

Medical Student as Playwright: Dramatizing *Imelda*

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Abstract

Critical engagement with fiction has the potential to prompt development of personal empathy. Playwriting can foster an even deeper understanding of patient space and motivation by challenging students with the responsibility of creating characters, bringing to light common misperceptions of societal intersections and highlighting awareness of societal complexities. The opportunity to animate characters provides students the chance to examine difficult themes within a safe space environment. For three years our medical students have been prompted to write a script inspired by Richard Selzer's short story "Imelda" which addresses issues of access, equality, gender, race and class in an international setting, as well as ethical considerations in best practices. Students are instructed on the mechanics of scriptwriting, and are expected to write one complete scene. Students then participate in an in-class scriptwriting workshop where they are asked to assign roles to classmates and direct a staged reading for the class, after which a discussion takes place. Throughout the process, students imagine the life of another, and move beyond their own comfort zones to articulate that life in a creative and expressive way. This process is much like those which exist in the practice of medicine involving communication, active listening, close attention to nuance, collaboration and performance. This paper examines the benefits of incorporating an applied theatre playwriting workshop into medical education, specifically within a narrative medicine curriculum and included samples of text from student scripts, a larger analysis of the two-year exercise, and recommendations for future iterations.

Introduction

The benefits of incorporating close reading and reflective writing into medical education are significant (Charon 1901; Misra-Hebert et al.; Song et al.; Wear et al.). A playwriting workshop incorporates both close reading and reflective writing as well, while also introducing valuable applied theatre practices (Wright et al.). Formal playwriting instruction applied to medical education encompasses a variety of features which medical humanities promotes to foster humane practices in providers wherever needed. Applied playwriting used as a tool for revealing deeper meanings to students, or that which is being missed by traditional communication and educational models, makes it particularly beneficial for medical educators.

Applied theatre is defined as "...theatre-making with, for and by particular groups of people and in locations that are not traditionally associated with theatre" (Baxter and Low 5). It is theatre specifically utilized in real life spaces, meant to benefit most, if not all of the participants within its practice. It springs in large part from the work of Brazilian theatre pioneer Augusto Boal who developed the Theatre of the Oppressed (TO) to address social conditions affecting exploited and marginalized groups of people. Influenced by Brazilian

educator Paulo Freire's *Pedagogy of the Oppressed*, Boal recognized that silenced voices are unable to advocate for themselves, and he saw the theatre community participating in this silencing by separating audiences from the performance, or the marginalized from the storytellers. To change this, Boal created imaginative theatre exercises to help participants access a deeper understanding of who they are, and the world around them, while giving them the public space to process and express it (Boal). From the Theatre of the Oppressed, applied theatre now expands to other areas of focus each committed to making space for everyone's perspectives, including theatre for development, prison theatre, community based theatre, documentary theatre, and most specific to our work with medical students, theatre in health education (THE) (Prendergast and Saxton). THE combines the principles and practices of applied theatre in education with health and medical education to address issues related specifically to health concerns. Its incorporation grew as an educational public health service in the 1980s when non-traditional educational methods became necessary for teaching the public about the uniquely difficult circumstances, stigmas, and prejudices surrounding the HIV/AIDS crisis (121). Applied theatre continues to gain advocates in medical professionals who endorse the value of using the arts and humanities to educate medical students on best practices (Kohn, Hammer). Many methods of medical training are already applied theatre at work, and have existed within medical education for some time. Simulation-based medical education (SBME) has long incorporated the assistance of trained actors and other simulation techniques to help healthcare students conduct difficult discussions or improve other best practice techniques (Cox; So et al.). The ethics for doing so (facilitated by fully trained educators) are strongly defended (Ziv et al.). Applied improvisational theater (AIT) workshops have proven particularly beneficial in helping to improve physician communication skills (Hoffmann-Longtin et al.). A Boal approach called forum theatre requires audience members to observe a performance, then participate in changing the outcome of the play (Boal 139). Medical education has successfully used forum theatre (Middlewick et al.; Sevrain-Goideau et al), which provides students an opportunity to examine cultural humility and conflict resolution skills, while providing a safe space to address difficult issues which might present themselves in a clinical setting (Manzi et al.).

