'Breath, Belief, Focus, Touch': Applied puppetry in simulated role-play for person-centred nursing education

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Abstract:

As a subject area that sustains itself on the productive tension between human and non-human agency, applied puppetry is a pragmatic and compelling approach to consider the role of objects in an anthropocentric world. In healthcare, mannequins play the role of simulated patients. Most often, they simply stand in for the body of the patient. However, this misses the potential that the materiality of this object has when considered through applied puppetry terms. This paper will look at examples of puppetry used in Simulated Role Play (SRP) for training and assessment, including a specific project involving applied puppetry with Person-Centred Nursing (PCN) students at Ulster University (UU). This paper will attempt to theorise how applied puppetry, used in this way, is a metaphorical and translational act of anthropomorphism - a process whereby an object can "become" more than a thing. In this context, we seek to define a practice in which a mannequin fulfil its potential as a puppet-patient in SRP for PCN students.

Keywords: applied puppetry, drama, person-centred nursing, simulated role play, anthropomorphism, Body without Organs.

Introduction

Questions of dignity and humanity in the practice of healthcare increasingly are a matter of global concern. In order to address this concern, nursing education strives towards developing practitioners who are both technically proficient and skilled in communicating effectively on an emotional and person-centred level. Considering a recognised lack in clinical placements, restraints on time and a desire for stimulating teaching methods '[s]imulation learning provides an exciting and relevant solution' in undergraduate nursing education (Reid-Searl *et al* 2014: 1202). Most modern nursing models, such as the Person-Centred Nursing Framework (PCNF), involve the promotion of crucial interpersonal skills and demand that the experiences and perspectives of those being cared for are prioritised above other considerations (McCormack and McCance 2010, 2017; McCormack *et al* 2015). However, achieving this in practice has proven to be challenging, particularly in Simulated Role Play (SRP) in healthcare training and assessment (Dingwall *et al* 2017; Jennings *et al* 2020).

Many approaches to simulation utilise medical mannequins to stand in for the patient (Lateef 2010); however, replacing the human patient with a mannequin can lead to 'dehumanisation' of the patient role, reinforcing perceptions of patients as passive and inert, working against the concept of 'person-centredness' (Jansen *et al* 2009; Ellis *et al* 2015). In medical simulation, interpersonal communication skills are sometimes called "soft" skills (Brodzinski 2010). The focus of much time and attention in nursing education is the acquisition and development of key clinical skills and the performance of medical tasks, some of which can be invasive (such as catheterisation and intubation) – the so-called "hard" skills (Brodzinski, 2010; Jennings *et al* 2020). Medical mannequins allow for the practice of such invasive procedures without causing harm to a "real" patient, whilst ensuring consistency in standardised assessment. New designs for medical mannequins often include robotic automation, in an attempt to simulate "lifelike" movements, reactions or even emotions.[i] In

contrast to this, we argue that using applied puppetry with inanimate medical mannequins offers more opportunity to develop the "soft" skills of person-centred communication. The potential of this applied puppetry approach has been neglected in favour of developing more complex, expensive – and in many ways problematic – mechanised medical mannequins. Instead, our focus has been to utilise accessible and affordable resources to create a teaching method that enhances person-centred care within existing SRP approaches.

This approach addresses how the mannequin is represented and, importantly, how it represents itself. Often mannequins are used without considering their inherent materiality. Generally, they "stand in" as a poor substitute for a patient, barely considered beyond their utility within the situation, as a receptacle for tools and tubes. Instead, the role of the mannequin must be as both 'simulated patient' and as object, with its own quasi-personhood independent of the humans manipulating or interacting with them. This approach avoids anthropocentrism and calls for a healthcare based on a new humanism, one that acknowledges the role non-humans have in creating and sustaining the human. In this way, the possibility opens for a practical educational approach that supports person-centred care, albeit without a person at its centre, and encourages humanistic practice without a human as the subject.

