

## Introduction

Every teacher knows the value of a good story. Students at all levels respond to the pleasures and challenges of listening to a narrative that illustrates an important lesson. Both authors have long-standing interests in literature as it intersects with the medical realm. We came together from two different academic disciplines, performance studies (Case) and clinical medicine (Micco), through a shared interest in expanding our students' knowledge of the lived experience of aging and old age. We were familiar with many prose, poetry, and nonfiction texts that raise important issues surrounding this topic and had already used some of those texts to advantage in classroom settings. As we talked about the importance of empathy (and the difficulty of teaching it), we planned a new course that we hoped would foster in each of our participants curiosity and what has been variously called the moral, empathic, or narrative imagination.<sup>1-3</sup> What is it like to be this particular other person in his or her particular circumstances? For our medical professional students, we sought to generate new ideas for opening conversations with patients and new perspectives on aging. For our theater and performance students, we hoped to reinforce existing interests in the performing arts as an important conduit for building community. We wanted all our students to experience the value of telling and listening carefully to stories. Thus, in 2005 and 2006, we developed and taught a course at the University of California, Berkeley titled, "Readers' Theater in a Medical Context: On old age and aging."

## The Tradition of Readers' Theater

Our decision to create this course, which would move beyond the classroom and into the community, was inspired by Dr. Todd Savitt's example at the Brody School of Medicine at East Carolina University (ECU), where he has directed a successful readers' theater program since 1988. Readers' theater is a technique used in the performance of literature in which texts are staged with minimal production values and scripts are not fully memorized. Literature not necessarily intended for dramatic interpretation is presented by performers who read aloud but do not wear costumes, use props, or move about the room. A formal theatrical stage is not necessary. Poems, short stories, novels, memoirs, and many other forms of fiction and nonfiction have been successfully adapted for the stage through this technique. Readers' theater allows the audience to experience a live performance of the texts while significantly shortening the rehearsal and preparation time necessary. Readers' theater makes performance available to communities with fewer resources and opens the text to performers who cannot commit to the six to eight weeks of nightly rehearsal traditionally necessary for a fully staged production. Live performance helps bring new interpretation and new meaning to the written word. Listening to a story or poem as it is read and then discussing it with others is quite a different experience than reading silently to oneself.

Savitt and his students perform in the Greenville, North Carolina, community using their adapted texts to open post-performance discussions on a variety of health-related issues. Savitt's book, *Medical Readers Theater: A Guide and Scripts*, provided us with both performance material and an example of the sort of work that can be done once such a program is well established. During our first "pilot" course at UCB in the spring of 2005,

we invited Savitt to Berkeley to participate in rehearsals, workshops, and performances. His collaboration proved valuable as we completed our 2005 course and planned for our 2006 course.

“Readers Theater in a Medical Context” has linked UCB students with elder residents of local continuing care retirement communities. Health professional students and students in the arts and humanities interested in issues concerning old age and aging performed selections from literature intended to open conversations between themselves and elders living in continuing care retirement communities in the San Francisco Bay Area. We chose stories that deal with the pleasures as well as the problems and concerns of aging in our society. We presented both on-campus and off-campus performances, each followed by an audience discussion with the performers.

#### The Readers, Young and Old

In spring 2005, our course had eight medical students from the UC Berkeley-UC San Francisco Joint Medical Program and one graduate student from the UC Berkeley Department of Theater, Dance, and Performance Studies. The students worked together in weekly meetings over a period of nine weeks. Early on, we discussed readers’ theater and performance of literature techniques for those who were unfamiliar with the terms; we also worked on very basic aspects of performance (such as breathing exercises and vocal projection) for those students who did not have experience on stage. At each of our meetings, all in ordinary classroom spaces, we discussed a number of texts and the issues they raised and then rehearsed them for potential inclusion in our performances. As

noted above, one major benefit of readers' theater is that it does not require the resources or time commitment of a fully-staged production. This limited time commitment fit the needs of our student performers very well, as both medical students and other graduate students are perpetually short on time. We managed two off-campus performances at retirement communities and an on-campus workshop during this nine week period, which included Todd Savitt's residency.

In spring 2006, we enrolled five medical students, one graduate student in optometry, and one graduate student in Performance Studies. We also decided to grant admission to three advanced undergraduates who were either applying or already admitted to graduate programs in the health sciences; two of these undergraduates also held minors in theater. With the cooperation of both departments, our 2006 students had the choice of enrolling in the course as an elective in either the Joint Medical Program or in Theater, Dance, and Performance Studies. We were delighted with the additional diversity in our 2006 students and in the variety of perspectives they brought to our discussions and performances.

