support. And, in so doing, this model also underscores increasing ties between the market, the universities and the government, to the point where these three entities may not be separable in terms of form or function.

A second important theme that links knowledge production typologies is that of applicability and utility of knowledge. Gibbons et al.’s (1994) account of Mode 2 research makes this explicit, by denoting “context of applicability” as one of the indicators of Mode 2 knowledge production. Similarly, a typology called Post-Academic Science (Ziman, 1994; 2000), makes note of two particularly pertinent and related aspects of the new knowledge production. First, that post-academic scientific knowledge production pays much closer attention, and places a much higher premium, on “accountability and efficiency” (Hessels & van Lente, 2008, p. 746) on knowledge production and knowledge producers. Second, that new knowledge production is tied to utility. These points, in conjunction with the account of Mode 2 research, are useful within my own study in terms of explaining the insistence on evaluating modes of knowledge transfer and production, as detailed in my case study.

2.3 Significant Characteristics of New Knowledge Production

Thus far I have provided a brief overview of the knowledge economy, its effects on social structures in terms of policy and practice, and some of the typologies used to describe sociological shifts in knowledge production. I will turn now to a more detailed description of some of the important aforementioned aspects of knowledge production as they pertain to this
study. In particular, I will examine and comment upon a few important particularities that arise within the knowledge economy, including the notion of knowledge as product, the role of innovation in the new knowledge production, and the nature and importance of evaluation within the knowledge economy.

2.3.1 Knowledge as product

One outcome engendered by the economization of knowledge is a shift from understanding knowledge as an intangible entity (or even a state of being) to the understanding knowledge as a good or a product. This shift is noted in the language used by those who theorize and write about the knowledge economy. Gault (2006), for example, writes, “knowledge is different from conventional economic products. It can be sold or given away, but it is still retained by its original owner, unlike a tangible good (a brick) or an intangible good (music, text, or video on a medium).” (p. 28) While Gault (2006) implies an understanding of knowledge’s unique properties, underlying his statement is the inherent notion that knowledge, in its economized form, is a thing, and, as such, is an autonomous entity that can be moved, transferred, traded, stored and even counterfeited.

The notion of knowledge-as-product has implications in a few directions. First, while a knowledge product could be embodied as a technical innovation or applicable idea, a knowledge product can also be embodied within a person, as “human capital.” (OECD, 1996) This is to say that special skills, (technical or communication skills for example) are not productive until they are manifested within a productive knowledge worker who may use them to more efficiently

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3 An anecdotal sign of the knowledge economy’s reach and power is that, like other thriving economies, it has a flourishing black market. A recent expose by the Toronto Star uncovered a large and illicit operation that produced and sold fake degrees for those needing extra credentialing for the purposes of career advancement, thus making a doctoral degree both a less expensive and less time consuming knowledge product!
perform his or her job. Within the verbiage of the knowledge economy, the development or acquisition of skills occurs through a claimed reliance on knowledge and “knowledge products”. Thus, “knowledge products” must be transferred to workers, emphasizing a remarkably linear model regarding the movement of knowledge. It is for this reason that dissemination and knowledge transfer become so crucial within fields of knowledge production. Second, envisioning knowledge as a thing conceptually permits, and even encourages its measurement. Knowledge, which heretofore may have been understood as an entirely amorphous identity, has been given a particular conceptual shape. Giving knowledge a shape, in this case an economic an evaluable shape, is made possible by its new material designation.

2.3.2 Innovation

A second facet of the new knowledge production that is particularly relevant to this study is that of innovation. The term “innovation” occurs repeatedly throughout the literature regarding the knowledge economy and new production of knowledge, where it is claimed as a key aspect and indicator of what makes knowledge and knowledge production productive (see, for example, Veugelers, 2006; OECD, n.d.). However, while widely used, this term is surprisingly bereft of definition within these works, so it is unclear what exactly “innovation” means in this context. Veugelers (2006), for example, describes the notion of ‘national innovation capacity’ as “the ability of a nation not only to produce new ideas but also to commercialize a flow of innovative technologies over the longer term.” (p. 45) From this definition, one may glean that innovation has something to do with novelty and payoff, however, in their more critical work, Kenway et al. (2006) remark that “innovation [in the context of the knowledge economy] denotes a complex of attributes and processes that extend far beyond the creation of something new.” (p. 35) Further, they suggest that the term ‘innovation’ signals a number of ideas central to the knowledge economy discourse. They write:
…key elements of innovation include new knowledge, scientific inventiveness, technology markets enterprise, competitiveness and entrepreneurialism. Innovation, therefore, means much more than a new idea or invention or even new knowledge alone. (p. 35)

Thus, innovation denotes not just something new and noteworthy, but something that is productive in terms of economic growth or knowledge productivity. It is important to note that productivity here could be in terms of making something new, but also in terms of making workers do something new, or in a more productive, more efficient manner; innovation in this sense can be applied not only to new knowledge but to new forms of knowledge mobilization and dissemination. In the following section I will describe the turn to theatre as an innovative method of knowledge transfer, thus situating this practice firmly within the field of the knowledge economy.

2.3.3. Measurement and evaluation and the role of positivism

A third critical facet of the knowledge production practices within the knowledge economy is that of measurement and evaluation. Working within the twinned logic of economy on the one hand and accountability and utility of research and resultant knowledge products on the other, an increasing insistence on evaluation, and the creation of evaluative measures, is a logical progression. Gault (2006) writes: “If understanding of the knowledge system is to be advanced in a cost effective way, the policy community must involve itself in the development of new indicators and standards related to their development.” This sentiment is echoed in the OECD’s document entitled *The measurement of scientific and technological activities*, which devotes itself to the provision of standardized (or standardizable) indices for knowledge producing loci, whether they be individual firms or nations.
What is apparent in these documents, although not explicitly articulated, is that these evaluative measures and indices rely almost exclusively on quantitative and positivist methodologies, specifically survey questionnaires. For example, the aforementioned OECD (n.d.) report focuses singularly on the homogenization of units of measurement as the key to evaluative success. They write:

The statistical unit is the entity for which the required data is compiled. It may be observation units on which information is received and statistics are compiled, or analytical units which statisticians create by splitting or combining observation units with the help of estimations or imputations in order to supply more detailed and/or homogeneous data than would otherwise be possible. (p. 44)

The objectification of knowledge to a relatively standardized schema of valuation allows both the measurement and comparison and measurement of worth. However, as I will explore throughout my thesis, these forms of standardization greatly limit the possibilities for what knowledge is and does, and indeed, what counts as knowledge.

One area that has been substantially affected by this shift in knowledge practice is that of medicine. The past two decades has seen a remarkable shift in the state of medical knowledge and practice through the introduction of evidence-based medicine (EBM). Heralded as a “new paradigm for medical practice” (Mykhalovskiy & Weir, 2004, p. 1059), EBM seeks to do away with traditional forms of medical practice based on the clinician’s individual knowledge and experience (Denny, 1999, p. 247) and replace these ‘outmoded’ methods with the implementation of systematically reviewed practices rooted in scientific evidence, or accumulated, evaluated and standardized bodies of knowledge. Specifically, scientific and positivistic models of data collection and analysis such as randomized control trials and meta-
analyses are heralded as providing clinicians with not only more but better factual information from which to glean their skills and base their practice.

This “new” form of health practice, which relies upon the use of broad-based, systematic and standardized studies, reduces the need for clinician “guesswork;” rather, clinicians are incited to rely on statistical evidence when making decisions, weighing already-analyzed benefits and harms and working from pre-given best practices and protocols (Timmermans & Kolker, 2004, p. 178). Notably, this reduction in the use of “unsystematic” clinician knowledge confers new authority to two other parties: scientific researchers (or medical academics) who perform large-scale, systematic studies, and health policy makers, who develop protocols and guidelines for practicing clinicians. In short, evidence-based practice becomes one method of implementing or transferring knowledge products (“evidence”) into human beings, who thereby act as knowledge conduits.

2.4 Arts and Humanities in the Knowledge Economy

Within the knowledge economy, and the resultant reconfigured landscape of knowledge production, humanities and the arts occupy a somewhat ambivalent and contested position. Literature regarding the knowledge economy and new knowledge production simultaneously extols the arts and humanities and also laments their seeming annihilation in the push for scientific and technological gain. Regardless of whether one praises or decries the place of the arts and humanities in the knowledge economy, it is clear that these fields, which often operate outside the boundaries of ‘traditional,’ scientific forms of knowledge production, offer one particularly rich area for illuminating and critiquing how the knowledge economy meta-narrative operates.
Gibbons et al. (1994), for example, celebrate the arts and humanities as shining exemplars of Mode 2 knowledge production. While they acknowledge that Mode 2 research is closely associated “with ‘science going to the market,’” and that this may seem antithetical to the values and methods of knowledge producers in the arts and humanities, that in fact many of the ‘values’ of Mode 2 research are in fact very similar to approaches to knowledge production in the arts and humanities. Transdisciplinarity, reflexivity, contextualization, they argue, are qualities that are shared between Mode 2 research and production in the fields of art and humanities. Further, they dismiss the argument that work emerging from the arts and humanities resists easy commodification (or assimilation into the economy of ideas), pointing to the enormous proliferation of the “culture industry,” including film, television and advertising. Missing from commercialization, they note, are “only certain forms of elite production [which are] exempt” (91) Absent from this argument, however, is a critical notion that ties the idea of knowledge-as-capital to particular practices (such as evaluation) that are themselves are very powerful instruments of domination over forms of cultural production. This critique will be explored in the body of my thesis.

Conversely, Bullen et al. (2004) decry the devastating impact of the knowledge economy on the fields of art and humanities. They write:

…the knowledge economy metanarrative, couched in the hyper-rational language of international governmental bodies and national governments, is powerful and oppressive...[this metanarrative] has created a crisis of legitimacy for higher education and research in the arts and humanities. (p. 10)

This ‘crisis, they argue, emerges from shifts within universities, that privilege “those disciplines most amenable to commercialization [i.e. science and technology]” (Bullen et al., 2004, p. 11)

Unlike Gibbons et al. (1994), these authors do not laud the mass commercialization of film and
advertising as a victory for the arts and humanities, but rather point toward the place of the arts and humanities within traditional learning environments (universities for example) as less amenable to direct applicability and commercialization and therefore in great peril. Working to support those fields that are the most prodigious knowledge producers (and fields that therefore have the strongest ties to industry), the current environment in post-secondary policy and practice, they argue, strongly favours applied and professional scientific and technological (or “techno-economic”) fields. Thus the humanities, understood as neither applicable nor terribly productive, lose out to more ‘valuable’ fields. Importantly, Bullen et al. (2004) write: “Current knowledge economy practices intensify the already pervasive view of a dichotomy between learning for its own sake and learning that is instrumental.” (p.17, emphasis added).

The intensification of the division between instrumental and “interest-driven” pursuits arises alongside a second, related and insidious effect on knowledge production practices. This second effect has to do with the valuing of certain methods of knowledge production over others as more certain routes to efficacy and productivity (Robb & Bullen, 2004). In particular, scientific methods, which rely on data gathering and empirical observation in order to ensure generalizability and validity of knowledge, are privileged within the “oppressive metanarrative” of the knowledge economy. Methods that ensure the systematization and replicability of knowledge, for example, are highly prized. Within the world of evidence-based health care research, systematic reviews, which cull, rank, aggregate and summarize knowledge from many different (quantitative) studies, are deemed the most highly reliable bodies of knowledge, and thus form the pinnacle of what are considered valuable, useful methods of knowledge or evidence (see Figure 1). Evidence-based medicine, for example, works to replace alternate modes of knowledge acquisition, including unevaluable routes to knowledge such as gut feeling or personal experience, with knowledge gathered from systematic reviews.
Within this metanarrative, methods of knowledge production favoured by the arts and humanities are viewed with great skepticism. As one may note from the knowledge pyramid (Figure 1), methods used in qualitative research, such as key informant interviews with ‘experts,’ occupy the lowest rank in terms of the provision of evidence, while even more humanistic methods (including critical reflection, creative writing, textual analysis and the use of one’s own experience\(^4\)), have no place on the pyramid at all. Humanistic “methods” (if indeed the humanities can claim a particular methodological stance) evade replicability, generalizability and easy evaluation and are thus are suspect within this metanarrative, appearing solipsistic at best, and useless and obsolete at worst.

\(^4\) I will return to the use of self as a method in Chapter 3.
While tracing the impact of the knowledge economy on the arts and humanities, Bullen et al.’s (2004) work also implicitly underscores an important point about both scientific methodology, and the relation of the humanities to scientific methodologies. Namely, that neither methods, nor fields that do not align themselves within a positivist methodological tradition, are politically neutral. Rather, both the role of methods and the location of the humanities in relation to methods are inherently political and strongly tied to the ideological discourse of the knowledge economy. While scientific methodology has historically claimed a position of objectivity and political neutrality, the role of methodology in relation to current practices of knowledge production (and thus the needs of the knowledge economy) is neither.

One critical question I explore in this thesis, and which I will return to in greater detail in my own methodology chapter, has precisely to do with the valuation and political import of “methodless” knowledge. In their work, Bullen et al. (2004) provide the provocative inducement for humanities scholars to think about potentials for their work to “adopt, adapt or resist” pressure from the knowledge economy. They offer several fruitful meditations and explorations on this question. My own study aligns itself with this critical approach to understanding the arts and humanities in the knowledge economy, and takes a decidedly resistant approach to the question.

2.4.1 The use of performance in health and medical research and education

Having explored some of the details of the knowledge economy and forms of new knowledge production, including the ambiguous role of the knowledge economy within arts and humanities, I want to now turn to the recent turn in the applied health sciences to theatre as a tool for the movement and mobilization of knowledge within health and medical research and education. While theatre has long been understood as a medium that may provoke thought and
reflection, or incite strong emotional reactions, the use of theatre specifically as a tool to transfer knowledge is novel, or, drawing from the language of the knowledge economy, *innovative* (Rossiter, 2008).

Before I begin this exploration, it is important to properly locate the current instrumental use of the arts within medicine and medical education within a particular political and historical moment. Medical humanists and medical humanities scholars have successfully advocated for the non-instrumental involvement of arts within medical practice and education over the past several decades. These efforts have generated numerous fruitful avenues for study, reflection and creative engagement, as evidenced by the growth of medical humanities programs at many universities. However, the need to subject these efforts to evaluation is new, and, I argue, occurs as a by-product of the impinging knowledge economy. To be clear: medical humanities has a longer and richer history than I can detail here, but is, like other areas of humanist research, currently at the mercy of broader political and ideological change regarding knowledge production.

Over the past decade, there has been turn in applied health research towards the use of performance as a tool for knowledge translation, particularly within Canada. These projects may have taken their cue from earlier work in medical humanities, as well as both the fields of performance and social sciences. For example, Schechner (1985), Turner & Turner (1982), Conquergood (1988; 1991), McCall, Becker & Meshejian (1990) and Denzin (1997) all made early links between these fields, noting the congruence between performance and cultural practices such as ritual (Schechner, 1985; Turner & Turner, 1982), and the potential utility of performance in expressing social science research findings (Conquergood, 1991; McCall et al 1990).
The turn to using theatre in applied health sciences followed these original steps, as researchers struggled to find new ways to communicate research findings and engage their respective audiences. Performance seemed a particularly apt pairing with health-related research issues as it has the ability to capture complex issues related to human experience in an emotive, embodied manner (Rossiter, 2008) and to underscore the importance of these experiences in terms of informing humanistic care-giving skills. Further, performance provided a means to move research findings into a broader sphere, making research accessible to new audiences that might not otherwise have the opportunity to engage with scholarly activity and receive new knowledge (Gray & Sinding, 2003).

To date, a small handful of research-based theatre projects have come to fruition and have addressed a variety of health related issues. These include interactive theatrical work regarding addiction, mental health and stroke (Mienczakowski, 1995; 1997; 1999; Rolfe, Mienczakowski & Morgan, 1995; Stuttaford et al., 2006), full-length theatrical pieces about breast and prostate cancer (Gray et al., 2000; Gray & Sinding 2003; Gray, Fitch, Labrecque & Greenberg, 2003), a variety of pieces regarding Alzheimer’s disease and dementia (Mitchell, Jonas-Simpson & Ivonoffski, 2006; Kontos & Naglie, 2006), a play about genetics and ethics (Nisker, 2005), and, most recently, a performance piece about brain injury (Rossiter, 2008). Targeted audiences for these productions have included practitioners and patients alike, as well as policy makers and other key stakeholders.

While the aims and content of these productions certainly differ, these productions exhibit similar hallmarks of new modes of knowledge production. First, an underlying focus of these productions is on the skilling of health care professionals through the theatre-based translation of knowledge. This is to say that knowledgeable, and thus more useful, or more
efficient, health care providers are the _end-product_ of this economic transaction. Second, these projects are considered innovative (Rossiter, 2007) in terms of brokering complex forms of knowledge in unique, accessible and interdisciplinary ways. Third, many of these productions are created in their own contexts of application, including health centres and hospitals.

Finally, while funding for these productions has come from different sources, and thus may be differently accountable to granting bodies and supporting organizations, each of these projects has been subject to some form of scientific evaluation, generally using a mix of qualitative and quantitative data collection and analysis. However, these evaluations often fall short; by utilizing social science methodologies, and by focusing on knowledge uptake, these evaluations do not capture performance’s emancipatory value, and thus miss performance’s potentially most potent and critical contributions (Rossiter, 2007). The remainder of this thesis is dedicated to looking more closely at this dynamic. Moreover, this study seeks to redress this gap by working to understand performance’s social value in terms of expressing what is outside the purview of social scientific language and analytic form.

### 2.5 Summary

Over the past several decades an enormous sociological and economic shift has occurred globally. The movement from an industrial economy based in the production and distribution of material goods to a post-industrial economy largely rooted in the production and dissemination of knowledge has had enormous ramifications for international regulatory bodies, national governments and local organizations such as universities and private industries. One important shift is the developing integration of universities, industry and government as inextricable sites for knowledge production and dissemination. Many of these shifts revolve around re-
configuring how knowledge is produced and disseminated, as well as what type of knowledge is considered valuable.

Key features of the “new” knowledge production include transdisciplinarity, the production of knowledge in the context of applicability, the stated need for increased accountability and utility of new knowledge, the desire for innovative forms of knowledge, and the evaluation of knowledge’s impact and efficacy. These shifts in knowledge production, and the evaluation of knowledge and knowledge-based practices have had profound effects on numerous working and learning environments. Specifically, knowledge emerging from medicine and health sciences has been subjected to evidence-based medicine, which seeks to standardize and systematize medical knowledge and practice. Likewise, humanities and arts (including the medical humanities) have been affected by the knowledge economy’s pervasive metanarrative. However, because knowledge arising from the humanities and arts is less amenable to instrumentalization, these fields have occupied an ambivalent and even antagonistic role in regards to the knowledge economy’s demands. Within this chapter I have presented the recent use of theatre within health research and education as an interesting instance linking knowledge practices within the fields of medicine and humanities. Looking at the use of Margaret Edson’s play *Wit* as it has been taken up in medical pedagogy, this dissertation will explore just such an instance of theatre within health research and education.

By providing an introduction to the knowledge economy and new practices of knowledge production and dissemination, this chapter provides the sociological backdrop for the remainder of my study. First, I will explore how my own methods within this dissertation (ambivalently) both engage and resist the call of the knowledge economy and new modes of knowledge production and evaluation. Within the growing context of critique, I then provide my theoretical
framework. This framework provides not only a conceptual means of critiquing knowledge economy practices, but by drawing from theatre and cinema studies and ethical philosophy, offers an avenue for re-visioning the importance of theatre in medical research and education.

My theoretical framework is followed by a detailed discussion of my case, which includes both an examination of *Wit* as it has been taken up within a community ensconced within the knowledge economy’s metanarrative (and resultant knowledge practices) as well as my own reaction to *Wit*, which works to reject and resist such discursive confines. Finally, I draw these strands together to inform my discussion and analysis, which critically explores the impact of the knowledge economy on arts-based pedagogical models within health research and education.
3. METHODOLOGY

“My interest, it could be said, lies in finding out what my beliefs mean, and learning the particular ground they occupy. This is not the same as providing evidence for them. *One could say it is a matter of making them evident.*”
- Stanley Cavell, *Knowing and Acknowledging*

In my previous chapters I have introduced and contextualized this study by way of the politics of the new knowledge economy. This chapter will describe in greater detail how the body of this study has emerged both within and in to resistance to these politics. As is noted within my introduction, this thesis is a case study examining the politics of knowledge domination within the knowledge economy. Within this chapter I explore the question of *methodology* as it has shaped and informed the analysis.

This study is rooted in the methodological tradition of hermeneutic inquiry. As such, my methodology has been in the service of *interpretation*, the conceptual core of hermeneutic research. I have chosen a hermeneutic approach for both epistemological and political reasons. I will begin by providing a brief overview of hermeneutic research, and the particular lines of influence that are reflected in my own methodological trajectory. I will then recount the details regarding how this study unfolded and the choices I have made in order to arrive at my final analysis. I end by reflecting on the political import of this choice of methodology, and discuss some of the crucial and unexpected findings that emerged from choosing a methodology that does not abide by the rules and norms of the knowledge economy discourse. Experiencing and reflecting upon the impact of the knowledge economy discourse on my own work through the ambivalent construction of methodology has better allowed me to understand and theorize its impact in the case of the Wit Educational Initiative.
3.1 Hermeneutics: History and Significance

The history of hermeneutic inquiry spans hundreds of years, and has been taken up across multiple disciplines including theology, philosophy, linguistics and, most recently, social science (Allen and Jensen, 1990, p. 241). While the term ‘hermeneutics’ has acquired multiple discursive and methodological meanings over time, the heart of hermeneutic inquiry is “a living tradition of interpretation with a rich legacy of theory, philosophy, and practice” (Moules, 2002, p. 2). In particular, this study is informed by the influential work of modern philosopher Hans-Georg Gadamer and recent Gadamerian methodologists, whose critical approach to hermeneutics provides both epistemological and political grounding for my own methodological trajectory. In his seminal text, Truth and Method, Gadamer (1989) details an understanding of hermeneutics that not only defines it as a method wholly appropriate for humanist inquiry and the human sciences, but crucially also politically situates hermeneutics against the Enlightenment tradition of positivist methods emerging from the natural sciences. This is to say that Gadamer’s explication of hermeneutics doubles as a critique of positivism.

While the ultimate goal of hermeneutic inquiry is to uncover the meaning of experience and human understanding through interpretation, hermeneutics differs from other methodological approaches in its flexibility and commitment to methodology as a creative practice. Perhaps paradoxically, hermeneutic inquiry differs most radically from other methodological traditions in that it is not a methodology per se: it does not offer a pre-given set of methodological steps, but rather provides a philosophical and conceptual stance regarding transformational meaning making.
Unlike positivist research, or other more rigid forms of qualitative inquiry (see, for example, Glaser and Strauss’ 1967 work on Grounded Theory), hermeneutic inquiry is not bound by a set of defined steps or rules through which truth or understanding may be obtained (Moules, 2002, p. 26) In his explanation of hermeneutic inquiry, Smith (1991) eschews the provision of a methodological algorithm for hermeneutic research, but, helpfully, provides four important (but not exclusive) aspects of what he terms the “hermeneutic imagination” (p. 198). Smith’s (1991) requirements are as follows: a deep and abiding commitment to language and language processes as they are culturally and historically informed; a belief in the “interpretability of life itself” (p. 199, emphasis original); a sense of the fundamental importance of meaning-making to understanding human life; and, a sense of responsibility for the job of creating or producing interpretation and meaning, which is to say, a commitment to the process of hermeneutic inquiry.

Thus, hermeneutics may be best understood as an epistemological position, stance or commitment an inquirer may take in relation to his or her work. This stance has a number of salient methodological features that inform the process of inquiry, all of which are reflected in my own work. First, it locates the inquirer at the heart of the inquiry and demands his or her ongoing reflexivity, or sustained attention to his or her own position within, and relationship to, the research. Second, it values the primacy of language to inquiry, and therefore often involves sustained attention to text, and interplay between texts from which interpretive meaning may be drawn. Finally, it understands the act of interpretation as fundamentally creative: truth, or understanding, is generated rather than found through a process that aims to uncover an objective truth which is fixed and awaiting discovery. This is to say that hermeneutic research is unapologetically relational and contingent, determined by social and historical forces, and by the nature of the inquiry/inquirer. No two hermeneutic studies will be the same, nor will studies be
replicable. While I will return to the political import of this choice of methodology for my own study, it is important to recognize the ways in which these salient features differ radically from those of positivist research, in which objectivity, neutrality, generalizability and replicability (i.e. predictability) are enormously valued.

3.2 Hermeneutics as an Epistemological Position: Study Design

3.2.1 The Address and the Question

The role of the inquirer is central to the process of hermeneutic inquiry. Thus, an understanding of the inquirer’s original moment of interest into the area of inquiry, and the subsequent development of the research question by the inquirer, are understood as fundamental components of the methodological trajectory. For Gadamer, the question is the ultimate methodological driver, for it is the question itself that shapes the nature and direction of the inquiry. The question, however, is itself contingent both upon the inquirer’s own perspective, which Gadamer (1989) alternately calls “prejudices” or “horizon,” and the “address” made by the subject of inquiry to the inquirer (Moules, 2002,). I will explore both of these points in further detail.

To be clear: for Gadamer, the term “prejudice” is not a “swear word” (Smith 1991, p. 197), but rather indicates the inevitable and totally appropriate judgments an inquirer may make drawn from a lifetime of experience and meaning making. And, contrary to an Enlightenment understanding of prejudice, or what might be termed “bias” in positivist research, the idea here

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5 Gadamer (1989) describes the term “horizon” as “the range of vision that includes everything that can be seen from a vantage point.” (p. 302)

6 Interestingly for my own study, the reclamation of the term “prejudice” here has not only methodological consequences, but political implications. Gadamer (1989) writes: “the fundamental
is that prejudice enables interpretation, allows the inquirer to be addressed by a phenomenon, and to ask questions of this encounter (Gadamer, 1989, p. 295). The goal, then, becomes not to try and sever or dismiss one’s prejudices, but rather to own them and “to be aware of one’s own bias, so that the text can present itself in all its otherness and thus assert its own truth against one’s own fore-meanings” (Gadamer, 1989, p. 269).

Further, the shape of both the research question and the resultant inquiry cannot be made separately from the subject of the inquiry itself. Smith (1991) writes: “what is being investigated itself holds part of the answer about concerning how it should be investigated.” (p. 198) Thus, both the research question and the trajectory of the inquiry emerge from, and are inextricably linked to, the encounter between the inquirer’s prejudice and the area of inquiry. Drawing from Gadamer’s work, Moules (2002) calls this encounter the experience of being “addressed” by the topic, and writes: “[being addressed] asks the research to suffer the topic – to be compelled to do well by what comes to greet you.” (p. 27).

The original moment of address for this study occurred during the After the Crash study. As I have detailed in the introductory chapter, the experience of watching theatre become instrumentalized by the discourse of the knowledge economy, expressed through applied health science research was galling for me, and produced a very strong emotional response – a “suffering” of the topic. It is, I think, important to note that my understanding of the problem as a problem was greatly informed by my own assumptions, for what appeared very troublesome to me appeared both ordinary and commonsensical to the other researchers. Unlike others on the prejudice of the Enlightenment is the prejudice against prejudice itself, which denies tradition its power.” (p. 270)
research team, I consider my self both new to and somewhat ambivalent about the social and health sciences. My professional and academic backgrounds are both in the area of theatre and drama: I did my BA in Drama and my MA in Performance Studies. My training in these areas leads me to understand theatre and performance not as the means to an end, but as very important ends unto themselves. My experience of studying and working in the field of theatre and performance studies revolved around understanding the social, political, spiritual and aesthetic import of performance, not in its instrumental efficacy as a tool for behavioural or attitudinal change. Further, my own experience of making theatre had never before been beholden to the process of scientific evaluation, and the weight of the evaluation to me felt like a burden and an imposition on the creative process throughout the process of creating After the Crash.

The experience of the problem as a problem led me into a long period of reflective questioning as I worked to get at the crux of my reaction. Gadamer (1989) writes: “questioning...is more a passion than an action. A question presses itself on us; we can no longer avoid it and persist in our accustomed opinion.” (p. 366) As I entered into my post-comprehensive, proposal writing stage, I began to formulate some of the questions that surfaced during After the Crash within the body of my proposal. My questions emerged as: “What is the relationship between instrumentalization and creative practices in medical and health research and education?,” and more specifically, “what is the impact of the instrumentalist knowledge economy on performance as it is used in medical and health research and education?” Given my own prejudices, of critical importance to me was maintaining a focus on understanding my sense of violence perpetrated by the instrumental use of theatre, while at the same time working to articulate what it was that I felt might be lost or damaged by this re-reading of theatre within health care education and research.
While *After the Crash* was absolutely critical in terms of generating questions and ideas for inquiry, using it as the basis for my thesis work felt far too fresh and personally charged for prolonged examination through my thesis. And, although I did not want to use *After the Crash*, I did want to find an example where theatre has been used within health education and research as a means to think about some of the thorny issues with which I had been grappling. Thus, I needed a second case to form the basis of my thesis work.

Case study analysis as an approach to hermeneutic inquiry is entirely appropriate, as one can explore a model example of one’s topic as a route to interpreting a larger phenomenon (see, for example, Jardine’s 1992 article entitled *The Fecundity of the Individual Case*). Fortuitously, while working on the *After the Crash* project, another aspect of my job was to complete a literature review that detailed instances where theatre has been used as a tool for knowledge transfer in health education and research (see Rossiter et al 2007). Because of my involvement with this project, I was aware of Margaret Edson’s play *Wit*, the resultant *Wit* Educational Initiative (WEI) studies, and other similar initiatives where plays about illness have been used to educate doctors-in-training. My goal in using *Wit* was to look at a few different textual bodies relating to the use of the play in medical education.

Using *Wit* and the WEI studies as a case study for my analysis made practical, methodological sense from a number of standpoints. First, I had access to a body of published literature about the use of *Wit*, or plays very similar to *Wit*, within medical education, including four evaluative studies that resembled the evaluative work performed in the *After the Crash* project. One of these evaluative studies, written by Shapiro & Hunt (2003), focuses not on *Wit* but the use of another fictional (i.e. not research-based) play about ovarian cancer within medical education. I chose to include this study because it, like the other studies, provides a very clear
example of how the discourse of instrumentality is used in regards to theatre in health education and research. Its inclusion is warranted because I am, in essence, studying a genre of research study as opposed to the findings of the studies themselves. Together, these studies would provide a textual platform from which I could begin my interpretive work.

Second, I had access to not only the text of the play itself, but to a critically acclaimed film version of the play starring Emma Thompson. This was important to me, because I wanted to create a second, autoethnographic text about the performance that would act as a comparative counterpoint to the WEI studies and needed to have access to the performance in order to do so. Autoethnography is the practice of using one’s own experience, or one’s own reaction, as the object of inquiry or attention. In this case, my autoethnographic attention was focused on my reactions to the film version of *Wit*. This process, which I will further elaborate later in this chapter, involved watching *Wit* many times, and keeping detailed notes about my own response to the film. Third, during my search for published pieces about the use of *Wit* in medical pedagogy I found two other responses to *Wit* written by doctors outside the context of medical education, both of which provided reactions to *Wit* outside the confines of evaluation and research. Finally, because I was not involved in the creation or production of *Wit* or the WEI studies, I felt that I had enough critical distance from the project in order to be able to reflect on my own thoughts and reactions without the interjection of messy historical and interpersonal politics.

One practical methodological concern that emerged at this stage was the comparative use of play text, live theatrical production and film. I did not have access to *Wit* in its theatrical form, let alone access to the exact theatrical productions discussed in the medical education publications, which were presented as full-scale productions in some cases, and staged readings
in others. As noted, though, I did have access to the film, which is where the third autoethnographic text emerges. Because this work is comparative in nature, the conflation of theatre and film as disparate modes of representation were cause for concern. While the theatre productions used in the WEI and the film version of Wit were joined by the common denominator of the play text itself, differences between representational forms presented potential conceptual difficulties. These differences included the importance of the presence of the actor, which is live in theatre and imagistic and two dimensional in film. My analysis, however, revolves around understanding both the various theatrical and filmic productions of Wit as fictional representations and it is this second point of commonality that has allowed me to engage in a cross-genre comparison.

3.2.2 Use of self in the research process

Because the research question had to do with better understanding the impact of the knowledge economy on performance, I wanted to examine not only texts emerging from health science research, which is heavily influenced by the knowledge economy meta-narrative, but to examine a second set of texts less burdened by this discourse. In particular, I wanted to examine texts about Wit that were not shaped by positivist evaluation. Taken together, the articles by doctors Abigail Zuger (1998) and Daniel Sulmasy (2001) provided one textual exemplar, but I also wanted a third point of comparison, specifically a point of comparison outside the field of medicine.

Given that my own horizon of understanding was developed outside an instrumentalist notion of performance, I decided that I could explicitly draw on my own background and prejudices to develop this third text myself. To do so, I worked to capture my own reaction to Wit. Like the subjects in the WEI studies, I also watched Wit, and kept a running journal of my
own reactions to this performance. This produced a document against which I could compare the WEI studies – an interpretive counterpoint to the other two sets of text. My hope was that close engagement of all three texts would reveal a number of differences, and would help me see and therefore interpret where and how the knowledge economy has reconstructed the notion of performance.

Thus, within this project I understood myself as simultaneously occupying three subject positions: that of research informant (as it was my reaction to Wit that was under scrutiny), that of research instrument (as it was me who gathered information about this reaction) and inquirer (as I was the one to analyze and interpret this reaction). These subject positions were, of course, fictional constructions that enabled me to conceptualize my own place(s) and role(s) within the research process. The choice to understand myself as occupying multiple roles proved both beneficial and difficult. While I felt an extremely intense connection to, and understanding of, my data, I was also robbed of any illusory notions of objectivity and the safety that an objective standpoint offers: I felt nervous about feeling exposed and open to a certain level of vulnerability in terms of my own implication in the research. Further, any previous notion that data collection, analysis and writing might be separate steps disappeared, as all three happened in a simultaneous, and conceptually messy, manner7.