María Puig de la Bellacasa's project of a speculative ethics, *Matters of Care* (2017), attempts to reweave materiality into the traditionally human-focused notion of care. For Puig de la Bellacasa, "matters-of-care" challenge the totality of "matters-of-fact", dispensing with the binary of human and nature, seeing care as a way of thinking that *dis*-objectifies and 'adds affective modalities' to matters of fact (42). By focusing on "matters-of-care", this paper theorises the potential of medical mannequins to engage with us through a 'material embodied relationality' which has an inbuilt reciprocity, through the 'touch' of their material existence which touches us back (*Ibid*: 20). Crucially, considering these mannequins through the lens

of "matters-of-care" promotes caring for them as an active and performed practice. As Jayne Lloyd (2020) suggests, performing care for objects can be a form of self-care and a way of sustaining one's identity, sharing tacit knowledge, building relationships and enhancing attentiveness. Performing care for and with a mannequin may develop the nursing students' capacity for caring action rather than promoting the passivity of 'concern'.

This paper opens the argument for the consideration of applied puppetry in SRPs as a translational and metaphorical act of anthropomorphism, whereby an object performs and in so doing becomes more than a thing, providing a particularly effective simulated patient to enhance the training of person-centred nursing (PCN) practitioners. Borrowing a term from Donna Haraway's consideration of post-human materialism, the mannequin becomes more 'response-able'; as the human and the non-human engage with each other 'face-to-face in the contact zone of an entangled relationship' (2008: 227).

To provide context, the paper will begin with a brief overview of how puppetry is generally applied in healthcare training. After this, we will describe an interdisciplinary research project at Ulster University (UU) that teaches basic puppetry skills to nursing students in order to animate the mannequins used in SRP assessment and so moves the practice towards what Matt Smith (2015) has dubbed "applied puppetry". To extend on this project, elements of this application of puppetry will be theorised and suggestions for developing this innovative practice will be provided as a conclusion.

Personhood and transactional puppets in SRP

Humanising healthcare demands that patients' perspectives are considered, their personhood is acknowledged, and they are treated with compassion, dignity and respect. Considering the simulated patient/mannequin as a transactional "object", as a simple receptacle, is something to avoid, particularly if it leads to the dehumanisation of human patients. In the PCNF,

created by professors of nursing Brendan McCormack and Tanya McCance, personhood is a key concept (2010). Nursing theorist and pioneer of person-centred care Tom Kitwood is famous for challenging personhood as a concept based on capacity and resisting the mind/body split as its starting point. Instead, Kitwood defined personhood as ‘a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being’ (1997: 8). Importantly, the concept goes beyond ‘distinguishing persons from non-persons on the basis of a hierarchy of attributes’, as this is a ‘problematic' standpoint for a nurse (McCormack and McCance 2010: 7). For PCN researchers and practitioners, personhood is complex, embodied and socially contingent, often grappling with difficult questions of agency and interdependency. According to McCormack and McCance, recognising personhood in a nursing exchange is an attempt to ‘maximise an individual's autonomy’ (2010: 17) while honouring the caring relationships at the heart of the practice. Considering these relational aspects, there is value in encouraging PCN students to experience the role of the patient, as well as the nurse, in simulation practices. Such a step can sensitize nurses to aspects of the human experience of health issues that they might never otherwise consider. Numerous research projects involving drama-based interventions in nursing education have called for such a step (Arveklev *et al* 2018: 63; McAllister *et al* 2013b: 568). One possible way to address this call may be to animate medical mannequins through applied puppetry techniques (Smith 2015).

Most current applications of puppetry to healthcare contexts involve transactional exchanges, with the puppet used as an object through which an exchange is facilitated. Tilbrook *et al* (2017) highlight how the bulk of puppetry applied to healthcare focuses on paediatrics. The use of relatable and attractive puppets helps children to express difficult things, communicate through the puppets, present their experience through those puppets and ‘to distance themselves from difficult and painful situations.' (75). Reid-Searl *et al* (2017b) summarize

how these puppets help to manage a child's illness, aid nurses in teaching children how to stay healthy, improve a child's pre-op processes, enhance diabetes education and gives the child a conduit for articulating their feelings (441). Used in these ways, a puppet becomes a transactional object through which a person can express themselves, engage in shared decision-making and enhance their sense of agency within healthcare contexts. While these approaches have clear benefits, we argue that a more 'translational' model of applied puppetry, such as those suggested by Smith (2015) or Wiame (2016b), may be more effective for PCN pedagogy, particularly considering the importance of the concept of personhood.

