

# Dramatic clinical spaces

Anthony Pinching  
Jeff Teare  
Simon Turley

A playwright, a theatre director and a clinician-scientist, all of them active as educators as well as practitioners, have forged an enduring working relationship. First coming together to develop a play examining the impact of HIV/AIDS, the relationship has blossomed into an ongoing collaboration. Here, *Anthony Pinching, Jeff Teare and Simon Turley* reflect on the personal journeys they have undertaken as they have explored each other's professional and cultural space – and how the journey has enabled them to gain greater insight into themselves and their work.

Stated simply, we have been developing plays about HIV and about chronic fatigue syndrome (CFS/ME). While these stand as entities and performances, the ideas, situations and contexts have also been developed in workshops with young people at school, medical students, health professionals and patients. As a team from varied disciplines working on the Theatrescience project, we have engaged in dialogues and discourses that have increasingly taken us from fairly straightforward issues of securing veracity towards establishing a deeper and wider authenticity. This journey should give us, and others, greater insights into the interfaces between our humanity/identity and the processes through which we explore outer and inner worlds.

As individuals, each of us has multiple perspectives and formal professional spaces – e.g. teacher and playwright, theatre director and educator, clinician and scientist. But the richness of teamwork has been about discovering each other's spaces, and creatively working within and across them. This has taken time (and several plays). Respect for the expertise and experience in those other spaces has been interlaced with a guided exploration of each other's domains. This reached a point where we could, albeit briefly, even consider changing places.

For art to inform science, for drama to reveal the person behind the illness, for the learner to experience the space of another person, for the (trainee) clinician to comprehend the vulnerability of the patient, for the well person to know disease, for the ill person to see other ways of being, we may need similarly to exchange roles,

to witness or act out our incomprehension. We have developed these issues especially in dramas about CFS/ME, where major biomedical uncertainties are embodied in pervasive illness with a life-changing impact.

Perhaps in leaving behind caricature views of the spaces that we occupy in our various roles, we can identify a new intermediate space that allows us to give expression to those vital aspects of ourselves that cannot be expressed within narrowly defined roles.

### **Theatre, science and space – a history**

In 2001–02, Jeff Teare and Rebecca Gould, co-directors of Tinderbox Consultants Limited, worked on Science Centrestage – the Wellcome Trust’s flagship Year of Science project, which involved 93 schools creating pieces of drama based on biomedical science – followed in 2003 by the Newbury and Plymouth Science/Drama Festivals, involving 12 schools.

Imagining the Future followed, an exploratory creative project combining scientists, writers, actors and directors. One of the writers was Simon Turley and several scientists came from the Peninsula Medical School. Jeff then developed the Drama of Science project, introducing teachers and educationalists in five major cities to the use of drama to explore biomedical science issues.

The next evolutionary step was Theatre of Science, a large-scale project at the Theatre Royal Plymouth (2004–05), involving projects by 16 schools and three community groups, as well as two professional productions. One of these productions was *Seeing Without Light* (published by Parthian, 2005) examining themes around HIV research, written by Simon, directed by Jeff, with Professor Anthony Pinching from the Peninsula Medical School as scientific adviser.



From this collaboration came a new script about CFS/ME, called *Sleeping Beauties*. This script was developed by Simon, Tony and Jeff for Tinderbox, now operating under the name of Theatrescience<sup>1</sup>. Scenes from *Sleeping Beauties* were presented at three conferences, and the whole script was read at the Royal Academy of Dramatic Arts (RADA). This work was funded by a Wellcome Trust People Award; it was externally evaluated by Mel Scaffold, and quotations from this are included within this article by her kind agreement.

*Sleeping Beauties* has subsequently transmogrified into a different play about CFS/ME, now called *Something Somatic*. This play also received a public reading at RADA. *Something Somatic* was first performed in late 2007.