After our first set of student performances, we considered the possibility that there might be educational value and enjoyment in having elders from the community perform and lead discussions for the students (some of whom may one day be their health care providers). So, in 2006, we expanded our course by inviting residents from one particular retirement community to perform with us. The community's activities director

found many eager volunteers, eight of whom stayed on throughout the process. This group was modest about their theatrical accomplishments at first, but slowly and slyly let us know that they were “ringers”; all of them had extensive stage or public speaking experience. One of the elder performers admitted with a coy smile that she had done a lengthy stint on Broadway as a young woman. (This should have come as no surprise, as retirement communities are a treasure trove of elders with a plethora of rich life experiences.) For practical reasons, the elder performers and the student performers had entirely separate rehearsals. While this made for some unknowns on the day of our public performance, it also enhanced the delicious elements of surprise and unpredictability that are inherent in any live performance.

In both 2005 and 2006, students enrolled in the course for many different reasons. Some of the health sciences students were attracted to the course, because they were already interested in working with elders and wanted to develop further their communication skills and interactions with this group of future patients. At least one student, however, remarked that she took the course precisely because of her discomfort and uncertainty around “older people.” The students from theater and performance studies were interested in the impact that theater can have in a community and also found value in fostering interdisciplinary thinking about the arts and the sciences. Most of the students at some point remarked on their attraction to the course, because it represented something different in their school day: a break from studying; a chance to interact with the off-campus world; the opportunity to read, analyze, and interpret good literature.

### Satisfactions and Surprises

Some of the outcomes of this course, while not necessarily predictable, were exactly as we had hoped. Our students found themselves intrigued by the literature we presented and brought in further texts for consideration. At least one student (spring 2006) became interested in the process of adapting literature for readers' theater and tried her hand at it. Classroom discussion—on which texts we would perform and how we would perform them—were lively. The students gave honest, sometimes blunt, assessments of the merits of each text and argued congenially with us and one another as we planned each performance. Post-show discussions were similarly animated. Aided by one of us as a designated facilitator, the students participated actively in conversations with the elders in our audiences. The elders, for their part, were equally participatory and critical: they told us precisely what they liked and disliked about the texts and our performances; they questioned the students about their goals as healthcare practitioners and community-oriented artists; and did not shy away from difficult issues raised by the stories and poems.

The frankness of these discussions was quite unimaginable before the fact. A particular text in 2005 raised the issue of a life supported entirely by medical technology and the protagonist's wish to end her life under those terms. Some of our students expressed concerns about the feelings of audience members who might know someone in this position, or who may have been called upon to "pull the plug." One student stated that she did not think this text was at all appropriate. However, we put it to a vote and

decided to perform the story. The post-performance discussion was one of our finest. Indeed, one audience member did report her distress at listening to our performance; she had just completed power of attorney and medical directive documents for herself and her spouse. Other audience members discussed their fears of losing their current quality of life and of making life-and-death decisions for loved ones. The discussion was tender and respectful, and we were all moved by the evening's events.

The greatest surprises came when the elders entered into the performances with us during the 2006 course. At our first performance at a retirement community, a woman in the audience, urged on by her peers, spontaneously recited "Daffodils" by William Wordsworth. The prompt for this recitation seemed to be a sense of friendly competition; the elders wanted the younger performers to see that there were performers among them too. This woman's audience, including our performers, was delighted, especially when she gamely waited out a brief memory lapse, recalled the lines she had missed, and finished with aplomb. This event had occurred before we asked for volunteer performers from this retirement center, but it was fortuitous in showing us that we were not mistaken to think there would be interested parties. The memory lapse during her performance was also instructive. One of the main reasons we work with readers' theater techniques is because it does not require memorization, meaning it is a good match for both forgetful elders and overtired (and forgetful) students. Our choice to adapt and perform non-dramatic literature was also validated in this moment of performance; clearly, our audience of elders was comfortable with—and nostalgic for—the oral performance of

poetry and prose. Many of them grew up memorizing and reciting canonical works in school.

These routine recitations of best-loved works from earlier years seemed also to be preserved in the memories of some of our elders. Hearing a familiar poem during one of our performances set off a chorus of nods, smiles, and whispered accompaniment.