SRP for healthcare education is an established approach, and the use of mannequins within them is widespread (Lateef 2010). The goal of SRP 'is to create immersive events or situations that enable a student to spontaneously respond in a controlled environment that nevertheless reflects their anticipated work experience.' (Arrighi *et al* 2018: 89) Tilbrook *et al* (2017) make note of two other examples of the use of puppets in healthcare outside of direct intervention with paediatrics, which occur within nursing education. These are two projects from Australia, Pup-Ed [ii] (Reid-Searl *et al* 2014) and Mask-Ed (McAllister *et al* 2013a). These projects involve simulating a patient-practitioner encounter: Pup-Ed through a child-like silicone puppet animated by a tutor; and Mask-Ed through masks and appendages worn by a tutor during an SRP. Both blend communication and technical skills. In Mask-Ed, educators don high-fidelity silicone masks and appendages and play the role of the patient. They converse with nursing students in character, while guiding them through their interactions and procedures as tutors, to encourage best clinical practice. By contrast, educators in Pup-Ed animate purpose-made paediatric puppets. The puppets whisper to the tutors, who give voice to the puppet's thoughts, while nursing students play the role and actions of the nurse in a simulated clinical environment.

Both Mask-Ed and Pup-Ed are excellent examples of puppetry used in SRP, allowing nursing students to practice technical procedures and interpersonal skills concurrently and providing an in-simulation expert to facilitate best practice. However, the practices maintain a distance between the student nurse and the patient. In these examples, the tutor performs as the puppet-patient and mediates patient agency to suit the learning objective (Lane-Krebs *et al* 2012: 78). There are no other examples discovered so far that engage healthcare students directly with animating medical mannequin themselves (although some students learn how to use puppets to communicate with children within paediatric practices, see Tilbrook *et al* 2017). In order to prepare for future exchanges with patients as an equal and person-centred interaction, it is important to simulate encounters where the perspectives and needs of patients are the central concern. The mannequin, when treated as a patient with its own "quasi-personhood", becomes a translational object rather than a transactional one. An interdisciplinary training project at UU explores this approach.

Breath, Belief, Focus, Touch

Since 2014, final year PCN students at UU have taken part in drama-based activities in a compulsory module, "the Safe and Effective Nurse". In introductory workshops, these students explore activities drawn from "Theatre of the Oppressed", including "Image Theatre" and "Forum Theatre" (Boal 1998). They also learn to apply elements of Stanislavski's "Method of Physical Action", which was originally developed for the training and direction of professional actors (Benedetti 1998). These activities help PCN students to develop techniques to enhance the fidelity of their SRP, to be more relaxed whilst performing, to be more aware of the power relationships in the scenarios and to improve the performance of their roles (Jennings et al 2020). The use of Boalian and Stanislavskian techniques in synergy gives them an approach through which to understand their own role in the context of a given scenario by experimenting with their Stanislavskian "actions" and

"objectives" within a "given circumstance". The nursing students are also able to see the SRP as a fictional but practical approximation of a lived experience whereby, using Boal's techniques, abstract and ubiquitous structures of power can be explored concretely and relationally.

Since 2017, puppetry has been applied to animate the medical mannequins used whenever an invasive procedure needs to be carried out. The aim of this is to ensure positive person-centred communication continues during these procedures, allowing the mannequins to perform more effectively as "human" patients throughout the SRPs. Master puppeteer Karen Torley of *Banyan Puppet Theatre* [iii] first introduces the Nursing students to basic principles of puppetry in a whole-class demonstration. After this, the students work in small groups to bring these medical mannequins to life within their allocated scenarios, while Torley provides further clarification and direction to the individual groups as and when they need it.

The students are directed using a simple four-step approach developed by Torley for the purposes of this intervention. These have proven useful for conveying core principles in a short space of time, as well as providing terms for the students to use when discussing the puppetry aspect during critical reflection on their role plays (a condition of assessment). These four principles are "Breath, Belief, Focus and Touch". After getting comfortable handling the mannequin as a puppet, with one hand at the base of the neck and the other holding the mannequin's wrist, the students first pay attention to their own breath. They are then directed to transfer that "breath" into the puppet, by increasing the tension in the arm supporting the mannequin's neck, so that their breath impulse travels through their bodies and into the mannequin. The resultant movement of the mannequin simulates life-like breathing.