7 I use terms such as “data” with great caution in the context of my work. The term “data” works to preserve the fiction of my own objectivity in regards my area of inquiry and marks one linguistic signal of the weight of positivism impinging on interpretive work. Clearly, given that I am using my own autoethnographic responses to Wit, objectivity is not only fictional, but totally undesirable.
3.2.3 Prolonged textual engagement

As I have noted, because of the importance of language to hermeneutics, the use of textual and prolonged engagement with exemplar texts is one particularly important practice within hermeneutic inquiry. Sustained attention to the text at hand allows the inquirer to visit and revisit the phenomenon of interest, returning with new thoughts and ideas that shape and reshape the interpretive lens. Moules (2002) writes that interpretive work:

...involves careful and detailed reading and rereading of all the text[s], allowing for the bringing forth of general impressions, something that catches the regard of the reader and lingers, perturbing and distinctive resonances, familiarities, differences, newness, and echoes...Each re-reading of the text is an attempt to...expand possibilities of understanding. (p. 29)

Thus, my first concrete step into the inextricable process of data collection and analysis was to create my analytic, autoethnographic counterpoint to the WEI studies. To do so, I began by reading the script of Wit several times, each time making detailed notes about the play itself and my reaction to this text. After multiple readings of the script, I turned to the film version of the play, and began a similar process of ongoing engagement and copious note taking about my encounter with the performance. I read the play first in the middle of December 2007, watched the film version three weeks later in early January of 2008, and then re-watched the film three weeks following the first screening in late January and then again in early March. Throughout this time I also kept a daily journal expressing and examining my thoughts and reactions about the play, and the materials I was reading in conjunction to the play. Taken as one cohesive body, this autoethnographic work formed a text against which I compared the WEI studies and the two reactions to Wit written by Zuger (1998) and Sulmasy (2001). The analytic work emerging from my interpretation of this text is detailed in Chapter 6.
After viewing *Wit* for the third time, I turned back to the articles on the WEI. I had gathered this data by performing keyword searches on all major, relevant databases, including PubMed and Scholar’s Portal, and by searching through the bibliographies of articles I had used for earlier work in the area, until I was satisfied that I had found all applicable articles about *Wit* in medical education. While I had read each article prior to this time, I had not paid significant and sustained attention to this collection of articles as a cohesive textual body. Nor had I engaged in prolonged engagement with the articles by Zuger (1998) and Sulmasy (2001). Thus, I turned back to these two bodies of text and performed repeated close readings of all six articles, paying acute attention to the use of particular words and linguistic configurations.

3.2.4 Words as tools, words about tools: Close attention to language

A central tenet of hermeneutic inquiry has to do with developing a sustained attention to language, and a belief that the act of interpretation is made possible through the medium of language. My sustained attention took place in relation to the three textual reactions to *Wit*: those from the WEI studies, those written by Zuger (1998) and Sulmasy (2001), and my own. Working from these three bodies of text, I started by working to identify commonalities and differences in the use of language within and between all three sets of data.

My question concerned the *instrumental* use of performance. An early interpretive choice for me had to do with identifying words that signaled this instrumentality. As such, a preliminary and basic interpretive step was to look both for and at words about tools, building and construction. In particular, these words *about* construction were themselves used to construct a notion of performance as a tool for learning and audience members as subjects in need of educational repair. Words about tools, construction and fixing or treating (for example
“instrument,” “intervention,” and “exposure”) helped me to build an interpretation that linked instrumentality with a particular orientation toward the acquisition and transfer of knowledge.

Conversely, as I looked at the reactions of Zuger (1998) and Sulmasy (2001) and my own reaction, I did not find words about tools or building, but rather words about deconstruction, and becoming “undone.” Further, there seemed to be many points (particularly in my own reaction) where language fell apart entirely, places where language stopped, broke down and itself ceased to be ‘useful’ or instrumental in terms of expressing my experience, and where the unruly form of the language spoke more loudly than the words themselves. Performance, in these texts, seemed to mean something entirely different than it had in the WEI studies. Here, performance occupied a complex and ambivalent role, and the experience of encountering Wit was different for each “informant,” or audience member. The emergence of these differences, however, was important as they began to form an inter-textual conversation from which my own interpretive analysis began to take shape.

3.2.5 Broadening the conversation: The use of theory

Hermeneutic inquiry is often described as cyclical in nature: Allen and Jensen (1990) describe the “hermeneutical circle” as “a correlation between explanation and understanding and between understanding and explanation” (p. 244), while Moules (2002) explains this process as “the generative recursion between the whole and the part” (p. 3). In this study, I also understand the hermeneutical circle as including the movement and interplay between the “micro” level of

8 Gadamer (1989) writes about the importance of dialog and conversation to hermeneutic inquiry, stating: “in dialogue spoken language – in the process of question and answer, giving and taking, talking at cross purposes and seeing each other’s point – performs the communication of meaning that, with respect to the written tradition, is the task of hermeneutics.” (p. 368)
textual analysis and the “macro” level of a broader political and ethical critique. As a conversation between the texts began to form, the inclusion of theory broadened the emergent discussion, allowed me to articulate previously unarticulatable observations, and aided my own movement through the hermeneutic or interpretive circle."9

The earliest stages of this iterative cycle were informed by the work of ethical philosopher Emmanuel Levinas and critical theorist Michel Foucault. Although the centrality of Foucault’s work was eventually eclipsed by other theoretical perspectives, and therefore did not remain a core component of my theoretical framework, early engagement with his work provided me with language regarding knowledge, power and knowledge systems vital to my own critique. Thus, a Foucauldian notion of power/knowledge may be understood as an “absent presence” that inflects, but does not fully inform, the theoretical aspects of this work. While Foucault provided an early theoretical groundwork for probing how we know what we know, and the connection between knowledge and larger structures of power, Levinas provided a means of grappling with the ethical import and the ethical difficulties in claiming to know the world in a particular manner. As will be discussed in Chapter 4, Levinas’s work has remained central to my own critique; however, I will articulate the potential for an alternate Foucauldian analysis in my conclusion.

Returning to the texts with the twinned language of power and ethics, the conversation among my three bodies of text became easier to articulate, and my own critique of the WEI studies came more sharply into focus. Having found interpretive language through which to

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9 The notion of conversation was so important to my own process of interpretation that I in fact created a cartoon, where multiple characters (including myself, the WEI researchers, Foucault and Levinas) all engaged in a prolonged discussion about my research question. The act of drawing these lines of thought out as actual characters greatly aided my own ability to start to articulate a critique.
describe the effects of instrumentality evident in the WEI studies, as well as the experience of ethical response-ability generated through my field notes, I began to form a nascent analysis. With the aid of theory, this analysis situated the “micro” level findings from my data within a particular “macro” level historical and socio-political environment.

This analysis was not yet complete. While interpretation and analysis begins in the instant of “address,” and continues through prolonged engagement with the data, a very important part of the interpretive work occurs during the process of writing. For me, one major interpretive hurdle was in regards to how I wrote about my findings. As I began the writing process, I struggled with the need for a non-instrumentalist way of talking and thinking about performance and its effects. To further broaden this discussion, I turned to recent theatre and film studies, particularly the work of Elin Diamond and Kaja Silverman, to help me move my three texts into a wider discussion regarding performance and audience. Ultimately, the interpretive work stemming from engagement with Levinas, Diamond and Silverman remained central to the work, while the thinking that relied heavily on Foucault became a kind of conceptual backdrop for the resultant analysis.

3.3 Hermeneutics as a Political Choice: Troubling Authority

Until this point, this methodology chapter has chronicled the analytic process that has led me to the end of my thesis, and the ways in which this process reflects an epistemological position informed by my own “hermeneutic imagination” (Smith, 1991). Before concluding, however, I want to comment on the political importance of this position, and to highlight the ways in which hermeneutic inquiry, like performance, finds itself simultaneously burdened by and resistant to the “oppressive” force of the knowledge economy meta-narrative (Bullen et al, 2004).
As I have noted earlier in this chapter, hermeneutics, and particularly hermeneutic inquiry influenced by Gadamer, is marked by a willingness to unsettle existing structures of power. Gadamer (1989) himself situated his version of hermeneutics against the pervasive epistemological constraints of the positivist model of inquiry emerging from the natural sciences. Smith (1991) characterizes this quality of hermeneutics by warning potential inquirers to be “mindful that their interpretations could lead them into trouble with the ‘authorities.’” (p. 187), and Moules (2002) offers a similar caveat by describing the role of hermeneutics’ theological namesake, Hermes: “Hermes has the character of complication, multiplicity, lies, jokes, irreverence, indirection and disdain for rules; however, he is the master of creativity and invention.” (p. 3)

The quality of creativity and resistance to authority has been central to my use of hermeneutics, for it is this quality which has allowed me not only to recognize and name the detrimental effects of the knowledge economy on creative processes, but has allowed me to simultaneously feel and resist this force in my own work. While I recognized both the inherent creativity and incredible importance of interpretive work, I also began to recognize the ways in which my own knowledge practices are deeply inflected by the knowledge economy discourse.

One essential part of this analysis has been the use of myself as research instrument and an ongoing recognition of my own interpretive horizon. Thus, as I began the process of interpreting the third text (my own reaction to Wit), I could not help but notice the ways in which positivism was deeply ingrained in my own prejudicial stance. This was realized in the text as an ongoing discomfort with a fully creative methodology, and an internal pull to instrumentalize (and therefore constrain) my own creative process within the thesis (see Chapter 6 for further
explanation), and countered with a prolonged inability to name my own epistemological/methodological position.

Recognizing the incredible force of positivism’s pull (and my own terror to abandon instrumental positivism entirely) lead me to think further about the role of methodology itself, and particularly the ways in which methodology is never neutral, but rather is always deeply tied to ideology. Positivism, and the demand for positivist research, is the active expression of knowledge economy’s ideology, and thus is tied to the demands of the knowledge economy. Hermeneutic research is also ideologically coded, albeit in very different ways than positivism, and which I argue may engender particular forms of ideological resistance rather than complicity. Like positivist research, however, the codes and tactics that inform hermeneutic inquiry leave out, ignore and obscure as much as they make visible, and recognizing the necessary representational limits of all methodology is vital in terms of my ongoing critique.

I will explore this idea more carefully in coming chapters, however, this exploration lead me to understand the vital importance of hermeneutics as a method of sensing and naming domination and oppression. Instrumental positivism, as a method, offers no hope for recognizing the full weight of domination, for an understanding of discursive violence and domination emerges only from the work of politically, historically and socially situated interpretation. Thus, the doing of hermeneutic inquiry in this thesis marks both a method of accessing the oppressive experience of instrumentalization and, at the same time, resisting this force.
3.4 Summary

This chapter has explored the role of methodology in my thesis from two perspectives. First, I provided an account of the steps I took to produce the knowledge contained within my dissertation, and the role of hermeneutics in shaping my methodological journey. Steps along this journey included the “address” instigated by my involvement with research-based theatre, the choice of three texts related to Wit as my objects of study, my own decision to occupy the positions of research informant, instrument and inquirer within the study, and the analysis that emerged from prolonged textual engagement and the use of theory to build inter-textual conversation between my data. Second, I articulated the political importance of using hermeneutic methodology within this thesis, particularly based on my own analytic conclusion that methodology is itself ideological. Both the epistemological and the political effects of the use of hermeneutic inquiry will become more clear over the coming chapters, which detail the theories of Levinas, Diamond and Silverman, explore my three textual exemplars, and resultant analysis and conclusions.
4. THEORY

In the preceding chapters I have discussed the recent turn toward performance as a tool for knowledge translation within current health science and medical research and education. I have situated this trend within the larger demand for innovative forms of knowledge mobilization by the growing knowledge economy. I have argued that these have particularly affected systems of scientific knowledge production, including the production of humanistic medical skills, which are understood as rooted in knowledge. I have described the instrumental turn to theatre as one innovative methodology for helping teaching humanistic medical skills, thereby increasing “human capital” within medicine. I have outlined how my own experience with a creative health research knowledge translation project elicited a very strong emotional reaction, which I have described as an indication of my own beliefs about art’s radical potential to resist the knowledge economy. Within this chapter I provide a theoretical framework through which I will expand my arguments, which focus on the uptake of *Wit*, both within and outside the knowledge economy.

Both this framework and resultant analysis are guided by two related sets of questions. First: what conceptual mechanisms are at work that allow *Wit* to be understood instrumentally, as a tool for knowledge transfer? And second: how might a concept of ethics be mobilized in order to resist this instrumental construction of theatre within the knowledge economy? To engage these questions I draw from two different theoretical sources: recent theatre and film theories that explore ideas of mimesis and identification, and the ethical philosophy of contemporary French philosopher Emmanuel Levinas. This theoretical framework does not engage directly with issues regarding the knowledge economy or medical education, but rather
provides detailed conceptual structures through which to understand performance itself. By looking directly at performance itself, the wider political practices that make instrumental use of performance become more easily visible. Following these questions, my arguments rest on three interpretive strands drawn from my theoretical sources: a critical and politicized interpretation of mimesis emerging from theatre studies, the notion of identification-at-a-distance drawn from critical cinema studies, and a notion of ethics, and the ethical encounter as formulated by Levinas.

Before outlining my theoretical framework, I would like to clarify two points in particular. First, many of the critiques inherent in this chapter, particularly those having to do with positivism, realism, idiopathic identification and reason may seem overstated or even polemical. This has to do with my own commitment to hermeneutic inquiry, in which linguistic “exaggeration” is understood as a rhetorical technique through which to illuminate analysis. Moules (2002) writes: “exaggeration occurs deliberately, purposefully designed to disrupt, find and cultivate the familiar.” (31) Accordingly, my own feeling is that in order to be made visible at all, my arguments must be stated in as clear and forceful language as can be mustered. There is, of course, room for nuance and ambiguity, however, in order to reach a greater level of theoretical and conceptual complexity, the first steps of discursive resistance must be taken through the attempt to clearly describe and illuminate the issue at hand. I recognize that in these argumentative sketches some thoughts may be drawn in shades of black and white, where in the long run shades of grey may be more appropriate.

Second, in the analytic section of this thesis I will be exploring multiple versions of *Wit*, including as it has been represented through theatre and through film. I realize that the modes of representation being theorized throughout this thesis work in, on and against the world in very
different ways, and as such may be difficult to read simultaneously. To point out the obvious differences, theatre is live, embodied, spontaneous and unrepeatable – no two performances are the same. Film, conversely, is two dimensional, inanimate, and while it gives the impression of liveness, is not live. Film can be watched repeatedly, and is always the same.

However, the commonality that I am interested in exploring here, and that holds true across the various presentations of *Wit* discussed (live theatre, staged reading and video) is that these are all forms of representation. The impact of Vivian Bearing’s character may be different between performances and across media, but the fact that she is a fictional interpretation, and not a live woman dying from a real disease, is of central concern here. This will be of particular issue as I use Levinas, whose interest in ethics particularly revolves around the notion of inter-humanity, or forms of relationality that occur between living human beings. Because of the issues of representation and fictionality that are of concern here, I have chosen not to engage the myriad differences between theatre and film, but rather have chosen to understand theatre and film as both working in the register of fictional representation. As such, I apply theatre and film theories across both representational forms, and take the liberty of obscuring differences between film and theatre by referring to both simply as “performance.”

### 4.1 Mimesis and Identification: Theories from Theatre and Film Studies

My framework locates itself primarily in theatre and cinema theory. Here, I trace two lines of thought emerging from these fields. The first line emerges from Elin Diamond’s (1997) work on mimesis. Here, theatre theorist Diamond (1997) explores the potential relationship between performance and performed, between referent and its staged representation. Of interest to my own work is Diamond’s (1997) theoretical exploration of particular modes of mimetic
action (particularly realism\textsuperscript{10} and \textit{gestus}) in terms of their potential cultural and ideological function. I will use Diamond’s (1997) work to investigate two readings of \textit{Wit}’s potential mimetic function, one grounded in instrumentality and the other grounded in ethics. I argue that each reading performs social and ideological work, and the use of performance theory aids me in articulating my critique of the knowledge economy as a particular ideological practice.

The second line of thought I will draw out has to do with the relationship between performance and audience in terms of identification, or, in other words, an exploration of potential individual impacts of mimesis on audience members. Here I continue to draw from Diamond’s (1997) work, and also explore the work of film theorist Kaja Silverman (1996) and other related theorists, in order to provide an explanation of two modes of identification: idiopathic identification and heteropathic identification. Relying heavily on psychoanalytic theory, Silverman’s (1996) distinction allows for a critical and nuanced illumination of the ways in which \textit{Wit} might be taken up by its audience, and what this reception might mean in terms of ethics. Silverman’s (1996) work, in other words, lets me make the connection between performance and ethics, and thus provides the groundwork for a counter-ideological reading of \textit{Wit}.

4.1.1 \textit{The Ideology and politics of mimesis: Realism versus gestus}

The notion of mimesis is central, if contested, within the study of theatre and performance. “Mimesis” writes Matthew Potolsky (2006),

\textsuperscript{10} It is important to note that the use of the term ‘realism’ is discipline-specific. Here, ‘realism’ refers to theatrical realism, which denotes a particular kind of theatrical practice. ‘Realism’ in this context does not correspond to the social scientific use of term, which refers to a particular domain of social theory (see, for example the work of Wilson (1983)).
...takes on different guises in different historical contexts, masquerading under a variety of related terms and translations: emulation, mimicry, dissimulation, doubling, theatricality, realism, identification, correspondence, depiction, verisimilitude, resemblance. (p.1)

Some of the earliest recognized debates regarding mimesis arise from ancient Greek philosophy, namely in the form of scholarly debate between Plato and Aristotle\textsuperscript{11}, both of whom grappled both with the meaning and value of mimesis (Potolsky, 2006, p.15). Since this time, the struggle to theorize the import and implications of mimesis has remained forefront in theatre and literary studies, and, as such, is a concept that has only increased in complexity (see Auerbach, 1957 and Melberg, 1995 for examples). Simply stated, however, mimesis in a performative context, has to do with the putative relationship between the performance and what it attempts to represent (its “real life” counterpart or inspiration), and between the performed representation and its audience. Clearly as my own debatable dichotomy of ‘performance’ versus ‘real life’ indicates, the role of mimesis is messy and difficult to clearly locate. My goal is not to present a fulsome historical account of mimesis’ conceptual place within art or performance theory, but rather to look at two ways of ‘reading’ mimesis, and to link these readings with particular ideological functions.

In her work, Diamond (1997) seeks to understand and ‘unmake’ mimesis in relation to contemporary feminist theories. While my own work does not deal directly with gender or even

\textsuperscript{11} Both Plato and Aristotle understood art as a mimetic representation of the natural world (“real life”). Strongly critical of mimesis, Plato felt that the role of imitation in art was inadequate and even dangerous. Conversely, Aristotle understood imitation as not only a natural aspect of human behaviour, but as very useful in terms of emotional engagement and the encouragement of what he termed “katharsis,” an emotional purging or purification (Melberg, 1995).
broadly with feminism, points of theoretical synergy occur in terms of a twin interest in issues of representation, resistance, the body and embodiment, and, most crucially, issues of knowledge and ethics as political practices. Diamond (1997) notes the importance of mimesis to these issues, noting: “since Plato sought to cleanse his Republic of histrionic display mimesis has been a political practice, inseparable from interpretation and contestation” (p.viii, emphasis added). In “Unmaking Mimesis,” Diamond (1997) links questions of mimesis to political critique by asking: “who is speaking and who is listening? Whose body is in view and whose is not? What is being represented, how, and with what effects? Who or what is in control?” (p. ii). In other words, who and what is reflected or represented on stage, how does this representation correspond to or engage with “real life,” and what are the ideological parameters at once structuring and interpreting this (identificatory) event? Diamond (1997) unravels these questions partly through the provision of a critical framework through which to read and understand issues of mimesis. I will borrow two pieces of Diamond’s (1997) framework for my own analysis. While Diamond’s (1997) work is very particularly about theatre, I am using it in this case to explore multiple representational genres, including theatre and film.

An important piece of Diamond’s (1997) critique has to do with surfacing tensions that arise between types or forms of mimesis, in particular the tension that occurs between understanding and valuing mimesis in terms of its adherence and proximity to a representation of ‘reality’ and understanding the value and importance of mimesis in terms of its potential unwillingness not to faithfully reproduce the ‘real world.’ Rather, Diamond (1997) works to understand the value of theatre that re-stages or improvises ‘real life’ as a means of undoing, or in her own terminology ‘unmaking’ the world. Diamond (1997) writes:
…there is always a tension between understanding mimesis as guaranteeing ‘the objective nature of the work of art, its truth value’ (and, by extension, the truth of the represented), and understanding mimesis as representing, as generative, as performance – a powerful instantiation of ‘the role of subjectivity [and cultural specificity] of artist and viewer, speaker and reader…(p. iv)

To access some of these issues, Diamond (1997) looks at the idea of realism as one way of doing or reading mimesis, but also provides another ( politicized) way of understanding mimesis, which, borrowing from the work of Bertolt Brecht, she terms *gestus*, or a gestic reading.

Crucial to Diamond’s (1997) reading of realism is a post-structuralist critique of its political and ideological force. If realism as a style of representation unproblematically aligns itself with *one* unassailable external ‘truth,’ it must always, at some level, be performing the work of ideology; realism, in this sense is ideology in practice. Thus, Diamond (1997) sets out to explore and theorize theatrical projects that unsettle seemingly coherent, authoritative, ideological versions of truth or reality, in part achieved by *refusing* to mask or obscure techniques of theatricality.

I will begin with a discussion of realism, and its ideological function. Realism, in its most basic definition, involves the creation of a representation that closely adheres to socially-agreed upon notions of the everyday world. Potolsky (2006), noting that in attempting to replicate the real, realism offers a daunting promise of erasing “the boundary between art and reality,” and claims that realism is at once the “most familiar” and most “complex” element within theories of mimesis emerging from Western thought and culture (p.93). Similarly, Rorty offers a definition of mimesis itself which is couched only in terms of realism:
“Mimesis…posits a truthful relation between world and word, model and copy, nature and image…referent and sign in which potential difference is subsumed by sameness.” (as cited in Diamond, 1997, p. iii, emphasis added).

While the history of realism in Western art is complex, and definitions of what constitutes realism are manifold\(^2\), Potolsky (2006) suggests that to achieve a blurring of ‘real’ and ‘artistic’ boundaries, realism must involve an artistic illusion: “the most realistic work is the most deceptive, the one that best mimics appearances.” (p. 95) This is because a realist artistic practice relies on obscuring itself and its means. Diamond (1997) writes: “realism, more than any other form of theatrical representation, mystifies the process of theatrical signification.” (p. 4) Thus, realism in theatre means, at some level, to deny elements of theatricality, and to obscure the artistic practice fundamental to its own creation, marking it as one of the least ‘truthful’ forms of representational practice. In working to obscure theatricality, realist theatre might work to faithfully capture elements of everyday ‘real life’ through particular narrative and dramatic choices (working to capture the way characters might ‘really’ talk or behave), and through design, for example the use of “real” bedroom furniture on stage, or the use of lighting that evokes realistic details of place and space without drawing attention to itself as theatrical lighting.

Ironically, the notion of truth is central to the notion of realism, for capturing and objective and factual version of the ‘truth’ is realism’s driving force, and plays a central role in realism’s social and cultural influence and position. For example, Diamond (1997) describes the

\(^2\) Potolsky (2006) summarizes these elements by noting: “the word can describe both subject matter and form of presentation, can apply to both verbal and literary words, and may depend on the potentially disparate judgments of author and viewer or reader. Such judgments can also change over time and across cultural contexts.” (p.97)
importance of realism to nineteenth century audiences, for whom realist theatre coincided with
the rise and popularity of the kind of knowledge posited by science and the scientific method.
Relying on claims to veracity, authenticity and the generation of ‘knowable’ onstage subjects,
realism aligned itself with positivism. Diamond (1997) writes:

For nineteenth-century middle-class audiences duly impressed by the authority and
methods of positivism, theatrical realism fed a hunger for objects that supplied evidence,
characters who supplied testimony, plots that cried out for interpretive acuity and,
pleasurably, judgment. Realism as literature and as a mode of production urged and
satisfied the pursuit of knowledge, the production of truth. (p.5)

An analysis of realism and its relationship to positivism and the provision of proof or
evidence is not unique to theatre studies. Art historian and theorist John Tagg (1988) offers a
similar analysis of the role of photography that developed (pun intended) in the late Victorian
era. At this time, the putative relationship between photography and the capture of ‘real life’ and
the implicit disavowal of photography as a representational practice (Tagg, 1988, p. 99-101)
were crucial to project of redefining photography as a purely artistic endeavour (portraiture and
landscape photography, for example) to a politico-legal practice (for example, the use of
photography in police investigations). Like Diamond (1997), Tagg (1988) argues that the
reliance on a realist reading of photography had particular ideological implications, particularly
in terms of cementing hegemonic bourgeois norms of behaviour and comportment by relying on
photography’s presumed neutrality and objectivity. By linking photographic representation to
reality (i.e. conflating signifier and signified), photography produced a normative body of
evidence about the world, or knowledge, about the world, against which individuals could be
measured, judged, regulated and disciplined.
Realism, then, is a tricky beast: it is a form of representation that disavows itself as representation by making claims to capture an external, verifiable, objective version of reality. While Diamond (1997) proposed the alignment of nineteenth-century realism with positivism, I want to propose a twenty-first century alignment of positivism with realism. Specifically, I argue that the movement to use theatre in health education and research relies on realism as a theatrical practice because of a twinned quest and affinity for an objective, replicable body of knowledge or truth. Knowledge is “transferred” through theatre only through “accurate” (read: realist) on stage portrayals. Realism, then, is a conduit for positivism, and provides a method for producing and verifying certain forms of knowledge. Realism as a representational practice, then, avails itself to the knowledge economy’s call for productive mechanisms that generate or translate knowledge. I will also argue theatre read through positivism, or positivist knowledge pursuits that rely on a purely realist notion of theatre (or related representational practices), produces the conditions for certain types of identification, but excludes or discourages others and that this function also produces performance as a particular form of knowledge event.

In subsequent chapters I will look specifically at the construction of Wit within medical education, and will examine the ways in which Wit’s value is read only in terms of realism. Realism becomes the lens through which Wit is read, as well as the marker by which it is evaluated, and I argue that this construction of Wit as realist allows it to be taken up in a positivist way for the sake of the knowledge economy. This realist reading, for example, ignores moments of Wit when Bearing, the main character, transports herself through time and space, recalling memories of her youth, and denies moments when Bearing talks directly to the audience, and comments upon her own place within the dramatic action. This realist reading of
Wit, I argue, ignores fundamental pieces of the play itself, and negates some of the most potentially significant ethical aspects of the theatrical experience.

Diamond (1997) offers a second possibility that opposes a strictly realist notion of mimesis. Central to this work are the theatrical practices of Marxist theatre practitioner Brecht, whose very particular theatrical theory and practice took intense political engagement of audience members as a key goal. Diamond (1997), however, uses Brecht’s work not as a method for producing theatre, but rather as a way of reading theatre’s potential for critical engagement, and identifying counter-hegemonic and ideological practices that present themselves within certain performance texts.

Brecht developed the idea and practice of *gestus* as a way to create a sense of alienation, defamiliarization or critical distance between audience and the performance material. The conscious production of alienation seeks to trouble modes of identification fostered by realist theatrical practice, and in so doing works to engage audience members’ capacities in terms of critical reflection and political action (Wright 1989, p.19). The term “*gestus*” for Brecht denotes a particular and stylized practice, “a gesture, a word, an action, a tableau, by which, separately or in a series, the social attitudes encoded in the play text become visible to the spectator” (Diamond (1997)). Brecht historian and theorist Elizabeth Wright (1989) writes:

…the *gestus* reveals how relations of production determine our social relations where we believe them to be at their most ‘natural.’ Art can only make its representations from within ideology, not from some pure spot outside it. The *gestus* is the exaggerated ideological gesture…(p. 20)
Within an actual performance *gestus* might appear as particular embodied theatrical style that disrupted emotional engagement with the play and draws overt attention to the political dimensions of the drama. Thus, an actor might develop a particular, exaggerated action that underscores or highlights the ideological or political dimension inherent in the character or the play, for example a grotesque and caricatured silent scream that punctuates and disrupts the narrative flow, forcing audience members to think critically about that character’s social and political plight.

Diamond (1997), however, borrows both the term and its accompanying social and political significance for her own uses. Terming her critical framework as a “*gestic* feminist criticism” (p. 54), Diamond (1997) uses this framework to highlight or “alienate” moments within a given text “when social attitudes about gender and sexuality conceal or disrupt patriarchal ideology” in order to “recover moments in which the historical actor, the character, the spectator and the author enter and disrupt the scopic regime of realist representation.” (p. 54) That is, a *gestic* reading at once celebrates non-realist forms of mimesis and liberates transformative, counter-ideological moments within a given performance.

If Diamond (1997) can recycle and reinvent Brechtian theory in order to rescue theatre from the yawning jaws of patriarchy, my own intention is to borrow from Diamond (1997) to perform a *gestic* reading of my own. Rather than rescuing *Wit* from patriarchy, however, my own re-reading aims to wrestle *Wit* away from the constraining grip of realism-for-positivism and toward an understanding of the play in terms of *ethics* or *ethical potential*. While the use of feminist theory allows Diamond (1997) into a political critique regarding patriarchy, my use of ethics similarly opens the door to a political critique of the knowledge economy. This is to say that instead of foregrounding moments particular to a gendered or feminist analysis, I will
foreground moments in *Wit*, and responses to *Wit*, that I find especially important and illuminating in regards to ethics, and specifically a notion of ethics as proposed by Levinas. In order to do so, however, I will explore the idea of identification as it may occur between audience and performer. In this work identification provides the conceptual bridge between performance and ethics.

4.1.2 Identification: A bridge between performance and ethics

In the preceding section I proposed two directions for my work: the first a critique of a realist reading of *Wit* as it pertains to positivism, and the second a gestic rereading of *Wit* hoping to illuminate its ethical potential. I will end this chapter by discussing the work of Levinas and will argue, using Levinas’ terminology, that performance in general and *Wit* in specific offers a space or opening for an (ethical) encounter with the Other. In this section, however, I construct identification as the conceptual/methodological link that will lead from the goal of a gestic re-reading of *Wit* to the theoretical terrain of Levinas.

Before turning to Silverman (1996), I want to turn back to Diamond (1997) and elaborate one last aspect of her work linking identification with realism. Diamond (1997), like Silverman (1996) and others, situates her discussion of identification as emerging from theories of psychoanalysis, for which identification is critical for the development and maintenance of identity, or sense of self. Within psychoanalytic theory, in particular that of Jacques Lacan, one’s sense of self is not pre-given, coherent or, stable, but rather is fragmented and bound within a body which at birth is incomplete and unmastered, a “fragmented body” (Lacan, 2002, p.6). Identity, then, is formed over time through a series of social interactions beginning in babyhood, throughout which identification is an “organizing principle of development” (Leader
& Groves, 2000, p. 21). Through these social interactions, individuals identify with external images, including images (of the self, or others around the self) reflected back to him or her in the face of a mirror. In this moment, argued Lacan (2002), the child “playfully experiences the relationship between the movements made in the image and the reflected environment, and between this virtual complex and the reality it duplicates [i.e. the child’s own body.]” (p. 3) Lacan designated the primary locus of this developmental stage the “mirror phase,” and theorized that this phase involves an (imagined) coherent sense of self arising from the child’s early identification with his or her own mirror image, an image which provides the illusion of a coherent, complete body, or body-self, over which the conscious self (or ego) has mastery. Thus, identification, or the imaginary replacement of the self in place of the image of another, is key to the development and maintenance of identity.

Within this formulation a few key aspects of identification stand out. First, identification takes on a consumptive character: “Drawing another into oneself, projecting oneself onto another, identification creates sameness not with the self but another: you are (like) me, I am (like) you.” (Diamond, 1997, p. 106) Here identification obliterates the other, or otherness, and creates sameness where there was once difference. Second, identification in this sense relies heavily on the relationship of self to the sensory field, particularly that which is visual. Identification occurs between us, and that which we behold or perceive, calling attention to the scenic aspect of the identificatory relation: the self must be privy to a kind of “scene” through which identification can take place. Lacan (2002) too noted the importance of the scenic, or mimetic field, to identification, writing: “It suffices to understand the mirror stage in this context as an identification...: namely, the transformation that takes place in the subject when he assumes an image – an image that is seemingly predestined to have an effect at this stage” (p. 4, italics original). While Lacan theorized this developmental stage as occurring between an
individual and his or her mirrored reflection, the notion of the mirror stage can be extended to performance, where audience replaces the individual, stage replaces the mirror, and performed action replaces the mirror image. The performance thus becomes a kind of mirror held before the audience, offering the possibility for an identificatory encounter.

It is in the value of the scenic in terms of identification that the ties between psychoanalysis and performance (including for the sake of this discussion both theatre and film) begin to take shape. Simply, staged action provides one (overtly fictional) mechanism or arena for identification (between performer and spectator) to occur. Taking identification, and its vital importance to the formation of identity as a given, the question of interest to this study, however, is not how or why identification occurs, but what types of identifications might be fostered through performance, and to what end? How do certain forms of identification serve the needs of the knowledge economy, and what forms of identification might resist these same needs? At this point, I want to theorize a potential link between realism and identification, suggested although not fully developed by Diamond (1997).

To recall, the goal of realism is to simulate or mirror a version of the ‘real’ world, which is assumed to be coherent, stable and unified. The scene presented to the audience not only obscures its own illusionary origins, but also provides an image of reality that is whole, and not fractious. Like the mirror held before the developing child in Lacan’s account of the mirror phase, the realist theatre provides a doubling of reality that in its coherence allows, even invites its audience to fully inhabit the scene before them. To recall, this entrance might be aided by the use of any number of theatrical devices that encourage the replacement of other with self, including the use of highly realistic language and plot, and detailed attention to the use of highly realistic design details (set, costumes, props and lighting). Thus, the audience is invited into a
relationship with the (imaginary) scene that asks for identificatory participation, or the assimilation of other (character, or staged action) to self (audience). The audience is gripped by the relation of self to imaginary and the impact this has upon shifting identity, a particularly resonant claim when realism purports to depict reality as both true and knowable.

In other words, realist theatre works with the logic of consumptive identification, provides a site for its occurrence. Easy identification is not disrupted or disputed, but rather fostered. Diamond (1997) signals the pleasure and intensity of such identifications by noting the “psychic thrills” produced by inhabiting another’s role. It’s important to note here that “easy identification” may not be pleasurable in terms of enjoyment or contentment, for indeed intense identification with realist performance may be very painful or disturbing, but rather this form of identification does not challenge one’s self as a stable self. This is to say that by inhabiting a coherent scene or character, one’s sense of one’s self as a self is left intact, is not disrupted by the presence of an other who might resist assimilation. Of central concern here is the necessary obliteration of the other (in this case the performed other) in order to satisfy the demands of “easy” psychic identification. For example, in order to identify with the performed other, as audience member one might need to disregard or psychically erase the fact that the performed other does not look, sound or dress like one’s self.

