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"I and you" becomes "I am you": the audience's gaze in contemporary medical performance.

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Critical Stages, Medicine as/in Theatre

Introduction: looking and caring in medicine and theatre

Both theatre and medicine are characterised by a dynamic of looking at and caring for others: the audience attends to the performer, the medical professional attends to the patient. However, despite this shared orientation, theatrical and medical looking tend to be starkly distinguished. In historical, sociological and cultural studies of medicine that form part of a Foucauldian legacy, the 'medical gaze' is construed as an objectifying, even violent, force. For,

to look in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence, upon the sick body that demands to be comforted, not displayed? Can pain be a spectacle? (Foucault 2003: 102).

For Foucault, this gaze reaches its most oppressive form with the emergence of dissection as a clinical practice. Today, it is medical imaging that is equated with a similar anatomo-clinical way of seeing that, in its ever closer attention to the interior of the body, divorces the medic from patient and her subjectivityⁱ. For scholar Devan Stahl, who lives with multiple sclerosis, the medical scan 'participates in medicine's cold culture of abstraction, objectification and mandated normativity' so that 'patients seek medical care in order to be made whole, only to have themselves fragmented and objectified by the physician' (2013: 53-55). By contrast, 'the peculiar acts of looking demanded in theatres' (Johnson 2012: 22) are often conceived of as empathic, a vehicle through which the spectator takes in the subjective experience as well as the bodily composition of those she looks upon. Looking enables a process of identification: of imaginative and vicarious participation in the suffering of another and, with this, the possibility of catharsis. This illustrated essay explores how such medical and theatrical gazes might be blended and blurred in an emerging area of cultural practice that I follow Koppers in calling 'medical performance', one that surrounds and engages with 'medical systems and bodies' and the 'social and personal realities that open up' in response to these (2007: 1).

Bleeker conceives of theatre as a 'vision machine', as an event that organises 'the relation between those seeing and what they see, mediating in a specific relationship between the

two' (2011: 2). Here I reveal how these relations and relationships were orchestrated in two medical performances: *bloodlines* (2012-2016) and *Careful* (ongoing since 2016). These works, both devised by the author, play with the equivalence that might be drawn between the subjects and objects of theatrical and medical gazes. In other words, they ascribe to their audience members the subject position of the medic or patient, inviting them to adopt a certain way of seeing in relation to the patient or medic characters that they look upon. In doing so, they seek to complicate dichotomized characterisations of medical and theatrical looking. Moreover, acts of displaying and looking at others in medical performance, are also suggestive of how we construe the 'specific relationship' between medicine and theatre. Discussion of these two small-scale medical performances opens up to larger questions about how the distinct disciplines of theatre and medicine might be oriented to each other.

Examining the patient: *bloodlines* as pathographic performance



Bloodlines, by Chimera with performer Adam Kirkham as 'the patient'. Photo by Anna Tanczos.

bloodlines (2012-2016) is a performance-lecture that integrates theatre, dance, visual projections and music, to track a patient undergoing treatment for acute lymphoblastic leukaemia, a deadly blood cancer. Although not strictly autobiographical, it draws on personal experience of supporting my brother through diagnosis and the long and high-risk treatment and of acting as his bone marrow donor (2007-2008). Milton Mermikides, a music composer and researcher, subsequently created the sound tracks for both performances discussed here. Because of this autobiographical aspect, *bloodlines* can be situated within the field of pathographic performance delineated by Brodzinski, in which the presentations of the once/still sick patient on stage, offers insights into 'the patient experience from the standpoint of those undergoing/having undergone treatment' (in Mermikides and Bouchard 2016: 97). The practice exploits the analogous relation between patient and performer as the object of the gaze. One of Brodzinski's case studies is performance artist and cancer activist Brian Lobel describes solo performance as 'the perfect metaphor for being sick: one body was on stage, isolated and vulnerable' (2012: 14). Here, the role of patient and performer are elided. Likewise, the spectator in works such as Lobel's BALL, assumes the subject position of the physician surveying the medical 'case' presented before her.

For Brodzinski, pathographic performance promotes a process of empathic engagement, it issues 'a call to the audience to engage in an exploration of suffering and shared sense of vulnerability' (2016: 97). The assumption, I believe, is that this aspect is excluded from the medical encounter it mirrors. However, my premise in creating *bloodlines* was that such empathic identification with the patient is *inherent* to medical looking. This standpoint derives from the medics I met during Milton's year-long treatment, and during the making of *bloodlines* which involved close collaboration with medics at three hospitalsⁱⁱ. I was particularly struck by witnessing pathologists diagnosing and

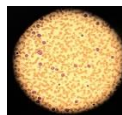
monitoring patients with serious haematological disorders, for they showed and described strong affective responses towards people known to them only through bone marrow biopsies and hospital numbers. In this case, observation of the patient's bodily composition did not necessarily blind the viewer from their subjectivity. Likewise, in the medical educational contexts where *bloodlines* was sometimes performedⁱⁱⁱ, it became clear that showing, teaching and knowing about 'cases' did not necessarily preclude feeling, nor empathetic engagement with suffering. In *bloodlines*, then, the spectator is offered the vantage point of the medic (in the first scene they are addressed as though they are medical students) who looks upon a patient who is 'on stage, isolated and vulnerable'. Through the technologies of imaging and didactic discourse, the spectator is granted the pathologist's or anatomist's ability to see inside the body. And yet these 'medical' ways of seeing and knowing enable an empathic response.