Then, they are encouraged to "believe" in the mannequin's vitality. This belief is described as crucial to the success of the role play, as the more the puppeteer believes in the reality of their

puppet-patient, the easier it is for their fellow students to believe too. This leads to a consideration of "focus" in two respects. Firstly, the puppeteers are tasked to maintain a strict focus on their puppet's face, which draws the attention of those interacting with the patient to the puppet's face as well. Secondly, they are asked to consider where the focus of the puppet might be; for instance, whether it would look at whoever is speaking, whether it would look away or be concerned solely with its own pain, and so on. Lastly, the quality of "touch" is explained and explored. The mannequins are not designed for puppetry and are cumbersome and weighty. This provides an extra factor for the students to consider, as the puppeteer is only able to help the puppet respond very slowly, relying on a delicate level of touch to maintain convincing movements. The mannequin "has a life of its own" and the relationship between the puppeteer and the awkward puppet-patient becomes complex and sentient. Importantly, the puppeteers are restricted from using ventriloquism, or "talking for" the puppet-patient; instead, they must use only breath, movement and non-verbal communication within the SRP.

The puppet-patients in these multi-stage scenarios are given backstories, specific conditions, concerned family members and character traits. The PCN students use the drama and puppetry techniques they have learnt to develop their scenarios, rehearsing and refining their roles to illustrate their ability to identify risk, maintain positive person-centred relationships with patients and family, and provide effective humanistic care. Personal narratives and the sense that these simulated patients are real are crucial for simulated patients to be effective in role-play - 'the character needs to be believable, sensitively portrayed, and become someone the students come to care about.' (McAllister *et al* 2013a: 1454). This gives nursing students opportunities to connect 'with the puppet on an emotional level' (Reid-Searl *et al* 2017a: 19), while practicing technical procedures, thus encouraging 'meaningful learning.' (Tilbrook *et al* 2017: 78) Though the intervention at UU seems effective, it is important to interrogate

what is happening in these examples, and to theorise potential ways of developing the approach further. If a medical mannequin is to play the role of a patient, they must have their own convincing narrative. We argue that this narrative should include the inherent narrative and logic of the materiality of the mannequin, through an understanding of anthropomorphism.

The anthropomorphic narrative

Broadly, anthropomorphism may be defined as a phenomenon whereby non-humans are seen to communicate or behave in a language understandable to humans. Through its actions, a thing - or a "no-thing" - translates its existence into human terms, becoming "some-thing". (Wharram 2014: 531) Anthropomorphic perspectives have been explored extensively in relation to puppetry and theatre, but the ways that anthropomorphs are presented in literature and animation are potentially illuminating and underexplored for this context. For film scholar Christopher Holliday, older versions of anthropomorphised characters in animated movies have permitted 'the aesthetic exploration, dilution, exaggeration and satirizing of the machinations of the human condition' by presenting a 'seductive (and empathetic) anthropomorphic fantasy' (2016: 248, 250). This resonates with examples from the literature of Danish storyteller Hans Christian Anderson. As Karin Sanders explains, Anderson's short fairy tale *Marionettespilleren* [The Puppeteer/The Puppet Show Man] (1851) follows marionettes gaining life and serves to 'expose the social characteristics' of humanity through an allegorical re-positioning of perspective' (Sanders 2012: 37). In these examples the anthropomorphs are 'hyper mimetic' (*Ibid* 29), transactional objects which serve as 'agents of narrative' squarely aimed at allegorical explorations of the human condition (Holliday 2016: 247).