Here I would like to flag the beginnings of what will be a recurrent theme throughout this chapter: troubling the relational impulses that lie at the heart of enterprises that seek to make a whole, coherent or unified version of ‘the truth,’ whether this be through mirroring the world (mimetic action), or through the mapping of identity through a mirror image (identification). Within the following section on Levinas I will elaborate my critique of such forms from the standpoint of ethics, but for now it is enough to simply recognize the kinds of identificatory
impulses enacted through realism. Like traditional psychoanalytic models of identification, realist forms of representation “identify” with the ‘real world’ by obscuring difference (here we might recall Rorty’s assertion that in realism “potential difference is subsumed”). Realism’s coherent (yet fictional) “identity” is formed through the assimilation and incorporation of ‘real life’ and the erasure of the ways in which ‘real life’ and representational practice are entirely different. Relying on this model of identification for a sense of coherence, a realist mode of representation then asks for the same kind of identification from its audience, thereby allowing itself to be constructed as a direct conduit for information from the ‘real world’ to the audience.

As I have suggested earlier, part of the work performed by the recourse to realism/positivism has to do with its (obscured) relation to ideology, in particular dominant ideologies regarding knowledge production, translation and transmission. My argument here is that a piece of this work is carried out through the expectation and enforcement of certain forms of identification as a means to the production and acquisition of certain forms of knowledge. In this configuration, identification becomes the route to knowing the other. Thus, realism may be an extremely powerful technique in terms of suggesting avenues by which to encounter others – others who are true, knowable and assimilable. In this context, realism, and the types of identification this reading hopes to engender, marks an act of domination over the artistic enterprise (whether it be theatre or film), and the other important potential forms of identification it might foster. I will return to this point both in my discussion of identification and of Levinas, and in later chapters when examining the realist reading of *Wit* proposed by the use of *Wit* in medical education.

I want to turn now the work of Silverman (1996). Silverman (1996) provides two important dimensions to the discussion regarding identification, both of which help trace the ways in which performance might be valued outside the confines of positivist evaluation. First,
her nuanced reading of identification, and the subsequent development of ego, as a specifically corporeal or bodily event provides an important in-road for thinking about the nature of *Wit* as a performance (an embodied event), and as a play explicitly *about* bodies, and tracing its potential impact upon its audience in this respect. In following chapters I will argue that my own field notes are an account of the ruptural and ambivalent nature of bodily identification, particularly as the fictional body represented falls to pieces and becomes undone.

Second, by reading the body as a key component of identification, Silverman (1996) suggests that identification does not always take a purely consumptive form (i.e. incorporating the image of another into or as part of one’s self), but rather that there may be forms of identification that occur at a distance, and thus manage to maintain boundaries of difference and otherness. These moments, I argue, arise both from certain narrative and theatrical practices in the play text itself, and in the identificatory relationship potentially produced by such moments. It is these forms of identification that I wish to unearth in my own field notes and others’ reactions to *Wit*, as they have important repercussions in terms of locating ethics, or the ethical encounter. It is the illumination of these moments that lies at the heart of my *gestic* rereading of *Wit*. Finally, an important facet of Silverman’s (1996) work is that, while taking psychoanalysis as her theoretical point of departure, the thrust of her analysis revolves around the power of film and filmic identification in terms of both egoic and political change.

To return briefly to a conventional (if dramatically oversimplified) version of identification from a (Lacanian) psychoanalytic perspective, identity, or a coherent, stable sense of self, occurs in part when, through identification, one misrecognizes one’s self in an exterior image that appears whole, contiguous and unified. Thus, in this account the ego and its development is predicated upon the notion of “self-sameness” and otherness; the processes of identification crucial to one’s own development as a self relies on processes having to do both
with the incorporation of the visual image into the schema of the self, and on repudiating or obliterating difference and otherness.

Silverman’s (1996) argument begins by offering a more complex reading of this process of identity formation by offering the body as a missed site for ego and identity development. Silverman (1996) posits the importance of one’s own sense of sensory, embodied presence, what she interchangeably calls the “sensational ego” and the “proprioceptive ego,” in the system of identity formation and maintenance. In Silverman’s (1996) account, identity is formed both in one’s relation to the visual imago, also termed as the “exteroceptive ego,” and one’s relation to the proprioceptive ego, which is developed through sensory experience, including the touch of others. Like the Lacanian account of ego – formed through social processes of gazing and being gazed upon – the proprioceptive ego is not a biological given, but the accumulation of social experience:

Like the specular image, which forms the basis of the Lacanian ego, cutaneous sensation is conferred upon the subject from the outside. Without social exchange…it would never come into existence, since it can be defined only through the relationship between the body and the world of objects. (Silverman, 1996, p.13)

What is critical about this point is that because both the exteroceptive ego (emerging from the relation to the visual imago) and the proprioceptive ego (emerging from corporeal, cutaneous sensation) are imagined as entirely social, both entities are situated within culture, and subject to forms of cultural valuation. Thus, touch and image are not neutral, but rather are socially constituted in both positive and negative ways. As such, the ego may be asked to identify with “idealized” or “de-idealized” images – images which are, or are not, socially prized.
Within this schema, which privileges the role of the corporeal, Silverman (1996) argues that the creation and maintenance of a coherent sense of identity is a complex and ongoing process: identity is not simply formed, but rather is formed, undone, and reformed as the exteroceptive and proprioceptive egos encounter external forces, and one another. Critically, because this schema posits two rather than just one site for the ego (or, egos), identity and identificatory processes are more complicated. Silverman (1996) argues that a feeling of wholeness, completeness, “me-ness,” or the “feeling of being one’s self” (p. 17) arises and depends upon the “smooth integration” of the proprioceptive ego and visual imago. This is to say that a feeling of “me-ness” occurs when the external image, or the visual imago, aligns or matches with one’s sense of embodied self. However, within this formulation there is also ample room for these two egoic entities not to easily mesh or align, rendering identification a far more complex and problematic notion. Silverman (1996) writes that “the proprioceptive ego is always initially disjunctive with the visual image, and that a unified bodily ego comes into existence only as the result of a labourious stitching together of disparate parts.” (p. 17)

Further, when the proprioceptive ego and the exteroceptive ego are disconnected, are at odds, and are not amenable to an easy cohesion, one’s sense of “me-ness,” or coherent self, is lost. As an internal sense of embodied presence chafes at the external boundaries imposed by the visual imago identity becomes fractious – one becomes undone as identification takes place in two disparate loci. While the self engages in the ongoing work of “stitching together” these two sites of identification in order to produce a sense of a coherent identity, and to avoid the psychic agony of becoming undone, it is in the refusal of this stitching, or assimilation, that Silverman (1996) finds a route out of the purely consumptive model of identification and towards a form of
identification that I will argue opens up a space for ethical possibility in terms of encountering the Other.

Recognizing the importance of both sameness and otherness to identity formation, Silverman (1996) proposes the potential for not one but two identificatory forms. The first, which implicitly relies upon a more conventional psychoanalytic model, Silverman (1996) calls “idiopathic identification,” which she identifies as “the total eclipse and absorption of another self by one’s own, it being thus, as it were, completely dispossessed and deprived of all rights in its conscious existence and character.” (p. 23) Silverman (1996) also describes this form of identification as operational within statements such as “I can imagine myself in his (or her) place.” (p. 25) While Silverman (1996) does stress that this “annihilatory” form of identification is, in fact, entirely necessary for selves to function in the world, she uses this description to highlight the form and role of a second identificatory form: heteropathic identification. Simply, heteropathic identification occurs when the self identifies with a visual imago that cannot be assimilated or incorporated within the proprioceptive ego – when the exteroceptive ego is not smoothly integratable within one’s own bodily self-perception. Thus, in a seemingly paradoxical move, Silverman (1996) argues that we may identify with that which we are not, which is not understandable within the logic of what it is or what it means to be one’s self; and thus which ruptures perceived boundaries of self and “threaten[s] the coherence and ideality of [one’s] corporeal ego...” (p. 25)

In her own work, for example, Silverman (1996) points to a moment where she encounters, but cannot bear to look at, the abject, impoverished body of a homeless person. The burdens placed on body, she recounts, do not match her own bodily and embodied experience (comprising the proprioceptive ego). The psychic assimilation of this body, imaginarily taking
this body on as her own through idiopathic identification proves unbearable and entirely
disruptive of her fictional sense of a coherent self:

...it has occurred to me that I find it difficult but not impossible to identify with the
structural position of homelessness, since I imagine that in such a situation I would still
coincide with that corporeal fiction which I call “me.” But the homeless bodies…dispel
this comforting fiction; they show me that, if homeless, I would precisely no longer be
‘myself.’ (p. 26)

Rather, Silverman (1996) posits a second form of identification, which allows her to identify
with the homeless subject at a distance, where her (fictional) sense of self is preserved, while at
the same time remaining engaged with the presence of the other. Similarly, I argue that this at a
distance identification may take place when encountering a staged or representational other.

Working with two, as opposed to just one, forms of identification, Silverman (1996)
points out a few ways that a rupture between egoic sites can cause psychic undoing. The first, as
noted above, comes in identifying with something or someone who does not fit one’s own
corporeal schema. Here, recognizing difference, as opposed to assimilating only that which fits
with one’s proprioceptive sense of self and ignoring difference, ruins the fiction of the coherent
self. To identify with something that does not ‘fit’ with one’s sense of embodied ‘me-ness’
signals that who we are depends both on an external sense of self (visual imago) and internal
sense of self (proprioceptive ego), and that these must appear as contiguous in order to maintain
the fiction of a coherent identity. Like Diamond’s (1997) notion of “unmaking,” psychic
undoing in this sense has to do with the refusal or disruption of a fiction of sameness or
coherence, whether this be through realist forms of representation or through the assimilation of
other to self.
However, Silverman (1996) also points to the psychic disturbance created when the distance between proprioceptive ego and visual imago experienced in (or signaled by) heteropathic identification is closed, forcing an uncomfortable fusion of selves each collapsing and decomposing with the weight of the other. This may occur, for example, when social forces (also called “the gaze”) demand the identification of subjects with undesirable, deidealized images that the subject might otherwise wish to resist. For example, a realist reading of Wit risks this closure, as the realist frame asks audience members to idiopathically identify not only with the representation of a body that does not necessarily match their own proprioceptive ego, but which is highly undesirable in its diseased state of agony. It is this forced closure, I will argue, that is central to the identification desired by a realist reading of Wit.

What I would like to take from this exploration of Silverman’s (1996) work is threefold. First, Silverman’s (1996) work points to the importance of the body as a site for identification, which is a critical point for examining modes of identification potentially engendered by Wit. Second, in her exploration of identification, Silverman (1996) points to multiple ways in which the identificatory process can be deeply painful and disturbing to the self. I will take this up by both illuminating and calling into question the pain that a realist reading of Wit, and the realist tendencies inherent in Wit’s text, may cause – a pain generated by asking audiences to smoothly integrate and assimilate an imago of the body in disarray. It is this “empathic” pain, I argue, that educators hope will engender knowledge of the other. However, I will also try to locate other types of (heteropathic) identification encouraged through the play. Finally, I will tie this form of identification to Levinasian ethics, and will argue that ethics, as a fictionalized encounter with the Other, is one of performance’s qualities that is overlooked and obliterated by a positivist appraisal based on knowledge generation and accumulation.
4.2 Introducing the Ethical: Levinas

If Silverman (1996) has helped define two potential forms of identification that may be in operation between performance and audience, I turn to Levinas to provide an explanation of what is ethically at stake within these two identificatory forms – essentially I am using Levinasian ethics as a lens through which to read both Diamond’s (1997) and Silverman’s (1996) work regarding performance. Thus, having established a framework through which to think about performance, I want to provide a fairly detailed explication of Levinas’s notion of ethics as it pertains to relationality, whether in terms of representation or identification. Essentially, I am arguing that performance in general, and Wit in particular, is a relational form, and, as such demands particular attention be paid to this aspect of its nature.

Before I begin my exploration of Levinas’s work, I want to clarify a few points. First, my work here in no way represents a complete or holistic explication or analysis of Levinas’s formidable body of work. Rather, I am borrowing from Levinas a number of crucial ideas and philosophical concepts that will aid in my illumination of the ethical potential within performance. In other words, if Levinas has shifted the philosophical terrain of contemporary thinking, it is upon this new landscape that I build my own thoughts and ideas. Second, many of Levinas’s arguments emerge from a critique of Western, enlightenment thinking – in his work Levinas takes philosophical thought as the primary object of his critique. In the following analysis I make a small conceptual jump, taking scientific evaluative practices as my own object of critique, and performance (a “fictional” encounter) as a site for ethics. I justify this jump on the basis that the underlying assumptions and practices of the developing knowledge economy arise from positivist enlightenment thinking, which heavily values particular forms of reason,
knowledge and truth. Finally, as a way of contextualizing some of Levinas’s thinking, it is important to be mindful that Levinas was not writing in a prescriptive way, but rather phenomenologically, noting what he felt to be truths of human existence, that is, what *is* rather than edicts for what *should* be.

### 4.2.1 Ethics as First Philosophy

Writing in the mid- to late-twentieth century, Levinas’s work has provided a challenge to, and re-visioning of, the philosophy of ethics and phenomenology, particularly challenging the foundational work of philosophers such as Immanuel Kant, as well as contemporary thinkers including Martin Heidegger and Edmund Husserl (Critchley, 2002, p. 8–10). At the core of Levinas’s work lies an imperative to re-think and re-locate the notion of ethics, and ethical inter-human relationality. Like Kant and other modern ethical philosophers, Levinas places absolute primacy on the role of ethics. However, unlike these thinkers, Levinas does not understand ethics as residing within, or emerging from, a universal moral law that can be arrived at through the exercise of reason, whether this is an appeal to the categorical imperative or the binding reins of Utilitarianism (Beavers, 1990, p. 1; Levinas, 2001, p.114). Rather, Levinas understands ethics as located first and foremost *between* human beings, in sociality. He writes: “My manner of approaching the question [of ethics] is different. It takes off from the idea that ethics arises in relation to the other and not straightaway by a reference to the universality of a law.” (Levinas, 2001, p. 114) Social contact, then, becomes a kind of “ground zero” for ethics. The moment of encounter between human beings marks the site where ethics is born.

Contrary to Kant’s notion of ethics, this primary ethical moment of encounter occurs before reason, and before language. It does not emerge from the logic of benefit or gain, but rather from an ultimate responsibility for other human beings that lies beyond the reach of pure
reason and rationality. Furthermore, according to Levinas, sociality does not have its basis in reason. There is no reasoned moral imperative to guide the structuring of the social world. In fact, social structure and moral codes emerge only after the ethical social relation or encounter. For Levinas, ethical practices are produced through the process of social interaction itself, rather than being determined by reason and subsequently applied to social interaction as an external object. Morgan (2007) writes: “it is in this sense that sociality is ethical through and through, or from the ground up” (p. 71).

It is here, in Levinas’s insistence that ethics is born within the social encounter, that ties between ethics and identification are articulated. Like identification, ethics in a Levinasian schema takes place in the interaction and relation between the self and Other. And, as Silverman (1996) has made clear in terms of identification, this relationality may take multiple forms, some more ethical than others. This is to say that certain types of identification, which are fundamentally relational, are potentially also forms of ethical engagement. Ultimately, my argument revolves around understanding the role of identification in *Wit*, and, in so doing, locating representational practices as potential spaces for ethics-in-action.

4.2.2 The I, The Other, and the Face-to-Face Encounter

To understand the relationship between identification and ethics more clearly, it is important to spell out some of Levinas’s key concepts. Levinas’s account of the social encounter (as the birthplace of ethics) begins with a particular understanding of the self, or “I,” and the I’s relation to an other being, or the “Other.” It is important to point out that Levinas is not talking here in theoretical vagaries. The “I” in question refers to a “real” and particular self, the “Other” to the actual other human beings with whom one might come into contact on a daily basis (Morgan, 2007, p. 61).
The I, according to Levinas, begins its relationship with the world in a state of enjoyment. The world provides, and the world nourishes, both of which are enjoyable to the I (Beavers, 1990, p. 3). Nourishment involves the assimilation of exterior to interior, the ingestion of that which lies outside the self to inside the self. Levinas (1969) writes: “Nourishment…is the transmutation of the other into the same [the substance of the I], which is the essence of enjoyment; an energy that is other… becomes, in enjoyment, my own energy, my strength, me.” (p. 111)

Through the act of consumption or assimilation (and here one might think of listening to and assimilating a piece of music, or ingesting food) the self thrives. However, this process is thwarted when the I encounters another human being, or the Other. While the notion of ingesting (enjoying) the world does include literally taking in parts of the physical or natural environment (eating, drinking, listening, et cetera), attempts to incorporate the Other occur through *knowledge* – the reduction of the Other to a series of concepts or ideas which can be held by the self, thus keeping the Other under epistemological control. For Levinas, other human beings cannot be assimilated or incorporated into the self. They are, in the most fundamental meaning of the word, *other*. They resist assimilation, and therefore cannot simply be devoured and enjoyed by the self. While I will return to Levinas’s critiques of knowledge in the proceeding section, it is important to note the fraught relationship between ethics and epistemology in Levinas’s work early on. Critchley (2002) explains:

If the other person were reducible to the concept I have of him or her, then that would make the relation to the other a relation of knowledge or an epistemological feature…ethics is not reducible to epistemology, practical reason is not reducible to pure reason. (p. 11)
Levinas thus argues that when the I encounters the Other it encounters something (or someone) the defining feature of which is its otherness, its difference, its inability to be assimilated. The I cannot know (cannot have) the Other, because the Other is fundamentally foreign. Critchley (2002) writes: “there is something about the other person, a dimension of separateness, interiority, secrecy, or what Levinas calls ‘alterity’ that escapes my comprehension.” (p. 26) Levinas calls this contact with the Other an encounter with “the face,” and uses the idea of the face of the Other, or the “epiphany” of the face, to signal the initiation of this fraught relationship. (Levinas, 1969, p. 197). He writes: “The face resists possession, resists my powers. In its epiphany, in expression, the sensible, still graspable, turns into total resistance to the grasp.” (Levinas, 1969, p.197)

The concept of “the face” is deceptively simple, and may be used to signify a number of Levinas’s ethical intentions. First, it may be used to signal the uniqueness, the particularity of each new encounter (for each face is indeed unique and particular), which renders this encounter not amenable to universal rules. But “the face” is also the “corporeal emblem of the other’s otherness,” (Waldenfels, 2002, p. 63) meaning that “the face,” as symbol, signifies all that cannot be incorporated or understood about the Other. Waldenfels (2002) explores the linguistic roots of the word “face,” drawing from the various languages spoken and used by Levinas, which may illuminate the dimensions of his use of the word. In this exploration, he unearths multiple etymological meanings, which include “seeing and being seen” (from French and German roots), “the face facing us, or mutual facing” (from Hebrew and German), and “the act of ‘looking at’…which stands not only for the face, but also for masks and roles” (from Greek origins) (64). Judith Butler (2006) provides a third interpretation of “the face.” As a leading
theoretician of language and the linguistic, Butler (2004) is drawn to the meaning of “the face” in terms of its linguistic (or, anti-linguistic) contours: “The face...will be that for which no words really work; the face seems to be a kind of sound, the sound of language evacuating its sense, the sonorous substratum of vocalization that precedes and limits the delivery of any semantic sense.” (p. 134) In other words, “the face” may capture or emit sense that precedes language, or which is not reachable through language.

Thus, the face may signal a number of important features of the Other: the physical presence of the embodied Other; direct human engagement; and a kind of wordless, yet highly charged, gesture or address. I pay particular attention here to descriptions of “the face” as I will return to the notion of both face and facing within my own filmic encounter of Wit, which features an engagement with the naked, yet fictional and two-dimensional, face of Wit’s main character, Vivian Bearing. My use of the term ‘face’ in terms of Wit’s main character also signals the direction of my thinking. While a realist/positivist model might understand Wit as a product, or item to be consumed or ingested (like music or food) my own arguments arise from the notion that by resisting easy consumption or assimilation, the fictional representations in Wit open a space for the rehearsal of inter-human, and thus ethical, engagement.

What is perhaps most significant for Levinas about this encounter with the face, this mutual facing, is that in this encounter, the Other addresses a demand to, or makes a claim or demand upon, the I. In this encounter, the Other demands responsibility from the I. Levinas posits that the face of the Other presents itself as ultimately vulnerable (Levinas uses terms such as “naked” and “nude”) and, in this vulnerability, as placing a demand on the ‘I.’ The fundamental ethical command here is not to kill the (vulnerable) other, which we might also understand as to destroy, to assimilate, to dominate or to control (Levinas, 1996, p. 167).
Levinas understands this ethical edict, and the tension that it produces, as the primary locus for the self’s encounter with the Other.

Within this configuration the increasingly familiar trope regarding the assimilation of Other to self, or of difference to sameness, occurs again. As Silverman (1996) suggests in her account of idiopathic and heteropathic identification, Levinas seems to be asserting that the urge to consume, to annihilate the Other into the self is inherent within relationality. However, going one step further than Silverman (1996), Levinas suggests that within the Other lies a fundamental quality of resistance to this assimilation; whereas in Silverman’s (1996) description the choice (whether conscious or unconscious) of how to identify with an Other (either idiopathically or heteropathically) seems left solely in the hands of the self, Levinas claims that resistance to assimilation (idiopathic identification) actually emerges from the Other – it is the Other who resists being consumed and, in so doing, makes a claim or demand upon the self. Reading Levinas into Silverman (1996), then, Levinas seems to liberate the Other from its position as a static image, a visual imago that ultimately does not contribute to the identificatory process. Levinas moves the identificatory interchange from a one-sided encounter to one that is fundamentally relational. As noted, this is an important theoretical revision for this study in that I argue that, while fictional and representational, a key feature of Wit is that it is a relational form, and thus a potential site for identification and the opening of an ethical space or moment.

Interestingly, and again unlike other notions of ethics, this ethical encounter is not necessarily pleasant or enjoyable for the I, but instead can be difficult and disturbing. Levinas (1969) alternately describes the call, or the imposition of the face “excessive” and “extraordinary.” He describes the self as “held hostage” by the Other and its demands for responsibility. Unlike a notion of ethics that rests on an aim to settle, to problem solve, or to
quell moral unrest, this version of ethics is deeply chaotic and unsettling. Of this disturbing relation, Waldenfels (2002) expounds: “Words like ‘evasion,’ ‘rupture,’ ‘interruption,’ or ‘invasion’ indicate a thinking which is obsessed by the provocative otherness of the other.” (p. 63) Importantly Waldenfel’s (2002) description of the potential discomfort of the ethical encounter draws to mind the disjunctive, ruptural discomfort previously theorized as a potential feature of heteropathic identification. That these descriptions match is not inconsequential: my argument here is that heteropathic identification comprises one type of ethical encounter. This sense of discomfort arising from heteropathic identification/ethical encounter will be examined more closely as I explore my own very pained and uncomfortable responses to *Wit*, as well as those of Dr.’s Sulmasy and Zuger. I will explore this sense of deep unease through the idea of *becoming undone* in the face of the (fictional) Other.

4.2.3 Knowledge and Totalization

As I have noted, a second, related piece of Levinas’s work has to do with his critique of knowledge and epistemology. This piece is important for my own work, as it links ideas of identification/ethics with a critique of the knowledge economy. It will be through this aspect of Levinas’s work that I theorize how *Wit* not only operates outside the boundaries of the knowledge economy, but in fact resists the forces that seek to locate it within these constraints.

Levinas’s critique of reason sets him distinctly apart from enlightenment thinkers, whose *raison d’être* revolves around particular forms of thought and reason that lead to the acquisition of knowledge. For these earlier thinkers, ethics stems from knowledge and reason as a starting point. The aim of this tradition is to render the world *digestible* through knowledge. Here knowledge is a form of assimilation, or, as Levinas might call it, transfiguring the Other into Same. As Morgan (2007) writes: “In this [enlightenment] tradition, relative exteriority is
eventually assimilated into an ultimate, comprehensive unity or whole…Western philosophy’s primary impulse is imperialistic, to reduce the other to the same, to think everything, to subject the world to the dominion of reason.” (p. 88-89). Again, as noted, this is a bald, if not polemic, account of reason, which has a far more complex history in terms of emancipatory pursuits than I am able to give here. My account is admittedly simplified, and written in order to make visible particular uses of reason that may be problematic, and even oppressive in relation to the use of film and theatre in knowledge translation.

Levinas calls this unity, this “domain of reason” (Morgan 2007, p.88), “totality,” and he attributes to totality a form of control, of violence. Totality, or totalizing knowledge, turns the Other from a mystery or enigma into a set of rigid and defining characteristics that are amenable to categorization. These categories avail themselves to assimilation into the self, thus bringing the radical alterity of the Other (and the demands for responsibility it makes) under control. Commenting on Levinas, Gottlieb (1994) writes: “If the foundation of our relation to others is knowledge, the other will be reduced to the same. Otherness will not be allowed to coexist with the agent of sameness.” (p. 2)

Because of this, Levinas argues, ethics cannot be founded within knowledge, particularly an idea of knowledge of the Other. Ethics, rather, resides beyond knowledge in a “transcending concern for other people, a concern untouched by our own needs, desires, or

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13 Levinas worked to write not only about ethics, but to write ethically, to resist totalizing or ontological language and to maintain the saying in writing. In attempting to resist totalization, Levinas’s work is often an extremely difficult, frustrating, and at times impenetrable, read. Critchley (2002), however, draws meaning from Levinas’s performative experiments in ethical writing in the following manner: “It reveals that the ethical saying is nothing that can be said propositionally and that ethics cannot be put into words. Strictly speaking, ethical discourse is nonsense, but it is serious nonsense.” (p. 19)
attempts to control.” (Gottlieb 1994, p.2) Thus, this relationship with the Other is even more fraught: we are responsible, but our responsibility does not arise from knowledge of who or what we are responsible to and for. Gottlieb (1994) describes this call to responsibility as “the call of the other [which] breaks through and across barriers of science and philosophy and the greedy attempt to satisfy my desires by ‘knowing’ about the world and other.” (p. 2)

It is in this fashion that Levinas struggles to write against what he calls “Ontology,” or the attempt to comprehend the essence of being. “Ontology,” Critchley (2002) writes, “is like the movement of the hand, the organ for grasping and seizing, which takes hold of and comprehends things in a manipulation of otherness.” (p. 16) Through ontology, otherness is “transmuted into sameness by means of the [rational, positivist] …knowing ego.” (p. 17). Rather than locating himself on the terrain of ontology, or ontological philosophy, Levinas instead grounds himself in ethics, which for him has all to do with maintaining the integrity of difference and otherness, and working to avoid the totality wrought by and through ontology.

This piece of Levinas’s work relates less to Silverman’s (1996) work in terms of identification, and more to Diamond’s (1997) work regarding realism. The addition of Levinas’s work in this arena is to illuminate the ways in which positivism’s alliance with realism is related to dominance in terms of making certain subjects knowable and therefore, in Levinas’s thinking, violently totalized. The recourse to knowledge as the basis for evaluating theatre, which I have suggested earlier performs the work of ideology by making claims to a singular and accessible truth, dominates in some senses because it totalizes, and thus contravenes a Levinasian notion of ethics.

4.2.4 Responsibility, substitution and subjectivity
In earlier sections on Levinas’s work, I made passing mention of terms such as “responsibility,” “hospitality” and “welcome.” (Gauthier, 2007; Levinas, 1969; 1998, p. 101) Indeed, such terms inform much of Levinas’s ethical position vis a vis his notions of ethics. I have noted Levinas’s assertions that the I is pressed into responsibility for the Other (through the face-to-face encounter), and that this Other to whom the I is responsible is not knowable to the self.

Ultimately, I will argue that the pivotal feature of Wit’s relationality is that audience members are called into responsibility, or as I will re-term it, response-ability by the play’s main character, Vivian Bearing. So what does responsibility look like, and what does it mean to remain hospitable to an unknown, unknowable other? Like his notion of “the face,” these terms are at once profoundly simple and dizzyingly complex. It is my intention here to trace a few lines of thought in regards to ideas such as ‘responsibility,’ ‘hospitality,’ and ‘welcome,’ and what these ideas might mean in terms of my own study.

To begin, I offer a few thoughts on “responsibility” as I have come to understand it. For me, this concept proved baffling, as Levinas does not provide a clear roadmap, or even the trace of directionality, for what responsibility really is or really looks like. In fact, within his work responsibility is linked to the term “passivity.” The notion of responsibility as passive seemed incongruous and paradoxical to me, until I realized that Levinas does not understand responsibility as a call to action. Passivity, rather, signals the fact that the self does not initiate the actions of the Other, but rather remains passive until hailed by the Other – until this act (or action) of calling forth, or demanding, draws the self into a relationship, and therefore responsibility.
Further, the term ‘responsibility’ does not intend “fixing” or “deciding” as its final goal. It does not signal the need to take control, or provide a solution, or act on the Other’s behalf (for this would signal knowing what the Other is and needs). Rather, responsibility means, at some basic level, the provision of an open point of contact between one’s self and another. This also may be referred the creation of an “inter-human” space. Within this configuration, terms like “welcome” and “hospitality” begin to take shape. Very simply, they mean approaching the Other with the sole intention of giving one’s self over to him or her. Other words that might apply here (and are used by Levinas) include submission and sacrifice.

The use of the term “responsibility” is crucial to my work, although I would like to linguistically reconfigure the term for my own use from “responsibility” to “response-ability.” My argument here is that we as audience members have the ability to approach performance, an inter-relational form, in terms of ethics. This is to say that we are response-able, or able to respond, to enter into performance as a relational form with a willingness or openness to being moved, altered, disturbed or undone in the face of the Other, and to freely respond to the demand this face places upon us. It is, then, our response-ability, our ability to come undone through the psychic/relational mechanism of heteropathic identification (which I have also identified as the ethical encounter) that engenders performance as site for ethics. In other words, the ability to become undone lays groundwork for the possibility of an ethical encounter – a trajectory I will discuss further in Chapter 7. Thus, response-ability takes on a dual meaning here, at once denoting our ability to respond to claims made by the (performed) Other, and also the ethical responsibility bound within this ability to respond. To return to the framework suggested at the beginning of the chapter regarding my gestic re-reading of Wit, the notion of response-ability
acts as a compass for identifying moments where audience responses (my own, and responses of other medical professionals) illuminate the lines of ethics-in-action.

4.2.5 Ethics versus popular empathy

In my later analysis I work to locate the WEI, and other medical educational initiatives, within the knowledge economy and in positivist practices, and have argue that this location demands that performance to be valued in terms of its instrumental ability to transfer knowledge to its audience members. Within this conceptual schema, the notion of emotive and communicative ‘skills,’ and particularly skills regarding empathy, are paramount to the “success” of performance as a pedagogical intervention. Before I fully explore these arguments I want to locate the idea of empathy in and against a Levinasian perspective. In other words I will provide an ethical critique regarding this type of knowledge - “empathic” knowledge about the other. This critique specifically has to do with the kind of knowledge that this form of identification hopes to generate – empathy skills, or empathic knowledge of the other. As such, it is imperative to outline a critique of empathy (as may be fostered by idiopathic identification) and ethics.

Within this section I examine some of the ways in which popular, consumptive notions of empathy unravel when contrasted with a Levinasian notion of ethics. To be very clear: the notion of empathy that I am critiquing here, which I call “popular empathy,” arises from a modernist notion of the autonomous self, and a resultant conception of empathy that relies on a concrete notion of subjectivity, and on knowledge, both of one’s own self and of the Other. Other ideas regarding what empathy is and how it operates are certainly in circulation, and the historical development of these ideas have been revolutionary within their respective fields. Carl Rogers (1961), for example, importantly developed a model of empathy as a means of noticing
and acknowledging the primacy of the client, and the client’s personhood, within psychotherapy
practice. Rogers’ model resisted previous practitioner-centered conceptions of therapy that
claimed neutrality objectivity and rested upon pathologized notions of its clients, and instead
refigured clients “as whole persons in states of incongruence, possessed of innate capabilities for
growth and change” (Brown 2007, p. 257). Similarly, art theorist Jill Bennett (2005) notes a
conceptual strain of “critical and self-reflexive empathy” (p. 8) used within the study of art and
trauma (linked, incidentally, with the idea of heteropathic identification explored in Silverman’s
(1996) work). The use of empathy in these context has been at once resistant, emancipatory and
transformational.

To briefly describe the notion of popular empathy, I draw from two common, non-
theoretical definitions of the word. The Oxford English Dictionary describes empathy as “The
power of projecting one's personality into (and so fully comprehending) the object of
contemplation.” (“Empathy,” n.d.) Similarly, Dictionary.com, a popular and widely used
Internet resource, defines empathy as:

1. the intellectual identification with or vicarious experiencing of the feelings,
   thoughts, or attitudes of another.

2. the imaginative ascribing to an object, as a natural object or work of art, feelings
   or attitudes present in oneself. (“Empathy,” n.d.)

In this definition, a few key concepts are at work. First, empathy has to do with the way
in which one relates to someone or something. Second, this relationship, either intellectually or
imaginatively (through reason or emotion), has to do with a sense of shared experience. This
might manifest either in the feeling that one knows the experience of the other, or that one feels
as if the other has some kind of experiential knowledge of one’s own experience. In either event,
it is the sense of vicarious commonality that is of great importance here, perhaps giving rise to statements such as “I feel your pain,” or “I know just how you feel,” or “I totally understand.” Thus, empathy is the experience of feeling as if one knows the other’s experience very deeply, even when it is objectively different from one’s own.

A crucial difference between popular empathy and Levinasian ethics is to be located in the theoretical ground upon which each idea is founded. Emerging from modernist notions of the self and subjectivity, the idea of empathy relies on a conception of an autonomous self, a self whose subjectivity is already established. This is to say that a stable, established self might encounter another. As a function of being aware of one’s position as a stable self, being cognizant of the boundaries between self and other, and as a function of one’s own self-knowledge, subjective imagination of the other’s predicament becomes possible. Empathy, then, comes after subjectivity – after the formation of a self, who can then relate to others. Because subjectivity, or a sense of self, emerges prior to empathy, empathy is then vulnerable to its own instrumentalization: its use by an autonomous self as a tool for certain forms of interaction, engagement and relationality in which one might act in service or on behalf of another out of a reasoned and autonomous choice. In this sense, one can then speak of an “empathy deficit” which might be remedied through hard work, and careful honing of one’s empathic skills. Further, in this conception it is entirely conceivable that some people may have “better” empathic skills than others, which might be tested or measured.

This conception of empathy contrasts starkly both with Levinas’s perception of ethics, and also with a psychoanalytic account of identity formation, both of which argue that the development of self is entirely relational. Ethics as relationality, Levinas claims, occurs prior to subjectivity, or perhaps more aptly put, is subjectivity. Subjectivity occurs when we are called
into responsibility by the Other. Thus responsibility is not a choice, or an emotive action made by an autonomous self (as empathy might be), but rather a fundamental function of subjectivity itself. Subjectivity is brought into being by responsibility itself, thus acting on behalf of or in service of another is not an independent decision or choice, but an *a priori* condition of being a self at all. For Levinas, then, our choice, our subjective freedom, is whether to ignore the face of the other, to disregard its demands, and to abdicate responsibility or to act on behalf of the demanding Other. We are, Levinas reminds us, held hostage by responsibility. We are *always* already called to sacrifice. The Other *always* comes first. Our choice only lies in whether to ignore this call. This fundamental assertion is a remarkably different notion from that which undergirds popular empathy, in which the decision is when and how to act in service of another.