Though there are several examples of how applied theatre has been promoted in medical education and research, as well as substantial evidence of the benefits of theatre in these situations and settings, these studies rarely if ever separate and examine the playwriting process from the theatrical approach. Studies that examine the specific benefits of incorporating playwriting into medical education are extremely limited. Articles exist which advocate for playwriting to be incorporated into educational curriculums (Gardiner and Anderson), but none specifically for medical schools. Narrative medicine does more to explain and promote the benefits of writing within a medical or healthcare setting, whereas applied theatre studies focus most often on the benefits of collaboration and the outcomes which occur after the script has been shared. Playwriting instruction is not emphasized as a necessity in these studies, so the many benefits of playwriting are omitted from consideration in these discussions. Our experience, however, has been that something special occurs for medical students when challenged with the responsibility of writing for a theatrical reading. Our approach attempts to merge the full spectrum of potential benefits received from both narrative medicine and theatre in medical education by putting as equal an emphasis on the

task of writing as we do the in-class requirement of the peer read performances of those scripts.

The purpose of this study is to explore how fourth-year medical students enrolled in a narrative medicine course at a large midwestern medical school think about the short story “Imelda” by Richard Selzer after a close reading of the story and a reflective writing exercise which follows. More specifically, what is their interpretation of the story and how does it affect the way they think about patient care, medical training, global health and ethical issues in medicine. These themes are explored through a playwriting exercise in which each student writes what they consider to be a missing scene, and then workshop that scene with classmates after an in-class reading.

Methods

This was a qualitative study involving the collection of dramatic scripts written by fourth year medical students enrolled in a Narrative Medicine 4th year elective course at a large medical school in the midwestern US. The sample for this study was a convenience sample of students enrolled in the class, which is only offered for 4th year medical students. A total of 21 scripts were collected from two separate month-long cohorts over the course of two years (2020, 2021). Names and other identifying information were removed from the collected scripts. This study was deemed exempt by the XXXX University Institutional Review Board.

For the assignment, we first asked students to carefully read Richard Selzer’s “Imelda” which was selected because Selzer introduces ethical and moral conflicts that are not typically experienced by U.S. medical students, and so would require critical thinking and ethical analysis not already covered by most medical school curriculums. “Imelda” is the story of a medical student accompanying the larger-than-life Chief of Plastic Surgery Dr. Hugh Franciscus on a three-week trip to Honduras. Two weeks into the trip they meet a young woman named Imelda with a cleft lip and palate (Selzer 87). Franciscus promises Imelda and her mother that he will fix her lip, but Imelda dies before the surgery is attempted due to a reaction to the general anesthesia and lack of necessary resources to bring down her fever (90). That night, Dr. Franciscus repairs her cleft palate in the morgue (94). As she is leaving the next day with Imelda’s body, the mother reveals with gratitude to the medical student that the cleft palate had been repaired, which meant her daughter would be beautiful in heaven. This is a consolation she seems to cling to in her grief. This startles the medical student, realizing the reconstruction had to have been done postmortem. Imelda had already passed, but the mother seemed to believe her daughter’s face was made perfect before her death (93). Six weeks later during a lecture given by Franciscus about his operations performed while abroad, there is a dramatic moment when the medical student assisting with the slide presentation removes the post-mortem, postoperative slide of Imelda before Franciscus reveals to his audience what it is that he has done (97).

Following a close reading, we asked the students to carefully consider the unspoken narratives of “Imelda”. Next, they were given a long weekend assignment to write a scene they felt was missing from the story. We provided a script template and brief instruction on formatting specifics. Students were required to produce a complete scene (3-10 properly formatted pages)

—one where the narrative had a beginning, a middle with rising action, and an obvious ending that provided a resolution. It was preferred that at least two characters would be included, but monologues were allowed. To help the medical students prepare to write as playwrights, the following prompts were provided:

1. Who are your characters?
 2. When in the story trajectory does your scene take place?
 3. Why did you choose the characters in that place?
 4. How will your scene enhance, or create a deeper understanding of “Imelda”?
- To connect the assignment with key principles of narrative medicine, we asked the students to take the time to consider these two questions after their scenes were completed:
5. How did your understanding of both the story Selzer was telling and the characters change as you wrote your script?
 6. In what ways will your approach to patient – provider communication change based upon the assignment?