In more recent examples of animation, however, this has begun to shift. Animated characters, such as Remy the rat from Pixar's *Ratatouille* (Brad Bird 2007), retain a perspective associated with their form, rather than serving as simple transactional agents for human perception. For Holliday, modern narratives have increasingly presented complex anthropomorphised forms directly at odds with their own nature, as seen in Remy the rat's 'consistent admission' of his 'rathood', despite his impersonation of human activity (2016: 254). In this way, the modern animated anthropomorph approximates the human by negotiating a permeable slash, an either/or between the latent nature of the presented form, and the human nature that the form approaches. Although often used as a narrative device, these anthropomorphs do not just explore this split between latent nature and presented form as a facet of dramatic tension. Rather they *embody* this split to offer a non-human perspective which is metaphorically - and at times directly - translated into a perspective from which we humans can experience something new. For Holliday, this accesses the anthropomorph's perspective, afforded by the use of a digital camera and diegetic action within animation, suggesting an 'intrinsically ambiguous and fragmented' agency, an internal complexity that plays out through actions more than declarations. (2016: 250)

In order to enable our medical mannequins to perform as patients, they need to be anthropomorphised, impersonating human norms by having a clear and believable "character" and performing appropriate diegetic actions. In contrast to digital animation or literature, this live anthropomorphism emerges through puppetry, requiring direct human interaction, evoking a slew of consequences explored throughout literature on objects, things and materiality. Though the puppeteer controls the puppet, applied puppetry pioneer Matt Smith reminds us that puppets still 'have their own power as uncanny and metaphorical objects' (2015: 535). Alien phenomenologist Ian Bogost argues for a recognition of the implicit other-ness of these non-human perspectives rather than understanding them through

human “language” (2012: 5). Political theorist Jane Bennett agrees and advocates for an “active materiality” to distinguish non-human perspectives from our own, recognising the importance that our relationship to things has always played in making us human (2010: 119). Translation and literature theorist C. C. Wharram explains that in their very materiality ‘nonhumans have always already been actors in making the human' (2014: 528). It may be that we can approximate humanity through a medical mannequin by building an anthropomorphic narrative. However, it is also important that in doing so we also maintain and privilege the “alien-ness” in the perspective of this other, this puppet-patient, authenticating their personhood without using our anthropocentric agency.

How forms perform in the Anthropocene

Anthropocentrism is a socio-cultural assumption of humanity’s survival and continued influence over the rest of the world. Counter-positions advocate for an internal agency for non-humans that humans cannot fully understand, that persists without, and in spite of, the influence of humans.

In nursing, tools and objects intrinsic to healthcare (such as thermometers and syringes) inform and signify ‘practices that humans have developed to solve certain problems.' (McAllister *et al* 2013a: 1455) In discussing art projects involving people with dementia, Lloyd points out that meaning is still present in objects and behaviours that have been removed from their ‘practical application' (2020: 209), but that they might require performed action to be understood. The processes of nursing involve translation of what a thing means when used to care for others. Things influence our actions beyond realms understandable to humans. However, this does not mean that these things are free from the human gaze.

In European philosophy, human relations to objects are sometimes seen through the prism of Kant's "thing-in-itself" (1963). The meaning of the thing evades our perception, yet our

relation to this thing is discernible. Kant's philosophical thinking has been influential in its focus on the relationship of the individual subject to the world of perceived objects. For Heidegger, the world of "being" or *Dasein* - and a sustained attempt to reach beyond perception to 'being in itself' - was a burning philosophical concern exclusive to humanity (1962). For our purposes, these phenomenological approaches are still "all too human". As proto-materialist Karen Barad states succinctly: 'Language matters. Discourse matters. Culture matters. There is an important sense in which the only thing that does not seem to matter anymore is matter.' (2003: 801)

Art theorist Irmgard Emmelhainz suggests Anthropocentrism can be related to cultural normativity. This normativity minoritizes by othering, reframing a 'lost language of the poor, the excluded, animals, plants, the handicapped' (Emmelhainz 2015). The images with which we are surrounded no longer represent experience. They are a materiality comprising of a collection of sensations that analogise experience and promote passivity, reducing the act of seeing, of perception, to automatism. In short, what we see is full of information but devoid of meaning.

Holliday explores how contemporary animation challenges this passivity. He explains that spectatorship changes with a new anthropomorphised perspective. We are shown, rather than see. We are presented with images from a radical new, often non-human, perspective that constructs meaning through diegetic action rather than signification. This new 'subjectivity 'in things' describes a spectatorial disengagement from human compositional logic.' (Holliday 2016: 257) In this sense, we can anthropomorphise medical mannequins through both perspective and form. For the object to perform the role of a patient, we must carefully attend to its materiality, its body. By encouraging actions that respect our mannequin's integrity, by authenticating its different internal perspective and its material body, it may begin to "become".

