

Paper 35 – Full Paper

Learning to Act Like A Nurse

Authors

Debbie Roberts

Richard Talbot

Address for correspondence

Dr. Debbie Roberts.

Lecturer in Adult Nursing.

University of Salford.

Mary Seacole Building.

Frederick Rd Campus.

Salford.

M6 6PU.

0161 2957279

d.roberts@salford.ac.uk

Dr Richard Talbot

Programme Leader (Acting) HND Media Performance

School of Media, Music and Performance

University of Salford

Room AP-308, Adelphi Building

0161 295 6367

07899 872215

r.talbot@salford.ac.uk

Abstract

Theatrical metaphors abound within the literature on nurse education and perhaps it is no accident that they do so. However much of the nursing literature implies that clinical learning involves the student in developing performance skills, and infers that this type of learning is inferior and superficial.

This paper emerges from a discussion between the authors: a nurse educator, and an educator of performance students. It explores the concept of learning to be a nurse and compares this to learning to act and perform in the context of a contemporary drama and theatre course.

Some authors suggest that students of nursing are merely demonstrating an unquestioning imitation of others (Taylor, 1997; Alexander, 2001). However, we argue that imitation is actually a useful and necessary initial mechanism that promotes deeper learning and critical thinking through which students gain expertise. Through the process of learning to act like a nurse, students are also learning to think like a nurse and ultimately to be, or effectively to perform as a nurse.

In conclusion we propose an approach to performance which addresses a potential approach to teaching and learning empathy in a clinical situation drawing on a model of “immersive performance”, which can be adopted both by nurses and actors.

Glossary/Terminology

Situated learning: learning in a specific context and in a community of practice (Lave and Wenger 1991)

Studentmanship: the performance and skilled execution of a clinical practice to meet expectations and definitions and standards (Olesen & Whittaker 1968).

“unit of the role”: according to early 20th Century theatre director, Konstantin Stanislavski, performance actions can be divided into units and objectives which operate to clarify the situation, motivation and intentions of a character.

Performativity: an utterance or gesture may have legal or other consequences, for example, “I do” in a wedding ceremony (Austin, 1955). Touching or any other close presence can be understood as performative if the intention is to contribute to healing or recovery.

1. Introduction: imitation.

Applying the Dreyfus and Dreyfus model of skill acquisition, Benner (1984) outlines how nurses might acquire skilled expert performance. The third stage of the model is described as “a passage from detached observer to involved performer. The performer no longer stands outside the situation but is now engaged in the situation” (13).

Therefore, it could be argued that modeling skills on another’s performance is not so much a demonstration of a lack of critical thought, as a necessary stage of professional development. Previous work (Roberts, 2007) suggests that student nurses are often preoccupied with being able to perform clinical skills in a fluid and speedy manner and skills are passed on through generations of students in an oral tradition. It has been suggested that some approaches to learning in clinical practice may force students to learn in a superficial way and may even prevent them from achieving true mastery of the knowledge that forms the basis of their work (Alexander, 2001).

Alexander (2001) has suggested that childcare students are merely developing a set of performance skills that enables them to imitate what they see happening in the workplace. She asserts that childcare students adopt the practices of qualified nurses in a largely uncritical way. Similarly, Taylor (1997) suggests that novices will copy more experienced nurses regardless of standards of practice, rather than solving problems for themselves. Taylor provides an account of the cognitive processes involved in carrying out nursing work with a sample including fifteen undergraduate nursing degree students, who were viewed as novices and fifteen more experienced, qualified nurses. Taylor concludes that the novices merely wanted to perform skills in the same fluid manner as the qualified staff.

An actor’s task is not so much to imitate actors, but to imitate life. At least within modern conventions of realistic or naturalistic acting, the actor’s function has been to offer an interpretation, representation or reflection of (an assumed) reality. However, actors are additionally confronted with the problem of the medium in which they perform (Rideout, 2006). On stage, actors may have to exaggerate the dynamic of gestures and emotions and the volume of their voice in order to communicate in a large space. While on TV and film acting they need to contain their expressivity: they

must not be seen to act; the screen actor must simply “be”. In both cases the requirement for an actor is to avoid drawing attention to the medium. Thus the tendency of naturalism is to conceal the difference between representation and reality, and for the actor to identify or be identified with the character. Following Rideout, this requirement can be understood to produce precisely the opposite of its intended effect. The effort at imitation merely highlights the mechanism of acting and the artificiality of the theatre, or the uncanny reality of the screen image. Attention is drawn to the comedy of approximation and a parody of an original.

