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Lessons in Embodiment From the World of Physical Theatre

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Abstract

This article considers how the concept of *embodiment* is used in artistic practices to promote mind-body integration, kinesthetic empathy, and trust, each of which can be drawn upon to strengthen patient-clinician relationships. This article also offers examples from the world of physical theatre to help clinicians and patients notice, communicate, and feel more comfortable about their embodied experiences during clinical encounters.

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Embodiment, Theatre, and Medicine

Few artistic pedagogies and practices center the body to the extent of physical theatre. This approach to performance recognizes **physical impulse** as the point of departure for creative exploration. Challenging the traditional playwright-director-actor hierarchy, physical theatre begins with embodied improvisation and builds in a nonlinear fashion toward composition.^{1,2,3} This practice further encourages a supplementation of scholarly, dramaturgical research with kinesthetic research practices.³ Just as physicians study the body in the hopes of healing illness and injury, so do physical theatre-makers study the body in the hopes of uncovering and expressing artistic meaning. Both are intimate endeavors that require a level of physical and emotional trust that goes beyond most professional requirements. *How might we draw on what we know about the values of embodied connection to strengthen patient-physician trust and promote intimacy that can help patients feel safe in clinical settings?*

Embodiment Ethics

Embodiment is central to health care ethics. The intimacy and urgency of the body's demands and its unique position in defining our very sense of self⁴ make embodiment ripe for ethical inquiry. Whether we come to this inquiry from a background in the arts or medicine, it is essential to avoid the assumption that all people experience pain, for example, in the same way because it glosses over meaningful differences in how people are embodied. Health professions education has taken steps toward acknowledging the importance of differing contexts in health care by foregrounding social determinants of health as essential factors in how lived experience directly influences a person's

physical and emotional health.⁵ Acknowledging an individual's uniqueness does not, however, negate the importance of fostering meaningful connection with others whose lived experiences may differ. Western social, normative, and cultural expectations have prompted us to strive for autonomy, and yet the ethics of embodiment ask us to admit a certain level of dependence on others, which points to the importance of developing trusting relationships with caretakers.

The value placed on strong embodied relationships connects directly to physical theatre's emphasis on collaborative creation and ensemble-building through improvisation. Scientific research has revealed the importance of building trust and intimacy through the practice of witnessing and replicating physical action. For example, it is widely acknowledged that imitation of body posture plays a large role in infant-mother bonding, fosters social communication, and builds empathy.^{6,7} Synchronized action is a foundational component of social exchange, cooperation, rapport, and social-cognitive functioning.⁸ Synchronous activity has also been shown to increase cooperation and compliance, boost trust, foster joint action, and increase compassion and altruism.⁸ Interpersonal synchrony can be achieved through a range of activities: walking, clapping, rocking, and so on. Rituals of collective rhythmic coordination (chanting, dancing, singing, drumming) have played important roles in cultural evolution and promote prosocial behavior, oxytocin production, and even pain reduction via group synchrony.^{7,8}

Physical theatre pedagogies also encourage exploration of group rhythm (eg, improvised percussion, songs, or soundscapes composed by layering together sounds produced by many ensemble members) and mirroring (eg, watching an ensemble member's physical improvisation and then performing it back to that person). Group rhythm is as much a practice of listening as it is a practice of expression. Trust in ensemble members is built through the practice of witnessing and being witnessed by others, which has been proven to have a therapeutic effect within the context of trauma-informed care.⁶ As a discipline, physical theatre celebrates diversity of embodied experience by promoting a state of openness that allows for trusted connection with others. The goal of engaging in safe physical collaboration lends itself to the creation of a "collective body"⁹ that is treated with the same respect and reverence as the individual body. In this way, embodiment ethics and physical theatre share a central focus on fostering physical and emotional trust via intentional physical attunement.