Performance philosopher Aline Wiame draws on Gilles Deleuze's description of the marionette as a mime, capable of 'disengaging an abstract line from the original event' (Deleuze 1990: 147), in order to understand how a puppet may become an actor within a new event, through its actions (Wiame 2016a: 66). Wiame describes how puppets and their puppeteers come together to 'compose new possibilities of being, sensing, thinking and resisting in a world made of human and non-human elements that constantly mix.' (*Ibid:* 67)

This suggests we not look at puppets as representations of humans, but to understand them by the meaning they have in themselves through their representation of actions, through mimesis not based on human action but on their own. This is an abstract conception that resists figural symbolism. Abstraction of representational meaning allows a thing to escape the bonds of its material world. This abstract thing does not signify. These things exist in a world of immediacy, emergence and phenomena. Drama historian E. T. Kirby explores a similar potentiality in masks, especially those within ritualised acts. For Kirby, once the thing no longer exists to serve its natural-ness, when a blank mask is imbued with ritualised meaning, it stands alone 'a thing of a new order.' (1972: 10) Without an internalised subjective psychologism, its identity emerges through differentiation. 'This is a line of flight', writes Wiame, 'which flies away from representation and from the gravity of matter, becoming a pure determination of forces' (2016a: 65). When matter engages in a Deleuzian line of flight, it is creating something in this movement. 'During each of these 'becomings', the spectator (as perceiver) relinquishes power over the fiction to the anthropomorph and must accept its subjectivity and its morphē [form] as the mediating interface.' (Holliday 2016: 259) A body seen as the mediator of its own becoming is creative.

This offers a way in which a form may perform in its own terms in this anthropocentric world. Released from the visual restriction of its material form and anthropocentric ideas of representation, this body materialises a new fictional potentiality. Once this new subjectivity

inhabits a virtual body, a thing both conceptually and materially begins to become more than a thing. For our puppet-patient to take their first conceptual steps towards becoming, we must move away from using puppets as the transactional objects of paediatric communication (Reid-Searl *et al*, 2017b) and instead approach them as translational objects (or subjects) of person-centred care.

Treating the Body without Organs

A Deleuzo-Guattarian body, theorist Peter Hallward states, becomes real through virtual inscriptions that endow potential to become a 'body without organs' (BwO), a virtual body actualised and 'sustained by the interests of action' rather than representation (Hallward 2006: 34, 47). 'For Deleuze and Guattari, the notion of bodies with/out organs provides an integrated metaphor for the shifting, interconnected, constantly moving, constructed body.' (Goodley 2009: 267) This BwO is not a material body, but "contains" the potentiality for a body to "become". Dan Goodley explores disabled experiences, and the perspectives of the families of those with disabilities. For Goodley the BwO as the "potent" of a disabled body is often at direct odds with their "latent" as bodies-as-organisms. 'Disabled bodies, it could be argued, are metaphorically and materially constituted as atomistic, enclosed, unitary, and embodied bodies-as-organisms which fail, lack, handicap, and disable.' *(Ibid:* 260) The BwO, on the other hand, can be a counterpoint for inciting a restructuring of perception where 'disability is not viewed as a deficiency of the body that renders it malfunctioning or physically challenged' (Tsiokou 2017: 215).

The sick body is often seen as deficient within a medical model of healthcare. Prominent disability and performance scholar Petra Kuppers criticises the reductive view of the medical model which asserts that disabled bodies are 'faulty, in need of being (and potentially able to be) cured, managed, rehabilitated.' (2009: 225) As Calvert (2020) and Goodley (2014)

suggest, the distinction between disabled and non-disabled is problematic. For Calvert the concept of 'debility' equalises the power imbalance implicit in the 'medical model' of dis/ability. Every person can be 'debilitated' in some way, yet never deemed 'either wholly capable or wholly debilitated' (Calvert 2020: 97). Calvert promotes a model of 'conviviality' through disability arts scholarship, which sees 'the attitude of care as fluid and mutual, constantly adjusting to the fluctuating vulnerabilities of interdependent people' (*Ibid).*[iv]