Just as nurses may want to appear fluid, students who are learning to act may also want to affect an air of nonchalance and minimal effort on stage. However, a misplaced performance of “effortlessness” can paradoxically exaggerate an unnatural performance. Alternatively, on screen a student who wants to give the impression that they “working” effectively on an imitation of reality may find that they are simply amplifying and exaggerating emotion and gesture. Thus, student actors, like the nurses discussed above, may imitate “reality” without considering the value or style of enacting the task. We will return to the issue of authenticity in the context of learning to act (either as a nurse or an actor) shortly.

A theoretical route, which may point us to interstices between nursing and performance work, is symbolic interactionism, which is expressed as a dramatic metaphor. Erving Goffman emphasizes the maintenance of role, for instance, the ability of the “performer” to retain face, and to keep shameful behaviour “offstage” in face-to-face social interactions (1967). However a nurse may find himself or herself ontologically caught between social and professional obligations; and may retreat into institutional, hierarchical or technical behaviours, which are not empathetic (Lawler 1991; Lawton 2000). The term “emotional labour” used by Pam Smith expresses this economically intangible tension and work by nurses (Smith 1992). Thus, the role is available for performance, and this may extend to the uniform: “The mere possession of a nurse’s uniform permits the wearer instantly to invade even the most private personal space with a minimum of (often merely implied) consent.” (Johnson 2004)

2. Learning to feel.

Putting on a costume or role suggests the work of French actor and theorist Diderot who famously established that the expression of feelings on stage may not require any real investment by the actor in the feelings they express. The actor can merely display the “outward signs of feeling”(1957:19). A nurse, has also been evaluated by his or her ability to manage emotion in order to produce an appropriate response in the patient: that of feeling cared for (Smith, 1992:7).

Goffman’s asserts the importance of being able to play between roles and identities depending on the location of the “stage” and the role of the person with whom one is interacting. A nurse’s role is constrained by professional nursing practice and its performance. Student nurses may face a difficult struggle leingarn some aspects of nursing practice, because according to Wenger (1998) practice “include[es] both the explicit and the tacit. It includes what is said and what is left unsaid, what is represented and what is assumed, subtle cues, untold rules of thumb; most of which may never be articulated, yet they are unmistakable signs of membership of the

community of practice” (47). In nursing in particular, there may be many unwritten, implicit rules for the student to overcome.

Playing the role of the nurse may be a valid mechanism in perfecting tacit skills. Furthermore, playing the role of the nurse is said to provide experiential learning, to encourage critical thinking and expand the student’s horizon (Grindle and Dallat, 2001). In a survey of one hundred and eleven nurse teachers in Northern Ireland, followed up by eight interviews, Grindle and Dallat demonstrate that classroom use of literature, drama and other media stimulate interest and motivation in students. In their study, drama was seen as a rehearsal for the reality of clinical practice where students could experience the realities that they would subsequently encounter in the clinical setting. The study makes tentative suggestions that using drama may be particularly useful in helping students to refine skills in breaking bad news and developing empathy. Consequently the notion of learning to “think” like a nurse is informed by the problem of learning how to “act” like a nurse. Our interdisciplinary discussions have therefore addressed notions of rehearsal, repetition and improvisation in performance practices. We are interested in applying these to nurse education and problems of believability in role-play scenarios, and questions of realism in simulation laboratories.

3. Authenticity in simulated performance.

Role-play and experiential learning immerses the student actor in situations that can develop expressive and interactive skills (Yardley-Matwiejczuck, 1997). Dorothy Heathcote’s work in applied drama has been particularly influential in suggesting ways in which an educator can also take on the role and “mantle” of an “expert” which can be applied within the work with students. While apparently immersed in the drama alongside students, the facilitator is thus able to interrogate and guide their choices “from within”.