A second critique of empathy arises from the idea that the empathic encounter is born out of *knowledge* (emotional, factual, or imaginary) of the other. Here empathy’s very existence is attributable to the categories of knowledge Levinas seeks to critique and resist. Empathy, we might say, emerges from the “greedy attempt to satisfy my desires by ‘knowing’ about the world and others” (Gottleib, 1994, p. 2). It arises from the idea that, in order to act in service of another, we must first assimilate them, their situation, into ourselves, into a kind of self-knowledge. Thus a critique of empathy as ‘knowing deeply’ emerges, whereby knowledge is understood as a destructive, totalizing force that refuses to preserve the alterity of the other and reduces the other to the same.

In this sense, all empathy or empathic action is reducible to a kind of self-concern: empathy calls upon us to *know* the other, and thus to assimilate the other to the same, to “feel another’s pain.” This action of coming-to-know allows us to dominate the other, to reduce the other’s experience to our own, and thus asks not that we act on another’s behalf, but rather that
we act on our own behalf because we have assimilated the other to the self by way of knowledge. Thus empathy, or empathic action, is in a way entirely selfish, for it is born only out of experience that we deem knowable and recognizable and somehow “our own.”

Levinasian ethics poses an arguably more difficult and unsettling challenge. Given the critique of knowledge as totalizing, Levinasian ethics demands that we act in service of one we cannot know, one whose struggles are not comprehensible to the self, but for whom we are responsible regardless. Ethics in this perspective presents an enormous challenge to a version of empathy based in an economy of knowledge, or a perceived ability to know. In this respect, tools that aid in generating, translating or marshalling knowledge for the sake of producing and soliciting empathy are not only misguided, but ethically compromised, for these attempts rest on the premise that empathy, the basis of moral reasoning and therefore action, is founded upon knowledge of the other, or a certain kind of knowledge.

4.3 Summary

Within this chapter I have provided a theoretical framework that will guide my forthcoming analysis of the use of theatre in the knowledge economy. While the theories that form this framework do not directly speak to issues regarding the knowledge economy, I have used them because they aid me in forming a critique that is at once particular to the use of theatre in (positivist) health research, while at the same time allowing me to make broader links between understanding the knowledge economy as a form of domination to the idea of ethics as responsability.

I have noted earlier that my questions first revolve around understanding what conceptual mechanisms allow theatre to be constructed in the service of the knowledge economy as a tool
for knowledge transfer. To address these questions, I have looked to the work of Diamond (1997), whose exploration of realist mimesis helps identify how theatre comes to be valued for its capabilities in terms of knowledge production, and is thus amenable to positivist forms of evaluation. Further, Diamond (1997) and Silverman’s (1996) work illuminate idiopathic identification as the locus for a particular type of learning: learning through the identificatory consumption of the other.

I challenge the instrumental use of theatre within the knowledge economy by turning to ethics as a means to re-read theatre’s potential. Ethics, I argue, poses an important contestation to the limited and constraining understanding of theatre generated by the knowledge economy. This constraining, knowledge-based reading of theatre is contrasted by a Levinasian notion of ethics, which locates ethics in sociality and questions knowledge as site for the ethical encounter. Theatre’s radical and emancipatory value, I argue, may lie in its ability to foster particular forms of social, and thus ethical, relationships that lie outside the domain of reason and knowledge. To build this argument, I link theatre and ethics by way of identification, specifically forms of non-consumptive, heteropathic and embodied forms of identification detailed within Silverman’s (1996) work.
5. EXEMPLARS I and II:

RESPONSES TO WIT FROM THE MEDICAL COMMUNITY

In the preceding chapters I have laid out the background, methodology and theoretical framework upon which this study rests. In this chapter and the chapter following I will move into an exploration of the substantive matter itself. In this chapter I will begin by providing a brief overview of Margaret Edson’s play *Wit*. It is important to acknowledge here that my overview of *Wit* is neither neutral nor objective, but rather taken from my own subjective experience and interpretation of the play. In other words, this overview is just one of many possible readings that could be made of and about the play. I will then explore collected studies that have used *Wit* (or plays very similar to *Wit*) as a pedagogical tool within medical education as an exemplar of the ways in which theatre may be taken up within the knowledge economy. I will then turn to an examination of two published responses to *Wit* written by doctors who encountered the play outside a pedagogical framework, and thus are less tethered to the needs and dictates of the knowledge economy. These responses form a second exemplar of the types of responses engendered by and through an encounter with *Wit*.

This collection of studies will be used as the basis for me to explore the first arm of my analysis, discussed in detail in Chapter 7. This analytic section explores the ways in which a realist reading of *Wit*, as illustrated in the following publications, constructs the play as an easy object for positivist evaluation. These forms of appraisal locate *Wit* as an instrumental force within the knowledge economy. Thus, this chapter explores how these publications locate *themselves* within the knowledge economy, and in so doing construct *Wit* as a tool for knowledge transfer.
5.1 Wit

The story of Margaret Edson’s 1997 Pulitzer prize-winning play Wit is, by now, familiar to many in the fields of health and medicine. At the time of writing, Edson was neither a healthcare professional nor a patient, but rather a kindergarten teacher who volunteered in an oncology ward. Wit’s plot is simple: it is the story of Vivian Bearing, professor of English Literature and renowned scholar of metaphysical poet John Donne, as she is diagnosed with, and eventually succumbs to, metastatic ovarian cancer.

With the exception of a few flashbacks, Wit takes place within a university teaching hospital, where Bearing’s treatment is administered by an ambitious and successful medical physician/researcher. Bearing is a subject within (or, subject to) an experimental chemotherapy program and, as such, the action revolves almost entirely around Bearing and the care she receives within the hospital. Through this action the audience is introduced to the hospital’s inner life – its routines, its rhythms and its human dramas. As audience, we are also introduced to the medical players who shape Bearing’s hospital experience for better or for worse: Dr. Kelekian, senior physician and head researcher within the study; Dr. Kelekian’s bright, young clinical fellow, Dr. Posner; and Suzie, charge nurse within the oncology ward.

As expected from the play’s first moments, Wit does not end happily. Bearing is not cured, but rather dies suffering and alone in her hospital bed after enduring eight agonizing rounds of experimental chemotherapy. We watch as the sharp, acerbic woman loses pieces of herself – her hair, her ability to teach, and, in a final blow, the ability to articulate, to speak her pain and distress. Bearing’s once razor-sharp verbosity is replaced by moans and gasps – a signal
of her profound suffering. And we watch as these losses are both mitigated and amplified by those charged with her end-of-life care. To be sure, the care isn’t perfect: both doctors offer little by way of compassion or connection, although this lack is buffered by Suzie, whose profound recognition of Bearing’s suffering, and simple kindness in relation to her pain, seem to soften the dread terror accompanying Bearing’s journey toward death.

Having provided a brief description of the play’s plot and history I want to now turn to an examination of how *Wit*, or plays very similar to *Wit*, have been taken up within medicine and medical education. To so do I will present my findings from two bodies of work. First, I will explore findings from published papers about the use of *Wit* (or related theatre) in medical education. This includes two published papers about the Wit Educational Initiative (WEI), one publication about the use of *Wit* in medical education *not* related to the WEI, and one paper detailing the use of a very similar play (a one woman show about ovarian cancer) within medical education. Second, I will present my findings from an examination of medicine’s response to *Wit outside* its use within education. This includes the exploration of two unsolicited, journalistic reviews of *Wit*, both written by practicing physicians.

5.2 The *Wit* Studies

5.2.1 Publication form

To begin my examination of *Wit* as a pedagogical tool I want to provide an introductory comment about the rhetorical structure of these publications. This discussion establishes these studies as active members within the knowledge economy, as the structure of the publications unquestioningly supports and demonstrates the call for evaluation, evidence and proof of efficacy. These studies are published almost exclusively in competitive, peer-reviewed medical
pedagogy journals (*Academic Medicine, Teaching and Learning in Medicine, Medical Education, and Journal of Palliative Care*). This is to say that each of these papers has withstood the scrutiny of ‘expert’ evaluation themselves, and fit the given criteria for what constitutes “good” knowledge. Further, all four articles rely on a scientific, or social scientific, form through which to report the findings and results of their studies. This form includes a description of each study’s rationale, project methodology, evaluation results and discussion. In keeping with the goals of this particular scholarly tradition, the majority of the discursive space within these articles is devoted to the provision of proof in terms of theatre’s perceived impact or efficacy upon the study participants. To do so, all four studies have relied primarily on quantitative measures to validate theatre’s efficacy in medical education. As such, little time or space in any of the articles is devoted to a detailed, visual or aesthetic description or analysis of the play, either in terms of the script or the actual production.

5.2.2 *Project rationales and objectives*

As *Wit* began to garner critical, public attention across North America, one subset of medically trained audience-goers began to take particular note of its impact. One such audience member was Dr. Karl Lorenz, a palliative care physician and professor at UCLA’s school of medicine. Deeply impressed by the LA production of *Wit*, which ran in 2000, Dr. Lorenz felt strongly that this play might serve as a “potent” and realistic “experiential” (Lorenz, Steckart, & Rosenfeld, 2004, p. 481) form of pedagogical practice for undergraduate medical trainees. His hope was that within medical education *Wit* might “convey complex emotional, interpersonal, and spiritual aspects of care,” (Lorenz et al., 2004, p. 481) so difficult to capture through more conventional, didactic educational forms generally available within medical training, particularly
in regards to end of life care. As such, Lorenz et al.’s (2004) goal became to have audiences of medical students across North America see the show in order “to promote humanism, empathy and self-reflection in the care that medical trainees provide to dying persons” (Lorenz et al., 2004, p.482).

Thus, Dr. Lorenz, with colleagues Dr. Steckart and Dr. Rosenfeld, organized not just a local, but an international effort to produce staged readings of Wit at medical schools across the United States and Canada. In total, 32 out of 54 potential sites participated in this program, titled the Wit Educational Initiative (WEI). Each site produced staged readings of Wit for medical trainees and medical educators. These readings were performed by actors involved with local productions of Wit, using cast members from these productions to perform for audiences of medical trainees and their educators. Dr. Lorenz and colleagues not only helped organize showings of Wit at the 32 participating sites, but also arranged for an evaluation of the program to take place following each production. The results of the evaluations were sent back to Lorenz and colleagues from each of the participating sites for analysis and publication.

One medical school to participate in the WEI was the College of Medicine at the University of Arkansas, where, operating under the umbrella of the WEI, researchers Linda Deloney and James Graham organized a local production of Wit. Using the pedagogical and methodological tools provided by the WEI, Deloney and Graham’s (2003) publication reports on their local experience of and findings from the WEI. In their study, Deloney and Graham (2003) share Lorenz et al.’s (2004) enthusiasm for the use of theatre in medical education, although they are slightly more pointed in their reasons for using such an intervention.

Rather than understanding Wit simply as a beneficial educational measure in terms of promoting humanistic medicine, Deloney and Graham (2003) are specifically concerned with a
problematic lack of empathy in medical students, and note this lack as the primary motivating factor behind the inclusion of *Wit* in the school’s medical curriculum. Deloney and Graham (2003) write: “research with medical students…confirmed that empathy decreases during medical education.” (p. 247) This decrease, or lack, is particularly disturbing to Deloney and Graham (2003) not because medical students themselves might be troubled, but because “research has shown that empathic communication can have a major impact on the doctor-patient relationship and the outcome of medical care.” (p. 247). Thus, lack of empathy in physicians negatively impacts the ways in which care is provided, which may harm patient outcomes. The authors explain that the turn to theatre as an educational measure to remedy this problem is justified because “the literature suggests that empathy skills can be taught and that such teaching should be conducted early in the course of training.” (Deloney & Graham, 2003, p. 247)

Offering a third study, physician researchers McFarland and Rhoades (2006) at the University of South Carolina’s School of Medicine used *Wit* as a part of a larger training program for residents learning about end-of-life care. Not operating under the auspices of the WEI, McFarland and Rhoades (2006) provided participants with the opportunity to view *Wit* in its video form, starring Emma Thompson. Like the three other studies, McFarland and Rhoades (2006) point to the use of performance as a means of fostering empathic care in doctors. They note that “humanistic approaches in medicine often come from receiving or observing compassionate care,” (McFarland & Rhoades, 2006, p. 82) but that arranging this aspect of practice within an apprenticeship is difficult due to the wide range of practice styles that a resident might encounter in training. McFarland and Rhoades (2006) argue that theatre, along with other forms of art “offer a substitute for the actual experience and thus, can convey information not obtainable by other means.” (p. 82) Thus, theatre’s justification here has both to do with its ability to provide access to ‘humanistic approaches’ and its proximity to real life –
here theatre stands in for a positive apprenticeship experience. The putative link between theatre and ‘real life’ here is problematic, and I will return to a more detailed discussion of this issue later in this chapter, and in Chapter 7.

In particular, McFarland and Rhoades (2006) expected their participants to learn about specific aspects of “humanistic” medical care. While these researchers do not rely on the term ‘empathy’ to describe their goals, a certain type of patient engagement seems paramount to this intervention. McFarland and Rhoades (2006) write that educational goals revolve around: “communication skills, pain/symptom management, and psychosocial and spiritual issues.” (p. 83) In fact, within this publication, the researchers have provided a table of “educational objectives” for their educational study. Included in this table are “patient assessment,” and “communicating bad news,” next to which McFarland and Rhoades (2006) have specified that upon program completion the attendee will be able to:

1.) Elicit patient’s values, goals, and preferences for health care at the end of life including an understanding of physical, psychological, social, spiritual factors.

2) Communicate ‘bad news’ to a patient who is dying
3) Discuss patient preferences for end of life care…. (p. 85)

At around the same time the WEI was implemented across the continent, medical educators Shapiro and Hunt (2003) worked to include theatre within their own medical curriculum at the University of California Irvine College of Medicine. While Shapiro and Hunt’s (2003) publication remains faithful to a typical social scientific structure, their study differed slightly from the WEI. Instead of using *Wit*, Shapiro and Hunt (2003) used two 1-person plays, one about ovarian cancer the other about HIV/AIDS. These plays were written and performed by local artists who were also patients suffering from ovarian cancer and HIV,
respectively. This is important to note as the confluence of actor and patient may have affected the audience’s response to the plays, as the inclusion of personal experience in the drama may have led audience members to believe that the play was more truthful or valid than a purely fictional drama might have been.

Similar to the WEI publications, however, Shapiro and Hunt (2003) write that the rationale for using theatre in medical education was to provide a means for helping students to connect with patients and thus provide better care. Shapiro and Hunt write that the goal of the project was “to help students access the patients’ subjective experience of illness as well as to provide a psychological space for students to reflect on their own professional development.” (p.922). They note that the humanities “are typically viewed as a means of humanizing medical education” (Shapiro & Hunt, 2003, p. 922) and list one of the key learning points from the “exposure to an illness-related dramatic performance” as an “increase in empathy” in audience members.

Unlike Lorenz et al, or Deloney and Graham (2003), Shapiro and Hunt (2003) go into greater detail about the use of theatre in particular as a teaching tool in medical education. As such, the authors point out three aspects of theatre that make it particularly important for their project rationale. First, because of theatre’s proximity to the complexity of real life, as well as the performative nature of life itself, Shapiro and Hunt (2003) write that “medical students can acquire important insights into the ‘roles’ they assume as part of their professional training from the dramatic modeling that occurs in a stage performance.” (p. 923) Second, Shapiro and Hunt (2003) note the importance of community engagement through theatre. In audiences comprised of a professional community this aspect of theatre “is a particularly important pedagogical feature when considering the socialization process of a group of learners such as medical
students, who are struggling to become part of a professional community.” (p. 923) Finally, Shapiro and Hunt (2003) point to the ‘liveness’ of theatre as a particularly important aspect in terms of its impact: “the presence of live actors means that theatre has a uniquely compelling emotional quality, making it difficult to avoid or intellectualize the struggles and suffering portrayed.” (p. 923)

Thus, while each study bears its own unique orientation to the use of theatre within medical education, many similarities are also evident. First, reliance on the term ‘humanism’ or ‘humanistic medicine’ occurs throughout the papers in terms of justifying theatre’s rationale. This term is explored most through Shapiro and Hunt’s (2003) discussion of theatre’s benefits, but is left unexplained by the other authors. Second, tied to the term ‘humanism’ is the argument that medical students are somehow lacking in empathy, or need to be taught skills in empathic engagement, and that theatre’s liveness and presumed proximity to real life provides a vehicle for teaching fixing this lack, or teaching these skills. This argument is made most explicitly by Deloney and Graham (2003) who cite actual studies marking the decrease in empathy in medical students (p. 247), but is implicitly made by the other authors through stated education goals that aim to “promote humanism, empathy and self-reflection” (Lorenz et al., 2004, p.482) “increase empathy” (Shapiro & Hunt, 2003), or improve interpersonal and empathic communication skills (McFarland & Rhoades, 2006). It is important to clarify here that the stated linkage between realism (i.e. a mimetic verisimilitude seemingly illustrative of ‘real life’) and “experiential” learning is problematic for multiple reasons, not the least of which is that non-realist performance may itself offer a kind of ‘real life’ experience, or aspects of ‘real life’ not accessible through the channels of realism. This will be discussed further in Chapter 7.
5.2.3 Project design: Methodology and evaluation

Lorenz and colleagues not only devised and organized many of the logistics for the WEI, but because this was an educational study, also provided the pedagogical, and thus methodological structure within which Wit was performed and evaluated. This included the provision of structured program guidebook for trained facilitators who led post-show talkbacks, and quantitative evaluations, which were filled out by participants following the show. Lorenz et al (2004) describe this program as “turnkey,” meaning that rather than coming up with an organizational structure or pedagogical guide themselves each participating site simply adopted the structure developed by Lorenz et al. (2004). They describe the guidebook as containing the following: “contact information for local programming, descriptions of program objectives and rationale, as well as detailed checklists and tools to successfully implement the project.” (Lorenz et al., 2004, p.482)

Because the WEI was not simply an educational program but rather a large-scale research project, Lorenz et al. (2004) hinged the success of the program on the collective evaluations. Simply organizing the project was not enough – the implicit demands of the evidence-based medical community compelled Lorenz et al to prove Wit’s efficacy as a tool for learning. Lorenz et al. (2003) wanted to understand whether or not viewing Wit improved medical practice. To better understand Wit’s impact and efficacy, Lorenz et al turned to the quantitative post-show survey evaluations. Thus, in terms of methodology, Lorenz et al rely on a post-test experimental design in order to better understand or to prove Wit’s perceived efficacy. The term “post-show evaluations” emerge directly from the WEI studies and defines the evaluations as an entity separate from the performance itself; however, I believe it is worth re-considering the
evaluations as part of the show, as their inclusion signals both an extension and reconfiguration of the play’s original boundaries.

Built around a five-point Likert scale (ranging from very positive to not at all positive), Lorenz et al.’s (2003) evaluation sought to capture participants’ responses to the play, including: “immediate emotional impact, perceived relevance to clinical care, and perceived value as an educational method.” (p. 484) In total, Lorenz et al. (2003) received 2482 survey responses from 27 of the 32 participating sites. Of these responses, 1401 were from medical trainees. Sample questions from the survey included in the publication include the following (please see appendix 1a for the full survey from the WEI):

<table>
<thead>
<tr>
<th>Usefulness of the performance as a tool for learning about caring for dying patients compared with…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lectures</td>
</tr>
<tr>
<td>Journal readings</td>
</tr>
<tr>
<td>Bedside readings (Lorenz et al., 2004, p. 484)</td>
</tr>
</tbody>
</table>

And:

<table>
<thead>
<tr>
<th>To what degree did the performance make you reflect on the care you give your dying patients with regard to….</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping my patients live as long as possible</td>
</tr>
<tr>
<td>Talking with my patients about their prognosis</td>
</tr>
<tr>
<td>Addressing my patients’ physical pain</td>
</tr>
<tr>
<td>Addressing my patients’ emotional and spiritual suffering</td>
</tr>
</tbody>
</table>
| Talking with my patients about their end-of-life treatment wishes (Lorenz et al., 2004, p.484) }
Because they worked under the auspices of the WEI guidebook, program structure and evaluation, Deloney and Graham’s (2003) project methodology did not differ much from that of Lorenz et al. Aside from the addition of specific and local details from the planning process, two major differences are apparent. The first is that Deloney and Graham (2003) asked participating students to reflect on the play through guided qualitative journal responses that asked students to “consider how the play was relevant to clinical care.” (p. 248) A few quotes from these journal entries are included in the paper’s discussion, used to bolster findings from the quantitative survey forms. Second, Deloney and Graham (2003) have included a larger sample of questions from the WEI evaluation survey (see appendix 1b), and have compared local results to national responses collected by Lorenz et al. (2004) Other questions from the survey include:

<table>
<thead>
<tr>
<th>How accurately did the performance portray…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotions of terminally ill patients?</td>
</tr>
<tr>
<td>Treatments for terminally ill patients?</td>
</tr>
<tr>
<td>Doctor-dying patient communication?</td>
</tr>
<tr>
<td>Nurse-dying patient communication? (Deloney &amp; Graham, 2003, p. 249)</td>
</tr>
</tbody>
</table>

And,

| To what degree did the performance move you emotionally? (Deloney & Graham, 2003, p. 249) |

And, 

<table>
<thead>
<tr>
<th>How would you rate your skill at…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breaking bad news to patients?</td>
</tr>
<tr>
<td>Discussing treatment decisions with patients?</td>
</tr>
<tr>
<td>Controlling symptoms?</td>
</tr>
<tr>
<td>Dealing with patients’ emotions?</td>
</tr>
</tbody>
</table>
How personally satisfying is it for you to care for dying patients? (Deloney & Graham, 2003, p. 249)

Perhaps the most methodologically distinct study of the four is McFarland and Rhoades’ (2006) report regarding the use of *Wit* in an end-of-life retreat for residents. Here the investigators used *Wit* in conjunction with another end-of-life educational program (the Education for Physicians on End-of-Life Care curriculum) as part of a full day retreat for local residents learning about both the medical and emotional aspects of end-of-life. To understand the program’s impact, the retreat was designed around a pre-and post-test design, meaning that participants’ knowledge was evaluated both prior to and proceeding the retreat itself. The authors note that a “paired *t* test was used to compare answers to questions on the pretest and posttest (*n* = 39)” (McFarland & Rhoades, 2006, p. 84). Thus, in terms of quantitative methodology, this study stands out as the most rigorous of the four.

Aiming to capture many aspects of the end-of-life experience, the investigators arranged for participants to be transported to and from the retreat site by local funeral directors, who participated in a facilitated in-transit discussion about funerary details. Once at the site, and following the pretest, the investigators used segments of *Wit* as a “trigger tape” (McFarland & Rhoades, 2006, p. 88) for a variety of facilitated discussions on end-of-life medical protocol, including proper diagnostic and pharmaceutical choices. Finally, at the end of the day a “short discussion that followed the last twenty-two minute film segment centred primarily on psychological and existential issues at the end of life.” (McFarland & Rhoades, 2006, p.88)

This publication, however, focuses largely on the results of the evaluation survey (see appendix 1c). This evaluation contained quantifiable closed-ended questions as well as open-
ended qualitative questions. As in the other three articles, questions from this survey are listed in table form; however, unlike the other articles the quantitative questions are not formulated in a Likert scale form, but rather in true/false and multiple-choice format. Thus, the researchers have included the percentage of participants who got answers “correct” for each question at both the pre- and post-test stage, as well as the statistical significance for the difference between each answer. Many of these questions focus on testing technical medical skills, for example: “In addressing possible withdrawal of ventilation, continuation of ventilation remains a treatment option.” (McFarland & Rhoades, 2006, p. 87) However, other questions refer to the “psychosocial and spiritual” issues of concern to the researchers, including questions such as: “The statement by a dying man, ‘I’m worried about my wife’ suggests psychological distress” and “the questions, “Why is this happening to me?’ suggests spiritual suffering.” (McFarland & Rhoades, 2006, p. 87) The qualitative questions included in the survey included the following:

| Please explain the likelihood of changing your practice behavior [in terms of]: |
| Communicating bad news |
| Pain and symptom management |
| Whole-patient assessment (McFarland & Rhoades, 2006, p. 86) |

Unfortunately, answers to these questions were extremely brief, ranging from a few words to a full sentence.

Although Shapiro and Hunt (2003) did not use Wit as their dramatic medium, their methodology resembles that of the WEI. The two plays in this study were performed separately for mixed audiences, which included medical trainees, practicing physicians, patients, and family members. A panel featuring “physician experts and a humanities scholar” participated in a facilitated discussion following each show.
Results for this study were drawn from two sources. First, the researchers used qualitative comments and impressions taken from the post-show talkback as well as later informal discussions with participants in order to provide a general sense of audience reaction to the plays. Second, like the WEI, Shapiro & Hunt used a five-point Likert scale evaluation to gauge the success of the project in terms of impact on medical trainees (see appendix 1d). Questions from this evaluation revolve around audience members’ enjoyment of the show, and sense that they had benefited as practitioners from the productions, for example: “I will be able to incorporate insights from this performance into my future interactions with patients.” (McFarland & Rhoades, 2006, p. 87)

In summary, these projects have employed theatre in a variety of ways, ranging from a very broad, international effort to introduce medical trainees to local productions of Wit, the production of Wit-like plays written by actual patients and performed for medical trainees, faculty and patients alike, and the use of the film version of Wit as part of a focused, day-long retreat for residents. The thrust of these publications, however, was not to describe the productions themselves, but rather to evaluate each project’s success: the evaluations aimed to measure theatre’s efficacy as a tool for learning and professional behaviour change. To do so, all four projects utilized some mixture of qualitative and quantitative methodologies, resting the bulk of the evaluative work on survey evaluations that used a Likert scale model to evaluate participants’ enjoyment of the show and expected behaviour change as a result of project participation. Qualitative feedback included in the papers was solicited by way of guided journal entries, informal post-show discussion and short-answer questions on the survey evaluation.

5.2.4 Project results: Findings and discussion
For Lorenz et al. (2004), the results of their project evaluations were extremely positive—students very much enjoyed the production and highly self-rated their improvement as medical practitioners, leading the authors to hail these evaluations as a victorious triumph for an innovative new teaching tool. Indeed, the organization and execution of such a large and pedagogically unique teaching program is to be commended. Students both enjoyed the theatrical experience itself in comparison with other didactic teaching methods, and felt that they had benefited in terms of their growth as practitioners.

Lorenz et al., (2004) understand and theorize the meaning of these results in the following manner. To begin, the authors comment on the special ability of the “humanities” for the promotion of “humanistic medicine” (Lorenz et al., 2004, p. 485). In particular, they note drama “affords access” to “personal dimensions of illness in realistic complexity,” (p. 485) including “the experience of suffering, the need for human connection and nonverbal and emotional means of communication.” Here, they reason that realism is the key to the initiative’s success, as a “realistic portrayal” of terminal illness elicits “strong emotions” from participants. This strong reaction is linked, in part, to theatre’s perceived “experiential” ability – that is, that the theatrical experience allows participants to become emotionally one with the protagonist, and thus to “share in the deeply felt experiences of their patients.” (Lorenz et al., 2004, p. 486)

The authors argue that these strong emotions in relation to the theatrical experience are important for two reasons. First, this experience allows medical trainees to experience these emotions in a “safe” space. Second, and perhaps more important to the study, Lorenz et al. (2004) note that “strong emotional experiences...are powerful motivators of behavioural change.” (p. 485) Thus, not only does the theatre allow for medical trainees to purge strong
emotions in a safe, non-medical space, but also prompts behavioural change, presumably in the direction of practicing ‘humanistic’ medicine. While it is sufficient at this point simply to note Lorenz et al.’s (2004) assumptions about the role of theatre in terms of behavioural change, the reliance on affective reaction as a “tool” for the production of empathy will be taken up further in my discussion chapter. Finally, one stated limitation of the study, however, was that the “long term impact” (p. 485) of the play was not monitored, somewhat unsettling the seeming immediate success of the initiative.

Similar to Lorenz et al.’s (2004) findings, Deloney and Graham’s (2003) evaluation results were extremely positive, receiving high ratings on both initiative enjoyment and self-improvement. Also congruent with Lorenz et al.’s (2003) work, Deloney and Graham (2003) theorized the WEI’s success in terms of its proximity to real life and the importance of this proximity in terms of the creation of an experiential learning experience. In terms of the experiential learning process, affect and its relation to empathy is key to success. Deloney and Graham (2003) write:

Participation in drama, as an actor or viewer, can foster empathy by putting students in touch with their feelings and can provide opportunities to develop higher level thinking abilities. By involving students in active participation through identification with imagined roles and situations, drama becomes an effective tool for attitude change. (p. 250)

Further, like Lorenz et al, Deloney and Graham (2003) understand the WEI’s importance in terms of providing a space for the safe and communal release of emotion (p. 250). Finally, also like Lorenz et al. (2004), Deloney and Graham (2003) note the study’s design as a limitation to the project. Interestingly separating their study design from true science, they note:
Although ‘action research’ is less sophisticated than a scientific research study, some assessment of the teaching effectiveness is possible. We validated the use of theater as an innovative, effective method to provide training about end-of-life issues and doctor-patient communication. (Deloney & Graham, 2003, p. 250)

One notable difference between Lorenz et al and Deloney and Graham’s (2003) studies is in Deloney and Graham’s (2003) inclusion of qualitative comments from student journal responses. Picking two rather heartbreaking reflections to quote within their publication, Deloney and Graham (2003) interpret these reflections as “evidence that students realized the potential for their medical education to suppress their empathy and compassion.” (p. 249) However, a second reading of these quotes might impart a different interpretation. Implicating the broader structures of medical education, one student notes in his or her reflection that a shift in his or her sense of self has already occurred:

Even now, medicine has sapped from me much of the eloquence I once possessed. The opportunity to see a play such as Wit was a delightful rush of culture into the more familiar world of studying for hours, examinations, and drinking until you see God. (Deloney & Graham, 2003, p. 249)

McFarland and Rhoades’ (2006) article provides an interesting quantitative counterpoint to the more qualitative style the other authors’ work, particularly that of Shapiro and Hunt (2003). Here the authors have combined learning on the “science and art of medicine,” meaning that the retreat covered both technical aspects of end-of-life care and “humanistic elements needed for compassionate care.” (McFarland & Rhoades, 2006, p. 88) As such, the authors seem to struggle with the chosen pre-and post-test methodology. Statistical P values (values that
indicate a change in knowledge between pre- and post-test) suggest that a greater amount of learning occurred about the more ‘scientific’ aspects of the retreat than about the “soft data” such as issues related to empathic doctor-patient communication. In fact, the authors note that “the participants did not significantly improve their scores on communication-related questions.” (McFarland & Rhoades, 2006, p. 88)

Due to this discrepancy, the authors focus their discussion on hypothesizing why statistical changes might not have occurred. Stated reasons include that “the pretest/posttest questions did not accurately assess the seminar content” (McFarland & Rhoades, 2006, p. 88) or that the questions were simply too easy. However, in the end, the authors seem to signal their conclusion that perhaps quantitative methods just may not be the best method for “assessing the ‘art’ of medicine.” Thus, like the other authors, McFarland and Rhoades (2006) are left with the firm understanding that the participants enjoyed the use of Wit as a teaching tool, but are left unable to produce solid evidence regarding the short and long-term impacts the production might have on practice. Drawing from the short qualitative comments, McFarland and Rhoades (2006) feel confident in concluding that the use of the arts in medical education has the ability to “change attitudes and intentions more than quantifiable knowledge” in terms of the provision of “psychosocial and spiritual needs.” (p. 89)

Differing somewhat from the other three publications, Shapiro & Hunt’s (2003) findings focus less on the quantitative feedback received through evaluation surveys and more on the qualitative feedback garnered through post-show talk-backs and informal discussions following the initiative. Because of this, while their analytic points are not dissimilar to those offered by Lorenz et al. (2004) and Deloney and Graham (2003), Shapiro and Hunt’s (2003) analysis offers a slightly more nuanced and detailed interpretive description of participant reactions to the plays.
For example, in describing the importance of seeing a live performance performed by “real 
people,” Shapiro and Hunt (2003) theorize one student’s reaction to the play in terms of role and 
role transition:

Seeing [the performance] helped her understand that we all assume roles, and that some 
roles are more comfortable than others. She concluded by recognizing that some of the skills 
used in acting could be useful in medicine as well. (p. 925)

This interpretation carries through to their description of how the plays aided in 
professional development, particularly in terms of the development of empathy:

Perhaps the most frequent issue…concerned the importance of developing empathy and 
compassion for the patient’s experience. Students seemed to pay great attention to how 
doctors were portrayed in both performances, and mentioned as ‘anti-role models’ those 
who were callous or indifferent. (Shapiro & Hunt, 2003, p.926)

While maintaining a focus on empathy as a key element of the learning process, this 
interpretation moves away from the notion that the performance stimulates strong emotion and 
thus instigates appropriate behaviour change. Rather, these authors focus on an interpretation 
that implicitly favours a dramaturgical interpretation of ‘real life,’ and supports the idea that 
theatre provides both positive and negative role modeling. Like the first two articles, Shapiro 
and Hunt (2003) also acknowledge limitations to their study, and, like the other articles, these 
limitations revolve around methodological difficulties, namely, low response rate on the surveys, 
despite a very enthusiastic audience response to the show itself.
Thus, findings from these projects were notably similar, including the analysis of participant enjoyment and the attempt to understand the impact of each project on learning and practice. Across the board, participants enjoyed the productions, and rated the plays more favourably than other more traditional didactic teaching measures. However, the projects also all seem to struggle with similar limitations: the inability to capture long term, or substantive attitude and behaviour change in participants – particularly change in relation to skills of ‘humanistic’ medicine (for example empathy and empathic communication). This is largely understood as a methodological failure – either in terms of the timing of survey administration (directly following the play), in terms of the quality of the questions and kinds of questions asked (largely quantitative) and in terms of response rate.

However, despite these limitations, the authors all felt that the projects were indeed successful and relied on a few different underlying theories to support and explain the importance of theatre as a learning tool in medical education. The first explanation, taken from the work of Lorenz et al. (2004) and Deloney and Graham (2003), has to do with understanding theatre as a form of ‘experiential’ learning. Here, theatre’s realist abilities are paramount, as its proximity to reality is understood as the key to inspiring strong emotion and therefore behaviour change. I will return to this issue and explore it more fully in my discussion chapter. The second explanation (Shapiro & Hunt, 2003) relies more heavily on dramaturgical theories of role and role modeling. In this analysis, theatre’s ability to supply both positive and negative role models for doctors-in-training is of particular importance, and post-show dialogue regarding these models is central to the learning process.

