

Humanizing Healthcare Through Narrative Performance

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The concept of healthcare as a human right in the United States was first formally introduced by President Franklin D. Roosevelt in 1943. In the ensuing decades, numerous politicians and activists have advocated for public access to health care, most notably with the introduction of healthcare reform during the Clinton and Obama administrations, and today during the Biden administration. And yet, despite these attempts at ensuring health care for everyone, many people still have no access to this basic human right, or at least very limited access, and health crises are an unfortunately visible hallmark in public society (and less visible, although equally as present, in private society). Thus, a performance about the health care system in the US is powerful, necessary, and thought provoking. This performance, written and enacted by professionals who have themselves worked within US health care systems, provides an insider's perspective that many viewers would not otherwise be able to witness.

For various reasons I am one of the viewers who would not otherwise be privy to healthcare dialogue—mostly because I am a bit squeamish about the particularities of many medical procedures. I am one of the many who, when I have blood drawn, must close my eyes and focus on my breathing. I offer this visual to explain my confession that this was a difficult review for me to complete. Watching a performance with specific details about certain procedures was, to put it mildly, a challenge. But just as the writer/performers challenged themselves to craft a performance that offers productive complication of patient care, I managed

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to bring myself to watch a performance that discussed (and showed!) detailed information about (shudder) a procedure involving needles. Of course, I know that I am not alone in my squeamishness. And, I suspect it is this widely known and widely shared aversion to needles that likely led the writer/performers to use this as an example of a medical procedure. I am interested in why they chose to do this, perhaps to purposefully provoke a thoughtful response from audience who might not otherwise engage with this level of detail. Because here we are, finding ourselves witnessing and participating in an extensive discussion about a procedure involving not just any needle—but a VERY LARGE needle. Perhaps it is my above-mentioned bias, but I find it difficult to see this as anything but a purposeful and productive provocation, the kind that good creative work must employ to be efficient at conveying a message. Also, my second confession is that I looked away during the part with the needles.

One thing this performance accomplishes notably is to engage the audience by moving between first-person perspective and multi-person dialogue. The performers are seated in close proximity to each other while engaged in dialogue, and then make use of the space to change positions, moving into a first-person perspective. Performer two foregrounds this transition with the statement, “What follows are personal narratives during which we play multiple roles. As medical educators and patients, we ponder what may be gained from integrating vulnerability, reflexivity, uncertainty, and dialogue into the discursive practices of medicine (4).”

This movement between dialogue and first-person perspective allows the audience insight into the decision-making process of medical providers, as well as illuminating the complications that patients might experience when given conflicting treatment directions. This performance raises numerous important questions, especially asking us to consider how we make decisions about which treatment path to pursue, especially when the very serious consequence of our health and our life is at stake?

One of the things I most appreciate about this performance is the way that it humanizes not only interactions between medical providers and patients, but the medical providers themselves. Immediately after we see different medical providers offering alternatives for care, Performer 2 observes, “In other words, these doctors’ biographies play an integral role in their clinical reasoning. Their stories inform their thinking... of course!” (7). It’s insightful to see variation in approaches to treatment parsed through dialogue like this. So often medical treatment is framed as an absolute, as though there were only possibility available.

Instead, the writer/performers use this performance to create important context for the variability of how medical treatment is decided and enacted through the dialogue among different practitioners.

This performance offers numerous directions for expansion. For example, the performance could be expanded to involve more people, and more types of dialogical interaction (I'm envisioning a choral formation of patients). The performance could also involve more media that demonstrates procedures for patient care, or that explores the histories of these procedures. The performance could expand on the concept of "teaching future doctors how to be change agents in their clinical care" (13). By this, I mean, for example, a focus on training programs where actors work with doctors to develop constructive interactions with patients. Finally, the performers might consider creating a more audience-immersive experience, where audience members have the opportunity to play the role of patients.

In conclusion, this performance demonstrates something that performance studies does best, which is to center narrative in a research practice. In this case, narrative not only provides the material for study, but it also generates performative context when it is utilized in the action of the performance event. The centering of narrative is what allows the performers to humanize medical care. Performer 3 illustrates this by saying, "Narrative offers a way for patients and practitioners to derive meaning from their experiences, to connect with others, and to realize the potential for healing and care that transcends treatment and cure" (20). Staging narrative as a way to productively complicate medical care in the United States offers audiences important insights that might not otherwise be accessible. Most importantly, it fosters possibility for more detailed discussion of the crucial situation we find ourselves in regarding access to health care.



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