Left:  
Rachel Donovan as Emma  
in *Something Somatic*.  
Miriam Nabarro

### **Simon Turley: A rude awakening for beauty**

When it came to science, I thought I was an empty space: content- and value-free. But of course that wasn't true. I knew one or two things about genes – an admittedly dilatory biology O level ensured that once I had had to know something about genes. And Jeff Teare's brilliantly apt, oft-repeated initial Theatrescience workshop exercise, where all those assembled create an instant image of themselves – first as scientists and then as artists – showed that my value system was firmly stuck in the tradition of the two cultures: my scientist focused, my artist fey. Imagining the Future started something quite profound for me. By the end of that week, which brought writers into direct contact with science and scientists, my supposed space had been delineated, questioned and broken open...into a bigger space. When Jeff presented a series of potential scenarios for plays about biomedical issues, I stepped firmly through: I was going to write a play that would be about both finding a 'gene therapy' for HIV/AIDS and the relationship between science and art.

Drafts of *Seeing Without Light* were generously informed and scrutinised by several scientists, including Tony Pinching, who joined the Peninsula Medical School during the development. By the time we met, Tony had read the current draft and was encouraging – alive to what I was trying to do with the bigger (theatre-metaphor) picture. He also had a veracity-spanner or two to throw into the mix. My concept of genetic immunity to HIV, a central plot point, was at best confused and at worst just wrong. He outlined alternative scenarios of immunity and helped me towards a new and pleasing shape for the story. Tony also shared his experience of working in sub-Saharan Africa (parts of the play are set in Kenya), and we even explored moving a substantial part of the Kenyan character’s story to London.

Tony was thus sharing a creative space not only with me, the writer, but also with Jeff, who was my dramaturge throughout the project. When the play was in production, the three of us shared the stage (a space to which we had all contributed, but which we now occupied together) for post-show discussions. In response to a question about the project, Tony said that what each of us was doing in our different fields was “trying to make a bit more sense of the world”. For me, this was a moment that defined Theatrescience.

I later attended Tony’s inaugural Peninsula Medical School lecture, ‘Journeys with Patients’. I was expecting to be informed, but I had not anticipated being moved. However, lectures happen in lecture ‘theatres’, so maybe I should have been better prepared. His accounts of working with people suffering from HIV/AIDS and CFS/ME were unfailingly humane. It was clearly there in his voice, as he recalled a man with HIV/AIDS gently refusing Tony’s latest range of strategies for managing his condition with an acceptance that it was “time to go”. In the audience, what I heard was not science but grief – I found that I had held my breath until he resumed speaking. Tony’s metaphor of the clinician as mountain-guide, attending patients on their journey through illness, reinforced for me the

notion of the doctor as a human being first, and a scientist second. His observation that sometimes in the consulting room he had become aware of a third presence, alongside the clinician and the patient – that presence being the disease itself – was to stay with me.

In an illness like CFS/ME, there's a considerable gap where scientific certainty might be expected to be found, a space where, in Tony's words, it is "the art of medicine" which must be practised. My subsequent suggestion to Tony that there was a play in CFS/ME, and that he might like to write it, seemed logical enough. While gently demurring at my suggestion, he contended that there were "several plays" to be written about the disease.

We immediately turned to Jeff, who conjured funding and generated the essential energy to form a project. The three of us were increasingly aware that CFS/ME provided, above all, a dramatic setting where we were not dealing with the emerging social impact of scientific certainties, but a profound disease reality that lacked a secure biomedical science construct, giving double jeopardy to those affected. The theatre provided a natural space to explore the actual human experience, grounded in personhood, without requiring first the secure anchorage of – as yet limited – scientific knowledge. On the other hand, Tony was always keen to underpin the emerging drama with clinical insights and a coherent hypothetical scientific framework.

We co-opted two young actors and a rehearsal room, where through discussion and improvisation we began to form some shapes for a play. Tony's contacts with the CFS/ME communities allowed Jeff and me to start a more detailed research process. Quite early on I had formed the idea of the sufferer as a sleeping-beauty figure: an archetype of passive and arrested humanity – an innocent, a victim – their life on hold, waiting to be released by the right prince delivering the right kiss. Repeatedly, in the accounts of the disease that we heard, there was confirmation of this. Indeed,



the parents of one particularly severely afflicted sufferer told us that her occupational therapist referred to her as “my sleeping beauty”.

Research sprawls, but a play must be a concentration of something. Tony’s words that there were several plays in CFS/ME came back to haunt me. We were never likely to attract sufficient funding to produce an epic play with a large cast. However, if this piece were to be about one sufferer, what should be the age, the ethnicity, the socioeconomic status and the gender? No sooner had I made one choice than the stories I was therefore excluding clamoured ever louder for my attention, while the one I *had* corralled seemed to shrink.