Another 2006 performance by our students at a retirement center included William Shakespeare's well-known Sonnet 73. The student performers gave a lovely and sincere rendition of the text, which we had divided to be read by four voices in order to emphasize the logic of each quatrain and the final couplet. During the post-performance discussion, a woman raised her hand and indicated that the quiet gentleman next to her could recite this same sonnet from memory. Without preamble, and in a fragile but urgent voice, he leaned into the microphone and gave a performance that eclipsed ours with an intensity coming from decades of rehearsal and contemplation. This same man had his name and his room number clearly written on a tag pinned to his sweater, no doubt to keep him from getting lost if he should forget his way home. Although we did not discuss his performance other than to congratulate him, the persistence of his ability to perform Shakespeare's words—and their emotional impact—through the challenge of a fogging memory was instructive.

At our on-campus public performance toward the end of the 2006 course, both elders and students performed the same poems, one after the other, so that we could discuss the difference in each group's reading. One of these poems was "Unending Love," by Indian

mystic poet and Nobel Laureate Rabindranath Tagore. The students did not like this poem, finding it too sentimental and clichéd and resisted including it in the performance. The elders, on the other hand, unanimously voted to perform this piece when we offered it for their consideration. They found the poem's themes of eternal love, spiritual ecstasy, and love that changes but endures over time to be reflective of their own experiences. They spoke of lost (and found) spouses, children who grew up or apart, even a high school prom date couple who meet again fifty years later. Because of the elders' enthusiasm for "Unending Love," we prevailed upon the reluctant students to perform it as well. With separate rehearsals, neither group heard the other perform until they were onstage together in front of an audience. Again, our students gave a lovely, thoughtful reading despite their earlier reservations. Everyone in the theater heard the difference, however, when the elders took their turn. Their lived experience of lasting love was present not only in the emotional inflections they gave to the words but also in the rich, mellow quality of their older voices. Their gravitas seemed hard-earned and undeniable.

### Practical Concerns

When we began planning for the course in the spring of 2004, we recognized the need for funding and other material support to offset costs such as photocopying, travel to performance sites, and small props and other supplies for the performers. In spring 2005, we received modest support from the Joint Medical Program; the Center for Medicine, the Humanities, and Law; the Resource Center on Aging; and the Department of Theater, Dance, and Performance Studies, all at UCB. In spring 2006, we received additional

funding from UCB's Consortium for the Arts, which allowed us to record some of our rehearsals and performances and create a short DVD to be used in classrooms.\*

Because our audience was drawn almost exclusively from a population of elders, we faced a few age-related challenges. For one, many of the people attending our performances had some hearing impairment. This meant that vocal projection, whether aided or unaided, was a key responsibility of our performers. We spent a good deal of time in rehearsals working on techniques for voice projection, with some performers having more success than others at increasing their volume without sounding strained. While we made the best possible use of the microphones and sound systems available at each venue, we never found an ideal configuration within our limited budget.

We also needed to pay attention to accessibility and accommodations for our elders during their rehearsals and performance. Rehearsals were limited by the retirement community's activity schedules and by the energy of the performers. Large-print scripts with clearly marked lines were crucial. We required a wheelchair-accessible stage, with comfortable chairs, bottled water, and nearby accessible restrooms. Further, we had to rehearse knowing that one or more of our performers might not be well enough to participate on a given day; we planned to step in ourselves as understudies, if need be. Luckily, all our performers remained in good health throughout the process.

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\* Please contact the authors for more information on the DVD.

We also had to deal with copyrighted texts and permissions for performance. Savitt's book, *Medical Readers' Theater: A Guide and Scripts* (University of Iowa Press, 2002) offers fourteen scripts adapted from texts for which general permission to perform has been granted or which fall into the public domain by virtue of their publication date. In seeking to expand our texts beyond Savitt's book, we sought performance permission for some, but also found a wealth of good material in the public domain. One of our texts, "Poem for Wei Ba" by Chinese poet Du Fu, dates to the 8<sup>th</sup> century AD, but proved timely in its enduring sentiments. In this poem, friends reuniting after years of separation muse on their children, their gray hairs, their lost acquaintances, and their sadness at the inevitable end of their visit.