scene 1: Dr Law explains the process of haematopoiesis to first year medical students. Dr Law is performed by Rebecca Law (a former doctor). Photo by Anna Tanczos from performance at the Rose Theatre, Kingston 2014.



scene 2: a T-lymphocyte mutates and begins to proliferate. Photo by Anna Tanczos



scene 3: a bone marrow biopsy. The purple cells are malignant. Image by Anna Tanczos using anonymised sample.

<see video clip 1>

scene 6: Dr Law outlines negative complications of stem cell transplant as a bone marrow donor is sought for the patient. Film by Kingston University media services.

< see video clip 2>

Scene 12: the post-transplant (days 0-30) where patient is most at risk of graft-versus-host-disease, a potentially fatal immunological response to the donated cells. Film by Kingston University media services.

[A nurse-like gaze: Careful and the feeling nurse](#)

Careful exemplifies another branch and context of medical performance: the theatre arm of arts-based medical and healthcare educational practice. *Creative Health* (an important report by the UK's All Parliament Group of Arts and Health^{iv}) recognises the recent rise and professionalization of art-based medical/healthcare education as a welcome development, able to

address deficits in patient care by...promoting patient-centred approaches and empathic doctors and creating an intellectual culture within healthcare which values critical thinking and social engagement' (2017: 113).

As such, it represents the latest incarnation of a discourse, rooted in the emergence of the medical humanities in the late nineteen eighties, that saw the arts and humanities as an education in empathy for the 'humanistic physician' (Spiro et al 1993; 7-8). In Spiro et al's *Empathy and Practice of Healthcare*, empathy is 'evident when "I and you" becomes "I am you" or at least "I might be you"' (7). This process of identification, which, he argues, underlies both the Aristotelean notion of catharsis and the ideal medical encounter (8), might equally describe theatrical looking.

While the empathetic education of doctors continues to be a matter of public concern, it is currently the turn of nurses to have their affective capacities put under question. This is due to the public and policy response to the failures in care across the Mid-Staffordshire NHS Trust exposed by the Francis Report in 2013^v. The response of the healthcare education has been to develop and adopt a framework built around the values of 'compassionate care'^{vi}. Author and researcher Mark Radcliffe suggests that such policies and practices do not fully take account of nurses' lived experience of caregiving in workplace contexts that are not always conducive to their wellbeing. In a paper on the 'traumatized nurse' - a key influence on the *Careful* project - he alerts us to an overlooked fact in current nursing research, policy and debate: that 'nurses feel' (Radcliffe 2015: 27). He calls for a more 'helpful and sympathetic - one might say nurse-like way of thinking...about the human experience of the nurse' (26). *Careful* responds to this call by placing its nurse characters as the object of a spectators' 'helpful and sympathetic' gaze. The show follows five nurses in their deliberately mundane interactions with patients, interlacing these short encounters with sections of choreographic movement. It hints that there can be limits to nurses' capacity to care or to do so without emotional cost to themselves.



Careful by Chimera. Nurse Helena. Photo by Anna Tanczos from a performance in a teaching ward in the Nursing department of Kingston University, 2016. The performers are Helena Rice (foreground) and Viviana Rocha (just visible in blue scrubs).

As well as positioning the nurse as the object of the spectators' gaze, the performance projects the role of the patient onto the spectator. In its first public performance in a fully-equipped, hyper-realistic hospital ward used for nursing education, audience members were made comfortable in the patient beds and visitor chairs. In both this site-specific version,

and more conventional performances in theatres, spectators are interpellated as patient through direct address:



Nurse Thalia approaches a patient: 'Please may I have a look at that arm, Mrs Chakrambahti?' The performers are Thalia Papadopoulos (green tunic), Dominique Vannod (in the distance, white tunic) and Archana Ballal (Lilac scrubs)

bloodlines drew a simple corollary between spectator/medic as subject of the gaze, and performer/patient as its object. In *Careful*, however, subject positions are more playfully layered, and gazes more reciprocal. In moments such as this, when we are called by another's name, we become supremely aware of ourselves *as* ourselves, in a way that runs counter to our normally recessed position in the darkened auditoria of the theatre. The effect of being looked at by the nurse character and by our fellow patients/spectators, is to simultaneously make us conscious of ourselves while also inhabiting, to some degree, the patient who is projected upon us. Furthermore, we are also being invited to identify with the nurse before us: with Nurse Phil who needs to insert the canula into you as the reluctant child or Nurse Thalia as she greets you as her first patient. The choreography that accompanies some of these nurse-and-patient encounters, reflects these simultaneous or layered subject positions so that, for example, the slouch that characterises teenage diabetic Julian and Nurse Dom's furrowed brow, are incorporated into the same sequence and are embodied by multiple performers.