We have sometimes observed embarrassment and hesitation amongst some student nurses when confronted with the prospect of improvising essential plastic skills in a simulated ward. This crisis appears to replicate a similar “crisis of volition” experienced by patients who find themselves staged upon a hospital bed and who experience a medical process over which they have little control (Heathfield 1998). The facilitator can assist here in suggesting to the student with the appropriate “script” or behaviour.

It seems that learning the act like a nurse may be important in the development of competence together with understanding and learning generally (Grindle and Dallat, 2001). Olesen and Whittaker refer to the concept of “studentmanship” said to intricately involve expectations and definitions, with the performance of a front encouraged by a desire for the skilled execution of a clinical practice. “Studentmanship requires playing for an audience by processes of divining appropriateness, of choosing alternative modes of projecting and finally exerting the self” (1968:183). Each successive performance involved fewer painful deliberations, and embarrassing blunderings.

Davis (1975) asserts that during role simulation students will fashion performances before instructors, patients, staff nurses and peers, which are in accord with the doctrinal practices of the school of nursing. Through repeated performance Davis suggests that the initial incongruity, which students may feel (guilt, hypocrisy and role illegitimacy), diminishes. Initially the student is said to be like an actor when a “lack of conviction and quality of inauthenticity felt about his performance, will somehow communicate itself to the audience and ‘give the show away’. In other words, will the audience dismiss his performance as ‘mere front’ or ‘show’ and accordingly view him as inept and untrustworthy?” (126).

Using elements of drama in education helps students to integrate feelings, thoughts and actions and makes use of what Ekebergh, Lepp and Dahlberg (2004) refer to as bodily involvement in memories and feelings from lived experiences in clinical practice. Furthermore, they suggest that this in turn creates meaningful substance to reflection and learning. In particular, when students act out their experiences they are able to “see themselves” in relation to caring practices (Ekebergh et al 2004). Ekebergh et al appear to imply that learning in safe environments such as skills laboratories is beneficial because it enables educators to use an approach which does not polarise theory and praxis but “supports the students’ learning and reflective processes with the intention of creating a meaningful whole of lived caring experiences and theoretical caring knowledge” (625).

To return now to our introductory discussion on effort, according to Stanislavski, one of the first practitioners in the West to devise a systematic and practical process for educating professional actors for the theatre, it is necessary for actors to move through ten stages of learning to act. For example, he posits that the actor must first learn to relax the muscles and eliminate physical tension at the same time as maintaining concentration, and thus learns to invest in a characterisation by thinking *as* the character. The same could be said of learning to be a nurse, as the students need to relax in their encounters with patients, mastering technical psychomotor skills and learning to think like nurses. Similarly, the Stanislavski method suggests that the actor must develop a sense of truth in the performance, one which is organic rather than artificial. The actor begins to develop the ability to interact with other performers (colleagues, disciplines) and with an audience (the patient/s) without violating the world of the play (clinical practice). In order to become a character the actor breaks a role down into “units”, or objectives, working on each unit individually and subsequently combining these to form the whole. While there may be a subtle distinction to be made between the actor who intends to disappear or immerse themselves in a characterisation, and nurse who appears as such through the an investment in the performance of the role “nurse”, it could be said that there is a shared preoccupation in both disciplines with the successful completion of tasks and the achievement of objectives, regardless of personality or character. These levels of investment and becoming seem far from the ideas of copying or imitation proffered by Taylor (1997) and Alexander (2001).

The role of the nurse is one that can be learned and, if the performance is “truthful”, one in which the nurse can become completely engaged in, investing in a state of flow, or second nature, which will connect with the feelings of the client or “audience” at a profound level, without any apparent signs effort. It appears that there are similarities between Benner’s (1984) notions of nursing expertise and this

classical paradigm for learning to act. For example, Whyman has explored the concept of the actor's second nature through the work of Stanislavski and James. Stanislavski expressed this as investing in the role repeatedly to the extent that performance becomes habit, so that the actor/nurse is apparently no longer thinking about performing the role (Whyman, 2007:116). As Stanislavski expresses it:

“what is difficult becomes habitual, the habitual easy, and the easy beautiful...habit can unburden attention, freeing the performer from having to think about certain aspects of what he or she is doing in order to give attention to more important aspects of the performance” (117).