Upon return, students were divided into theatre troupes, and given at least an hour to rehearse their scripts for an in-class showcase. On both occasions we experienced a very engaging reimagining of “Imelda” inspired short plays which were written, directed, and performed entirely by medical students, almost all of whom had never written a play.

After each performance, the class continued the process of a typical playwriting workshop, with each playwright given the opportunity to hear their scripts discussed by the rest of the class. These post-performance conversations were not recorded, but positive trends were observed, such as group bonding and meaningful ethical discussions.

We employed a thematic analysis framework adapted by Braun and Clarke to identify major themes within the scripts (Braun and Clark) in an attempt to understand what medical students are interested in or concerned about. We also utilized narrative inquiry to guide our analysis by focusing on the stories, plot lines, characters, and cues for interpretation offered by students (Cooper et al. 57; Butler-Kisber). All scripts were read by both authors who became familiar with the data separately, making notes as themes emerged. Following a thorough comparison of notes, we revisited the scripts and began noting initial codes following an iterative process from there, meeting two more times to discuss and compare notes, further refining our list each time. After our final meeting, we began sorting the codes into potential themes and subthemes, after which we applied names to our themes. Finally, we identified quotes from the scripts to illustrate each theme.

In this study, we took the following steps to ensure credibility, a term that is conceptually similar to “validity” in quantitative studies (Giacomini and Cook): Independent coding of all data by more than one investigator, analysis from two disciplinary perspectives (a medical humanist [XXX] and a playwright, bioethicist [XXX]), and iterative rounds of review by investigators. Patton (185) suggests “validity, meaningfulness and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than with sample size,” and we are

confident we have obtained data rich with insights and information regarding medical student interpretation of stories and the ethical issues involved.

Results

This table illustrates the characters students chose to prioritize in their scene writings as they had complete autonomy over their scripts. Dr. Franciscus and Imelda were the most prominent characters, with a young Selzer (generally assumed to be the medical student in the story) and Imelda’s mother following. Some students invented names for other characters, like Imelda’s brothers, for clarity within their scripts.

Table 1

Character	2020	2021	Total
Imelda	4	5	9
Imelda’s Mother	5	1	6
Dr. Franciscus	9	5	14
Selzer (assumed) as Student	3	5	8
Imelda’s Father	1	1	2
Anesthesiologist	2	2	4
Imelda’s Brother(s)	3	2	5
Franciscus as MS3	1	1	2
Friends of Selzer	0	1	1
Priest	0	1	1

What’s most important during the playwriting portion of this assignment – when they are alone and creating – is for the medical student to reflect on and dramatize something in writing that they felt was unspoken, missing from the story, or needed further examination in the story of “Imelda”. To this end, students followed the prompts provided, and from the 21 scripts that were collected, we identified four major themes:

1. God’s Purpose
2. Beauty and Appearance
 - a. the need/desire to fix what is broken
3. Blame and Responsibility
 - a. risk
4. Secrecy and Shame

God's Purpose

Almost all of the student-writers explored the first theme, which involves a focus on the role of God in the story. Students frequently elaborated on their perception that Imelda's fate was ultimately God's decision – his plan all along – and that He was in some way in control of her life from start to finish. For example, some students associated the medical student in the story with a young Richard Selzer himself, and focused on the role of "God's will" in Imelda's fate. One student wrote: "The mother told you [Dr. Franciscus] it was God's will that Imelda died. She told you God *decided* the girl would die. She told you not to be sad." Another student assigned a fictional name to one of Imelda's brothers, emphasizing this theme with questions to his (and Imelda's) mother, again placing the responsibility on God instead of the doctor: "... you said that it was God's decision? That the doctor is one of the angels, that he was finishing God's work?" Another explored the theme even further by attributing that it was God's purpose to Franciscus himself: "She [Imelda's mother] told me God had decided it. That I shouldn't be sad." Finally, another student suggested that Imelda herself was willing to risk the operation because "God put this American surgeon here to help ... And if I die in the process, then that is what God intended..." Throughout their scripts, students often explored this theme from the perspective of the doctor, the family and the patient, perhaps as a way to remove responsibility and imply a lack of ultimate control.