5.3 Unevaluated Responses to Wit from the Wider Medical Community
The first section of my findings focused on four studies that used *Wit*, or similar theatrical material, within medical education and examined these studies collectively as an exemplar of the use and construction of theatre within the confines of the knowledge economy. In this section I turn to two very different reactions to *Wit*. These reactions are both written by practicing physicians; however, neither encountered the play within the confines of medical education, but rather saw the production in the theatre or in its video form. Thus, while still rooted in the field of medicine, these are unprompted personal reactions to the play, and, as such, provide a very different interpretive perspective in terms of the play’s impact and ‘utility’ within medicine.

To begin, I want to describe each source briefly, situating each within its relationship to both the play and to the public. First, both respondents are both ‘inside’ and ‘outside’ the medical establishment: Abigail Zuger (1998) is a practicing physician, but is also a writer for a large public media establishment; Daniel Sulmasy is a physician but specializes in ethics. I have chosen Zuger (1998) and Sulmasy’s (2001) columns in particular because their reactions to *Wit* are most direct and clearly articulated.

Second, as noted, both of these respondents watched the play outside the confines of a prescribed educational program – neither of these articles were written for the purposes of scientific evaluation, but rather are personal reflections. As such, neither of the authors particularly strives to provide “proof” of their position – they are instead engaging in a more reflective exercise in terms of making sense of their own experience of the play. Notably, any discussion of methodology is absent from both articles; the articles are structured around a series of thoughts and ideas as opposed to empirical findings.

5.3.1 Unstructured content
The first of several doctors to respond publicly to and about *Wit, New York Times* columnist physician Zuger (1998) provides an alarmingly tormented and angry editorial account of her own experience as viewer. In a two-page 1998 article entitled “When the patient, not the doctor, becomes the hero,” Zuger (1998) writes: “that was me, a doctor watching yet another scathing indictment of modern medicine and the dubious habits by which some of us are either fortunate or unfortunate enough to earn our keep” (Zuger, 1998, p. F4). For Zuger (1998), the performance of *Wit* marked a very painful, very public display of medicine’s deepest faults. She writes: “we [doctors] are a part of it all, every last idiocy and atrocity that combines into the kind of hospital experience depicted in ‘Wit,’” and further notes that “only [Bearing’s] nurse manages to coat the hospital routines *With* a thin sheen of humanity.” (Zuger, 1998, p. F4)

With indictment in hand, Zuger (1998) works to counter the charges seemingly laid by *Wit*. Having contacted other ‘experts’ in the field (other doctors), Zuger (1998) implores: “Is this really the way we are?” (p. F4) The answer, the experts reassure, is ‘no.’ Zuger (1998) quotes Dr. Sherwin Nuland, a professor of surgery at Yale, and self-proclaimed fan of the play, as saying “the doctor roles are stick figures, straw men, caricatures of the worst, completely unrealistic.” And Zuger (1998) herself goes on to add that “there are certainly young doctors who could use a little education in some basics…but training programs are bearing down on them with an increasingly heavy hand.” (p. F4)

However, in the final tally, Zuger (1998) is left troubled, unassured even by her esteemed panel of expertise. Zuger (1998) remains saddened by *Wit*, not because the subject matter of the play is sad, but because “doctors have receded into sketchy caricatures like the foolish, depraved medics Moliere created three centuries ago,” and thus will be remembered as such in the eyes of history. The tragedy, from Zuger’s (1998) perspective, is that doctors have been
misrepresented, will be recalled through the monstrous lens through which Zuger (1998) herself has so clearly viewed the play.

A second agonized response comes from Sulmasy (2001), whose impassioned review of Wit was published in the Journal of General Internal Medicine over two years after Zuger’s (1998)’s article was printed in the Times. Also written in a reflective, editorial style, Sulmasy’s (2001) essay does not specify whether he saw a live version of the play, or the movie version starring Emma Thompson, released at around the same time his article was written. In either event, Sulmasy (2001), like Zuger (1998), has taken the play to heart, although unlike Zuger (1998), Sulmasy’s (2001) response to Wit is neither dismissive nor angry. Rather, in the face of perceived, intense criticism, Sulmasy (2001) begs forgiveness for the kinds of damages wrought by the medical profession, represented within Wit. To do any less, argues Sulmasy (2001) and quoting a line from Wit, would constitute yet another “doctor fuck-up” (p. 335).

Sulmasy (2001) summarizes the play’s “central message” as having to do with forgiveness – in particular the need for health care professionals “to learn…what it is that is broken in our relationships and what it is for which we must say (coherently) that we are sorry” (p. 337). The need for apology and atonement comes, in Sulmasy’s (2001) estimation, from a laundry list of professional sins, among them the “failure to recognize the dignity of our patients as persons,” “for our insensitivity,” “for the times we have lied to our patients,” “for our petty jealousies, backbiting and detracting. For our cutthroat competitiveness as students and in our practice and academic settings,” and finally “for our failure to embrace our own humanity, with its dignity and its limitations, casting ourselves in the roles of the superheroes we are not.” (p. 337) It is, to be sure, a damning list of medicine’s worst attributes - Sulmasy (2001) ashamedly
seems to confess to, and apologize for, all the ways in which the medical system reeks havoc on doctors, medical students and patients alike.

With an idea of the context, content and structure of each source, I want to now turn to an examination of some of the similarities between the articles. While different in tone and style, some marked parallels occur. First, unlike the papers from the WEI, both authors engage directly with the play itself. Second, each of these sources communicates an unrestrained affective response to *Wit*. Third, as part of this affective response, both authors use their engagement with *Wit* as a platform to raise significant questions about their experience as audience members, their professional practice, and, indeed, about what it means to be human.

### 5.3.2 A face-to-face encounter with *Wit*

While this may seem an obvious point of similarity, it is important to note the ways in which these two authors speak both to and about the play itself. This is partly important in terms of understanding how these authors connect with *Wit*, but also important because of the ways that these apparent direct connections to the play itself are left out of the accounts of *Wit* provided by the WEI. Crucial here are the ways in which these authors discuss the impact of both plot and characters upon their experience.

For Zuger (1998), this direct engagement is most apparent through her treatment of the physician characters in the play. Simply, Zuger (1998) has a non-identificatory relationship with these characters: she refuses to identify with the image of physicians presented in the play. Zuger (1998) sees these characters as not simply characters, but rather the keystone of a “scathing indictment of modern medicine.” Zuger (1998) rails against both physician characters calling one “remote and pompous” and the other “slick and rude.” (p. F4) What is interesting
about this treatment is that one feels as if Zuger (1998) has had some form of direct contact with these characters – as if she herself has been made subject to their callous practices. This treatment implies, then, a kind of identification with the main character, Vivian, as a proxy for a more direct (or ‘real’) experience with the medical establishment as constructed by the play. As a practicing physician, this refusal to identify with the physician characters, and identification with the patient character, leads to a deeply disquieting experience. For Zuger (1998), this leads to a refusal or inability to relate to the physician characters, and through this act of distancing, an angry dismissal of the characters altogether.

Like Zuger (1998), Sulmasy (2001) is also concerned with the ways in which the medical establishment is portrayed through the play. However, unlike Zuger (1998), Sulmasy (2001) does not take direct, defensive aim at the physician characters. Rather, Sulmasy (2001) engages with protagonist Vivian, and interprets her character, and her struggle, as providing a kind of metaphor for physicians, and the struggles that they face in life and in practice. As such, Sulmasy (2001) provides a thematic analysis of Vivian’s spoken text and dramatic action, rendering the key ‘messages’ of the play down to three key ideas: forgiveness, relationship and dignity. It is on these three ideas that Sulmasy (2001) bases his own suggestions for reflection, learning and change from the play. Interestingly, Sulmasy (2001), like Zuger (1998), indirectly identifies with Vivian, however, unlike Zuger (1998), he does not arrive at this identification through a process of direct non-identification with the physician characters. Rather, Sulmasy (2001)’s concern is with taking key messages from the play, and using these messages as points for reflection, consideration and, in the end, contrition.

5.3.3 Feeling strongly: The role of affective response
A direct engagement with the play itself comprises an important similarity between both responses to *Wit*. A second, related similarity revolves around the form and tenor of each article: the direct engagement with *Wit* produces, or is captured within *unrestrained affective response* to the play. Simply put, the force and depth of strong feeling drives both authors both to and through their respective responses. However, what is perhaps even more interesting than the mere presence of affective response is the fact that each of these responses is *markedly different from one another*, leading to the conclusion that a single affective response is neither possible nor even desirable.

These differences become apparent when each response is categorized by its general sentiment, or emotive location. Zuger (1998)’s response may best be described as angry. While she is both hurt and defensive at the perceived portrayal of doctors in the play, the general tone is one of dismay and resentment. While Zuger (1998) herself terms her own reaction to the play as one of “depression,” this depression seems to slide quickly into an uncomfortable disavowal of the physician characters, and indeed, the play’s representation of the medical establishment as a whole. Quoting Dr. Larry Norton, Zuger (1998) writes: “What we [doctors] do and what we are and what we have to deal with has never been captured by art. It’s a shame.” (p. F4)

Unlike Zuger (1998), Sulmasy (2001) is neither dismissive of, nor dismayed by *Wit*’s portrayal of medicine. In fact, to the contrary, Sulmasy (2001) points out that in his view “the story of someone dying under the care of doctors is not necessarily a story that is primarily about doctors.” (Zuger, 1998, p. F4) The message of the play, argues Sulmasy (2001), is meant for all audiences, but within the context of medicine the messages here may be particularly pertinent and appropriate. In Sulmasy’s (2001) estimation, the “point” of the play “has both nothing and everything to do with learning how not to make mistakes.” (p. 335) To Sulmasy (2001), more
important than learning how not to make mistakes is learning how to recognize them and how to forgive these “mistakes” in ourselves and in one another. Maintaining awareness of our own perfectly human imperfections, argues Sulmasy (2001), is a critical first step in recognizing and remaining connected to our sense of humanity.

Sulmasy’s (2001) affective reaction to *Wit* might best be described as at once sad, thoughtful, gentle and contrite. Sulmasy (2001) ends his essay by providing a comprehensive list of things physicians might both acknowledge and forgive in themselves and each other in order to “embrace our own humanity, with its dignity and its limitations” (p. 338). In an interesting overlap of terminology that perhaps best expresses the affective and interpretive differences between the two physician-respondents, Zuger (1998) explicitly rails against the replacement of the doctor-as-superhero by patient-as-superhero, Sulmasy (2001) instead gently admonishes the medical establishment for “casting ourselves in the roles of the superheroes we are not.” (p. 338)

5.3.4 Asking questions: The importance of critical reflection

A third important similarity between both Zuger (1998) and Sulmasy’s (2001) responses has to do with the role of critical reflection and interrogation for each author. These responses hinge on the play’s ability to impel its audience members toward critical thought and reflection. Throughout both reflections critical thought is expressed in the form of questions and queries that have been raised for each respondent as a result of watching the play.

Interestingly, critical thought and reflection is a key step within the learning model posited by the WEI; however, the difference here is twofold. First, unlike the pedagogical model employed by the WEI that relied upon a uniform and universal type of critical reflection, the
kinds of reflections made by each respondent here are entirely individual, unpredictable and distinct from one another. Second, critical reflection here is an end unto itself, rather than just a stepping-stone on the way to improved attitude or better behaviour. Sulmasy’s (2001) response to Wit calls for specific changes to medical practice; ultimately, however, this call is for doctors themselves to engage in a process of self and critical reflection, which may have unpredictable results. This differs from my findings from the WEI analysis, wherein critical reflection is understood is valuable only in its perceived predictable relationship to attitude, belief and behaviour change.

As noted, both authors raise very different sets of questions within their respective reflection. For Zuger (1998), questioning forms both the rhetorical and substantive backbone of her article. Two main questions provide shape and direction for her thoughts. First, upon framing the play’s doctor-characters as reprehensible, Zuger (1998) asks: “Is this really the way we are?” (p.1) Second, doubting the veracity of the play’s depiction of hospital life, she asks: “Is this really what being in a teaching hospital is like?” What is most compelling about Zuger’s (1998) questions in light of the WEI are, in fact, her answers. Far from allowing the play to reform her practice as a physician, Zuger’s (1998) critical reflection leads her in the reverse direction: she refutes the play’s credibility in terms of providing an accurate picture of doctors and hospital life, and laments not the unfair treatment of patients in hospitals, but the unfair treatment of doctors in art. In fact, when doctors are charged With a perceived lack of empathy, Zuger (1998) argues that this problem has been fixed by “training programs” that are “bearing down on [unempathic doctors] with a heavy hand” (p. 2). Without the ‘guidance’ of the WEI’s pedagogical frame, Dr. Zuger (1998) has arrived at a very different conclusion about the play’s impact and value.
Unlike Zuger’s (1998) angry ruminations, Sulmasy’s (2001) critical reflections arrive at a very different conclusion. The explicit central question of Sulmasy’s (2001) essay is: “For what do [doctors] need forgiveness?” (p. 337). At a more implicit level, Sulmasy (2001) is also asking how doctors may love and maintain respect for themselves and one another despite failings, mistakes and imperfections. Here, Sulmasy’s (2001) questions lead to what seems to be a more instructive interpretation of Wit’s message than Zuger’s (1998): he provides a prescriptive list of what and why doctors are in need forgiveness and salvation. Far from dismissing Wit’s portrayal, Sulmasy (2001) embraces it wholeheartedly. However, Sulmasy’s (2001) approach is still markedly different from that of the WEI. The WEI is concerned with an instrumentalism that leads to improved technique and skill. Sulmasy’s (2001) concern is in the opposite direction – he is consumed with the idea that to be human is to be clumsy, flawed, imperfect and emotional, and begs respite from precisely the unforgiving mechanistic construction of doctors posited through the discourse of the WEI. Interestingly, Sulmasy (2001) points a direct finger at medical pedagogy, writing that forgiveness is essential “For our overly harsh educational system that teaches by humiliation and sleep deprivation. For our collective denial of death and our failure to realize the limitations of our craft.” (p. 338) Given this position, one wonders if Sulmasy (2001) might beg forgiveness of the WEI itself.

5.4 Summary

Throughout this chapter I have looked chiefly at two bodies of text that inform my ensuing analysis. First, I provided a brief reading of Wit’s plot and characters as gleaned from my own experience of the play. I will return to a more nuanced exploration of the play in Chapter 6; however, it is important to have a general sense of both the play’s plot and characters in order to understand work that has emerged from it. Second, I closely examined four studies
that used *Wit* within medical education. A basic assumption here is that medical education works within the knowledge economy. Based on this assumption, these four studies taken as a whole comprise an exemplar of the way that theatre is both used and valued within an environment driven by the desires of the knowledge economy. Third, I looked a second exemplar arising from responses to *Wit* by doctors outside the confines of medical education.

Through my exploration of the first exemplar, a sense of how medical education under the auspices of the knowledge economy receives and understands theatre as a teaching tool emerges. A few key overall findings stand out. First, working within the structural constraints of scientific reporting, these authors strive to provide *proof* that theatre is an effective learning tool. As such, choice of evaluative methodology becomes a prominent focus within the articles. These authors have relied on varying combinations of quantitative and qualitative methods to make a case for theatre’s place within the knowledge economy; however, a reliance on quantitative, post-show survey evaluations is noted as a constant across all four articles.

A second notable similarity occurs between the articles in terms of given rationales for the use of theatre. This rationale not only guides the project design, but weaves its way throughout the evaluations themselves, which are structured to capture whether or not theatre has been an effective means for achieving stated goals. While the rationales are stated differently within each article, the underlying goal of the use of theatre is to aid or bolster the practice of ‘humanistic’ medicine. “Humanistic” medicine seems to encompass a few aspects of practice, including empathy and communication skills. In some of the articles, empathy is understood not just as important, but as a quality that wanes in medical education. Framing empathy and communication in this manner not only works to instrumentalize these qualities, but obscures their inter-relational, or inter-human, origins.
Third, all four studies ground themselves in a theoretical reliance on the idea that theatre comprises a form of “experiential learning” given its putative proximity to reality and real life. Here, theatre is understood as filling in for “real life,” or as providing access to certain aspects of ‘real life’ that might be hard to replicate or produce within a normal classroom or apprenticeship setting. Attached to the notion of theatre’s proximity to real life, and to these projects’ rationales, is the idea that experiencing ‘real life’ through theatre will produce an (universal) affective and educational response within audience members. This response relies upon the identification of audience members with the patient characters, such that the audience members will produce strong feelings of identification and, in light of these strong feelings, change their behaviour (practice) in a manner that is more responsive to patient needs. In short, theatre’s proximity to real life, and ability to elicit strong emotions, is tied to a desire to produce an empathic response in medical trainees. Thus, the focus of these articles revolves around the provision of proof that theatre indeed teaches medical students to be more empathic in daily practice. As I have noted, his notion of performance as offering access to ‘real’ experience is highly problematic, and will be discussed further in Chapter 7.

The second exemplar provides a very different picture of how a response to Wit might unfold. In fact, one particularly notable aspect of this exemplar is the fact that little homogeneity occurs between the substantive content of the two responses explored. A few important similarities do occur, however. First, watching Wit seemed to foster identificatory relationships between the performance and the respondents. While these relationships differed wildly between the respondents, the fact that both audience members entered into a particular form of relationship with the performance remained.
This relationship was one that caused both respondents to have strong affective responses, although again, the emotional shape of these responses was dissimilar. Further, the relationship with the performance opened the door for each respondent to begin a period of critical reflection: the play allowed these respondents to ask difficult questions of themselves, their practice, and of medicine at large. However, perhaps the most salient and overriding similarity is that Zuger (1998) and Sulmasy’s (2001) responses were distinct from one another in both form and content, and, most notably, distinct from the kinds of standardized evaluative criteria posited by the WEI. While both authors work within the constraints of their own form or genre (Zuger (1998), for example, writes for the New York Times which most certainly has its own particular codes and practices in terms of how articles are shaped) and while shape of the relationship formed between performance and audience members was similar (i.e. feeling strongly, and asking questions), the content of the responses remained particular to each respondent, and therefore outside the bounds of predictability.

The responses from Zuger (1998) and Sulmasy (2001) are important not only because of their marked difference from the WEI studies, but because these differences provide a conceptual bridge between the WEI studies and my third exemplar, the text created from my own response to Wit. In the following chapter, I will explore the ways in which Wit stimulated my own strong affective response, and caused me to return to my own experience of bodily suffering and trauma. As will be illustrated, this response, is markedly different from those supplied by either Exemplar I or II, and thus provides a useful analytic counterpoint against which to better understand the responses to Wit detailed within this chapter.
6. EXEMPLAR III:

A RESPONSE TO \textit{WIT} IN RESISTANCE TO THE KNOWLEDGE ECONOMY

In the previous chapter I explored several public and formal reactions to \textit{Wit} in the medical community, both in the form of academic studies detailing the \textit{Wit} Initiative, and other similar educational programs, and personal reactions to \textit{Wit} by doctors. In this section I will look at a third response to \textit{Wit}: my own. Unlike the preceding responses, mine was not written for public consumption, but rather as reflective field notes for the purposes of this study. As such, my exploration of these field notes will be divided along very different analytic lines than the other pieces. Here I draw not only on what I have written, but also on the form that this writing has taken, and on the fraught process of writing these field notes themselves, for this process provides a rich and important piece of “data” in terms of my ongoing struggle with methodology.

This chapter is perhaps the most ethically and methodologically tricky of them all. For it is in this chapter that I take an experience that is deeply felt and partially articulated and use the idea of method as a tool to translate affective experience it into the realm of academic language, and therefore into particular categories of knowledge. The ostensible goal of this chapter is to provide an illustration of a response to \textit{Wit} that is not constrained by a positivist evaluative framework imposed by the needs of an educational intervention, and indeed the reactions captured here provide an important comparative counterpoint for the results from the WEI studies.

Importantly, however, more than simply providing a “data point,” this chapter also surfaces important methodological questions, which, as I have written in Chapter 3, are
inextricably entangled in this thesis to my own substantive or analytic questions. This chapter picks up where I left off at the end of my methodology chapter, where I recognized that in this study hermeneutic inquiry has offered not only an epistemological position from which to formulate a methodology, but crucially, a means to experience and make sense of the weight of oppressive ideology. In this chapter, then, I both record and interpret the perceived weight of ideology in and on my own work.

I will begin my analysis by looking at the underlying questions that have driven this study, as revealed by my reactions to Wit, and will explore the questions this reaction has raised for me. Next, I will focus directly on how Wit made me feel and what it made me think about. Finally, I will look at the difficulties I have had in writing my field notes and in thinking about how to structure this chapter. In particular, I will examine the ways in which my experience, based in sense and sensory experience, escaped or resisted an easy translation into straightforward descriptive language.

6.1 Becoming undone: Watching, passivity and a return to traumatic memory

A first central thematic concern running through the field notes has to do with the uncomfortable role of spectatorship, and the relationship between spectatorship and identification. This relationship is indicated throughout the field notes in multiple ways, including the turn to traumatic and embodied memory as a site of identification with the character of Vivian Bearing. Unlike other reactions to the play emerging from doctors and doctors-in-training, my reactions are not concerned with the portrayal or role of the medical establishment, but rather revolves around fear, anxiety and helplessness in relation to watching the portrayal of suffering and death.
Emerging from my field notes is a complicated relationship between the difficulties of watching someone else’s pain and suffering, and being catapulted back into traumatic memory by virtue of this act of spectating. This issue is complicated by the fact that what (or who) I am watching is a *fictional representation*, and neither a real person, nor real suffering. I will look more closely at this issue in Chapter 7. In this chapter, I will first look at instances where my experience of *Wit* is best categorized as a sense of undoing, or helplessness. I will then look at how this feeling is tied to watching suffering through the play. Finally, I will examine a reaction not born out of watching *per se*, but out of a return to traumatic memory as triggered by the play.

6.1.1 Watching pain

The play was, in fact, very difficult for me. Over and over again throughout the field notes I describe my immediate reactions to the play as being “undone,” as made overwhelmed by the production. Each time I watched the play the experience of overwhelming anxiety and sorrow became more, not less intense. I was very aware of my own sense of helplessness as Vivian dies. The portrayal of fear and pain seemed infectious to me, and I found my complete absorption in the representation of emotional and physical suffering without the ability to help or soothe distressing. Clearly for me the experience of *Wit* revolved around fears of pain, distress and helplessness in the face of illness and death.

Part of this sense of distress emerged from the “unbearable” role of watcher or spectator that is assumed as an audience member. I write: “I realize that one of the hard things about *Wit* is the feeling of total helplessness it engenders…that the audience is in a forced position of inactive watching…although I would disagree that watching is a passive activity.” I wondered about the kind of distance created between character and audience, and the ways that watching
differs from actually living in a particular moment. And I struggled to understand what this act of watching meant or did. I write:

…as an audience member we are mute watchers…unlike the nurse [a character in the play] we cannot rub lotion on Vivian’s hands, even if that’s just the thing we’d like to do. We just watch. Vivian leads us to her death. Acts it out for us. And we just watch. It’s like being in a sad, sad nightmare, or better yet, like being stuck in one of my anxiety attacks/fantasies.

My experience of Wit forced me to think about what it means to witness suffering, and in particular what this means in the context of performance, in this case film. To be even more precise about this experience, my own sense of undoing as an audience to Wit arose for two related but distinct reasons. The first has to do with witnessing representations of suffering – with coming into perceived proximity with a body that is portrayed as experiencing extreme pain (for indeed, Vivian Bearing does not truly exist, and I have not, to my knowledge, ever met actor Emma Thompson). I write: “it is tortuous – however likeable or dislikeable Vivian’s character may be, it is tortuous to watch someone so afraid and in so much pain.” Simply put, for me, watching the painful demise of another was emotionally demanding.

An important piece of this encounter revolves around my encounter with the representation of a suffering body. It is not just that I understand in a theoretical or intellectual sense that suffering and pain exist, but rather that Wit forces a kind of direct confrontation with the brute physicality of suffering. In fact, in final estimations, it is Emma Thompson’s portrayal of Vivian’s agonized body that leaves the greatest emotional impact on me. After my second viewing of the film I write: “The parts that are absolutely riveting and unbearable are
wordless…the body struggling silently, or with just gasps and moans. The inarticulate (or highly articulate yet wordless) body.”

This sentiment is echoed in an entry written after my third viewing of the film. Again, it is clear here from the almost poetic phrasing of the entry that I am again struggling with fitting sensory and emotional experience into “data,” and struggling to linguistically capture the moment upon which I am focused. I write:

Here is a moment:
The woman, bald from
So many chemicals,
She is talking to me –
Talking, and I can forget
Her baldness and her fear –
(which must reside just below the surface)
Talking
But is interrupted
As her body seizes
And she is retching –
Her words are swallowed whole –
Negated
By the insistence
Of her throat –
Pharynx, larynx, esophagus –
Forcing the contents of her stomach
Over her tongue,
Past teeth and lips –

Her body labours –
“huh, huh, uuh”
Guttural sounds
Where words once lived

And a little moan,
Agonized and helpless

I find two aspects of this entry interesting in relation to my role as spectator. First, I am drawn by the insistence of trying to capture the force of watching a portrayal of bodily suffering in
words. It is clear this experience has on some level occurred totally outside of spoken language and registered both through and between bodies: my own, and the screen image of Emma Thompson’s (as playing Vivian Bearing). How does this interchange get captured within language, and particularly language as data? Second, I notice that I have written about this interchange as if I have been directly and personally addressed by Vivian. Somehow the play has elicited a feeling of or about relationality. While I have not, in fact, been directly or personally addressed by Bearing, a sense of what the address of a suffering other might feel is awakened in me.

A second related aspect regarding the role of witness also contributed to my sense of being ‘undone’ by the play. While simply absorbing the sense of bodily suffering of another comprises one important part of this reaction, the feeling of helplessness engendered by my own passivity in relation to the depiction of suffering added to my sense of distress. In the field notes I struggle to determine who the “real” witness to Vivian’s pain has been, and (almost angrily) determine that it is not me as audience member (for I am more spectator than witness), but rather it is the character of the nurse who cares for Vivian as she dies. I come to the conclusion that this must be so because Suzy has the power to act and to do in terms of ameliorating Vivian’s pain. Following my first viewing of the film I write:

In the play it is clear who the real witness is. The real witness to Vivian’s suffering is the nurse, Suzy. It’s not the audience. And the thing that separates Suzy from the audience is that, weirdly, she has the necessary distance to properly witness Vivian’s pain. What I mean here is that Suzy, as a nurse, is able to be with Vivian-in-pain without living, or being, in pain herself. And this is a good thing. This is what allows Suzy to offer the simple acts of mercy and kindness absolutely necessary to Vivian – massaging unconscious Vivian’s hands with lotion – reassuring Vivian in her most-alone and
terribly frightened moments. It’s not the audience who does this – it’s Suzy. (Italics original)

So the sense of difficulty that arises from watching bodily suffering is not just on account of seeing suffering, but more particularly because of a sense of passivity or helplessness regarding my own perceived inability to act, to help or to do.

6.1.2 Traumatic memory and identification

My feeling of discomfort and uneasiness in relation to viewing *Wit* emerges not only from being positioned by the play as (helpless) spectator, but from a second emotional location. As alluded to in the previous section regarding my loss of descriptive language, a very strong aspect of this reaction emerged from a recourse to, or aggravation of, my own traumatic memories of fear and pain, and in particular bodily fear. One of the striking aspects of my field notes is the way that viewing *Wit* causes a deeply appropriative and seemingly involuntary cascade of stories about times when I have physically suffered, have brushed up against mortality, either my own or that of those close to me. In a sense, *Wit* opened the door for my own illness narratives to emerge, but this narrative is complicated by the immediate presence of Vivian Bearing, whose pain is still foreign to me.

In part, this reaction may have had to do with a complex form of identification with Vivian. Watching the play not as a physician, but as someone who is not only an academic, but someone who has frequently been a patient within the medical system, my interpretation and identification lies entirely and directly with Vivian’s character rather than with the doctors or nurses. However, this sense of identification is incomplete, disordered and ambivalent. While
watching I am catapulted back to times in my past where I have found myself alone and terrified on a hospital gurney, but I am also aware that I have not had to face death as directly. I am sympathetic to the idea of pain, as depicted by Vivian, but I am also terribly afraid of it – it is at once familiar and totally foreign. I ache at not being able to enter the play to comfort and soothe her, but I am horrified at the idea of watching a beloved family member or friend in the same predicament, and terrified of finding myself in this position. My reaction is a complicated mixture of recognition and misrecognition, where I am caught between an imagined fantasy of empathy-as-knowing and the stark realization that I cannot know what the character Vivian Bearing is experiencing. My response is one of anxious horror – I am riveted by Bearing’s drama while acutely aware of my own body and its inevitable (yet unpredictable) demise. I write:

[\textit{Wit}] was hard to watch because I feel like I could (and have) imagine [sic] that scene – the hideous cancer death – in my own mind a million times. And when I imagine it in my mind, I am just as much a helpless spectator as when I watch on film. Except in my mind it’s not Vivian, but my mom, or me, or Charlie or someone else close.

My experience with illness and trauma both shapes and complicates my reaction. Throughout the field notes I return to my own memories of being very ill, and return to the ongoing anxiety these episodes have produced in me. One central aspect of the field notes, then, is returning to these sites of trauma, and tracing my way from \textit{Wit} to trauma through lines of anxious identification. This aspect of my experience was brought into even sharper relief because during the process of my investigation I was struggling with another abdominal flare up that required ongoing investigation, and thus heightened my own anxious reaction. This return to
anxiety as triggered by \textit{Wit} and my own physical health allowed me to reflect on the shape that this anxiety has taken. Of my anxiety I write:

I used to struggle with severe anxiety, and my anxiety took exactly this form: I would ‘catch’ a little piece of suffering, from the news, say, or from more local stories of friends and family… I was susceptible to this suffering, it undid me. Once infected, my psyche raced through hideous endings, filling in narrative details where I had none, finishing the just-begun story of this country’s military take over, or so-and-so’s battle with brain cancer. I couldn’t stop myself. I envisioned myself in all of these scenarios – my house invaded by brutal, bloodthirsty soldiers, say, or my mother, partner, brother, dying of a surprising and terrible disease. I would play out these scenarios like dramas in my head, totally helpless to their destruction…I could have told you that the chances of these things happening was unlikely, but, given my own precarious past, littered with unlikely occurrences, all this was cold comfort.

My writing about the return to anxiety causes me to notice a few key points about my experience of \textit{Wit}. First, I note my reaction must be entirely particular, for it is deeply shaped by the specific and individual emotional and historical contours of my own life. Mine (like anyone else’s) is not a reaction that could be easily predicted or measured. It is a reaction contingent on my relationship to my body, to my own sense of suffering, my past, and my relationship with others.

Second, this reaction has allowed me to think about the importance of narrative in terms of shaping anxious fantasy, and the importance of narrative in terms of providing a fantasy of knowledge or predictability about the future, either positive or negative. Here my anxious, negative fantasies sparked by \textit{Wit} might usefully be contrasted against the imagined fantasies upon which the success of the WEI is hinged. Rather than predicting a spiral into anxious
paralysis and return to traumatic memory, the detailed fantasy of WEI predicts that student engagement with *Wit* will produce caring and sympathetic doctors who, informed by the play’s narrative, can act with sympathetic knowledge of the patient’s predicament. What is interesting to note here is that the basis for anxiety in both myself and the creators of the WEI may be extremely similar: fear of dying in pain and alone, fear of not being recognized properly or at all by members of the medical establishment, fear of a “bad death.”

Thus, I cannot help but reside in old memory and current anxiety as I watch *Wit*, and yet I do so knowing that in my case the outcome of my own illnesses have been very different from that of Vivian bearing. I do not have cancer, I have never been alone when I have been sick and I have received universally outstanding care from the doctors and nurses who have cared for me. However, *Wit* causes me to be acutely aware that I, like everyone else, am not immune to the possibility of further illness, and therefore not immune to the possibility of reliving this type of fear. It is this knowledge, which occurs both as a function of embodied experience and intellectual reason, that leads to anxiety, and thus to forms of “narrative prediction.”

6.2 What’s the Point?

A second theme emerges from my response that warrants further attention. Like Sulmasy (2001) and Zuger’s (1998) responses, the notes detailing my reaction are peppered with many questions. However, unlike the concerns of the aforementioned doctors, my central concern is not “what does the play mean?” (Sulmasy) or “are we really like that” (Zuger) but “what’s the point?” Of central concern to me is the point or value of the forceful affective impact the play had upon me, and, what are the political/emotional/conceptual contours of trying to capture this experience as data? Raised throughout the notes, this question points as much to a methodological struggle as much as a substantive struggle, and, indeed, points to the areas where
methodological and substantive critique overlap. Phrased in different ways throughout the field notes, this question reveals an underlying tension, or struggle, with my own will toward action, reason and instrumentality.

I begin to articulate this struggle after my first viewing of *Wit*. As detailed above, the play for me was about my own mortality, the mortality of loved ones, and fears about pain and suffering. *Wit*, for me, opened the door for old anxieties, and my field notes reflect my ambivalence regarding having been taken to this difficult emotional place.

I wonder what value lies in watching the portrayal of great pain, particularly when this pain is fictional. I write: “Yes, I absolutely took Vivian’s pain in, and yes, I was totally undone by this, *but to what end?*” In other words, if my experience of the play was one of fear and helplessness, what *good* did this experience do for me? Or, if this experience cannot be articulated in terms of ‘good,’ what overall value might be construed from watching something that arouses strong and difficult emotions and trying to harness this experience for the sake of new knowledge?

This sentiment is reiterated in a later note, again written after my first viewing of *Wit*. In this section I am knocking up against the difficulty of facing mortality. I write:

> So what the hell is the point of *Wit*? Yes, *Wit* has been used in medical schools all over to help ‘humanize’ doctors, whatever that means…I’m not advocating for shitty care, and clearly the presence of Suzy and her acts of spiritual/emotional generosity were incredibly important, but regardless of what Suzy does or does not do, the main action of the play will not change: Vivian will die (as will we all), and it will be hard.

This strong evaluation of *Wit*’s impact is closely followed by what seems to be the crux of my discomfort: “I’m not sure what the meaning is, or the import, or even the efficacy. Efficacy to
do WHAT exactly? And to whom?” Again, the struggle here is to discern what “good” the performance is, and where the impact of such a performance might lead.

This line of questioning does not abate after further viewings of the play. After my second viewing these question in fact become clearer and more pronounced. Interestingly, part of the sentiments underlying these field notes seems to be a sense of resentment at having been drawn into a place of emotional helplessness. I write:

I also keep getting snagged at that old, obnoxious question: so what??? Who cares? And why? Why do we care to be dragged along one woman’s path? What’s the point of Wit?