Physical Theatre Pedagogies and Practices

French theatre practitioner Jacques Lecoq is a prime example of a physical theatre practitioner whose work is built on a foundation of anatomy and movement. His training in anthropology prompted him to engage in the "anatomical study of the body in an aesthetic context."¹ At the end of the Second World War, Lecoq did rehabilitation work with disabled veterans. It was here that he observed how to organize the body to achieve mobility in the face of injury and learned to teach others how to do the same.¹⁰ Although Lecoq was not a medical professional, his deep belief in the value of paying close attention to the nuances of the **anatomical healing process** ties him to a shared value system based on the central tenet of embodiment.

Lecoq worked from a foundational understanding that gesture precedes spoken language^{2,10} and that it is the actor's body and its movement through space that generate meaning.¹⁰ By reenacting specific physical movements while altering other variables, such as rhythm or intensity, he found embodied meaning. Lecoq's focus on

the language of the body and belief in its preeminence over the written word acknowledges the potential for physicality to reveal a deeper truth than verbal communication and underscores the cross-disciplinary importance of physical cues, such as body language, posture, and eye contact.

Lecoq was not alone in his pedagogical emphasis on embodiment. Austro-Hungarian choreographer Rudolf Laban created his own grammar of movement with a goal of physical fluency, which he believed led to limitless expressivity.¹ Polish practitioner Jerzy Grotowski believed that, in order to reach a state of presence, the actor must follow their physical impulses to eradicate a series of blocks within themselves (*via negativa*).¹ Russian-American actor-director Michael Chekhov focused on enlarging the actor's physical experience in connection with their psychology (psycho-physical action) to engage the actor's full self.¹ Japanese writer-director Tadashi Suzuki built on a tradition of Noh theatre and centered the "art of walking"¹¹ as the basis of stage performance. American directors Anne Bogart and Tina Landau developed a pedagogy based on the Viewpoints of Time (tempo, duration, kinesthetic response, and repetition) and Viewpoints of Space (shape, gesture, architecture, spatial relationship, and topography) as the building blocks of performance, which they believed extended beyond theatre training into everyday expression and perception of physical communication.¹²

Traditional dramaturgy is beginning to expand to encompass more body-centered approaches, with some practices going so far as to draw inspiration from specific anatomical systems¹³ or integrate brain mapping based on sensory input.¹⁴ Beyond promoting performative presence, these practices generate internal awareness, which can translate to increased ability to connect with and demonstrate empathy for other people.¹⁴ Whether by removing obstacles and overcoming habitual patterns or tuning into psychological and imaginative impulses, most physical theatre pedagogies share a common goal of cultivating embodied awareness (of the body's inner sensations and their relationship to the temporal and spatial context) as the foundation of nonverbal communication.

There exists an underutilized opportunity to employ the body's communicative potential outside of a strictly theatrical discipline—specifically, in medicine. Attention is more often placed on verbal communication between patient and physician when, in fact, small adjustments in posture, eye contact, or quality of touch could go even further toward building a trusting professional relationship. It would be beneficial for clinicians to develop an awareness of the importance of fostering kinesthetic empathy, especially in a field centered on the goal of healing physical affliction.

Patient-Clinician Nonverbal Communication

Empathy is built between patient and clinician when turn-taking occurs between conversation partners and both parties are aligned in speaking and listening (ie, lexical alignment).¹⁵ In addition to cultivating an awareness of verbal synchrony, adjusting to the patient's posture and movement is a sign of deeper empathy and attunement. As Finset and Ørnes note: "reciprocal nonverbal, perceptual-motor mimicry may facilitate the smoothness and mutual positivity in face-to-face interaction."¹⁵ Goldstein et al define *kinesthetic empathy* as "awareness of the dynamic interactions between self and other, i.e., movement sensations in response to someone else's body movements or postures."⁷ This kind of physical empathy is communicated via eye contact, **supportive touch**, smiling, nodding, and engaged posture with a forward trunk lean.⁷ It is easy to underestimate the impact of the story our bodies are telling, but awareness of these

physical cues is especially important in a clinical setting, where the patient enters the situation with a certain amount of vulnerability. A clinician's ability to make a patient feel safe depends greatly on embodying a nonthreatening physical presence. Cultivating this type of presence in a clinical setting requires the same set of tools employed by physical theatre practitioners.