However, it would seem that even Stanislavski cautions the performer against adopting what he terms “mechanistic acting”. In terms of nursing practice the same caution could be issued in respect of mechanistic, uncaring practices. Thus the student might learn to guard against “mechanism” by reflecting of the level of investment in care. In performance an awareness or care for the audience has a similar mitigating effect, avoiding performances in which the external appearance is correct but there is a lack of internal “truth” or investment. It may not be sufficient for a student to respond only to a patient's diagnostic profile in a simulated scenario and to “go through the motions” of care (to inflect our discussion on Diderot, above). There needs also to be some consideration of the implicit contract with the patient in the interaction, and the extent to which they “believe” the performance.

Bella Merlin (2001) following Michael Chekov and others has brought together psychological preoccupation in characterisation with concurrent developments in the physical training of actors in the early 20th Century. For Merlin, a psychophysical form of training is able to engage both body and psyche, both external expression of emotion and physical gesture and internal impulses and sensations: “The brain inspires the emotions, which then prompt the body into action and expression. Or the body arouses the imagination, which then activates the emotions.”(4) This offers a holistic ethos for combining tasks with an emotional engagement with the audience whether they are a patient, a family, or an observer.

A state of “flow” seems to one in which the student nurse and actor can experience this ideal of the mind attuned to the body and vice versa. Csikszentmihalyi's discussion of flow, shift the emphasis slightly away from Stanislavski's emphasis on relaxation. This may be revelatory to students who may be inclined to display an effortless relaxation, which unfortunately appears in performance as no more than “lax”. In Csikszentmihalyi's definition they may be guided towards a notion of heightened concentration and challenge which creative practitioners associate with a specific, satisfying and productive mode of attention: “[which] involve[s] painful, risky, difficult activities that stretched the person's capacity and involved an element of novelty and discover. This optimal experience is what I have called flow [is] an automatic, effortless, yet highly focused state of consciousness” (Csikszentmihalyi, 1997:110)

Pursuing a state of flow may lead an actor to prefer unfettered and experiential performance styles that do not require a clear understanding of the technical demands of psycho-physical expression. Evans (2009) has researched movement training systems in British drama schools. He has argued that there is a tension between

training an actor's body in order to offer the appropriate plastic skills as a service to theatre and other production companies, and the training, which develops more general creativity and performance skills but has fewer vocational applications. Evans suggests the terms "docile body" and "unruly body" to make a distinction between the body which has been disciplined and tuned to a variety of rehearsal processes and the "unruly body". A focus on the "unruly body" in actor training allows the artist to unleash excessive, unrestrained and idiosyncratic modes or forms of expression and gestures. A similar tension may appear in nurse education in the balance between technical aptitude and the desire to follow an instinct or intuition required to care for another. The possibility of finding a genuine "breakthrough" moment of communication with a patient in critical care for instance, may require a nurse to take a risk, and, in state of heightened focus, engage with the patient according to his or her instinct for empathy. De-briefing provides an opportunity to discuss such moments, and the problems of trying to meet a standard of performance, of attending to the voice of the patient, technical skills, requests from a facilitator, and the balance of expectation against impulse. For most performers, the epistemological value of such narratives is not in question. As Clandinin observes, we make sense of things through such narratives and constantly revisit experience. (Connelly and Clandinin, 1990).

4. Learning to act; learning to care

In a study of undergraduate management students, Ramsey (2005) outlines what is termed the "performance of professional practice", arguing that it is possible for professional practice to be developed through social performance. A model is presented which enables the student to progress from narrative through to action. The model is suggested to overcome some of the shortcomings of experiential modes of learning through three essential shifts: "a shift from concrete experience to multiple stories; a shift from individual action to social performance; and a shift from an emphasis on cognitive learning to development of practice" (2005: 279). This is similar to the view presented by Ekebergh et al (2004) whereby drama is not so much about public performance but is more about mutual interaction where students can explore caring issues and personal action.