Again, I’m getting really instrumental here…these might be questions that are unanswerable, and frankly, when I put them down [i.e. let go of this line of questioning] I feel much better. But they’re always kind of there. I hear the clinicians in the back of my mind, whispering “why do you care about this? What good is such a study? Such a play?

I feel totally conflicted about this. I can’t for the life of me figure out why we would want to accompany Vivian on her journey to death. I can’t. It’s awful. And yet I am clearly drawn to it, and drawn back (and back and back) to theatre…

The message in these field notes then seems to be that helplessness, sadness, horror and anxiety in and of themselves are not “useful” emotions, but rather need to be channeled or diverted elsewhere in order to become valuable. Or, otherwise stated, that emotion is not knowledge itself (and therefore not attached to a notion of instrumental utility), but a precursor for
knowledge production. And, not only does this line of questioning cover my experience of Wit, but in fact extends to my thesis, and to my questions about theatre as a whole.

Thus, I seem asking again and again: what good is my suffering? Why should I suffer on account of Vivian Bearing’s (fictional) suffering? The account of Wit’s importance that I seem to want is one of instrumental value – one which predicts that the experience of watching Wit and having a very strong emotional reaction will do something particular, will redeem itself and its unpleasantness by somehow making me a stronger person or more knowledgeable person. I reach for this kind of an answer in writing: “I could, I think, go back here to Aristotle, and talk about this kind of tragedy as providing a Catharsis...a purging through fear and pity. Or a mastery of fear? I’m not sure...Does watching someone else ‘die’ make us feel less alone in our own deaths?” However, the lack of clarity or surety in my attempts to answer my own questions leads me to a fundamental underlying query: if no instrumental value is to be drawn, how might I theorize or understand the importance of the play? This is to say that these field notes surface a fundamental problematic with the “translation” of sensory and emotional experience into data through the use of methodological process and language: that this experience must be rationalized within the realm of utility and efficacy.

6.3 Resistance to Objective Language

As I have noted earlier, some of the most compelling moments that this process has raised are methodological, rather than substantive, in nature. To be blunt, this chapter eluded me on and off for months and resisted its own creation at every turn, beginning with the field notes themselves. I felt stuck, and left this chapter and its various component parts aside over and over again, struggling with how to begin, where to begin. This was painful for me; in many ways I
understand myself best as a writer, as someone deeply attached and committed to words and their possibility to heal, to bridge, to illuminate. My own loss of words in this context proved baffling and uncomfortable.

It is not only that I didn’t known what to say, but that the process of saying seemed to launch me into difficult territory – suddenly, my experience appeared like one pulled from the WEI – as one of a series of thoughts meant to be coded and recorded, pinned down for posterity and the search for ‘truth.’ Pressed by an as-of-yet unarticulated will toward a more positivist turn within my own work, I felt as though I was simply trying to outbid the WEI for a claim to truth, or to “prove” (or disprove) theatre (and art in general) as one thing or another through my own use of methods and the form of positivist language I worked to employ in detailing my experience of watching Wit (see, for example, my note in Chapter 3 about the use of the word “data”).

I have realized, though, that the obstinacy of my own experience to be rendered into proper language comprises an absolutely fundamental piece of my response. My own inabilities in this area have lead me to think deeply about the nature of both positivist methods and language, and the meaning of language’s failing as it relates to art and ethics. What is crucial here, then, are the clues pointing me in a different direction – away from language’s putative ability to prove, justify and construct, and toward the places where language ruptures, fails and falls away. This is the place where language (in all its iterations – linguistic, bodily) gestures at experience but does not define it– reaches, but does not grasp.

Thus, I want to begin my exploration of my own field notes by describing some of the immense difficulties I have had, both in writing the field notes and in trying to write about the field notes. These difficulties have arisen in two inter-related areas: first, the resistance of my
experience to language; and second, the loss of my own ability to provide discursive form or structure for my thoughts and the subsequent turn to other forms of narrative in order to provide some semblance of my own reaction to *Wit*. I will begin by detailing examples of where language seemed to elude me altogether.

The first signals of the struggle between my experience and language occur at the beginning of most field note entries. This starts with my first encounter with *Wit*, which took place through reading the play’s script. In my field notes I talk very little about my thoughts and impressions of the play, and much more about the fact that it took me many years to read the play to begin with. Despite its relevance to my own area of interest and study, I stayed away from any contact with the play for almost ten years. I write: “I was afraid the play would be unbearable…Frankly, the fear of recognition – of recognizing my mother, aunts mentors, friends and self in the dying, suffering character – drove me away.” However, beyond this, and a brief synopsis of the play, I write little else.

More is said about this emotional reaction in my second set of field notes, written just after seeing the film version of the play. Again, I make note of the fact that it took several attempts to actually get myself to watch the play: “kept setting aside dates to watch it and missing said dates…” Like my resistance to actually watching the play, my notes reveal a resistance to writing about the experience of seeing it. I write:

It’s a hard play and I’m not sure how to start writing about it. My mom asked me if I liked it, and I’m not sure I could say one way or another, like or dislike. I cried solidly for the last half of the film…and, to prove that it’s not just me…Charlie [my husband] watched much of it too, and wept just as hard as I did.
Again, this difficulty, or feeling unable to place my strong feelings into writing, is followed by another synopsis of the play’s main points, which slides into the more removed and objective-seeming language of analysis through a discussion about dramatic tension in the play.

This trouble is continued throughout my subsequent field notes/viewings. For example, in the beginning of my second entry following my first viewing of *Wit* my language breaks down completely, and I open with: “Grrrrr….Stuck. Wanting to race ahead and figure it all this [my reactions, my thoughts] out. Can’t for the life of me think of how I’ll do this…” This sentiment (and writing style) is echoed throughout following entries, where I begin by noting my discomfort with the project, my sense of impatience, helplessness and my feeling that I am trying to “make a sculpture from soup.”

The clearest example of this sense of blockage is found in one of my last entries, which follows a third viewing of *Wit*, and some of my first readings of the papers written about the WEI. Again, this entry reveals a sense of total frustration with instrumental, descriptive language, as well as an attempt to use language differently – to use language as way of breaking inadequate descriptive “euphemisms” regarding bodily experience:

I am frustrated by all the words we have, and use, that evade the basic problem.

We say “humanity” and “emotional” and “critical reflection” and “empathy.” We say these words like a wink and a nudge

- all sterilized, a clean shorthand for all that we can’t seem to say
  All that’s too grotesque and horrifying

But what we mean to say, what we can’t say…
We break, we rupture, we ooze.

We cry, we vomit, we shit.

We are our bodies and we are failed by our bodies

This last entry belies a second aspect or expression of language loss: the recourse to narrative, and in particular, storytelling about the body as a way of making sense of my response to Wit. Throughout the field notes one signal that language or formal linguistic capability has broken down is that I begin to tell stories about bodily experience as a means to get at an experience of Wit that defies and resists words. This seems to occur when I run up against the limits of speaking what I am feeling. Suddenly – and seemingly mid-thought – I switch from struggling with my (largely intellectual and often theoretical) thoughts about Wit to a completely different form of writing – one that relies on storytelling and personal experience, particularly about the body and bodily suffering, in order to articulate both my thoughts and the challenges these thoughts pose in terms of expression and interpretation. I will provide three examples of this as it occurs in the field notes.

Two early and striking examples of this occur after my first viewing of Wit. I am struggling with writing about why Wit was difficult for me to watch and what I felt was hard about the movie when, rather abruptly, I write: “I want to switch for a minute in order to talk about my other recent viewing. Still/Here – the dance piece by [modern dancer and choreographer] Bill T. Jones.” Clearly this abrupt switch startles me, for I then (rather embarrassedly) write: “Not sure what to write about this either. Bill T. Jones is beautiful, which
is a weird thing to write.” I then go on to describe the details of the piece, which focuses on the creation of *Still/Here* – a dance piece about terminal illness choreographed by HIV-positive Jones and built from stories and movements collected from other terminally ill people. My description ends with the following thoughts:

The interesting thing about this video are [sic] the ways that physical and verbal interpretation are completely inseparable. The body illustrates the words and vice versa…it seems weird, retrospectively, to expect intellectual meaning to be made of an experience that’s highly physical – shouldn’t the body be allowed to make meaning of its own experience? Can the body have interpretive powers – if so, how and what are they? Perhaps here I’m wrong to try and separate out mind and body…but it seems like one might get stymied trying to talk about an experience that was so visceral.

While I am ostensibly speaking about *Still/Here*, the placement of this thought in terms of my own struggle to articulate the (fraught) experience of *Wit* leads me to think that using my experience of *Still/Here* enabled me to vicariously articulate some of my feelings about *Wit* – namely that watching the play was at some level, a *physical*, rather than intellectual experience, and one that therefore escapes the grasp of language. I will return to a clearer articulation of this experience in the next section.

Interestingly, the *Still/Here* tangent is followed not by a return to *Wit*, but to the narration of another experience where words failed me, and where physicality provided the basis for intense connection and communication. The story I tell revolves around an experience I had while living in New York and attending a performance composition class at the Tisch School for the Arts. It was September 2001 and I had just moved to New York – into an apartment just two blocks from the soon-to-fall Towers. I was at home when they fell – I found myself running
from the infamous black cloud of debris, and then suddenly displaced and homeless. I write: “It was a deeply unsettling experience, but not one that I could really find good words for aside from ‘weird.’ I’m not sure I could have verbally articulated how I was feeling at the time…” Classes resumed shortly after September 11th, and I found myself in a movement class, where the professor had us work through a wordless exercise. I write:

The professor then asked us to ‘make a shelter’…or something like that…it was a wordless exercise – but in very little time I found myself in the centre of a little hut made by the arms and bodies of my [very new] classmates who, without speaking, had gathered around me to form a shelter. I was really moved and began to cry…I’m not sure I had, until that point, been able to articulate what it had meant to me to lose my home, my bearing in the city. I’m not sure I could have said the kind of suffering this event had inflicted, and, in fact, I remember feeling numb, or unable to connect with feelings of sadness, loss, fear, trauma…although I think I knew they were there.

The final example of this turn to storytelling occurs throughout my field notes, beginning with the first entry following my second viewing of *Wit*. In this entry I begin to speak of my own experience of illness, which includes a long history of troubling stomach ailments, one of which resulted in emergency surgery for a life-threatening condition. Moving between a sense of identification and one of unfamiliarity, in one particularly anxious moment of reflection my experience of *Wit* I am drawn back to a painful and frightening memory of this incident. I was in the hospital with an acute, life threatening and, at the time, undiagnosed abdominal condition. Openly convinced I had a belly full of cancer, numerous doctors hovered over me as they performed a series diagnostic-imaging tests. Drugged and totally helpless, my panic grew as I understood what they were searching for, and what this might mean for me. I write:
I find that I’m crying at this memory, and that this memory is making me think of the scene in *Wit* where Vivian is terribly afraid. My memory of this incident is this: I am in the dark ultrasound room with my mom and two technicians (two radiologists?)…My sense is that it is the middle of the night, but it could be any time of day. There is a sense of urgency or specialness – I am very ill – I know it, my mom knows it and the doctors know it. I will need surgery, but first they need to have a better sense of what has caused the intestinal collapse. I am drugged and hazy, so my fear is not as sharp as it could be…it is slow but pervasive, and somehow hard to fully feel. The doctors (technicians? Who are these people?) are on my right side, running the instrument over my belly. My mom is on my left side holding my hand.

I have written about the force of re-living this traumatic memory earlier, but what I want to remark on here is the turn of current experience to memory, and the turn of memory to narrative, and in particular embodied narrative. This memory (and resultant story) emerges from my experience of Vivian’s physical suffering, and the absolute need for this experience to locate and manifest itself within narrative rather than direct or categorical description.

These three examples may seem very strange and distant diversions from my experience of *Wit*. However, I think they signal two important directions. The turn to storytelling marks a moment where the straightforward descriptive language of positivist methodology has failed, and new (hermeneutic) forms of language (including narrative and storytelling) are drawn upon to provide a vicarious description and analysis of the sensed experience. This turn signals two things. First, storytelling indicates a kind of identificatory experience occurring between myself and the film. Second, I believe my struggle with language indicates a deeper and ongoing struggle with the creation of a non-positivist methodology within the confines of the knowledge economy. A sense of discomfort and struggle emerges not just from the performance, but with
how to write about my experience of the performance as a piece of data. I believe the recourse to narrative, and seemingly wild conceptual jumps marks this discomfort, emerging from my own sense of methods-as-ideology.

Weighted by the incredible difficulty of pinning experience down through straightforward description, the recourse to both storytelling and analogy are both an effort to capture and translate experience into the realm of knowledge, but crucially also an illustration of the impossibility of this task. In a most frustrating paradox, the sense of ideology drawn from the struggle with positivist methodological language can only be experienced by using positivist methodological language, for it is the doing of methodology that arouses the sensation of knowledge domination. In other words, this critique of method could only have occurred by attempting to work within the confines of method, which gave the opportunity to notice its limits and constraints. Thus, the writing here is not just a representation of my experience of Wit, but also marks the act of struggling with and against the practical constraints demanded by an internalized drive toward positivist methodology.

6.4 Summary

My response to Wit documents just one of many possible responses to the play. However, as an exemplar of what a response that grapples with the constraints of the knowledge economy (as expressed through the struggle with methodology, and methodological logic) entails, this response illuminates two important points that warrant further exploration in terms of their relevance to my critique and reconstruction of Wit’s perceived value. These points have emerged through not only what I have said, but how I have written about them, or have struggled to write these issues into existence. I will say more about each of these issues, as well as the
themes explored above, in the following discussion chapter, however, for now I want to simply draw attention to their presence.

Working within the methodological framework I set out for myself where my reaction comprises a comparative piece of data against which to compare the data from the WEI studies, I note that my own reaction is quite different than the reactions hoped for by the WEI. First, my own reactions were incredibly messy from both a conceptual and emotional standpoint. These reactions were not linear or rational, but rather complicated, chaotic and not easily amenable to predictable application in terms of attitudinal or behavioural change. Second, my experience of Wit is deeply marked by multiple forms of identification with the performance, and in particular with the character of Vivian Bearing. These forms of intense identification are illustrated by both attention to my own bodily experiences (as they relate to the on-screen action) and through the recourse to storytelling about memory, particularly traumatic memory. Finally, my experience of Wit resisted translation into language. This is, I think, both a product of the complexity of this (emotional and embodied) experience, but also a product of my own methodological struggle throughout the creation of this chapter.

A related and important point of interest that an exploration of these field notes raise has to do with the recurring issue of method. Apart from the differences noted between the results of the WEI studies and my own reaction to Wit, the importance of this chapter is that it has allowed me to notice, and indeed struggle with, my own implication in the practices of the knowledge economy realized through my own recourse to methodology. Otherwise stated (in the language of methodology), the writing of this chapter provides an important piece of ‘data’ about the process of sensing ideology-in-action, and struggling with the issue of complicity in ideological practice. Within this chapter this difficulty is illuminated through the immense difficulty I had in
regards to writing about experience, and in labouring my way out of a false binary between emotion and thought in order to use emotion, or affective response, as a handmaiden for instrumental knowledge production.
7. ANALYSIS AND DISCUSSION

Over the past several chapters I have provided a theoretical framework and description of responses to *Wit* that lend themselves to a two-part analytic discussion. This analysis is, then, divided into two sections. The first section is guided by an underlying argument: that the use of artistic representation (including film and theatre) within the knowledge economy constructs these representational forms as instruments of knowledge transfer, and, as such, both and objects and agents of political domination.

The first reading of *Wit* emerges from an analysis of the collected studies that emerged from the WEI. I argue that these studies instrumentalize performance by calibrating its efficacy on an entirely positivist scale. By calibrating performance in terms of its effects on knowledge, these studies work to dominate and contain the potential relationships that might be fostered through performance. To explore this supposition, I draw from my theoretical framework in order to examine how *Wit* is constructed as a ‘tool’ for knowledge transfer within medical curricula, and what the political and ideological implications of this construction might be. My argument, ultimately, this use of performance grows out of the perceived need for an economy of empathy, which produces doctors as particular kinds of care-giving subjects, and patients as particular care-receiving objects.

In the second section, I perform a gestic re-reading of *Wit*, in order to liberate the play (and the responses it has engendered) from the confines of realism/positivism that act in service of the needs of the knowledge economy. I am guided here by a second underlying belief: that
Wit as a performance, and responses to Wit, together illustrate the opening of ethical possibilities in terms of resistant thinking, interpretive expression and response-ability. I argue that this ethical potential not only exists beyond the scope of what is considered (e)valuable by the knowledge economy, but also contains the potential for performance to resist the very forces that seek to instrumentalize it as a tool for knowledge transfer. My job in this section is to document and illuminate moments of ethical response-ability (the ability to respond), and to expose how and why these moments pose a significant challenge to the idea of performance-as-tool. To do so I examine my own response to Wit, as well as the responses of Sulmasy (2001) and Zuger (1998).

7.1 The Burden of Proof: Performance as an Agent of Domination

7.1.1 The role of realism: Setting the stage for domination

To begin, I look back to Diamond’s (1997) work in order to make links between theatrical practice and the recourse to positivist evaluation. What conceptual mechanisms are at work that allow performance to be constructed as an appraisable agent of knowledge transfer? How are mimetic action and identification “read” in the context of the knowledge economy? Harkening back to both Diamond’s (1997) and Silverman’s (1996) work, I argue that a critical conceptual piece within the uptake of theatre in health research and education is a (misguided) reliance on realism as a perceived means to faithfully capture and translate “reality,” and thus knowledge. As I have noted in Chapter 5, it is important to clarify that this understanding of realism may be faulty on a number levels. First, that reality can indeed be captured; second, that the capture of reality automatically leads to knowledge; and third, that non-realist performance do not themselves offer important access to certain ‘real life’ truths that are not accessible through strict verisimilitude. This appeal to realism, I argue, allows the re-construction of
performance as a “tool” for knowledge transfer. Before looking at the appeal to realism, though, I want to begin by exploring the idea of theatre as a tool; that is, theatre as an instrumental device.

The term ‘tool’ appears throughout all four WEI studies. In particular, this term is found as a descriptor within the evaluations, which are structured in order to compare performance as a teaching tool to other, more didactic forms of teaching, for example lectures and journal articles. Within the articles, understanding theatre as a tool is an a priori assumption – no work is done in any of the articles to explain why performance might be thought of in such terms. Instead, attention is paid to the mechanics of how this particular tool works in order to achieve desired results in terms of altering the clinical practice of doctors-to-be. I will focus on the described mechanics of performance-as-tool, but I first want to take a step back and reflect on what it means to describe something as a tool.

To denote theatre as a tool automatically signals its instrumentality. A tool is something that reliably performs a specific task. Further, a tool is something whose impact and efficacy may be adequately measured. Finally, a tool is something that acts upon something else in order to create a particular and predictable desired effect. Left absent from the particular linguistic and conceptual designation of performance as a tool are the ways in which performance’s ‘efficacy’ may be less linear and far more complex than the term ‘tool’ implies. In the following section, I will describe other ways of understanding performance’s unique capabilities in terms of establishing dialogue and conversation, and stimulating forms of critical self reflection and inter-relationality, all of which are messy, unpredictable and potentially unsettling, and thus not amenable to positivist forms of evaluation.
Leaving the untidy aspects of performance outside the frame of analysis, all four studies instead describe performance’s presumed efficacy in terms of a far more linear and rational framework of teaching and learning. The key element of justifying performance as a choice for doctor training revolves around performance’s putative proximity to reality, and its role in fostering ‘experiential’ learning. Indeed, there are many parts of Wit as a play text that leave it open to this particular reading: it is, for the most part, set in a modern-day hospital, and ‘realistically’ follows the demise of its main character. The language used in Wit is drawn directly from contemporary medical, and specifically oncological language, and clearly Edson has taken care to render her depiction of hospital life factually “correct,” or in alliance with popular and expert accounts of in-hospital medical care.

Relying on Wit’s ‘realistic’ aspects and thus implicitly drawing from an idiopathic model of identification, the basic assumption within the educational initiatives is that performance’s representational powers lie in its ability to simulate the ‘real’ world: performance’s value as art (as something different from day to day life, or as an active and distinct part of day to day life) is ignored, while its potential for remaining truthfully aligned to a surface or imagistic version of ‘real life,’ albeit within the ‘safe’ environment of the theatrical venue, is prized. Lorenz et al. (2004) tellingly write: “Unlike [traditional, didactic] approaches, drama can afford access to…personal dimensions of illness in realistic complexity,” (p. 485, italics added), further noting that positive reactions to the educational intervention arose, in part, from “the emotional safety of a performance seat compared to a dying patient’s room.” (p. 485) Crucially, it is within performance’s perceived capacity to simulate reality that the ability to evaluate its effects takes root. For, if performance is simply a conduit for ‘real life’ practices, the knowledge contained in its message must be verifiable and therefore amenable to measurement.
Beyond an uninformed reliance on one specific type of performance for the purposes of education (i.e. realism), a second and related set of assumptions regarding how performance works as teaching tool is at work within these articles, particularly in regards to the role of identification. In this model, viewers are presumed to identify wholly with the staged action and characters – that is to say, they are invited into the kind of idiopathic identification presumed to be at work within (realist) performance. Within this model, idiopathic identification leads to emotional impact. Emotional impact then leads to critical thought or reflection, which leads to a shift in attitudes, values and beliefs. Finally, attitudinal changes result in the desired effect of modified behaviour in professional practice, which is assailable to evaluation and measurement. This model underlies the presumptions of all four studies, but is most explicitly stated by Deloney and Graham (2003), who write:

Participation in drama, as an actor or viewer, can foster empathy by putting students in touch with their feelings and can provide opportunities for students to develop higher level thinking abilities. By involving students in active participation through identification with imagined roles and situation, drama becomes an effective tool for attitude change. (p. 250)

This account of performance’s pedagogical force underscores two issues. First, harkening back to my own methodology chapter and subsequent methodological struggles in Chapter 6, the issue of scientific/analytic form seems present here, as the constraints of this form demand the (false) separation of feeling from thinking from acting (or behaving). Second, the presumed role of identification as the keystone to behavioural change is troubling, and warrants further attention.
As I have described in Chapter 4, this type of idiopathic identification, closely aligned with realism, relies on the smooth integration of visual imago and proprioceptive ego, and can be extremely painful, particularly when the visual imago stands in stark contrast to one’s proprioceptive ego, or is a deidealized image. Indeed, “emotional impact” by way of psychic discomfort may well be achieved: the image provided by *Wit*’s main character, Vivian Bearing, is deeply deidealized and a difficult one for many audience members to identify with. She is riddled with a vulgar, painful form of cancer. Much of the play revolves around her agonizing bodily deterioration: she is realistically portrayed as bald, vomiting, incoherent and deeply vulnerable. Arguably, while she (and her pain) are not ‘real,’ the realist aspects and moments of the play invite idiopathic identification with Bearing’s character. Thus, the integration of this visual imago may certainly be painful; however, I question the “efficacy” of this (expected) form of identification as a “tool” for knowledge enhancement. In fact, to expect this form of identification from an audience may comprise an act of psychic violence, or domination.

Finally, within this assessment, one may easily forget that performance’s value in terms of its ability to move, inspire or unsettle, may arise from the refusal to simulate and identify with real life, and rather to re-stage life in decidedly ‘unrealistic’ ways, or allow room for non-idiopathic identification to take place. I will return in part 2 of this chapter to examine the “unrealistic” moments in *Wit* overlooked by the educational initiatives, and indeed, often overlooked in my own response. However, suffice it to note here that highly ‘unrealistic’ scenes within theatrical practice have had the ability to provoke very strong emotional reactions, and indeed, evoke an *emotional reality* in their audiences, despite different orientations to the idea of identification.
7.1.2 Identifying domination: Learning objectives and evaluations

Having identified some of the underlying links that allow performance to be understood instrumentally, I want to turn now to the ways in which the studies are structured such that performance’s efficacy as a tool for knowledge transfer is made available for assessment.

These publications frame and construct Wit’s utility through a very particular lens, and this lens has critical political and ideological consequences for both the performance and its audience. Domination occurs here in two ways: first, through the instrumental construction of performance as a means of transferring knowledge; second, through the construction of the audience as subjects/objects for the predictable transfer of certain kinds of knowledge, or, knowledge that leads to certain forms of practice. I look first at the construction of performance in terms of its ability to capture and transmit knowledge, and then look at the ways in which these studies construct their audiences as receptacles for knowledge. I will end by exploring what the political and ideological consequences of these constructions might be within the knowledge economy.

The overarching goal of each of the four WEI studies is to provide specific criteria upon which to base the evaluative outcome measures. To recall, these objectives differed slightly per project; however, the general goal of showing Wit to medical students was to convey and promote the “hard to teach,” “humanistic,” or interpersonal, aspects of medicine, including empathic and communication skills. Providing a set of specific objectives for audience members’ learning automatically signals the project’s intentions in terms of knowledge provision, and designates performance as the method through which knowledge will be provided. Further, because of pre-formed learning objectives, the studies have signaled their normative
motives in terms of knowledge acquisition. The inclusion of particular learning objectives for audience members cements performance’s role as an agent of knowledge transfer, even before the production has been performed!

Having provided clear learning objectives, the studies are structurally positioned to investigate whether or not these objectives have been met. In other words, the studies are set up to evaluate whether the use of performance in health research and education is effective in terms of stated learning goals. In order to prove that performance’s value and utility in terms of knowledge transfer, each of the studies relies on quantified measurement schema as means to create an empirical body of evidence regarding performance’s perceived efficacy and utility. These schema take the form of self-reported surveys wherein audience members rate not what they have learned, but how much they have learned or gained in a given area – patient care, for example.

These evaluations perform three important functions in the reconfiguration of performance within positivism. First, these positivist evaluations “prove” performance’s utility as an agent of knowledge transfer, particularly in the area of “teaching” interpersonal “skills.” As noted in Chapter 5, interpersonal aspects of medicine, like empathy, are understood as difficult to teach. However, while it is potentially difficult to teach these attributes, measuring and calibrating the impact of performance on these attributes do not appear to be problematic within these studies. These articles rely on the presumptive ability to quantify and monitor levels of empathy or communicative ability as a central means of justifying the use, and proving the utility, of performance in medical education. Empathy and communication in this case are not assumed to be an inherent characteristic of inter-human connection or communication, but rather teachable skills, whose uptake and retention can be both readily imparted and measured.
A second and related function is that the evaluations shape what we may understand as knowledge; the evaluations erect boundaries around what is deemed to exist within the realm of knowledge. This idea emerges from an underlying assumption in the evaluations: that “appropriate” or “correct” emotional responses or interactions are a function of cognition, or conscious knowledge, over which one might have control – that is to say, that ‘correct’ emotional responses may be taught and therefore are firmly situated within the territory of knowledge. As such, within this discourse, medical students’ lacking communicative and empathic capabilities are used as the platform upon which to justify the use of performance as an intervention, as well as the research subjects used to evaluate these pedagogical efforts.

This is a particularly important construction, as empathy is decidedly a keystone in the practice of ‘humanistic’ medicine. Within the stated goals for these studies, empathy is clearly denoted as a particular skill set. Shapiro and Hunt (2003) note that as a simulation of ‘real life,’ performance “provide[s] practice in ‘hard-to-teach’ clinical skills” (p.923), which include the ability to “interpret body language,” and to “recogniz[e] and communicat[e] emotions.” An even stronger case is made by Deloney and Graham (2003), who write: “The literature suggests that empathy skills can be taught and that such teaching should be conducted in the early course of training.” (p. 247) My goal here is not to denounce the importance of open communication between patient and caregiver, but rather to question the rationalization of care into neat and teachable evaluable skill sets. To understand empathy as a skill, however, limits empathic action within the boundaries of technical knowledge. This form of domination leads me to ask: What forms of ethical or empathic interchange are shut down or negated when empathy is constructed as form of knowledge?
Beyond reconfiguring messy, emotional human attributes into neat, measurable units of knowledge, these evaluations perform a third function. The moment audience members are asked to participate in an evaluation they are implicitly asked to occupy two new subject positions: those of research subject, and receptacle for knowledge. These are both positions of passivity and of domination. After all, it is the evaluative responses (the ‘research’) which will be tabulated and studied in order to provide “proof” of performance’s efficacy, much as one might study the impact of a drug treatment or behavioral intervention on a given set of research subjects (be they human beings or guinea pigs!). Indeed, without recourse to other forms of language that lie outside of positivism’s grasp, the use of terms such as “exposure to illness-related performance,” (Shapiro & Hunt, 2003, p. 925) throughout all four studies, draws attention to the dose-response model of drug testing as the means for understanding the impact of performance on medical students’ humanity, or humanistic skills.

Further, the underlying pedagogical model at work here identifies audience members as the receivers, or receptacles of knowledge. Knowledge in this model flows uni-directionally – from the performance to the audience, and then “into” practice. The notion of relationality is left entirely absent from the discussion. These are critical points to bear in mind in upcoming sections, where I will argue that the ethical importance of performance has all to do with creating a space and time for issues of relationality to presume a position of utmost importance. I term the ethical potential created by this space “response-ability, and argue that this space, and its effects, are unavailable for evaluation.

What I want to make very clear here is that the projects’ objectives and evaluations very skillfully define and limit the scope of what is to be known and taken from the play. This is to say that these evaluations do not monitor knowledge transfer, for this presumes knowledge to be
an measurable object, but rather produce what that knowledge is in terms of the play. As I have noted, in these accounts, knowledge is comprised of “humanistic” skills that are understood as important for medical practice. However, these accounts ignore other ways of understanding of valuing the play, whether these are other types of knowledge taken from the performance, or value that lies entirely outside the visionary scope of the knowledge economy. Finally, this account of performance reinforces the notion that performance is uni-directional rather than relational: knowledge is transferred from one party (the performance) to another (the audience). Inter-relational, or inter-human, aspects of performance are rendered invisible in the discourse of positivist knowledge transfer.

7.1.3 An economy of empathy: Defining performance’s object of construction

I turn my attentions now away from the studies themselves in order to think more broadly about what the implications of the particular constructions of performance-as-tool, audience-as-receptacle, and empathy-as-skill might be in the wider context of the knowledge economy. What, politically speaking, is produced through this construction of performance/audience/empathy? My argument is that understanding performance as an “innovative” tool for knowledge transfer works to align emotional response and human relationality within a discourse of economics and instrumentalization. This discourse works to produce an economy of rationalized empathic care.

This argument diverges slightly from other critiques of the knowledge economy. I don’t believe that an economy of rationalized empathic care is entirely bound up within a financial economy, although I do not doubt that studies linking the provision of empathic care to shorter recovery times (and thus cost-savings to the health care system) are available. The production of an economy of rationalized empathic care is more complex because it is not entirely tied to
monetary savings or gain, but rather has to do with the production of economized *subjects*: subjects who understand themselves as working within and for some kind of productive economy, whether this economy be financial, intellectual or emotional.

In this case, that economy has to do with the provision of certain types of empathic care, and the productive subjects are “empathically-trained” doctors. As I have noted earlier, in order to enter into an economy, the product, or good, must be valuable, that is, amenable to valuation. Here, we see the valuation of empathic response begin to occur through the construction of empathy as a package of particular skills that can (and should) be taught, measured and evaluated. Human response, then, is reconfigured from a messy, unpredictable force to a neat, replicable good available as part of the “product” of doctoring. Good doctors are produced *within* an economy of rationalized care, and at the same time *reproduce* this care in the form empathic skills. Good doctors, then, are both *products* and *productive* of an economy of rationalized empathic care.

Within this schema, doctor response-ability to their patients becomes reconfigured as a form of managerialism. Rather than responding freely to their patients, doctors are encouraged to rely on their “empathic skills” to manage their own response to patients, and thus the putative response of patients to the medical establishment. The implication here is that if doctors produce both the right quality and quantity of empathic response, patients will respond accordingly. For example, the entire underlying premise of the WEI is that the doctors in the play “did it wrong,” suggesting that if the appropriate empathic skills had been applied (if the patient had been better managed through empathic care), the outcome might have been different. This entirely ignores the fact that the patient in question had late-stage ovarian cancer from which no recovery was possible.
Furthermore, the doctors in question clearly did their job (providing treatment and palliation) as well as they could. Because the play is about the patient, the doctors’ perspective in terms of their own (potentially conflicted) empathic response is left absent. We do not know what kinds of internal and external pressures the doctor-characters were facing; however, we do know that Vivian Bearing’s suffering and ultimate demise was not the product of lacking empathic skills, but rather to the excruciating advancement of ovarian cancer. It is important to make clear here that I am not advocating for cold bedside manner, or the curt and callous treatment of patients by doctors. Rather I am suggesting that the movement toward an economy of rationalized empathic care, as insinuated by the WEI, was not suggested by the play itself. If the play was “real life,” a rationalized economy of care would not have produced the kinds of expected or desired outcome of a happy death for Vivian Bearing.

Finally, with the putative role of empathy as it constructed by the WEI studies in mind, I end this critique by briefly turning back to an earlier discussion of empathy and ethics, which I began in Chapter 4. In particular, I want to explore why empathy as a form of knowledge might do violence to audience members asked not only to learn through empathy, but also to learn how to be empathic through the ‘tool’ of performance. Within the reading of Wit provided by the medical educational initiatives, two related and troubling uses of empathy occur.

First, through the reliance on, and recourse to, realism, audience members are asked to value (and evaluate) the play through their own empathic experience of the performance – that is, the moments where they feel that they are at one with the main character, and have come to deeply, and even vicariously experience, her pain. At work here is the identificatory condition of imagining oneself as other and thus erasing potential difference between self and on-stage image. In this case, this means ignoring the fact that the Other is a staged character, an entirely fictional
‘self!’ Second, by way of this first empathic identification, audience members are then presumed to have gained knowledge of not just one but *many* Others – the character of Vivian Bearing stands in for *all* patients and provides a supposed conduit to ‘knowledge’ about empathy as a generalized practice. This second use of empathy relies on multiple erasures of difference: between audience members and the “Other” of Vivian Bearing; between Vivian Bearing and all ‘real life’ patients; and in a final act of substitution, between audience members and ‘real life’ patients, with whom audience members have vicariously identified by way of identifying with Vivian Bearing.

The violence I have alluded to as inscribed on audience members occurs through these particular moments. Asking audiences to fully identify with staged action forces the assumption of a subject position that may be uncomfortable or undesirable. For example, there are elements of my own experience of *Wit* detailed in Chapter 6 where the call for total identification with the film performs a violent function, were I am asked to take on a subject position which is neither liked nor wanted. Educational initiatives that ascribe to the notion of empathy might argue that this painful form of total identification was good for me in some way, or beneficial despite the pain because I came to “know” Bearing’s (fictional) pain as my own.