Tony, at Jeff’s suggestion, mapped a clinical path for an archetypal CFS/ME sufferer; it put an order to her symptoms and her encounters with her GP and then a succession of consultants, who would subsequently find that she did not have a disease in their field. This document, which Jeff calls “the stations of the cross”, then became the engine for my various plays under the title *Sleeping Beauties*. I made the CFS/ME sufferer a school student and then a woman in her 30s. I then created a play in which these two characters are subsumed into one (played by two actors). I put doctors into the play, then removed them and experimented with trying to transform the audience into the listening clinician. I anthropomorphised CFS/ME as an invasive, cocky male character.

Good actors were worked hard by Jeff and delivered the play truthfully (in rehearsed-reading form) at conferences of medical professionals, of CFS/ME community groups, and in theatre spaces. Responses were mixed. *Sleeping Beauties* seemed to have potential as a piece of applied drama – it could inform audiences, it could raise questions about clinical practice. Health professionals and students valued it as a way of enhancing their own training; it could build awareness of the human dimensions of an illness, where the very uncertainty can be felt as a threat to their role. Patients and CFS/ME

Left:  
Rachel Donovan as Emma  
in *Something Somatic*.

Miriam Nabarro

community groups were pleased to see their hitherto ignored realities revealed so publicly, were moved to see their own experiences transplanted to the theatre space, and were impressed at the absorption of their personal experiences into a singular storyline.

However, I had failed to create a play that excited me as a piece of theatre. And I watched, appalled but somehow not over-surprised, as, during a full reading of the play, a theatre professional – whose partner, an actor, was reading a major role – nodded off...this was a sleeping beauty too far. While Jeff and Rebecca Gould pursued production funding for the project, I fretted...and, eventually, started over again.

In *Something Somatic*, the audience finds itself sharing the theatre space with a naked actor. It witnesses a relationship between the character he plays and Emma, a young, successful, but increasingly ill woman. It watches as he insinuates his way into her life. Emma finds him some clothing, and he systematically reorders and then, apparently randomly, destroys her flat. There is no explicit mention of CFS/ME, and only an emerging sense that the action of the play is not actually happening in the space that is being presented at all.

I have narrowed the focus in this new play. It is a more intense concentration of something. And, while the breadth of our researches may not be represented in the plot, I believe that a bigger story is emerging, about the relationship all of us have with our bodies, their innate fragility, and their uninvited guests. Emma's flat becomes a theatre-metaphor for her body: its systems progressively malfunctioning, so that rather than being a place of ultimate refuge, it becomes a prison of discomforts.

This play started its life in Tony's inaugural lecture, where human narratives in the clinical setting seemed to be requiring another wider space. It has moved through workshop spaces, where it has

served rather utilitarian functions in education and training, and had undoubted value. It has finally returned to the theatre, where other audiences will experience *Something Somatic*. I am confident that none of them will be dozing off.

### **Jeff Teare: My life in sciart**

In 2001 I first got involved in biomedical science-based drama/theatre, as a somewhat veteran theatre director without a science qualification, but experience of directing over 100 productions, ranging from Shakespeare to puppets for the under-fives; only one of these had been in any way 'about' science. My peers had got into the sometimes gruelling world of medical role-play (48 versions of 'breaking the bad news' in one day?!) but their experience of the efficacy of such work varied. Otherwise 'science' was a 'space' that I did not visit.

Much of my theatre work had been about comparative storytelling (folk tales, myths etc.) and sociopolitical issues, and most of my biomedical science-based drama (accent on the participation) and theatre (accent on the performance/audience) in the last six years has used story (comparative or otherwise) in a sociopolitical context. I realised that the scientific method (roughly: idea-theory-test-confirm or change idea/theory-test again-publish) is not so far from what happens in rehearsing a play (idea-script-rehearsal-confirm or change idea/script-rehearse again-perform).

In joining *Imagining the Future*, experience in community-based theatre led me to want to engage with a local writer and, given the nature of the project, Simon as a writer who was also a teacher seemed ideal. The Peninsula Medical School was one of our partners on the Theatre of Science project and Tony – given his expertise in HIV/AIDS, as both clinician and scientist – soon came on board Theatre of Science as scientific adviser on Simon's play *Seeing Without Light*.