- *Breath*. The basis of grounded physical attunement lies in the breath. It is helpful to pay attention to the rhythm and pattern of the breath before rushing into physical movement. A consistent breath pattern allows the clinician to feel more grounded and gives patients a dependable rhythm that they can synchronize with to calm tension within their own bodies.
- *Sensation*. Expanding outward from the breath, the clinician can then take stock of internal physical sensation. Awareness of the location of tension in the body, for example, indicates to the clinician which muscles may need relaxing before they can physically articulate a sense of safety to an incoming patient.
- *Environment*. Moving beyond internal sensation, it is beneficial for a clinician to broaden the scope of their awareness to the temporal and spatial context the body exists within. Noticing how they respond to the environment around them opens the door for greater empathy with how the patient may feel entering their office, potentially for the first time.
- *Movement*. Once awareness has been expanded to the environment, movement can be introduced. The physician may use specific gestures or postures that encourage reciprocal expressivity and feelings of physical safety in the patient.
- *Connection*. These preliminary steps make the transition to relational interaction that much easier. Eye contact and consensual touch will feel more natural with a foundation in embodied attunement.

Clinicians can use these key ideas from physical theatre pedagogies to facilitate embodied presence and awareness of how their kinesthetic capacity for empathy—which is especially important in caring well for patients—fosters connection and intimacy that helps patients feel safe.

References

1. Bridel D. In the beginning was the body. *American Theatre*. January 1, 2011. Accessed April 16, 2024. <https://www.americantheatre.org/2011/01/01/in-the-beginning-was-the-body/>
2. Kriegler-Wenk ZR. Pedagogies of embodied healing: devised theatre and reciprocal empathy. In: Kaplan EW, ed. *Theatre Responds to Social Trauma: Chasing the Demons*. Routledge; 2024:chap 18.
3. Bowditch R, Casazza J, Thornton A, eds. *Physical Dramaturgy: Perspectives From the Field*. Routledge; 2018.
4. Schenck D. The texture of embodiment: foundations for medical ethics. *Hum Stud*. 1986;9(1):43-54.
5. Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. *Public Health Rep*. 2014;129(suppl 2):19-31.

6. Van Der Kolk B. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin; 2015.
7. Goldstein P, Losin EAR, Anderson SR, Schelkun VR, Wager TD. Clinician-patient movement synchrony mediates social group effects on interpersonal trust and perceived pain. *J Pain*. 2020;21(11-12):1160-1174.
8. Lumsden J, Miles LK, Macrae CN. Sync or sink? Interpersonal synchrony impacts self-esteem. *Front Psychol*. 2014;5:1064.
9. Britton J, ed. *Encountering Ensemble*. Methuen Drama/Bloomsbury Publishing; 2013.
10. Murray S. *Jaques Lecoq*. Routledge; 2003.
11. Suzuki T. Rimer JT, trans. *The Way of Acting: The Theatre Writings of Tadashi Suzuki*. Theatre Communications Group; 1986.
12. Bogart A, Landau T. *The Viewpoints Book: A Practical Guide to Viewpoints and Composition*. Theatre Communications Group; 2005.
13. Berland E. A dramaturgy of embodiment—the study and practice of experiential anatomy. In: Bowditch R, Casazza J, Thornton A, eds. *Physical Dramaturgy: Perspectives From the Field*. Routledge; 2018:79-89.
14. Bersley TE. The body's brain: neurology in theatrical practice. *Critical Stages*. 2018;17. Accessed April 16, 2024. <https://www.critical-stages.org/17/the-bodys-brain-neurology-in-theatrical-practice/>
15. Finset A, Ørnes K. Empathy in the clinician-patient relationship: the role of reciprocal adjustments and processes of synchrony. *J Patient Exp*. 2017;4(2):64-68.

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