More importantly, the recourse to realism calls both audience and Other into a relationship predicated on the violence of what Levinas might understand as totalizing knowledge (knowledge which pins the Other into pre-given categories), and thus erasure of difference. Otherwise stated, the use of performance to generate empathy within a pedagogical framework presumes that audience members will come to know the fictionalized Other, and by knowing the fictionalized Other also know ‘real life’ Others. This empathic knowledge, in other words, spills beyond the performance and into daily life and practice. If this is in fact the case,
relationships in ‘real life’ predicated on or informed by the use of performance as an educational initiative are already based in the normative pre-knowledge, and thus erasure, of the Other. In this way, these educational initiatives ask audience members to engage in relationships based in the violence of subjective erasure. In the next section I will work to undo some of these potentially faulty connections, looking more closely at the play text of *Wit*, and the kinds of identifications that occur outside and beyond those proposed by the medical educational initiatives.

### 7.2 Re-Reading *Wit*: Performance as an Agent of Ethics and Resistance

The second avenue for my work revolves around refiguring *Wit*’s potential impact on its audience. In my first section I argued that the placement of *Wit* within a positivist framework, aided by an appeal to *Wit*’s realist mimetic value, framed this performance for a kind of standardized evaluation. This reading of *Wit* produced both performance and empathy as ethically thorny conduits for knowledge as well as objects of knowledge. My critique has been that the goal of this evaluation, ostensibly to ‘prove’ *Wit*’s “efficacy” as a tool for teaching and knowledge gain, relies upon standardizing audience reactions to *Wit*, and placing these reactions, along with the play itself, within the strictures of positivist evaluation. I argue that this placement constrains the performance’s potential ability to ‘undo’ the world it reflects, and therefore constrains the audience’s potential ability to be unpredictably undone by this performance.

In this next section I want to return to the notion of undoing, and want not only to examine instances of becoming undone by *Wit*’s performative force, but also to theorize how this undoing occurred, and the ethical importance of this form of encounter. To do so, I will return to my own reaction to *Wit*, and re-read it in light of theories of identification and of ethical
encounter (and these, I will argue, may be one and the same). Here, my work pulls in the opposite conceptual direction than is posited by the WEI – my work is to understand the role of mimesis in terms of undoing and unraveling.

One way of understanding this idea of undoing is by turning both to theories of identification and to Levinas. If we can understand the mimos, in this case the performed character of Vivian Bearing, as other, and we can understand mimesis itself as a type of address, then perhaps we can shed light on ethics, or the ethical encounter, as a point of undoing for the audience/spectator. Importantly, it is not the proximity of mimesis to ‘reality’ that is at issue here – the presumed ‘realness’ or the putative ‘truth value’ of the performance does not dictate this encounter or set the parameters for valuing the mimetic address. Rather, it is the synergistic and unpredictable moment that occurs between mimetic addressor and spectating addressee, the ability for the mimetic addressor to make a claim upon its audience, and the awakening of response-ability that moves beyond the performance itself and into ‘real life’ relationships, that begins to give ethical meaning to the performance.

7.2.1 Identifying performance’s ethical potential

Returning to Levinas and to theories of identification, I want to look at how performance itself actually resists the discourse that seeks to instrumentalize it, and responses to it. To begin to rework and reframe performance’s ‘value’ in health research and education, I employ Levinas’s notions of ethics not as critique, but rather as a means of theorizing Wit’s, and indeed performance’s, potential in terms of placing a claim on the I, awakening the responsibility of the self, and informing new horizons of inter-humanity. In short, I am working from the assumption that rather than a tool, performance provides a home or an open door for the possibility of an
ethical moment between performer and audience member, and as a result between audience member and ‘real life’ Others encountered outside the performative space. Here the onus of importance shifts from understanding what *Wit* makes us *know* to how *Wit* calls us to *respond*, to acknowledge. This is a movement from domination to ethics, from binding knowledge to a study of the ethical potential engendered through an encounter with the *representational* face of the (performed) Other.

I trace this movement by returning to the script of *Wit*, and then to the responses captured in my field notes, and by Sulmasy (2001) and Zuger (1998). It is in my *gestic* reading of these texts that I want to point out some ways that these responses highlight a less singular, and more messy, mode of inter-relationlity that moves between performance and self (as audience), and between self and ‘real life’ Other. To conclude I want to assert that performance offers a mode of engagement more complex and unsettling than the empathic, consumptive response proposed by the WEI – a type of engagement that involves the notion of ethics-as-response-ability inherent in certain forms of recognition and identification.

Before returning to *Wit* and its responses, I want to lay the groundwork for my final analyses by re-conceptualizing the role of Levinas’s work in the argument at hand, for there are places where the invocation of his thinking may seem incongruous or inapt. Primarily, this has to do with understanding the value or impact of Levinas’s work in the realm of *representation*. In this work, I am using Levinas to discuss the ethical potential of performance (as discussed by both Zuger and Sulmasy) and film (upon which my own reaction to *Wit* is based). Earlier in this work I have stated that the underlying similarity between these forms is that they are *representational*; that is, they capture a *performance* of suffering, which, be it live or digital, is entirely fictional. This fictionality, the fact that Vivian Bearing is *not* a real person, and, in the
case of the film is not even a live presence, indeed seems to pose great difficulty to the 
employment of Levinasian theory. To recall, Levinas’s work revolves around live encounter, 
and the kind of relationality that occurs between living, breathing, responsive human beings.
What to make of the use of Levinas in relation to fictional characters?

To help re-orient the use of Levinas in relation to performance and film, I need to outline 
the argumentative tact upon which I am about to embark. In this final analytic section, I will be 
arguing that performance (referring to both performance and film) offers a space and time, a 
*moment*, that opens the possibility for recognizing another (an Other) – in other words, the 
possibility of ethical encounter. This encounter, I argue, does not take place entirely within the 
*performance* space (be it theatrical or filmic), but rather, begins in the space offered by 
performance, and is carried *outside* this space and into the ‘real world’ in proximity to ‘real’ 
Others. By offering a *representation* of the Other, performance provides a kind of ‘safe space’ in 
which the experience of response-ability may be felt, but not acted upon. In other words, 
performance allows the ethical sensation of being hailed, called or addressed by the Other to 
occur, allows us to *notice* the Other, but because this call emerges from a representation with 
whom audiences *cannot* have a relationship, the recourse to remediative, empathic action is 
circumvented. Audiences are called to recognize the Other in her (representational) suffering, 
and invited to be undone in her (fictional) presence. This is the audience’s response-ability.

The place for Levinas in this argument may at first seem unclear. After all, the focus of 
Levinas’s own considerable attention rested upon the relationship between self and Other, the 
responsibility of the self to the Other. Conversely, I am arguing here that response-ability 
generated by performance has to do with audience’s *inability* to directly respond to the 
performed Other. I argue that this is a moment to read both Brecht and Levinas into the analysis
simultaneously. Like Brecht, I am arguing that performance may potentially highlight, or in his terminology 'alienate,' the presence of the Other. While Brecht envisioned this notion of alienation in terms of politics and ideology, I am envisioning it here in terms of suffering and relationality. Through representational practices, performance may open a space for audience members to experience their own response-ability, to feel the weight and call of the Other, and in particular, this may foster heteropathic forms of identification. This in turn may help audience members to realize their own ethical impulse in terms of recognizing and responding to the suffering of real-life Others, outside the performance. In other words, we may experience (or indeed, rehearse) the sensation of noticing the Other within the space offered by performance, and this, in turn, may help us notice Others outside performance’s moment. In this sense, it is entirely Levinasian.

Let me be clear about two things here: First, I do not understand performance’s potentiality in terms of the creation of an ethical moment (a ‘rehearsal’ for an ethical encounter) in linear or measurable terms, and nor do I want to predict what the “behavioural” impact of this moment might be. Rather, my argument here is that the force and shape of this moment resides in the realm of possibility, and is therefore entirely unpredictable and unevaluable. Second, this way of reading performance’s potential is different than earlier readings that suggest performance offers a means of knowing the Other deeply. I am, instead, asserting that performance offers the means to notice the Other deeply, to feel his or her demands, and the weight of his or her suffering. What I want to underscore in this metaphoric re-configuration is the idea that through an encounter with the representational Other performance may create a space for something unpredictably relational to occur, and that the importance of fostering space for audience to realize and recognize the ethical primacy of inter-relationality leads us back to the work of Levinas.
Finally, it is important to note that these ethical moments, moments where audience is called into response-ability by the representational Other, may not be easy or comfortable. While I have referred to performance as creating a ‘safe space’ in terms of rehearsing ethics, this space may not be ‘safe,’ or comfortable in terms of emotive impact or force. Wit, for example is a performance of suffering - emotional, physical and spiritual – and it seems at first blush paradoxical to try and understand Wit as any kind of ‘safe space.’ Levinas reminds us, however, that the ethical is not always comfortable, but rather may be deeply unsettling, thus, to argue for performance’s ethical potential is to acknowledge the potential for discomfort and pain. Thus, in this instance the notion of safety is ambivalent, as safety in terms of ethicality may not mean emotional safety or comfort.

7.2.2 Locating ethics: A few missing moments from Wit

If performance is re-imagined as an ethical moment, a space for the ‘rehearsal’ of ethical relationality, what are the important facets of such an encounter? In this section, I want to re-examine the original script of Wit in order to gain a better sense of what kind of relational parameters are offered by this particular play: just as Diamond’s (1997) gestic reading involved the illumination of gender-based issues, my own gestic re-reading here aims to capture potential moments of where ethicality, or ethical potential, might be awakened. Specifically, and in order to recapture some of is what is lost through a realist/positivist, performance-as-tool reading, I want to highlight some of the non-realist moments of the performance text. By reading Wit as entirely realist, I believe the WEI missed some of the more unsettling moments of this play. However, I do want to leave room for some ambiguity here. As a play, Wit mixes highly realist with non-realist theatrical practices, and this, I will argue, leads to a highly unsettled and unsettling identificatory experience for audience members.
As noted, the realist aspects of the play revolve around both setting and language – for the most part, the play takes place within a hospital setting, where Bearing undergoes realistic procedures, discussed in a realistic manner. Stagings of the play undoubtedly differ from production to production in terms of reliance on realism in terms of design (scenery, costume, etc.), and the film version goes so far as to have shot large portions of the play in an actual hospital. Further, large portions of the dialogue take place behind theatre’s imaginary fourth wall, meaning that it takes place between characters as if the audience was not present, as if the audience was an unseen, unsensed, omniscient presence bearing witness to a real-life hospital scene.

However, the moments I’m interested in occur throughout the play, in both the play text and the film version, when the illusion of unseen omniscience is broken and Bearing turns to directly face and speak to the audience. In these moments, the audience is jolted from their detached and observational position into a relational position: if the audience is being spoken to, being directly addressed, then they are called into the strange role of interlocutor, rather than pure spectator. This has real consequences in terms of identification: Bearing suddenly moves from purely a visual imago, with which an imagined identification is easy, to an active agent within a conversation. As the other participant within this conversation, it is very difficult for the audience to sustain an imagined identification, to replace oneself for this on-stage Other; these moments are deeply unsettling, as they interrupt audience ability to idiopathically identify with Bearing. This discomfort is heightened further by the fact that it is not a real conversation at all: Bearing speaks directly to her audience, calls her audience to recognize and respond, but because she is fictional (and in the film version of the play is a two dimensional image who can neither hear nor see) the illusion of conversation is just that – an illusion and not an actual interchange.
In one such moment, Bearing speaks to the audience as if it were a friend or confidant about her own physical struggle, narrating the particularity and uniqueness of her situation. Following a scene where Professor Bearing is subject to a physical examination performed by a former student, now a medical resident, Bearing approaches the audience directly, *faces* the audience and remarks:

One thing can be said for an eight-month course of cancer treatment: it is highly educational. I am learning to suffer.

Yes, it is mildly uncomfortable to have an electrocardiogram, but the agony…of a proctosigmoidoscopy sweeps it from memory. Yes, it was embarrassing to have to wear a nightgown all day long – two nightgowns! – but that seemed like a positive privilege compared to watching myself go bald. Yes, having a former student give me a pelvic exam was positively degrading – and I use the term deliberately – but I could not have imagined the depths of humiliation that –

Oh, God – (VIVIAN *runs across the stage to her hospital room, dives onto the bed, and throws up into a large plastic washbasin*). (Edson, 1999, p. 19)

In this interchange, audience members can no longer maintain a sense of total identification with Bearing, cannot uphold the imagined scenario where “they” (audience) become “she” (Bearing). Bearing forcefully narrates her own experience, retrieving the details of this experience from the grasp of the audience’s idiopathic identification. Importantly, this includes the punctuation of Bearing’s speech by the articulation of bodily experience as she vomits mid-sentence. Audience members are asked to be *with and witness to* Bearing, rather than to *be* Bearing herself.
In a related dramaturgical move, Bearing’s address skillfully traverses the realist fantasy by drawing attention not to the play itself, but to the dramatic and performative elements of her own condition, essentially pre-narrating the play’s final moments. This nonetheless draws the audience back to the realization that what they are watching is not ‘real life,’ but rather a staged representation of one of life’s most dramatic climaxes: death. Awaiting ongoing treatment procedures, Bearing dryly notes:

In this dramatic structure you will see the most interesting aspects of my tenure as an in-patient receiving experimental chemotherapy for advanced metastatic ovarian cancer. But as I am a scholar before…an impresario, I feel obliged to document what it is like here most of the time, between the dramatic climaxes. Between the spectacles. In truth, it is like this:

_She ceremoniously lies back and stares at the ceiling._

You **cannot imagine** how time…can be…so still.

.

.

.

If I were writing this scene, it would last a full fifteen minutes. I would lie here, and you would sit there.

_She looks at the audience, daring them._

Not to worry. Brevity is the soul of wit. But if you think eight months of cancer treatment is tedious for the audience, consider how it feels to play my part. (Edson, 1999, p. 21-22, bold emphasis added)

Here, the double entendres are entirely apparent to the audience. To the audience, of course, Bearing is an impresario – in fact she is the impresario in terms of this particular play. Further, rather than letting the audience in on what her treatment really feels like, Bearing, or more appropriately Edson-through-Bearing, relieves the audience of this experiential burden by cutting the lonesome, agonizing wait in order to serve dramatic action and narrative progression. In other words, the play deliberately points out the ways in which it, as a representational form,
refuses to simulate “real life.” In fact, Bearing underscores to the audience that they “cannot imagine” what her experience feels like – her experience is outside the bounds of imagination, outside the bounds of dramatic representation and audience identification.

Again, within this interchange the character of Vivian Bearing sets up a different relationship with her audience than is expected within purely realist performance. In these moments, the play’s narrative erects boundaries around Bearing that impede the audience’s idiopathic identification with her character. However, as noted earlier, one particularly jarring element of this play is that these anti-realist, conversational moments are juxtaposed against highly realist scenes. These scenes, as described in the first section of this chapter, invite a totally different form of identification from the audience. Relieved of the sense of interlocutionary duty (for indeed, no real interchange can be had with the fictional Bearing), the audience is given more room to return to an idiopathic identification with Bearing. I will examine, then, the deeply unsettling nature of these multiple forms of identification, and link identification to ethics.

7.2.3 Being faced and becoming undone: Identification and response-ability

Having described some of Wit’s mimetic practices, I now turn to responses to Wit that lie outside of the medical education frame in order to gain a different sense of what the affective impact of Wit in terms of identification might be. Within this analysis I offer the notion of “becoming undone” as a means of understanding more clearly the nature of the moment that may take place between performance and audience, potentially awakening ethical response-ability. I approach the notion of “becoming undone” from a two different perspectives. In its first iteration, I argue that “becoming undone” is a particular type of encounter where one’s self at once identifies with and refuses to identify with the Other – the self paradoxically takes the place
of the Other and at the same time maintains distance or difference from the Other within the space of the performance. This paradoxical position, the position of being both “there” (in the imaginary place of the Other) and “here” (apart from the Other) leads to a sense of embodied and identificatory undoing, and may be felt as violent or painful. In its second iteration, the notion of “becoming undone” refers to a moment where idiopathic identification ceases, and doing, or acting on behalf of another, is curtailed through performance, thus calling audiences to rehearse an ethical encounter with a suffering Other. The experience of this state of ‘undone-ness,’ I argue, is the ethical potential offered through the space of performance. To outline this argument, I look at my own field notes, and the articles written by Sulmasy (2001) and Zuger (1998).

Within my own response, language provides the remnant traces of becoming undone, in both its iterations. This is most apparent in my work as language marks the breakdown of my own sense of self, as well as the means by which I put myself back together again. Here narrative is both the route back to a coherent sense of self and the means to quell the anxiety of a self divided. The sense of becoming undone is marked by my inability to articulate what my experience of watching *Wit* has been. Rather, I am faced with a disconcerting lack of linguistic coherence, which is identified as even more disconcerting because of my own self-identification as a writer. In short, being at once onstage as “Vivian Bearing” and offstage as “Kate Rossiter” leaves me without the ability to narrate myself as a coherent self. The method of putting myself back together again, so to speak, arrives by way of reaching back to memories which are safely my own, that allow me to narrate this strange experience of being both “here” and “there” through my own related remembered stories. I am *not* Vivian Bearing, but the presence of Bearing as visual imago asks me to identify myself within her de-idealized bodily schema, which means finding narratives that “fit” her bodily disarray.
But memory is tricky in this instance, for it is the recourse to memory that allows for the kind of consumptive, idiopathic identification discussed by Silverman (1996) and others. If I cannot access Bearing’s experience directly, it is memory that allows me in, that allows me to inhabit her experience, even if only momentarily. The play, I write, “causes a seemingly involuntary cascade of stories about times when I have physically suffered.” The deidealized image of the suffering body Vivian Bearing does not invite heteropathic identification in this instance, but rather has invited me in to revisit my own suffering, to identify (with) the moments in my own life where my proprioceptive ego became radically refigured as a literally fragmented body. This, as noted in Chapter 6, is a disturbing experience for me – not only have the boundaries between self (me) and Other (Bearing) been erased, but the erasure of Bearing as a distinct Other catapults me back into my own traumatic sense of bodily disarray – my coherent sense of self at this moment is born out of trauma, and, paradoxically, bodily disorder.

The intensity of these moments leads to my own repeated demand of the play: *what’s the point?* I am left wondering whether this deeply disturbing form of intense identification, this reconstitution of the very boundaries of the self from a healthy to a suffering body, is indeed “worth it.” These types of moments are arguably the “point” of highly realist mimesis: moments of intense affective response fostered (or even forced) by the use of a mimetic form that equates illusionary surface realism with ‘real life experience.’ Here, it seems, that realism itself takes on a violent character, inviting audiences into a form of identification that may be their undoing. I would like to hold the door open to the possibility that these kinds of moments are not amenable for valuation in terms of their educational utility, but rather are totally particular and therefore unpredictable in terms of their potential instrumental value. My experience of *Wit* in this capacity did not lead me to an improved sense of how to provide care,
but rather back to a time when the boundaries of my own identity became radically and traumatically reconfigured. It is important to note that my experience of *Wit*, like those of Sulmasy (2001) and Zuger (1998), hinge on my own forms of identification, which rests in the safe house of a self built over a lifetime of identificatory relationships and bodily experiences. I may not be able to articulate the “point” of this experience, but I do know that asking me to evaluate and thus categorize my deeply personal relationship with the performance in terms of its impact on my behavior and productivity would constitute a second act of violence, beyond the violence of realism.

However, other moments in the play invite a less total, less totalizing form of identification. In the midst of linguistic breakdown, I note not my own bodily suffering, but Bearing’s. Crucially, these moments seem to occur when I feel that I am *faced* by Bearing, when I feel this character *addresses* me. I write: “She is talking to me -/ Talking and I can forget/ Her baldness and her fear…Talking but is interrupted/ As her body seizes…” This moment is, in fact, in conversation with the moment from *Wit* quoted above, and it is this moment of facing that allows for a completely different form of representational impact on me. In this moment, the representation of Bearing’s body holds its own, our differences are upheld – she is she and I am me. Or, my sense of her as a performed Other is that she is she and I am me\(^{14}\). This moment does not catapult me back into myself, but rather positions me *in relation* to Bearing, as her (helpless) witness. This moment, as described, is painful too, although in a different way. In this instance, I cannot *be* Bearing, but I also cannot be *with* Bearing, for she is fictional and I am an

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\(^{14}\) She, of course, is not a ‘she’ at all, but in my case, an assemblage of flattened images and sounds, shown in quick succession.
audience member. The subject position I must assume is as a witness to her pain, which in this moment I must see but cannot (imaginarily) inhabit.

Bearing’s face has made a claim upon me – but crucially, because this is a performance (and not ‘real life’), I have been asked to acknowledge, but not to tend to her pain. Bearing’s words and actions, coupled with the fact that she is fictional and performed, invite me into heteropathic identification. I see Bearing, I feel her presence and notice her suffering. Bearing has my full attention, and yet I am aware that I am not Bearing herself. I can, in the most painful moments, even remind myself that what I am watching is a film, and, like any representational practice, does not, cannot capture the unpredictable force of ‘real life.’ This is “becoming undone” in its second iteration – in this moment “becoming undone” does not refer to undoing terms of identity, but rather being asked to notice rather than to know, being able to see and hear but unable to do or to act in place of the Other.

This, I argue, is the moment of response-ability. My job in this instance as audience member (painfully) isn’t to do or to act, but rather simply to respond and to acknowledge. Contrary to the “point” of Wit as an educational initiative, the moments in fact “force” an ethical encounter by prohibiting my entrance into the realm of idiopathic identification, and thus action, or acting on behalf of another. Simply, in these moments, I must allow Bearing to exist as Bearing: a fictionalized representation of an Other who escapes categorization and easy identification, yet demands a certain acknowledgement. In this moment, knowledge is truncated, for all the knowledge in the world, empathic or otherwise, will not help Vivian Bearing, who is, after all, just a performed character in a play, and so I am left with my response-ability – my ability to recognize the suffering of this ailing body.
If this moment was not fictional, was ‘real life’ and not a part of a performance, it would be very easy for me to assume a different position in regards to a suffering body before me: I would care, I would tend, I would act, I would do. But in this moment I have become undone. And in my un-doing, the moment where “doing” ceases, I must encounter the fiction of Bearing outside of my empathic capabilities that work to erase her pain, and must face the moment of the suffering Other baldly and inescapably, albeit through the safety of representation. This is the ultimate, and sometimes agonizing, impact of performance: the audience must watch without doing, can maintain the radical ethicality of responding without action, acknowledging without presuming to know. In ‘real life’ health care practice this response might not be possible, or even desirable, but performance provides the home for the possibility for this type of ethical moment.

I mentioned earlier that both Brecht and Levinas would haunt the grounds of this analysis, and indeed, it is through the notion of response-ability that they may be read simultaneously. This moment of response-ability is indeed gestic in nature. It identifies and illuminates the idea of the suffering Other through representational practice. However, this moment is also ethical, in that it provides a space through which to enter into heteropathic identification: to notice the Other while remaining oneself; to feel deeply with and for the Other without obliterating his or her suffering through the recourse to a pro-forma notion of empathic care or action; to become undone by an Other’s suffering. Crucially, it is this awakened experience of the Other, of our response-ability, that may be carried beyond the space of performance and into ‘real life’ relational encounters.

Paradoxically, Bearing’s fictionality makes this moment (the moment where response-ability is awakened) strangely one-sided: we as audience do not have any response-ability to
Being herself, but rather may recognize the weight of response-ability as it shapes encounters with Others outside the performance. The element of fiction, Bearing’s existence as purely representational, is the cornerstone of this moment, for it is her existence as only a character that allows this moment to be experienced, noticed, and felt outside the domain of ‘real’ relationality.

Besides my own reaction to Wit, I also want to briefly consider the responses to Wit offered by Sulmasy (2001) and Zuger (1998). Given my critique of totalizing forms of knowledge, I am admittedly wary of attempts to categorize these responses. However, without assuming too much of these reactions I do want to suggest some telltale moments in their work that are potentially expressive of becoming undone in both its iterations. Importantly for this argument, what may be most compelling about these responses is not the substantive content of the responses, but rather the ways that each response is singular, and totally different from my own response and one another’s responses, despite the fact that they are both doctors. Simply, becoming undone is a singular and unpredictable activity.

While my own identificatory nexus occurred between the character of Vivian Bearing and myself, for both Sulmasy (2001) and Zuger (1998) it seems as though identification centers on their response to the portrayal of the institution of medicine, and, for Zuger (1998), with the physician characters. This of course makes perfect sense, as both writers approach the play from the subject position of a physician. However, between these two lie very different identificatory responses. For her part, Zuger (1998) resists identification with what she perceives as a highly de-idealized image of a doctor. This, for Zuger (1998), is not an image she wants to, or even can, assimilate within her self-schema. In fact, the entire thrust of Zuger’s (1998) article is to disown (and further de-idealize) the physician characters, writing them off as offensive and painful caricatures, thus rejecting a realist reading of the play.
Sulmasy (2001), however, provides a completely different take on these characters and their place within medicine. Arguing in the opposite direction, Sulmasy (2001) relates to the doctor characters as truthful representations, particularly as they illustrate medicine’s shortcomings. For Sulmasy (2001), the recourse to realism interesting leads his analysis away from instrumentalization of *Wit,* and towards critical reflection. Sulmasy (2001) feels the play provides a singular and crucial message for all doctors regarding what he considers violent, totalizing acts within medical education and practice, and asks for a profound (and arguably ethical) process of reflection, atonement and change.

7.2.4 *The challenge of ethics to the knowledge economy*

I have suggested earlier that within performance’s ethical potential also lies the potential to resist the positivist discourse that seeks to instrumentalize it, and now want to clarify this argument. As I have noted, the argument for performance that occurs in and through a positivist/realist frame has all to do with knowledge, and the ties between knowledge (in terms of empathy) and action (in terms of empathic skills or practices). Performance, however, works to sustain the moment of non-action, or response-ability *without* action, thereby resisting forces that seek to instrumentalize it through the knowledge/action nexus. Performance, I have argued, is not about knowledge at all, but about sustaining a moment where knowledge’s grasp is eluded. In this configuration, performance-as-ethical-stimulus resists positivism not by positing truth against non-truth, or reason against non-reason, but rather in positing evaluableity, predictability, normativity and instrumentalization against unknowablity and unpredictable potentiality. Performance in this sense is thus a form of disruption and resistance to positivism, and part of what makes performance a difficult and unruly practice in the health sciences.
And what to make of the notion of response-ability and its effects on audience members? How might this be theorized beyond the recourse to predictable notions of “attitude and behaviour change”? Here I offer that, in the face of awakened response-ability, we are, painfully, hopefully opened to the call of many Others, who themselves resist and defy predictable rationalization and domination. This, of course, means resisting pre-given conceptions of the Other(s), and rejecting set methods for responding to his or her call. One such call, for example, might be the use of pre-generated empathic responses, born of a need to fix or mend the Other.

In other words, to engage with the world in terms of intellectual, creative or emotional expression, or to respond fully and openly to another person, without the restraining recourse to utility and efficacy is a form of resistance to domination of the knowledge economy. And to engage response-ability in this manner not only resists the instrumentalization of human capability, whether it be making performance or responding to another person’s suffering, but also illustrates why this instrumentalization is so dangerous. To resurrect human response (in all its forms) within the confines of rationality and the logic of economy is to oppress and to dominate. Thus, the imperative is to resist what we have been offered by way of predictable and rational communicative and emotive responses, be they research methodologies or empathic skills.

7.3 Summary

The idea of performance-as-tool revolves entirely around a realist reading of *Wit*, which, I argue, aids in the task of locating the play within a positivist framework. Relying on *Wit* to remain faithful to a surface depiction, or imagistic simulation, of ‘real life’ and thereby granting
audience access to a putative slice of ‘real life’ experience, this discursive framework allows researchers to monitor levels of knowledge uptake, and to therefore construct *Wit* as an “effective” tool for the transfer of knowledge about empathy and empathic skills. Crucially, the parameters of this discourse as set out by the evaluations reconfigure empathic skills within the language of economics. This reading allows performance to be understood and valued within the knowledge economy.

I have argued that this reading of performance is inherently violent, and damaging to audience members. The resultant knowledge-based practices that emerge from this notion of performance work to standardize audience members’ reactions to the play, and thus to constrain the possible responses that may emerge. Further, this standardization places great value on the role of *empathy* as both a tool for attitude and behaviour change and as a desired outcome (i.e. that audience members will themselves become more empathic by watching the play). I have offered that this type of empathy depends on idiopathic identification, and on a violent erasure of difference between audience members and performed Other, and between performed Other and ‘real life’ Others to be encountered *beyond* performance. In other words, the value of representational practice as *representational* is lost.

I have countered this reading of *Wit* with a second reading, based on ethics, as expressed within the language of identification. Here I have offered the idea that performance’s value is ethical rather than instrumental, and has to do with the creation of an identificatory space for noticing and acknowledging the Other. In this reading the representational force of performance is key: because it is representational (and not ‘real life’) I have argued that performance allows for the creation of an ethical moment, or a space of rehearsal for an ethical encounter that may occur outside the performance itself. This opening allows audience members to be ‘undone:’ to
notice without doing, to feel and experience response-ability without the burden of inhabiting the other through presumed knowledge, or of having to act on his or her behalf, and opens the possibility for open and ethical encounters with Others beyond the space of performance. This experience hinges on forms of identification that allow the Other to be acknowledged, but to exist as Other, without the erasure of difference, and in this case without the false assimilation of representation to ‘real life.’

Beyond providing an ethical account of performance’s potential value, this reading also works to resist the forces of the knowledge economy that I have named earlier as oppressive. By providing a reading of performance that refuses instrumentalization on the basis of efficacy, predictability and ends-oriented outcomes, my goal has been to re-write performance as a resistant practice that upends the forces that seeks to contain and constrain it. This, to me, comprises one of performance’s most critical contributions in the age of the knowledge economy.
8. CONCLUSION

Within this thesis I have worked to critically examine arts-based pedagogical interventions within health research and education. Using Margaret Edson’s play *Wit*, I have explored two comparative perspectives regarding its perceived value: one instrumental, the other ethical. First, I have framed the instrumental use of *Wit* in medical education as exemplifying the impact of the knowledge economy on creative forms of pedagogy and expression. Taking the position that the knowledge economy is a powerful, pervasive and ideological discourse, I have argued that the this discourse does violence both to the use of performance in pedagogy and to its audience members by determining what we can know about performance and through performance. Finally, I have theorized the instrumental use of *Wit* in medical education as working toward an economy of empathy in which the notion of inter-human relationality is constructed in terms of accountable, measurable skill sets. Second, I have re-framed *Wit* on ethical, rather than instrumental, grounds. Drawing from various strands of art criticism and theory, and the philosophy of Levinas, I have provided a second reading of *Wit* that grounds the importance of performance in terms of identification and inter-human relationality as opposed to knowledge acquisition. This, I have argued, is not only an important contribution in its own right, but is also valuable because it resists the domination of the knowledge economy.

In this final chapter of the thesis, I want to draw together several threads that are woven throughout the work, and which may point toward future directions for thought. I begin with the bad news. I revisit the twinned issues of instrumentality and methodology in relation to knowledge production, and relate a shift in methodological practice to a shift in ideological practice, and the particular oppressive bearing this shift has had both on care giving practices (medicine and nursing, for example) and on institutions of higher learning. Not wanting to end
on a catastrophic note, however, I turn to consider the political importance of representational practices as they have been realized in this thesis, both in terms of performance, and in terms of methodology, which, I will argue, is both a representational and ideological practice. I then re-examine the importance of ethics as it pertains both to the dangers of instrumental knowledge and representational practices. Here, I extend the emancipatory possibility of the ethical moment from performance and into hermeneutic research methodology. Finally, having looked back on where this work has taken me, I want to look forward and explore future avenues for thought, criticism and exploration.

### 8.1 Findings and Realizations

#### 8.1.1 Instrumentality, ideology, and the new economies of empathy and learning

This thesis began with a very strong reaction against the instrumentalization of performance in health and medical research and education. In particular, the address of this topic arose from my own involvement with the *After the Crash* project, where the play’s value was measured on the basis of its utility in terms of knowledge transfer, and calibrated through quantitative survey evaluations administered to audience members following the show. This model for understanding performance’s value is not new to *After the Crash*, and has been used to as the conceptual scaffolding for other projects that have employed performance as a pedagogical tool in the health sciences. Essentially, this model rests on the notion that performance’s value and utility emerge from its perceived ability to produce certain kinds of subjects through the linear transfer of knowledge. Performance, in this reading, is understood as providing valuable information about how to be a good health care provider – a health care provider who practices appropriate and beneficial empathy skills. A crucial piece of this thesis has been to locate this reading of performance, and the knowledge practices that surround and support this reading, within the context of the knowledge economy.
The knowledge economy is a product of late-stage, neo-liberal capitalism, which rests on the commodification of knowledge, and, importantly, the commodification of knowledge embodied in workers as particular skills sets (empathic skills, for example). Within this thesis I understand the knowledge economy and its resultant practices as linked both to ideology and domination: the knowledge economy is not a neutral or benign force, but rather is understood as the productive expression of power. Thus, the instrumental use of performance as a means of transferring knowledge from its locus of production (i.e. primary research) to its intended targets (health care providers) marks one (ideological) practice or iteration of the knowledge economy’s powerful discourse. This practice not only casts performance within a particular role, but also disciplines health care providers into certain productive subjectivities.

My work, then, has also been to explore the realization of this expression of power. How is the knowledge economy realized in daily practices, particularly as they relate to modes of inter-human relationality such as care giving and pedagogy? To borrow from Foucault’s terminology, what is the technology of power at work in this instance? My answer thus far has been that the powerful discourse of the knowledge economy is realized through the practice of positivist methodology, or pro-forma approaches to knowledge production and transfer that constrain within the discourse of efficacy, utility and applicability, and therefore amenability to commodification. Positivist methodology, I believe, provides one iteration of the ideology of the knowledge economy in action. This is to say, the ways in which positivism acts to capture experience (through a claim to neutrality, objectivity, evaluability and predictability) not only works within the knowledge economy discourse, but, crucially, (re)produces the discourse and its effects. It is the reliance on, and recourse to, standardized methodological forms that creates
the discursive terrain in which notions of rationalization, standardization and evaluation of knowledge and knowledge production take root.

I arrived at this conclusion by two routes. Exploring the methodologies used by the WEI (and related studies) in order to value and evaluate Wit’s utility in medical education was my first route leading to this critique. The use of survey evaluations to provide a body of normative evidence not only about performance but about the audiences watching the performance allowed me to reflect upon the nature and role of evidence within the knowledge economy. The second route, however, emerged unexpectedly through my own struggle with methods within this thesis. The process of creating a methodology that remained rooted in creative engagement and did not replicate the troubling aspects of the WEI was fraught, as realized throughout the writing of Chapter 6.