### Concluding Thoughts

Each of the pieces we performed provided a scenario of aging that could be used to explore the problems and questions at hand for our elder audience members. For example, what would it be like to lose one's life-long partner and have to leave one's home of 40 years to move into a one-room apartment with an unknown roommate? What would it be like to be this 87 year-old woman, living in a nursing facility since her stroke two years ago, whom no one comes to visit? What is it like? Some of the answers might well come from someone who sat beside or in front of our students, watching them perform. The otherness of aging and old age—laden as it is with stereotypes and prejudices—is an ideal problem to place before our young students for whom the word "old" might be nothing but pejorative. This is true for our performance students as well as for our medical professional students. All of them have an interest in working with the

elders in their communities. All of them have parents and, likely, grandparents who are aging. All of them, though they may not yet appreciate it fully, are themselves aging.

Finally, there is the question of whether a performance studies PhD and a medical educator MD can work together in harmony to develop a successful interdisciplinary course. The answer is a resounding yes. The rewards for both of us were clearly manifested and includes a better understanding of each others' disciplines, the pleasure of stretching into unfamiliar academic territory, and the excitement of working with a variety of new students.

Our performers, their audiences, and we took great pleasure in these endeavors. However, we also had a serious intent: to develop the moral imagination of everyone involved. We stress that the strength of readers' theater, for us, is in the complete process rather than in the individual performances, and that the performance of unrehearsed, unexamined texts would have far less impact. The full range of activities in our readers' theater course—from critically discussing and selecting the texts through the audience- student interactions at our performances—proved essential to its success. Ethical queries and textual analyses occurred at every stage and invited not only our students, but also members of the wider community to develop their curiosity and imaginations. We believe in stimulating these qualities, for they are not only necessary to a fulfilling career in the medical professions, they are an essential part of a reflective, satisfying life.

Sonnet 73<sup>5</sup>

By William Shakespeare

That time of year thou mayst in me behold  
When yellow leaves, or none, or few, do hang  
Upon those boughs which shake against the cold,  
Bare ruin'd choirs where late the sweet birds sang.  
In me thou see'st the twilight of such day  
As after sunset fadeth in the west,  
Which by and by black night doth take away,  
Death's second self, that seals up all in rest.  
In me thou see'st the glowing of such fire  
That on the ashes of his youth doth lie,  
As the death-bed whereon it must expire,  
Consum'd with that which it was nourish'd by.  
    This thou perceiv'st, which makes thy love more strong,  
    To love that well which thou must leave ere long.

Poem for Wei Ba<sup>6</sup>

By Du Fu

Often a man's life is such  
that he seldom sees his friends,  
like the constellations Shen and Shang  
which never share the same sky.  
If not this evening, then what evening  
should we share this lamp light?  
How long can our youth and vigor last?  
The hair at our temples is already gray.  
We inquire about old acquaintances  
to find that half are ghosts--  
shocked cries betray  
the torment of our hearts.  
How could I have known  
that it would be twenty years  
before I again entered  
your honored home.  
When we parted last  
you were yet unmarried;  
now your sons and daughters  
line up in a smiling row

to greet their father's friend.  
They ask whence I have come  
but before I can answer all questions  
you chase them off  
to bring wine and cups.  
In the night rain, chives are cut  
for the freshly steamed rice  
mixed with yellow millet.  
Saying how difficult it has been  
for us to meet at last,  
you pour ten cups in a row!  
But even after ten cups  
I'm not drunk, being so moved  
by your lasting friendship.  
Tomorrow we will be separated  
by the peaks of mountains,  
each of our worldly affairs  
lost to the other's sight.

### Unending Love<sup>7</sup>

By Rabindranath Tagore

I seem to have loved you in numberless forms, numberless times,  
In life after life, in age after age forever.  
My spell-bound heart has made and remade the necklace of songs  
That you take as a gift, wear round your neck in your many forms  
In life after life, in age after age forever.

Whenever I hear old chronicles of love, its age-old pain,  
Its ancient tale of being apart or together,  
As I stare on and on into the past, in the end you emerge  
Clad in the light of a pole-star piercing the darkness of time.  
You become an image of what is remembered forever.

You and I have floated here on the stream that brings from the fount  
At the heart of time love of one for another.  
We have played alongside millions of lovers, shared in the same  
Shy sweetness of meeting, the distressful tears of farewell—  
Old love, but in shapes that renew and renew forever.

Today it is heaped at your feet, it has found its end in you,  
The love of all man's days both past and forever:  
Universal joy, universal sorrow, universal life,  
The memories of all loves merging with this one love of ours—  
And the songs of every poet both past and forever.

## References

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