Disabled people have struggled long and hard for recognition of their human rights and perspectives, and we do not seek to appropriate that experience or reduce its significance. But these ideas of interdependence and "debility" may be applicable to the "body" of the mannequin, in ways which may be helpful for training PCN students to respect personhood in caring exchanges. The puppet-patient has "debilities", like all bodies, human and non-human – attributes that are whole in themselves, but "debilitated" in relation to an infinite range of imagined other bodies. Opposed to a "real" body, the material body of the mannequin becomes "virtual" in its personhood, a quasi-subjectivity based on a *metaphorical* operation. This resonates with the increasingly popular Object-Oriented-Ontology, which identifies the subjectivity of objects through a metaphorical re-positioning of the subjectivity of the perceiver of the object (Harman 2018). If a medical mannequin is seen as a body which "lacks" something, as sick or disabled bodies are often categorised in biomedical terms, then the potential understanding of a BwO and universal condition of "debility" might help us to (re)imagine its metaphorical embodied experience.

If we see puppetry applied to mannequin bodies as bringing a virtual body into existence through metaphorical and constructed subjectivity, then we also begin to see how its representational (lack of) utility can be a generative facet of its embodiment within healthcare simulation. More so, the actions and/or presence of the materiality of the mannequin's body come to develop meaning which emerges in 'becomings rather than final destinations'

(Goodley 2009: 269). Our medical mannequin's body enacts its own embodied personhood in SRP for PCN students to translate and respect as a patient's perspective. To challenge how embodied identities can escape hierarchical binaries and the effects of hegemonic biopower, we turn to another Deleuzo-Guattarian theory, the rhizome.

Rhizomes and structures of power in applied puppetry

Patients often use the metaphor of feeling "like a puppet" during healthcare interactions, having decisions made on their behalf and being "talked past" by healthcare staff. This analogy suggests that both puppets and patients experience the direct effects of the biopower enacted *onto* them, seen through applied puppetry as 'a repressive force, restricting the individual's freedom and producing passive docile bodies', as Matt Smith explains (2015). 'The puppeteer', he elaborates, 'is part of a network of biopower reproduced by medical and institutional techniques associated with modern capitalism that work to administer and control the populace.' (533) This institutional control (re)produces representational ideologies defining and exploiting bodies, especially in relation to their perceived "abilities" and "disabilities". A rhizomatic model, on the other hand, purports an interdependent relationship between body, (dis)ability, self and other. Kuppers (2009) advocates for viewing disability as an embodied experience through the non-representational lens of the Deleuzo-Guattarian rhizome. This system is resistive of hegemonic biopower, where one entity enacts power onto another in an unequal and vertical flow. We look to the practices and theories of disability studies again, to consider the relationship of the rhizome to the embodied experiences of bodies, both real and virtual.

The rhizome can be explained as an interconnected system comprising parts which are observable, or "above ground", and less visible parts which are "below ground". The common metaphor is of a hedge, one system made up of multiple parts, some above the soil

and more beneath the dirt. The rhizome highlights the interdependencies of both observable and invisible systems. There is a focus on horizontal networks and interconnections; power comes from in-between, from connections to other parts of the system. Wiame (2016b) describes four principles of Deleuze's marionette theatre: the rhizomatic principle of immanence, where the puppet has no puppeteer; the linear principle, where marionettes develop a spatial, non-psychological, subjectivity; the dramatizing principle, where the freedom of a puppet is made up of spatio-temporal dynamism; and the selective principle, where puppets and automata mime the temporality of thought, they "act" as if they are thinking. (Wiame 2016b: 37-42) These four principles resonate with those used at UU of Breath, Belief, Focus and Touch and supports the use of the Deleuzian Rhizome in applied puppetry.