Throughout this thesis I have argued that the ideology of the knowledge economy has had a significant effect on inter-human forms of engagement, specifically the role of care giving in health and medical institutions. The impact of the knowledge economy in these areas has been twofold: first, to assert the primacy of certain forms of evidence in the provision of medicine (as realized through the practice of evidence-based medicine) and second, through the rationalization and economization of empathy itself. This turn, as I have explored in Chapter 7, configures empathy as a particular set of skills that are amenable to both linear models of knowledge transfer and evaluation. Further, the turn to evidence-based medicine is directly linked to the creation of an economy of empathy. Empathy, which considered at once vital aspect of medical care but also extremely difficult to teach or measure, can only find its way into the “new” practice of medicine through a system of positivist evaluation.
Thus, the economization of empathy through its definition and measurement is paramount for its inclusion in evidence-based medical practice. This is, of course, having and will continue to have, very profound effects on how care givers and health practitioners relate to both practice and patients. Sole reliance on evidence-based resources (born of positivist evaluations) dictate the parameters for how health care providers can and should engage their work and their patients. And this tyrannical institution of “evidence” argues for rationalized forms of care that obliterates complex, unmeasurable and, I have argued, ethical modes of inhuman exchange that transpire between patient and care giver.

Because I am committed in this thesis to identify the machinations and effects of the knowledge economy, I want to use this conclusion to draw attention to ways in which the knowledge economy has also significantly impacted on knowledge processes, and particularly its effect on the shape and role of higher education. Thinking, teaching and learning, arguably cornerstones of academic practice, are in the midst of a radical reconfiguration, as they are subject to the kinds of instrumentalization and commodification demanded by the knowledge economy. These shifts have profound effects on the ways in which not only knowledge production, but also teaching and learning are carried out in the university.

The bulk of this thesis has explored the ways in which the knowledge economy ideology has impressed itself upon the research process, which, regardless of who or what the research is for, now demands measurable assurances of utility, efficacy and productivity. But what about teaching? What about learning? Have these been left unscathed as the rest of the university operates as a veritable knowledge factory? Hardly. My thoughts here are not empirical, but rather observational and anecdotal, but nonetheless worthy of consideration and inclusion. These observations lead me to believe that teaching and learning are as much victims of the knowledge
economy’s violence as are research and inquiry.

The drive for instrumental accountability infects not only research, but teaching and pedagogy. If knowledge is a commodity, then our knowledge products and delivery systems (i.e. thinking and teaching) must meet customer expectation. I had, not long ago, a very strange experience. In another part of my life, I am the co-creator and distributor of a board game about the Social Determinants of Health (SDOH). The game is based in a narrative structure and, as such, it helps players relate to the lived experience of the SDOH and to think critically and broadly about public health issues. By chance, my co-creator and I were invited to facilitate the game for the Canadian medical schools’ public health curriculum planners. The game went very well: the planners (all doctors who have dedicated their careers to teaching and academic medicine) enjoyed the game immensely. They learned from the game, and wanted to incorporate it into the medical schools’ public health curricula. They were, however, stopped by one thing. We had not yet completed an evaluation of the game. We did not have “proof” of its pedagogical efficacy. The need for instrumental evidence of the game’s utility overrode the collective and individual pedagogical wisdom of these senior educators15.

The message in this encounter for me is that teaching, like research, is not considered “useful” unless there are tangible, predictable markers of its effects. Further, teaching in this capacity has little to do with the kinds of unpredictable insights that occur when people think creatively and think and speak together; rather, in this model teaching is linear and unidirectional, leaving little space for new thinking to emerge. Within the transformed university setting, teaching, like methodology, is a contested terrain, wherein ideology may be

15 We created a survey evaluation. The medical schools purchased the game.
either enacted or resisted.

Thus, one very important finding emerging from this thesis has to do with the violence inflicted through the instrumentalization, and thus constraint, of creative expression and response, be it care-giving, performance, methodology or pedagogy. The constraint and reconfiguration of these practices have, I argued, worked to enable new economies – in particular economies of empathy and learning, or pedagogy. I have linked the urge to construct thought and expression within the narrow confines of “useful” and (e)valuable to the discourse of the knowledge economy, and have critiqued these practices on the basis that they are inherently ideological. The control of thought and expression through ideological constraints placed on both methodology and pedagogy is thus a significant form of contemporary domination, and one which is having profound effects on institutions of medicine and higher education and the subjects they produce.

8.1.2 Representational practices/Ideological practices

A second central analytic strand running through this thesis is an examination of the ways in which representational practices are employed and deployed in the service of knowledge production, translation and transmission. In particular, I have been interested in examples of representational practice that appear both objective and neutral, and which purport to faithfully capture reality, thereby making particular claims about their ability to translate and transmit knowledge. In other words, I have been interested in forms of representational practice that disavow themselves as representational practices, and have explored the political importance of these acts of disavowal. In particular, I have focused on in this work are realist forms of performance.
My interest in the political importance of representation began as I explored the WEI studies, and realized that these studies employed a very particular reading practice in terms of understanding the role of representation in *Wit*. In order to make the kinds of claims about knowledge, and specifically about performance as a tool for knowledge transfer, the WEI studies relied on a realist reading of *Wit*. Realism, I have noted, is historically and ideologically linked to positivism, and the creation of what seems like a neutral, objective reality in performance benefits and supports a notion that realist staged action is able to provide a transparent window on the ‘real’ world. Thus, it is the reliance on realism as a representational practice (or a perceived representational practice) that allows performance to be constructed as a technology for linear knowledge transfer.

This argument that begins with performance does not end with an examination of the arts. As I conclude this work, I want to extend this argument from its original locus of performance to include *positivist methodologies* as forms of realist representational practice. This is to say that, like all methodologies, positivist methods seek to capture and communicate the process and experience - the *narrative* - of creating new knowledge. And, like all systems of representation, methodology as a representational form is marked as much by what it leaves out and obscures as by what it is able to contain or express. The extension of this argument emerges from my sustained attention not only to the impingement of instrumental positivism on the creative work of others (in this case Edson’s *Wit*) but from the impingement of my own internalized positivist thinking on the creative processes at work within this thesis.

Methodology, then, like any representational practice, is a *fictional* account of the world – fictional *because* it is representational. Like other, related practices, when read through the ‘lens’ of realism, methodology works obscure its own inherent fictionality. This occurs through
the use of research form and the language in which this form is reported, both of which are constructed as transparent windows onto the ‘reality’ of the research subject and process. This process, the process of ‘knowledge production,’ works to create bodies of evidence about the world, and, as such, to dictate certain kinds of practices, for example, how health care providers should comport themselves relation to their patients.

My argument here is that, as a realist representational practice, positivism obscures the inherent fictionality of its own creation, an act that carries forceful political ramifications regarding the social value of knowledge and knowledge production. In working to capture the process of knowledge production, the language and form of positivist methodology concentrate and legitimize certain details while rendering other details entirely absent or invisible. While this is a given when working with other representational forms\(^{16}\), the language of positivism makes a representational claim to a total, neutral, objective and verifiable truth regarding both the knowledge-making process, and the knowledge that has been produced. In other words, instrumental positivism as a representational practice purports a very close mimetic proximity to reality. Thus, performance and methodology may be read as one and the same: by making realist claims to representational veracity, methodological realism, like theatrical or filmic realism, is also politically and ideologically implicated.

This argument is vital to the ongoing work of this thesis, for to understand methodology as a representational practice provides an important opening for the critique and resistance of the

\(^{16}\) For example, when reading a novel we understand that the account given is fictional, and to construct a fictional narrative, the author has chosen to include certain details of the story, while leaving others out. Similarly, a painter or photographer chooses how to frame and construct an image. These “artistic” choices lead us to understand that the content of a novel, photograph or painting is as much an expression of the artist as it is the world they seek to capture.
knowledge economy. Earlier in this thesis I have argued that realist/positivist methodology (like realist theatre) is an ideological representational practice in terms of its intimate connection to the goals and demands of the knowledge economy (an argument I will expand in the next section of this chapter). To understand methodology as both ideological and representational exposes not just the “fiction” of research, but crucially also exposes the façade of truth against which the knowledge economy makes its powerful claims. If research and research methodology are, in some sense, entirely fictional, then the sense of power and authority that these claims hold is disrupted and disturbed.

8.1.3 Ethics: From knowing to noticing

Thus, understanding methodology as a representational practice does not lead me to dismiss research, nor to deride it on the basis of its fictionality. Rather, this sense leads me in the opposite direction: to embrace the notion of fiction, and open to the possibilities of multiple forms of representation, or representational practices, as ways “into” understanding, interpreting or noticing the world differently. This has been precisely the reason I have located this thesis within the epistemological and methodological terrain of hermeneutics. Prolonged attention to the nature and form of creative forms of inquiry has lead me to a second area of discovery in this thesis, which has to do with the importance of ethics in terms of providing a means of re-reading the value of fictional, representational practices beyond their instrumental possibilities in terms of knowledge transfer.

Throughout this work I have built upon a notion of ethics drawn from the work of Levinas, particularly his understanding of ethics as residing in relationality and relational responsibility, and his critique of knowledge and totalization. My argument has been that ethics provides a conceptual path that leads us from knowing to noticing, and that this path opens up
new horizons of relational possibility. Using theories of identification emerging from film studies, in particular the work of Silverman (1996), I have offered a reading of ethics that is contingent upon the idea of relationality, but also, crucially, engages representational practices as ‘openings’ for ethical interchange. This notion of ethics performs two valuable tasks within this work: it provides a way of re-reading the ‘value’ of performance within health and medical education and research, and, as such provides a way out of an entirely instrumentalist reading of performance.

This conclusion is perhaps partially echoed in the work of Arthur Frank (1997) who, in his book *The Wounded Storyteller*, writes that telling stories about suffering, in particular one’s own bodily suffering, offers an opening or possibility for inter-human relationality, which is at once ethical and restorative. Also drawing from Levinas, Frank’s version of what I have called ‘response-ability’ is bound up with the experience of bodily suffering, and the ethical/relational opening of this experience through narrative. Frank (1997) writes: “The suffering person is always the other, reduced and isolated. To tell any story of suffering is to claim some relation to the inter-human” (p.180). In my own work, I have slightly refigured this idea by examining the importance of *representational* (i.e. fictional) practices in terms of creating an ethical opening. Like Frank, I have argued that telling stories about suffering is indeed a crucial to the creation of a possible ethical moment; however, I am arguing here that this storyteller, and the resultant story may be a fictional representation. Indeed, the fictionality of this representation may provide an important ‘safe space’ for this ethical opening, for the act of *noticing* the feeling of response-ability to a (suffering) Other. Trauma theorist Veena Das (1997) most eloquently captures this sentiment through her insistence that: “some realities must be fictionalized before they can be apprehended.” (p. 69)
The crux of my own argument lies in the ethical difference between *knowing* and *noticing*. The idea of ‘knowing’ in this context, I have argued, places ‘knowledge’, ‘knower’ and ‘known’ into a particular relationship with relationality, power and ideology. ‘Knowing’ not only presumes a consumptive logic in terms of a relationship with the Other, but engages with the instrumental needs of the knowledge economy, wherein knowing, and particularly knowing the Other, is valued in terms of its *predictive* abilities, and ability to produce ‘useful’ change in the world. Conversely, the notion of ‘noticing,’ occupies a very different relational and political space in this thesis. Noticing, and in particular noticing the presence of the Other, does not take ends-oriented utility or predictability as its goal, but rather has to do with remaining present and response-able to the world, in whatever unpredictable form that might take. Open, unpredictable and unevaluable, the notion of noticing resists the call of the knowledge economy to instrumentalize relational practices, and thus performs a politically different task than the notion of ‘knowing’ offered in this thesis. Ethics and the notion of response-ability, in other words, open horizons of relational possibility beyond prediction and evaluation.

As this work draws to its end, I am again inclined to conclude by reading my substantive analysis together with my methodological approach. Throughout the thesis I have made the case that I have chosen hermeneutics partly for its political value in terms of resisting positivism. But I want to now make the case for hermeneutic inquiry as an *ethical* practice – a practice that invites response-ability. For, like performance, the entire goal of hermeneutic inquiry is to open horizons of understanding, to initiate contact and conversation between the I and many Others\(^\text{17}\), and to make a space for a sustained process of *noticing*. Thus, using the conceptual bridge of

\(^{17}\) Although within hermeneutic inquiry these “Others” may be texts rather than people, as is the case within this work.
hermeneutics and hermeneutic inquiry, I want to expand the notion of performance from stage to page, in order to understand both as containing the possibility for an ethical moment.

8.2 Nagging Worries, Unanswered Questions and Future Directions

At the end of this thesis I find myself left not with the easy and satisfied feeling of a happy ending, but rather, the sensation that this work has simply created new avenues for further thought and reflection. Some of these avenues involve re-visiting the issues raised within this work, while others are new areas entirely. As I conclude this work, I want to briefly engage a few remaining questions that have been raised in the process of writing this thesis that may warrant further exploration, and then explore some of the new areas for inquiry that may use the work of this thesis as a starting point.

One interesting worry that has surfaced is whether or not my own use of Levinasian ethics has itself been instrumental. My goal, of course, has been to critique the instrumental use of performance in health and medical research and education; however, I am left with a nagging sense of paradox that recourse to ethics as a means to resist this conception of performance is simply another totalizing or instrumentalizing means to understand performance’s utility or value. The question remains for me: does the notion of ‘noticing’ simply become another way of ‘knowing’ performance?

Relatedly, I am also left with the question of whether and where an instrumental conception of performance and representational practice might be beneficial or appropriate. In other words: under what conditions might an entirely instrumental reading of performance be warranted, and why? In this work I have strongly resisted the idea that performance can and
should be used to improve the practice of health care professionals, but I am curious to revisit this resistance in coming years, to explore exceptions to my own critique.

Further, in this work I have not provided a clear indication for how performance might be taken up with health and medical research and education. I have implicitly suggested that the use of performance should be free from evaluation, and valued for both its potential to foster the conditions for ethical relationality and its potential to resist the oppressive force of the knowledge economy; however, I have not made any kind of specific recommendation for what the relationship between performance and health and medical education might look like. In part, this is because I feel that this kind of relationship cannot be prescribed, but rather must develop in practice. Thus, in the coming years I look forward to returning to more practical, arts-based projects to try and put my own suppositions into action, and watching and learning from others in this area as they engage their own arts-based practices. Specifically, I look forward to developing forms of practice that trouble the line between fiction and methodology, and, in so doing, exposing the vulnerability to certain truth claims made by and through the use of positivism.

One new and potentially fruitful theoretical avenue to explore questions that have surfaced throughout this work is through the use of post-structuralism, particularly making use of Foucauldian theory. As noted in my methodology chapter, Foucault’s work regarding the knowledge/power nexus, and his examination of systems of knowledge played a role very early in the analytic process, and, indeed, these theoretical perspectives have echoed quietly throughout this work. I am interested in returning to Foucault’s work in order to fully articulate this analytic strand, and to link notions of power, knowledge, subjectivity, discipline and
resistance to my current work. I believe that the project of reading Foucault and Levinas simultaneously offers fertile possibilities for the future direction of my work.

Finally, I am left with an enduring interest in how to make sense of the continuing domination of higher learning by late stage neo-liberalism, specifically the encroachment of practices that seek to instrumentalize and commodify knowledge and learning. Universities are, at the moment, a contested terrain: having traditionally offered a protected space for resistant thinking and interpretive sense making, institutions of higher learning have sown the seeds for resistance through dialogue and critical inquiry. These safe spaces, however, are increasingly under attack through policy changes that have withdrawn carte blanche funding (funding to which no strings are attached), and have mounted increasingly insistent campaigns for academics to assume roles as knowledge entrepreneurs that have amplified calls for applicable, accountable and commodifiable knowledge products and delivery services. These pressures, as I have argued, are having profound effects on all aspects of academic life, and, ultimately, are reshaping the very meaning of academia itself.

In The Subject and Power, Foucault (2003) writes: “Maybe the target nowadays is not to discover what we are but to refuse what we are.” (p. 134, italics added) As I end this thesis, my ultimate question is how do we, as academics, refuse the mantle of subjectivity offered by the knowledge economy? My avenues for future inquiry thus become as much practical as intellectual. I wonder: Is there room for truly creative and non-instrumental forms of practice and pedagogy within the contemporary university system? How might one fruitfully engage the practices of research and pedagogy in an era marked and marred by instrumentality and the commodification of knowledge? What means are available to critically engage and respond to the knowledge economy without acquiescing to its demands? This work is one attempt to
answer these questions, and, as such, signals the beginning, not the end, of the (hermeneutic) struggle to define, critique, resist and refuse domination.

8.3 Summary

Within this work I have looked closely at the use of performance in medical and health research and education. I have argued that the focus on theatre in terms of economized and rationalized modes of knowledge production does great harm to theatre’s pedagogical and ethical potential, and works to create new economies of empathy and learning. By utilizing scientific evaluative methodologies, and by focusing on knowledge uptake, the use of theatre as an evaluable, predictable and ends-oriented practice obscures performance’s emancipatory value, and thus misses performance’s potentially most potent and critical contributions.

To mount this argument, I presented a case study of the play *Wit*, which performs the study of a woman dying of ovarian cancer and has been used widely in medical education. Drawing from the ethical philosophy of Levinas, I critically explored the impact of the knowledge economy on arts-based pedagogical models within medical education. Further, I sought to redress potential harms inflicted by the knowledge economy by developing the notion of ethical “response-ability.” Through this concept I argue that the importance of theatre as a pedagogical method lies in its ability to foster powerful identificatory and humanistic relationships, and that this function challenges normative conceptions of reason, rationality and scientific evaluation, making the use of theatre in contemporary educational settings at once troublesome and vital.
References


Beavers, A. (1990) Introducing Levinas to undergraduate philosophers. *Undergraduate Philosophy Association*, University of Texas, Austin.


Appendices
**Appendix 1a. Lorenz et al’s Evaluation Results**

<table>
<thead>
<tr>
<th>Trainees’ Comparisons between the Usefulness of the WM Educational Initiative and Three Other End-of-Life Educational Approaches*</th>
<th>Much More Useful</th>
<th>Somewhat More Useful</th>
<th>Equally as Useful</th>
<th>Somewhat Less Useful</th>
<th>Not at All Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other End-of-Life Approach</td>
<td>No. Responding (%) Agreeing</td>
<td>No. Responding (%) Agreeing</td>
<td>No. Responding (%) Agreeing</td>
<td>No. Responding (%) Agreeing</td>
<td>No. Responding (%) Agreeing</td>
</tr>
<tr>
<td>Lectures</td>
<td>415 (54)</td>
<td>415 (26)</td>
<td>415 (18)</td>
<td>415 (3)</td>
<td>415 (1)</td>
</tr>
<tr>
<td>Journal readings</td>
<td>415 (62)</td>
<td>415 (21)</td>
<td>415 (13)</td>
<td>415 (3)</td>
<td>415 (&lt;1)</td>
</tr>
<tr>
<td>Bedside rounds</td>
<td>414 (30)</td>
<td>414 (32)</td>
<td>414 (26)</td>
<td>414 (11)</td>
<td>414 (2)</td>
</tr>
</tbody>
</table>

*Percentages based on valid responses from clinically experienced medical students third year and above, and some residents.

<table>
<thead>
<tr>
<th>Degrees of Correspondence between Medical Trainees’ Experiences of WM and Their Reflections on Five Aspects of Patient Care*</th>
<th>Very Much So</th>
<th>A Good Amount</th>
<th>Somewhat</th>
<th>Not Very Much</th>
<th>Not Much at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspect of Patient Care</td>
<td>No. Responding (%) Agreeing</td>
<td>No. Responding (%) Agreeing</td>
<td>No. Responding (%) Agreeing</td>
<td>No. Responding (%) Agreeing</td>
<td>No. Responding (%) Agreeing</td>
</tr>
<tr>
<td>To what degree did the performance make you feel like you can give your dying patient(s) with regard to...</td>
<td>409 (38)</td>
<td>409 (41)</td>
<td>409 (25)</td>
<td>409 (10)</td>
<td>409 (4)</td>
</tr>
<tr>
<td>Helping my patients live as long as possible</td>
<td>410 (41)</td>
<td>410 (42)</td>
<td>410 (11)</td>
<td>410 (3)</td>
<td>410 (1)</td>
</tr>
<tr>
<td>Talking with my patients about their prognosis</td>
<td>410 (41)</td>
<td>410 (41)</td>
<td>410 (12)</td>
<td>410 (2)</td>
<td>410 (2)</td>
</tr>
<tr>
<td>Addressing my patients’ physical pain and suffering</td>
<td>410 (41)</td>
<td>410 (38)</td>
<td>410 (10)</td>
<td>410 (4)</td>
<td>410 (1)</td>
</tr>
<tr>
<td>Talking with my patients about their end-of-life treatment wishes</td>
<td>408 (48)</td>
<td>408 (38)</td>
<td>408 (10)</td>
<td>408 (3)</td>
<td>408 (1)</td>
</tr>
</tbody>
</table>

*Percentages based on valid responses from clinically experienced medical students third year and above, and some residents.
Appendix 1b. Deloney & Graham's Evaluation Results

Table 1. First-Year Student Responses to Wit Evaluation Survey

<table>
<thead>
<tr>
<th>Response Description</th>
<th>UAMS Responses* (%)</th>
<th>National Responses* (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall performance was &quot;excellent&quot; or &quot;very good&quot;</td>
<td>91</td>
<td>97</td>
</tr>
<tr>
<td>Portrayal of patient's emotions was &quot;entirely real&quot; or &quot;very real&quot;</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>Portrayal of doctor-patient communication was &quot;somewhat real&quot;</td>
<td>67</td>
<td>n/a</td>
</tr>
<tr>
<td>Emotionally moved &quot;a great deal&quot; or &quot;pretty much&quot;</td>
<td>77</td>
<td>88</td>
</tr>
<tr>
<td>Preferred play to didactic lectures on end-of-life care</td>
<td>78</td>
<td>88</td>
</tr>
<tr>
<td>Preferred play to reading journal articles</td>
<td>74</td>
<td>89</td>
</tr>
</tbody>
</table>

* n = 138. ** n = 2,439.

Table 2. Mean Response of First-Year Students by Survey Item

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>UAMS Students*</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate the performance overall?</td>
<td>4.43</td>
</tr>
<tr>
<td>How accurately did the performance portray ...</td>
<td></td>
</tr>
<tr>
<td>Emotions of terminally ill patients?</td>
<td>4.35</td>
</tr>
<tr>
<td>Treatment for terminally ill patients?</td>
<td>3.77</td>
</tr>
<tr>
<td>Doctor-dying patient communication?</td>
<td>3.41</td>
</tr>
<tr>
<td>Nurse-dying patient communication?</td>
<td>3.61</td>
</tr>
<tr>
<td>To what degree did the performance move you emotionally?</td>
<td>4.08</td>
</tr>
<tr>
<td>To what degree did the performance make you reflect on ...</td>
<td></td>
</tr>
<tr>
<td>Helping patients live as long as possible?</td>
<td>3.96</td>
</tr>
<tr>
<td>Talking with patients about their prognosis?</td>
<td>4.40</td>
</tr>
<tr>
<td>Addressing patients' physical pain?</td>
<td>4.48</td>
</tr>
<tr>
<td>Addressing patients' emotional and spiritual suffering?</td>
<td>4.35</td>
</tr>
<tr>
<td>Talking with patients about their EOL wishes?</td>
<td>4.33</td>
</tr>
<tr>
<td>How useful was the performance as a tool for learning compared to ...</td>
<td></td>
</tr>
<tr>
<td>Didactic lectures?</td>
<td>4.33</td>
</tr>
<tr>
<td>Journal article readings?</td>
<td>4.31</td>
</tr>
<tr>
<td>Bedside rounds?</td>
<td>3.29</td>
</tr>
<tr>
<td>How would you rate the overall quality of care that your medical center gives to patients who are dying?</td>
<td>3.71</td>
</tr>
<tr>
<td>How relevant was the play with regard to the care you provide to your patients?</td>
<td>3.63</td>
</tr>
<tr>
<td>How would you rate your skill at ...</td>
<td></td>
</tr>
<tr>
<td>Breaking bad news to patients?</td>
<td>3.55</td>
</tr>
<tr>
<td>Discussing treatment decisions with patients?</td>
<td>3.57</td>
</tr>
<tr>
<td>Controlling symptoms?</td>
<td>3.36</td>
</tr>
<tr>
<td>Dealing with patients' emotions?</td>
<td>3.48</td>
</tr>
<tr>
<td>How personally satisfying is it for you to care for dying patients?</td>
<td>2.76</td>
</tr>
<tr>
<td>How would you rate the overall quality of care you deliver to patients who are dying?</td>
<td>3.94</td>
</tr>
</tbody>
</table>

* UAMS = University of Arkansas for Medical Sciences; EOL = end-of-life. Ratings based on a 5-point Likert scale, ranging from 1 (the most negative response) to 5 (the most positive response).

Note: U = 138.
Appendix 1c. McFarland & Rhoades' Objectives and Evaluation Results

<table>
<thead>
<tr>
<th>Educational Objectives:</th>
<th>The attendee will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient assessment</strong></td>
<td>1. Elicit patient's values, goals, and preferences for health care at the end of life including an understanding of physical, psychological, social, spiritual factors.</td>
</tr>
<tr>
<td><strong>Communicating bad news</strong></td>
<td>2. Communicate &quot;bad news&quot; to a patient who is dying.</td>
</tr>
<tr>
<td><strong>Pain management</strong></td>
<td>3. Discuss patient preferences for end of life care including nutrition and hydration, ventilator withdrawal, and cardiopulmonary resuscitation.</td>
</tr>
<tr>
<td><strong>Symptom management</strong></td>
<td>4. Prescribe opioids using different routes of administration.</td>
</tr>
<tr>
<td></td>
<td>5. Recommend appropriate end of life treatment for pain, breathlessness, nausea and vomiting, constipation, diarrhea, and anorexia.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments related to format and content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussions, virtual aids, role play, and content pertinent</td>
</tr>
<tr>
<td>It gave me the opportunity to learn more about end-of-life and how to approach it</td>
</tr>
<tr>
<td>I enjoyed a day to reflect on end-of-life issues and not rush through. The movie was excellent</td>
</tr>
<tr>
<td>Excellent movie; enjoyed hearing others views on a subject we have so few formal lectures/discussions about</td>
</tr>
<tr>
<td>Good integration of film</td>
</tr>
<tr>
<td>Enjoyed the interactive discussions; found the plan (&quot;LISTEN&quot;) for breaking news to family helpful</td>
</tr>
<tr>
<td>May want to conclude to one afternoon</td>
</tr>
<tr>
<td>OK—more hands on/group</td>
</tr>
<tr>
<td>Good content—expected this to be lame</td>
</tr>
<tr>
<td>I enjoyed learning and discussing the issue</td>
</tr>
<tr>
<td>It appears that I did not know what I needed help in</td>
</tr>
<tr>
<td>Good—well-organized material</td>
</tr>
</tbody>
</table>

Please explain the likelihood of changing your practice behavior

<table>
<thead>
<tr>
<th>Communicating bad news</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will change the way I present bad news and start from where patient/family is</td>
</tr>
<tr>
<td>Will ask what family knows before giving them bad news</td>
</tr>
<tr>
<td>Will always ask patient's understanding/expectations, okay to let go</td>
</tr>
<tr>
<td>I'll take more time to listen to my patient</td>
</tr>
<tr>
<td>Code status discussion</td>
</tr>
<tr>
<td>Will use &quot;LISTEN&quot; to deliver bad news to patients and families</td>
</tr>
<tr>
<td>I may vary what words I choose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pain and symptom management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of pain issues</td>
</tr>
<tr>
<td>Greater sophistication in treating pain. More comprehensive approach</td>
</tr>
<tr>
<td>Pain/symptom management was very helpful</td>
</tr>
<tr>
<td>Some neat tricks to ease pain or death/dying</td>
</tr>
<tr>
<td>Better understanding of pain management</td>
</tr>
</tbody>
</table>

| Whole-patient assessment |
### Table 3. Paired T Test Results for Pretreat and Posttreat (n = 30)

<table>
<thead>
<tr>
<th>Question</th>
<th>% Correct Pre</th>
<th>% Correct Post</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating bad news questions</td>
<td>81.6%</td>
<td>87.0%</td>
<td>0.092</td>
</tr>
<tr>
<td>1. In addressing possible withdrawal of ventilation, continuation of</td>
<td>66.7%</td>
<td>69.2%</td>
<td>0.767</td>
</tr>
<tr>
<td>treatment by a treatment option, (EPEC, M9-1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In meeting with the dying person's family, begin by asking about</td>
<td>92.3%</td>
<td>97.4%</td>
<td>0.324</td>
</tr>
<tr>
<td>their perspective/understanding, (EPEC, M9-2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In discussing the continuation of dialysis, begin by asking what the</td>
<td>82.1%</td>
<td>97.4%</td>
<td>0.032*</td>
</tr>
<tr>
<td>family understands about the patient's current condition. (EPEC, M1-1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. In concluding a meeting, summarize the plan of care. (EPEC M2-4)</td>
<td>84.6%</td>
<td>92.3%</td>
<td>0.183</td>
</tr>
<tr>
<td>7. When a patient refuses a life saving procedure, ensure that the</td>
<td>84.6%</td>
<td>87.2%</td>
<td>0.324</td>
</tr>
<tr>
<td>patient is of clear mind and understands the risks, benefits, and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alternatives. (EPEC, M8-2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. After setting general goals, discussion of the goals of care in view</td>
<td>81.8%</td>
<td>77.2%</td>
<td>0.427</td>
</tr>
<tr>
<td>of a poor outlook may be appropriate. (EPEC, M8-3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain management questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The way to switch from a long-acting oral medication to SQ opiates</td>
<td>31.2%</td>
<td>58.1%</td>
<td>0.009</td>
</tr>
<tr>
<td>when patient cannot swallow.</td>
<td>31.2%</td>
<td>56.3%</td>
<td>0.104</td>
</tr>
<tr>
<td>18. How to change from intravenous morphine to oral medications.</td>
<td>10.8%</td>
<td>43.2%</td>
<td>0.003b</td>
</tr>
<tr>
<td>19. Calculate narcotic doses when switching from codeine to</td>
<td>72.2%</td>
<td>64.0%</td>
<td>0.475b</td>
</tr>
<tr>
<td>intravenous morphine.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Prescribe opiates, tricyclic antidepressants, or gabapetin for</td>
<td>46.0%</td>
<td>62.2%</td>
<td>0.032*</td>
</tr>
<tr>
<td>neuropathic pain.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Consider nonsteroidal anti-inflammatory drugs, steroids,</td>
<td>13.5%</td>
<td>56.8%</td>
<td>0.000b</td>
</tr>
<tr>
<td>bisphosphonates and radiation therapy for bone pain.</td>
<td>38.9%</td>
<td>88.9%</td>
<td>0.001*</td>
</tr>
<tr>
<td>22. For pain from liver metastasis, consider opiates and steroids.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptom management questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Moaning during the last hours of living may be due to terminal</td>
<td>57.6%</td>
<td>81.1%</td>
<td>0.980b</td>
</tr>
<tr>
<td>delirium. (EPEC, M12-1) (2003 administrations only)</td>
<td>69.6%</td>
<td>91.3%</td>
<td>0.037</td>
</tr>
<tr>
<td>11. When a patient is confused during the last hours of living the</td>
<td>50.0%</td>
<td>93.8%</td>
<td>0.004b</td>
</tr>
<tr>
<td>reason may be transitional or terminal delirium.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Scopolamine may be helpful in decreasing gurgling during the last</td>
<td>46.2%</td>
<td>76.9%</td>
<td>0.001b</td>
</tr>
<tr>
<td>hours of living. (EPEC, M12-3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Discontinuing fluids at the end of life may be appropriate.</td>
<td>62.8%</td>
<td>86.4%</td>
<td>0.021a</td>
</tr>
<tr>
<td>(EPEC, M12-3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. At the end of life, consider what medications need continuing.</td>
<td>87.5%</td>
<td>93.8%</td>
<td>0.586</td>
</tr>
<tr>
<td>15. Lorazepam may be used for restlessness and moaning during the</td>
<td>31.6%</td>
<td>57.9%</td>
<td>0.010p</td>
</tr>
<tr>
<td>last hours of living. (EPEC, M12-4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. When a patient is treated with morphine for breathlessness, the</td>
<td>76.9%</td>
<td>100%</td>
<td>0.002b</td>
</tr>
<tr>
<td>drug is titrated to the patient's relief. (EPEC, M10-1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. For a dying patient trazodone may help nighttime agitation.</td>
<td>53.9%</td>
<td>84.6%</td>
<td>0.002b</td>
</tr>
<tr>
<td>(EPEC, M6-9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole-patient assessment questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The statement by a dying man, &quot;I'm worried about my wife&quot; suggests</td>
<td>69.2%</td>
<td>83.3%</td>
<td>0.014*</td>
</tr>
<tr>
<td>psychological distress. (EPEC, M3-2)</td>
<td>76.0%</td>
<td>78.9%</td>
<td>0.070</td>
</tr>
<tr>
<td>6. The question, &quot;Why is this happening to me?&quot; suggests spiritual</td>
<td>79.5%</td>
<td>89.7%</td>
<td>0.103</td>
</tr>
<tr>
<td>suffering. (EPEC, M3-4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent items correct</td>
<td>75.8%</td>
<td>76.8%</td>
<td>0.002p</td>
</tr>
</tbody>
</table>

*p < 0.05;
bp < 0.01;
SQ, substantively.
Appendix 1d. Shapiro & Hunt's Evaluation Results

<table>
<thead>
<tr>
<th></th>
<th>AIDS: mean (standard deviation) (n = 22)</th>
<th>Ovarian cancer: mean (standard deviation) (n = 47)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The performance improved my understanding of the experience of persons living with AIDS women who have ovarian cancer</td>
<td>5.00 (0)</td>
<td>4.70 (0.45)</td>
</tr>
<tr>
<td>The performance caused me to think about issues relating to AIDS and other chronic illnesses in new ways</td>
<td>4.56 (0.58)</td>
<td>-</td>
</tr>
<tr>
<td>The performance helped me to have better insight into the emotional and psychological issues associated with ovarian cancer</td>
<td>-</td>
<td>4.70 (0.33)</td>
</tr>
<tr>
<td>The performance increased my empathy for persons with AIDS women with ovarian cancer</td>
<td>4.67 (0.61)</td>
<td>4.81 (0.28)</td>
</tr>
<tr>
<td>The format (performance + discussion) was a useful way of learning about the personal, subjective effects of HIV and AIDS ovarian cancer</td>
<td>4.78 (0.42)</td>
<td>4.91 (0.35)</td>
</tr>
<tr>
<td>I would be interested in attending a similar event in the future</td>
<td>4.89 (0.28)</td>
<td>4.88 (0.22)</td>
</tr>
<tr>
<td>I will be able to incorporate insights from this performance into my future interactions with patients*</td>
<td>5.00 (0)</td>
<td>4.80 (0.31)</td>
</tr>
</tbody>
</table>