Beauty and Appearance

Students also expressed an interest in the role of beauty and appearance in what happened to Imelda. Interestingly, this isn't a dominant theme in Selzer's original story, though it certainly became one for the class as the students wrote their own. This theme involved the clear desire for Imelda to be beautiful in this life and also the need to be beautiful for God in heaven. Students focused on the possibility that in order for other people to recognize Imelda's inner beauty, she must first be beautiful on the outside. Several students imagined what Imelda's mother might have been thinking as she encouraged the operation. One student wrote: "She is beautiful now and for that I am thankful. She will be in heaven with a beautiful soul. Doctor, it is okay. God has decided and thanks to you she can go to heaven with her face as God intended. You should not be sad. Imelda is going home now, to heaven." Students also explored Imelda's own desire to be beautiful to avoid embarrassment and shame. From the perspective of Imelda, one student wrote: "I daydream of what it is like to be like the other girls. To be beautiful. To be normal. I wonder what it would be like to go to school, to go out on the town with Mama. To be so effortlessly myself without having to hide behind a mask. Sometimes, I feel as if the mask suppresses all of me: my passions, my hopes; and I am settling for a life that is less than the one that I am capable of living, all because I do not look the same." From this larger theme emerged a subtheme which examined the doctor's need to fix her lip to satisfy his own desire for Imelda to be beautiful. In addition, he had made a promise to Imelda's mother that he would *make* her beautiful, despite the fact that she had already died: "I don't know what to think. She looks so beautiful now, in heaven she will be whole, like this..." To further support Franciscus's desire to make Imelda beautiful, some explored Franciscus's need to make Imelda beautiful as that which was driving him: "I have one purpose, Imelda, and that is to fix what's broken. Make straight what's crooked. I failed the first time but I'm not going to again."

Blame and Responsibility

In many of the scripts, students focused on blame and responsibility, or more specifically who/what was to blame for Imelda's condition generally, and ultimate fate more specifically. Different sources of blame were discussed including the doctor, the mother, and the sociocultural context, including the general but significant lack of resources. Within this larger theme emerged a subtheme involving risk, raising the question of whether the procedure was even worth the risk of a poor outcome, or death. Some blamed the socioeconomic context of where they were stationed in Honduras: "I don't believe they don't have ice! How can they not have ice here?! ...". Another echoed similar sentiments with these words spoken by Franciscus: "The heat in this place! How can they live like this, with no ice? ... A modern man cannot operate without modern advances. Imagine! I would be a laughing stock! A long career, one death cannot change it. A child's at that. Malignant hyperthermia. Who could have predicted? No one. It is not my fault. It was no one's fault. What a terrible way to die." Even Imelda figured prominently within this theme, often removing blame from Franciscus: "I know there was nothing you could do. I don't blame you for my death. You yourself said you are not an angel or messenger of God. I know you can't stop death. No human can." Other students implied that the white savior complex might actually be to blame: "What use do we have for another foreign doctor who will give us some pills and then leave, never to be seen again?"

Secrecy and Shame

The fourth theme reveals the secrecy and shame found within the student narratives, specifically the emphasis on Imelda's constant hiding of her lip behind the cloth, the doctor's under the cover of darkness post-mortem procedure, and the decision to include the before and after pictures within the final presentation. And perhaps most significantly, the overall tone of the scripts was hushed and almost secretive. It was almost as if the characters (and the students) were tip-toeing or whispering while they were telling the story.

One student emphasized the secretive nature of the act, describing the scene: "... earlier I went to the morgue with the man working there to retrieve her body. There, he told me something. Last night he saw the doctor go into the morgue. He followed him carefully to see what was going on. And, well, he saw the doctor pull her out and operate on her, *after she was dead*, in secret!" Other students explored the possibility that Imelda felt she had to keep her lip a secret, evidenced by her constantly hiding it with a cloth: "I thought back to the resolve with which Imelda held the ragged pink rag to her mouth, determined to conceal the secrets within." With secrets often comes a sense of shame and this is something the students explored frequently within their scripts, attributing the shame to the mother, the doctor and Imelda. Most prominent, however, was the shame attributed to Franciscus in performing the operation post-mortem. Interestingly, it was through his exploration of the shame Imelda must be feeling that students revealed Franciscus's own feelings: "I only wanted the best for you. When I saw that

resilience in you and then that shame once the cloth was removed and your fault revealed, I knew that I had to help you.”