If we see the body of our mannequin as a virtual potential body, alongside the body of the nursing student physically animating it, the puppet-patient assemblage neatly demonstrates a functioning rhizomatic structure. We see the puppet-patient's material form in its body, and we see the nursing student who animates it through actions; what we do not see is the "underground" network of power, which forms the animation of the body. The puppeteer, and others who interact with the puppet-patient, *translate* and *connect* this combined rhizomatic object to meanings that humans can understand. For Kuppers, when both physical and virtual representations of a body tacitly interact and function together, the rhizome produces identities which 'require the activity of articulation' to come to be. (2009: 229) This resists hegemonic biopower, as it cannot be *re*-presented; it must *be*-present and constantly in the process of becoming.

For disability and poetry scholar Katarina Tsiokou, "becoming" lights a path towards 'change, transformation and redefinition'; for the disabled body this provides 'a sense of liberation.' (2017: 214) This suggests that our medical mannequins perform as patients

through the combined efforts of both a physical system and a virtual one working together. The "debilitated" body of our puppet-patient becomes a BwO through the connection to the student in a rhizomatic system which seeks further connection. This is a whole body, alongside its parts; a non-unity, a non-totality, serving as a 'tool for the disruption of any hierarchical classification of corporeal abilities.' (*Ibid*: 215) Smith reminds us 'the applied puppeteer needs to carefully consider the way they approach diverse identities and issues of biopower in order to respect participants' agency.' (2015: 531) The performative personhood of our puppet-patients relies on a virtual body that approximates the human through careful and considered actions; but we must also attend to its physical body, its materiality, seeing its "debility" as generative of a virtual potential in its own terms. It shapes experiences from its own perspective. It has the power to feel sorrow, joy, pain, betrayal – not just through the imposed narratives that we place upon its existence, but on its own, metaphorically translated through us.

Conclusion

Wiame refers to the "puppet master" as the central point of a rhizome, where each tangentially divergent line, the puppet's strings, connect. The puppet-master - though at the centre - over time relinquishes their agency and power as 'the puppet-master becomes like a continuation of the puppet.' (2016a: 66) For our medical mannequin to perform as a puppet-patient, we must not exert control over it, nor allow it to control us. Instead, we must dance together in mutual "convivial debility", touching us as we touch them back. We must attend to its body, its materiality, as an anthropomorphised "skin", treating its bodily presence with the care one would give to that of a fellow human.

The project at UU has had some success through an application of puppetry techniques which promote puppet-patient agency and personhood. The expressive humanity that may be

produced through applied puppetry approaches used with medical mannequins in SRPs relies on an approximation of the human, a translation of the metaphorical meaning implied by the latent form of the object and through an understanding of this object's actions as constructing its "character". However, the question of how to move these speculative theorisations into effective practice beyond the concepts of Breath, Belief, Focus and Touch is still very much open for future discussion and collaboration.

The materiality of the mannequin as a simulated patient is both a distinct challenge and a potential opportunity. Rather than opting for expensive mannequins that represent humanoid behaviours through automation, applied puppetry offers an approach through which PCN students can attempt to 'translate' the actions of their puppet-patients. In constituting a fluid identity through their actions and interactions, our puppet-patients perform personhood, by constantly becoming what they are. If nursing students can respect and respond to this fluid and interactive identity in SRP, even during invasive and awkward technical procedures, then they will succeed in providing humanistic and person-centred care to an actively material body. If this can be achieved, then the object will surely become a puppet-*person*, playing the complexity and interdependencies of personhood through its own language. We then need to translate the perspective of this simulated patient through the use of metaphor, allow it to inform our actions and, all the way through this process, care for it.

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Notes

[i] [i]For instance, see "Paediatric Hal" from simulation designers Gaumard - https://www.gaumard.com/s2225. Or for a video demonstration - https://www.youtube.com/watch?v=zUAYaSVAHv8

[ii] This approach is also used in clinical paediatrics situations, where children interact with the puppets who are animated by the attending nurse (Reid-Searl *et al,* 2017b).

[iii] See: https://www.facebook.com/banyantheatrecompany/

[iv] Although the particularities of how PCN students consider concepts such as vulnerability and risk have been identified as a crucial barrier to them performing effective person-centred care (Dingwall *et al* 2017), there is not enough space to address this in this article. For an exploration of this, see Tizzard-Kleister *et al* (2020), 'Risk reframed: drama-based practice and risk in person-centred nursing education', *About Performance,* 18 [Forthcoming].