In sympathy with Goffman, Performance Studies theorists (Schechner, 2002; Turner, 1982) have examined cultural performances and ritual and have contributed to a shifted in discussions of acting skill and efficacy to questions of social agency, performativity. This work underlines the function of acting in the space between actor and audience in everyday situations. To some extent this has represented a challenge to the teaching of acting technique and notions of truth in emotion, character and role. Goffman's work on everyday performance offers a sociological bridge to questions of how to convince, stimulate, provoke, and care for the other/audience. In nurse education this may translate to the distance between carer and cared for. SmithBattle, Leander, Westhus, Freed and McLaughlin (2010) suggest that "students are inexperienced in thinking and acting like a nurse; they lack the relational skills and experiential knowledge to respond to patients' clinical trajectories and their concerns, strengths and personhood. Developing these skills is a central concern for the majority of students as they grappled with developing relationships that were neither "too formal", nor "too casual": neither "too close", nor "too distant" (714).

Francois Lyotard's (1997) discussion of postmodern performance defines it as fragmented, diffuse, inefficient, parodic and excessive. Here the form of acting actually invites and embraces the embarrassment, comedy or at least the gap between mechanism and intention mentioned above as a productive and revelatory moment in learning.

According to Carlson (1996), performance requires a “double consciousness” and while traditional theatre practice has regarded the other in this double as “a character in dramatic action embodied (through performance) by an actor”, (postmodern) performance artists “do not base their work upon characters previously created by other artists, but upon their own bodies, their own autobiographies, their own specific experiences in a culture or in the world, made performative by their consciousness of them and the process of displaying them for audiences” (114). Some performance practitioners refer to the role or character as a “surrogate”, in order to reflect this temporary and unstable notion of role. This paradigm allows for potential inconsistencies both in learning to perform and indeed actually performing the role of nurse. This invites the nurse to “play”, and offers a degree of autonomy in the person who is performing the role. The efficacy of play might then be based on repetition, experience and improvisation rather than mimicry alone.

However, Ekebergh et al (2004) would caution that such social performance is only possible in a safe environment, and this addresses a concern in our discussions between performer and nurse educators about how to create a safe environment to play and to take risks and to facilitate flow in our interdisciplinary experiments in nurse and performer education. Safety is a critical consideration according to Ekebergh et al. because when facilitated effectively students are encouraged and supported to unpick current practice and begin to see themselves undertaking new ways of working. (2004:626). This reinforces the need for ground rules and trust to be established amongst the student group.

Conclusion

Writing about a stay in hospital following a tracheotomy, performance theorist Adrian Heathfield notes: “Whilst I think I know where I am I do not know how to act. Whilst knowing I am free I nevertheless feel that I am in the grip of a process beyond my control.”(1998, n.p.). The interdisciplinary discussion above may draw nurse (and actor) education closer towards its audience in so far as learning to act like a nurse with these considerations may better account for the patient’s experience of the “performance.”

A simulated and relatively safe rehearsal environment, in which all participants, facilitators, peer students, and observers have clearly defined and, where possible, immersed roles within the simulation will draw students back into practice and rehearsal again and again. With suitable preparation for an ethos which is open to unexpected moments, through an agreed approach to improvisation, opportunities for “relaxation” and “flow” may emerge to facilitate embodied reflection-in-practice. In recent years immersive actor training methods informed by re-enactment and other simulated performance situations as well as theatre-in-education have broadened the potential platform and stage for such simulations to take place. Immersive and

experimental simulation offers a possibility for playing with notions of unruliness and scales of investment and interaction in the simulated ward.

It seems to us that there is much to be gained from seeking an understanding of learning outside one's own discipline. Through our discussions we have discovered that there are some similarities between learning to think, learning to act and learning to become a nurse. In particular, it would seem that the notion of role modeling and imitation in nurse education requires further investigation as it may not be the second rate learning mechanism previously reported. Rather it may be an essential mechanism that inflects different ontologies of performance. Student nurses can use a different understanding of the place of imitation in order to manage both the unruly and the docile body, and to develop intuitive fluid performance.

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