Discussion

Initially, the primary aim for this study was to determine whether an applied playwriting workshop could be incorporated within an established medical school narrative medicine curriculum. Our observations throughout the workshopping process confirmed that applied playwriting is a beneficial companion to narrative medicine. This exercise also prompted students to engage in ethical conversations during post-performance workshopping discussions which, it turns out, respectfully challenged biases and previously held assumptions because of the advocacy role which creative writing creates for the author, and theatre creates for its audience. Writers and audiences become invested in the welfare of the characters. The fourth year medical students went even further, applying their observations to bioethical standards for optimal health care. For example, the focus on Imelda and her tragic fate revealed a divide between what was considered a quality life through the eyes of a health care provider versus the patient herself, or relatives who loved her. Conceptions of beauty were revisited, and the emphasis of its importance for societal acceptance. This extended to discussions about disabilities and how providers should differentiate between higher quality of life versus ableism. Religion was acknowledged to be a powerful motivator for decision-making amongst the group, as well, and of course health care disparities were prevalent in the conversations. Compared alongside each other, the scripts provided multiple perspectives, each offering insight which student peers had not otherwise considered. Even more, from year to year we also found the emergence of recurring themes within the scripts themselves to be particularly significant in helping to define potential ethical concerns among fourth year medical students.

Medical education, in its structure and rigor, allows little room for creative exploration among students. This playwriting workshop exercise not only encouraged creative exploration, but also required it, allowing students to choose the characters they wished to focus on in their scripts and to create the stories they felt compelled to tell. Perhaps not surprising, the most popular character for inclusion in the scripts was Dr. Franciscus (see table 1). It might be that these particular students, in the final months of their fourth year, are beginning to identify as, and perhaps with, doctors. It's curious, however, that not nearly as many students included the patient Imelda in their scripts. The omission of the patient as main character (or even character at all) is notable and might indicate that medical students lose interest in, or at least a focus on, patients as they progress through medical school. Moreover, the narratives the students constructed not only provided a space to explore the parts of *Imelda* they found interesting or troubling, but also allowed them to fill in the gaps of the existing story with new details, context and explanation. This became particularly interesting as students used the opportunity to question the ethical issues within the story and to “try on” different ways of thinking about those issues both within their individual scripts and also during the reflective discussion afterward. The formal curriculum doesn't provide much room for students to grapple with personal or professional issues, especially in a group setting that encourages moral deliberation and personal reflection. This exercise not only provided this space for students, but did so in a way that was safe, creative and reflective. The exercise alone encouraged imagination, and the

valuable process of workshopping, as each student directed their colleagues in the readings, adding an additional opportunity for collaboration, conversation and camaraderie.

The themes which emerged from the scripts might be indicative of what students find valuable or concerning, both in the story, and within their personal and professional lives. More specifically, students tended to home in on characters and issues that they either identified with, or found ethically troubling. The first theme, God's Purpose, was certainly evident in the original story, as Selzer describes Imelda's mother as "... happy now that the harelip had been fixed so that her daughter might go to Heaven without it" (92). But whether or not Selzer meant for it to be all in God's plan, as suggested by the students, is perhaps not as clear. The fact that students focused, within their scripts, on Imelda's death as part of God's purpose suggests a general sense it wasn't entirely clear, or at least required more attention. Moreover, it might be that students find some relief in the alleviation of responsibility. In other words, if it was all in God's plan - if it was God's purpose that Imelda die and go to heaven with the repair - then they are not responsible (or are less responsible) for what happened. This could indicate a much deeper feeling of apprehension about the extraordinary level of access to patients and their bodies that they are about to gain as they prepare to graduate from medical school.

The second theme emphasized Imelda's beauty and outward appearance. Students seemed interested in and concerned by the focus on the desire for Imelda to be beautiful, both in this world and in heaven. What was particularly interesting, however, was the suggestion from several students that Imelda's true internal beauty was obstructed by her outward appearance with the cleft lip. It's almost as if the students were uncomfortable with the push to improve her outward appearance (for the sake of beauty) so explained or justified the decision by suggesting the repair would reveal her inner beauty in a world where it otherwise couldn't be seen. If this hunch is correct, it supports the subtheme, which highlights the doctor's need and determination to make the repair, even after Imelda's death. While we cannot be sure, it isn't unreasonable to assume this comes from the students' own need to justify their decision to pursue medicine, and their commitment to patient care. Or, perhaps they just felt some sort of camaraderie with the surgeon in the story and focused on his attention to Imelda as a way to support his decision to operate post-mortem. Or it could just be that they were so overwhelmed by his decision, they devoted their writing to working out, both ethically and practically, why he would've made such an unorthodox and controversial decision.