<see video clip 3>

Nurse Dom warns Julian about the health risks of drinking too much. Film by Anna Tanczos from performance at the Ivy Arts Centre, Guildford, 2016. The performers are Helena Rice (blue tunic), Archana Ballal (lilac scrubs), Thalia Papadopoulos (green tunic), *Dominique Vannod (white tunic) and Philippa Hambly (light blue scrubs).*

<see video clip 4>

Nurse Phil checks Darren's port-a-cath site.

In different ways, *bloodlines* and *Careful* seek to unsettle too easy a distinction between the positions of looker and those who are looked upon as the subject and object of empathy, compassion and care; between processes of 'medical' objectification and 'artistic' humanization, and, ultimately, between dichotomized concepts of medicine and the arts.

conclusion

The ability of medical performance to create complexly layered experiences of illness and of medical encounters, merits the attention of theatre and performance scholars. In addition, as an interdisciplinary practice, medical performance would also reward further study by all those who are concerned with the 'specific relationship' between medicine and

biomedical science, on the one hand, and the arts and humanities on the other. There has been renewed interest in this relationship in recent years, particularly within the critical medical humanities – and the urgency of the debate has been emphasized by a landmark article in the *British Medical Journal of Medical Humanities*, by eminent cultural scholar Julia Kristeva. In this, Kristeva *et al* urge us to avoid thinking of the humanities as ‘an instrument of repairment or ‘a “soft” supplement’ to a stable body of ‘objective’ biomedical and scientific knowledge’ (2018: 56)^{vii}. Given a climate of economic austerity that requires those in the arts and humanities to justify their relevance and, in research circles, their ‘impact’, it is tempting to fall into the sort of position of which Kristeva warns. This is a particular risk for projects like *Careful* that have an educational or applied intent in relation to the medical or healthcare sector: it is all too easy to be construed as an ‘instrument’ designed to plug supposed ‘deficits’ in healthcare provision.

However, what I have sought to demonstrate through these relatively minor examples of medical performance, is how practices that sit at the intersection of theatre and medicine, might support Kristeva’s project. They suggest, I hope, that the contribution that our discipline can make to these debates, lies less in providing a ‘subjective’ antidote to medical objectivity, than in its challenge to this dichotomised way of thinking. Both performances sought to challenge dichotomized concepts of medicine and the arts by unsettling too simplistic a distinction between the positions of looker and those who are looked upon as the subject and object of empathy, compassion and care; and between processes of ‘medical’ objectification and ‘artistic’ humanization. They indicate that those who engage with theatre and performance understand that it is possible to simultaneously inhabit epistemologically distinct positions, and to orchestrate relations between people and between disciplines, in which looking at and caring for the other is a mutual activity. Through this, we might surpass binary positions that artificially distinguish objectivity from subjectivity; knowing from feeling; understanding from empathizing; self from other – and, along the way, medicine from theatre.

Biography

Dr Alex Mermikides leads the doctoral programme at Guildhall School of Music & Drama, which specializes in artistic research in the performing arts. Her own research also bridges scholarship and practice. She has published on contemporary theatre-making (particularly devised and interdisciplinary performance) and the interface between theatre and medicine in the UK. Her edited books include *Devising in Process* (Palgrave 2010) and *Performance and the Medical Body* (Methuen Bloomsbury 2016) and she is currently working on a monograph on theatre, medicine and concepts of the human. She runs Chimera, an arts/research network founded in 2012 with an award from the Arts and Humanities Research Council. Through this, she creates performances on medical themes, often working in collaboration with medical specialists and patients. Her current project, *Careful*, was supported with public funding by the Arts Council England.

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ⁱ I use 'patient' as a blanket term to refer to a certain social role, occupied by those who are the object of medical attention. Similarly, I use the term 'medic' for the medical equivalent of this role. In both cases, the terms cover a range of social and professional roles that might not be referred to in this way in its local context.

ⁱⁱ These were the haematology departments at Antwerp University Hospital, St. George's Hospital and Hammersmith Hospital (where we were treated). Our main collaborator in Antwerp, Dr Ann van de Velde, performed in the debut production of *Bloodlines*.

ⁱⁱⁱ These includes performances at Antwerp University Hospital (to former patients and medics), at the Belgium Haematological Society conference in 201x (to specialist oncology nurses), at St. George's Hospital (to newly diagnosed patients) and to medical students at Hammersmith and St. Bartholomews Hospitals.

^{iv} Available at <http://www.artsandhealth.ie/resource/research-evaluation/creative-health-the-arts-for-health-and-wellbeing/>

^v Report into the Mid-Staffordshire NHS Trust Public Enquiry, available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

^{vi} See <https://www.england.nhs.uk/leadingchange/about/the-6cs/>

^{vii} The article is positioned as being in line with the Lancet Commission on Culture and Health, arguing for a need to 'to fundamentally question the cultural distinction between the objectivity of science and the subjectivity of culture' (55)