Top:  
Theatrescience workshop  
in India.

Bottom:  
Theatrescience Bangalore  
Festival participants.

*A Pinching, J Teare, S Turley*

Very quickly it became obvious that Tony wasn't inclined to limit his input to the entirely scientific and technical; he had artistic ideas too. Simon politely draws the line when I get carried away with my own writing ideas. They sometimes listen when I suggest how the work might actually be applied in a theatre. Slowly the three of us have begun to develop a properly creative relationship.



In delivering a drama special study unit at the School, using drama to explore personal attitudes to the 'art' as opposed to the science of medicine, it soon became clear that the personal spaces that the medical students and I filled were not that different. Is CFS/ME a physiological disorder or is it psychological ('all-in-the-mind'), or is it both? I have to 'cope', why can't 'they'? These are thoughts that we all had, and they needed to be expressed and explored in order that they could be honestly addressed. Drama enables expression without immediate embarrassment or guilt. The 'space' that drama creates, at its best, enables both honest debate and potential movement.

This is especially true in schools. I have seen students' eyes open and opinions change, having engaged with dramatic character and situation. I've also seen them learn some science in the drama studio – although that, for me at least, was never really the point. The evaluation of our project identified a correlation between a better understanding of the personal and social impact of CFS/ME and more positive attitudes. Responses from students confirmed the potential of drama as a way of learning that offers an alternative to traditional pedagogical methods in exploring both the condition and clinician–patient communication. Thinking about biomedical science is thinking about society, ethics, economics and politics – it's as simple as that.

Another interesting space is the swish bar at the Royal Academy of Dramatic Arts. It's here, as part of their extracurricular programme, that we've done public readings (very mixed audiences) of our three

scripts, followed by discussion. Although questionnaires provided some formal evaluations, the discussions ensured that the work really did get ‘tested’ by actors and audiences, and changed.

Some six years on from my first dabblings, I find myself in quite a different ‘space’. Running workshops to find ways to dramatised such characters as DNA, ATP, HIV and, of course, the essentially dramatic CFS. But, if there’s anything I’ve learnt from our collaboration so far, it’s that there’s not much in life that isn’t about science somehow, and that we’re all capable of art, even if only in our dreams.

### **Anthony Pinching: Journeys in drama**

As a clinician, I need to be able to inhabit, comprehend, interpret, heal and restore other people’s internal spaces, as people, and as altered by the experience of illness. Active listening and the performative use of verbal and non-verbal communication are crucial tools; narrative and metaphor are essential ingredients in clinical discourse.

My experience in drama has been very much as an amateur (acting, lighting), but has also included work, as a clinical specialist, with the Royal Court Theatre and others on the use of drama and drama workshops to explore and project around HIV and AIDS, during the early years.

When I was invited to collaborate with Simon and Jeff on *Seeing Without Light*, there was initially a straightforward task of checking the script scientifically and clinically for credibility and veracity. The drama was already very well conceptualised and substantially developed. It explored several areas, including innate resistance to HIV or AIDS, and cultural collisions between Africa and the West, between clinical need and scientific imperatives, between the studier and the studied, and between art and science.

However, I needed to help Simon resolve the important biological and conceptual distinction between resistance to HIV infection on the one hand, and resistance to AIDS in someone with HIV on the other, which had become conflated. Breaking this, gently but firmly, to Simon at our first encounter could have been the end of our work together! But instead it began our fascinating voyage together – and later with Jeff as director – exploring our conceptual and technical expert spaces.

Initially, I just outlined in plain language the two sorts of resistance, illustrated by examples from clinical experience and scientific literature. We were soon embedded in personal narratives from my clinical work (which I always draw upon), as well as from wider social dimensions here and in Africa. Simon showed an uncanny ability to absorb and then re-present material from our conversations, conceptually or literally, within the script. He readily incorporated the technical corrections, indeed capitalising upon them.

During rehearsals, I enjoyed conveying to the team some unique human experiences I had had as a clinical scientist, working on HIV/AIDS during the 1980s, much of which related to the roles displayed. The performances transformed my own views, through their different perspectives. Although I had provided some of the raw materials, the drama was different again – deployed by new characters in a theatre space that required a different kind of attention. The dramatic setting created a new distance for perspective, and a new proximity of experience, unlinked from my particulars.