The third theme which emerged involved blame and responsibility, both surrounding the post-mortem procedure, and the origin of the cleft lip situation itself. Students grappled with who was to blame. Was it Imelda's mother, God, or something else entirely? Within their scripts and in the post-performance discussion, students expressed concern with the sociocultural context and its contribution to the complexity of the situation, both with Imelda's condition and also her treatment and subsequent death. Students clearly used this exercise as an opportunity to explore cultural context and tease out the various unknowns that so often accompany healthcare abroad, particularly in developing countries. While the actual writing itself didn't necessarily provide answers, it certainly provided a reflective and safe space in which students could explore their questions and concerns. Further, they questioned the risk involved with the initial decision to repair Imelda's lip, knowing the scarcity of resources and

lack of options. During the post-performance discussion, we observed the students' concern with the potential "white savior" element of the story, which prompted reflective conversation about the benefits and burdens of providing such service in the first place. The burden in the story of course, was Imelda's death, which could've been avoided if the doctor and his team hadn't gone in the first place.

Finally, the fourth theme questions the level of secrecy and shame found within the narratives. Consistently, students wrote about the shame with which Imelda covered her lip and the secrecy with which the doctor performed the operation after death, under the cover of darkness. Interestingly, there seemed to be empathy and compassion associated with Imelda's shame, but concern and disbelief at the doctor's actions, which seems to be in direct contrast to what was indicated with the first theme - a sort of disconnect from the patient and strong identification with the doctor. Might this indicate a collective sense of professional boundary crossing? In other words, the Doctor simply went too far and the students, identifying as (almost) doctors, felt the need to quietly question his motivation. Or perhaps they feel some shame in somehow contributing to the problem and that limits the extent to which they can blame Dr. Franciscus. They almost share in his secrecy, demonstrated by the hushed tones with which they wrote (and read) their scripts.

We don't know exactly what the students were thinking as they engaged in the writing process. What we do know, however, is that we provided very specific prompts for them to consider as they wrote, and that, coupled with the major themes which emerged, suggests they harbored specific concerns about the story and used the applied theatre playwriting exercise within a narrative medicine framework of close reading, writing and reflection, to work through some of those concerns. The post-performance conversation allowed for real ethical deliberation, and we could see the students grappling with and working through that which was not fully explained by the original story, and that which they did not fully understand.

Conclusion

Playwriting is beneficial to medical students because it provides a space for writers to try to make sense of complex stories while also emphasizing creativity, freedom of expression and reflective deliberation among peers. Bringing characters together in a logical space, with logical incentives, motivations and reactions is much more difficult than the word "play" in playwriting might imply. When a character falls flat, or doesn't seem fully dimensional, this often reveals our biases. If we make a character too perfect, or another too disreputable, for example, this becomes apparent when read by a peer or in a performance and forces the playwright to consider the fact that they might not understand their world as much as they thought.

Further, in medicine, doctors often make decisions based upon what they believe they heard. This assignment provides an opportunity for students to examine what it is they think is going on in *Imelda*, and then to critically examine the lens through which they have been reading. When the students showcased the scenes, all of which were inspired by the same short story, it was clear how diverse our perceptions really are. This kind of critical reflection reminds

students of their own biases and hopefully encourages more narrative humility moving forward with patients.

Playwriting builds community, bolsters confidence, and certainly precipitates in-depth discussions which lead to expanded, and more ethically-sound perspectives. Exercises like our *Imelda* prompt provide a space for students to consider the complex ethical themes within various health structures and the impact individual decisions have on the patient and her family. In writing their own scripts, students get to expand on the issues they found important or difficult within the original story, and even more, they get to play with explaining, justifying or rationalizing the decisions that were made. The goal isn't to determine necessarily if the decision was right or wrong, but rather why it was made and who it affects. As we have demonstrated, playwriting incorporates many of the principles of narrative medicine, and therefore we hope to see it incorporated more often in medical education.

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