Post-show discussions were fascinating, drawing out fresh insights, not least due to the varied backgrounds of audience members, including school kids who had been doing their own workshops. The children had a freshness and clarity of perspective that, as ever, avoided the encumbrance of baggage that adults tend to stack up,

obscuring the essence. Their probing ‘whys’ showed that the workshops had already taken them on quite a journey.

Finally, I also discovered, sitting on stage answering questions with the production team, that I now occupied part of their space.

Shortly after, I gave my inaugural lecture at Peninsula – ‘Journeys with Patients’ – to which Simon came. In a previous inaugural I had covered my scientific development. Here I explored the art of medicine, learnt (as with much of the science) from patients throughout my career. I illustrated it not with PowerPoint but with themed narratives, most from patients with HIV/AIDS or CFS/ME. Afterwards, Simon asked: “Why don’t we do a play on CFS/ME?” To which the only possible reply was: “When shall we start?”

We met to draw together our strands of thought and expertise at a happily named hostelry, The Weavers. We saw how many issues could valuably be explored about CFS/ME through drama. I was taken aback, but pleasurably, when Simon asked if I wanted to write the play, apparently because of my use of narrative, but we soon got back into our respective expert spaces. The exchange revealed the extent to which we were creatively crossing boundaries.

I started to see how drama could convey the human experience of this horrible illness to people who found it hard to relate to or conceptualise. The narrative of characters, with whom they could relate, would root their reactions into personal space, rather than being set into the amorphous and anonymous limbo created by phrases such as ‘an illness of unknown cause’ or biopsychosocial disease models. Clinicians, students, the wider public, patients and carers would all likely gain from the revelatory human dimensions in drama. We ranged over stories and issues, peppered with examples from recent patients. I later saw ideas and even phrases reappearing in scripts, alongside insights from many others, through Simon’s uncanny ability to absorb, incorporate and deploy.

A two-day workshop with Jeff, Simon and two actors was extraordinary in the speed with which dramatic representation of daily clinical experiences gained fresh life. Two minutes of drama could convey more than hours of lectures! We started with accounts of our own experiences of health problems. The actors read a brief factual account of CFS/ME, interspersed with comments from me about how this felt. By lunchtime, the actors, under Jeff's deft guidance, were revealing in short improvisations how drama could make visible this painfully invisible illness and its human costs. I felt able to suggest not just how the illness might affect how a person might move, but also how different people would react, and be differently moved.

Simon and Jeff met up with many patients, carers and clinicians. Fragments of a play were then presented at meetings. The impact was, as expected, very strong. An experienced clinician and a CFS researcher were both convinced they recognised the patient, although neither had met the (composite) patient. They were equally compelled by the idea of the illness as an additional character in the patient's life. Clinicians valued the opportunity to see the human dramas within the 'patient' and among those around. After another performance, an uncharacteristic initial silence from patient advocates was later explained as choking from seeing their own experiences so closely re-created. Veracity and authenticity were being established.

Building sessions with fragments of the play into conferences always introduced an element of surprise, with a frame-shift from formal abstractions to human experience. Clinical audiences initially focused on the 'how to do it' (the clinical role), while patients were more struck by the 'how it felt' (the illness experience). Yet all reflected later how portrayal through dramatic space had changed their perspectives, creating different alliances and seeing themselves better in context. Patients could benefit by being able to see similar experiences at a distance, enabling them to

reinterpret their own reactions, without being directly challenged. I even thought of having actors performing brief scenes in patients' homes, as musicians have, bringing the theatre's metaphorical space as a guest into their own personal spaces.

When readings of *Sleeping Beauties* took place at the Royal Academy of Dramatic Arts and the Barbican Theatre in Plymouth, the portrayal of the diverse human responses to the illness was strongly resonant with what I heard in clinics, and the characters (including the two versions of the affected patient) had preternatural clarity. Audience responses, including from those who had no personal knowledge of the illness, revealed the potency of drama in conveying it.

The external evaluation confirmed that CFS/ME was seen as a suitable topic for theatre and art to engage with:

[The positive response from audiences] indicates not only the aptness of theatre as a means of conveying information, but also suggests that theatre is not merely a tool for making biomedicine accessible – through 'theatre in education' – but benefits positively from the relationship in gaining a new subject for art in its own right.

...

Theatre may be effective in this context because of the humanisation of the condition, the delineation and exploration of something that becomes more than a set of symptoms, but begins to show societal impact (the effect on the sufferer's relationships) as well as the personal experience (of the physical effects, of communication with medical professionals and the journey to diagnosis and beyond).

The evaluation also highlighted some of the reasons why the play had managed to achieve its impact:

The script was effective in conveying an experience, not simply because it was translating that experience into drama, but also because of the style of the piece; the contrast between the humour of much of the dialogue and the gravity of the sufferer's condition. One audience member commented: 'Light-hearted comedy helped engage with text. Serious moments were therefore heightened – they conveyed a message'.

Feedback from medical students doing medical humanities theatre workshops with Jeff (three sessions and a performance, spread through the fourth year) showed they had gained deep insights into the human responses to CFS/ME. They also recognised the potency of the clinician's response to the patient's illness in affecting outcomes and attitudes – positively or negatively – as well as gaining more true understanding of the illness than from lectures or reading. The shift of space and mode enabled a quite different education. This point was also drawn out in the evaluation:

Students scored the efficacy of drama in exploring CFS/ME very highly:

[they] were very positive about the learning methods they used on this course. A [similarly high] score...was recorded when students were questioned about their opinion of drama as a way of exploring medical communication...supported by students' comments during the post-reading discussion....One participant said she had found it very useful to evaluate the way she communicates: 'You realise phrases that sound sympathetic in your head are inappropriate'.

Key to this self-discovery was the safe environment in which students could experiment with ways of communicating, by adopting personas and speaking 'in character'. Despite the novelty of the approach, students found it a rewarding experience:

...students scored their enjoyment of the course very highly... supported by several comments about the nature of the teaching style: 'fun', 'an alternative and enjoyable way to learn about a medical condition' and 'a chance to be creative' typify the positive responses. Only one student responded negatively to the teaching methods...the drama exercises...'took me outside of my comfort zone'. Despite this, he recorded a [high] score... when asked about the extent to which the SSU [special study unit] had contributed to his understanding of CFS/ME.

The Medical Humanities programme at the Peninsula Medical School, of which this drama SSU is a part, integrates the art of medicine with the science, to enhance students' sensibility to patients' lives and experiences. The success of this SSU has shown not only the value of the different learning experience, but has also enabled students to acquire fresh insights into the perspectives of patients with an illness surrounded by so much uncertainty and stigma.

Later, while discussing this chapter, Simon let slip that he had moved on from *Sleeping Beauties*, and was writing an entirely different play, although retaining the character of the illness. The shock to me was palpable, and persisted through reading the new script of *Something Somatic* (with a much subtler way of revealing CFS/ME). I wanted to discuss how to retain the earlier entity in some way. There may have been a utilitarian element, having seen its value for professionals and patients, but I think I was actually experiencing loss – of our offspring, and the dramatic representation of a shared witness to this illness.

Here was an intriguing mix of role shifts, which I haven't yet fully disentangled. Rationally, I could see that, as a drama, the new play was stronger, with more implicit, almost glancing, insights into the impact of CFS/ME. Yet emotionally, I had just witnessed the slaying by the author of a familiar and important, if rather dysfunctional,

family! Upset? Me, the clinician who usually manages other people's real losses? Talk about occupying the spaces of others!

As we move towards production – and the release of both scripts – I find myself eagerly anticipating that it may enable the wider public to comprehend better the impact of this illness and to respond more supportively to those affected.

As we have outlined in our proposals for funding of this project – in the domain of increasing public engagement with science and medicine – there is perhaps more complexity, as well as a greater need to depict the impact of an illness that is characterised by its invisibility and its (current) lack of an established biomedical explanation. We have benefited from a genuinely creative tension as we have attempted both to depict an illness and reveal the experience of illness.

The dramatic art in *Something Somatic* may not give us all the answers, but it certainly helps us ask better questions. Just like scientific research really...

1 [www.theatrescience.org.uk](http://www.theatrescience.org.uk)



