

Spiraling Toward Hope

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Case: 69-year-old male; diabetic but controlled. Presented with persistent nose bleeds. NP referred to ENT. ENT referred to specialist. Specialist is kind but direct. Diagnosis: Angiosarcoma inside the nasal cavity, rare. Treatment: surgery and radiation.

This was winter, 2023. In April, after the surgery, the surgeon told my still in-shock (and now missing a key facial feature) father that he is one of fourteen *in the world* to have this cancer in this part of the body. I think he was trying to communicate something positive. Great luck, eh? (We're Canadian). We did not experience it positively. Anyway, though my family and I were no strangers to the medical establishment, the past twelve months have provided a crash course in its cultural mores. As a communication scholar, I have been particularly attuned to the voices surrounding my dad and his treatment—medical, familial, experiential.

Voices are at the center of *Healthful, Heartful, and Hopeful Narrative in Medicine (Healthful)*, Baglia, Defenbaugh, and Foster's collaborative autoethnographic performance. There are many things I could say about this piece, a script and performance that highlight, among other things, just how essential it is to attend to narrative and experience in the increasingly technocratic and AI-driven world of the twenty-first century. My thesis, however, is that these performers adeptly use a

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spiraling layered account featuring juxtaposition and modal shifts to demonstrate how medical communication (and thus, medical experiences) can be improved through narrative approaches. As the performance moves through three scenes we are transported from a place where medical and experiential communication are at odds with one another to one where they intertwine. As the Finale approaches the voices integrate, arguing by example for the efficacy of narrative methods.

While Baglia, Defenbaugh, and Foster refrain from naming *Healthful* a specific form of autoethnography, I think they have crafted a beautiful example of (among other things) a layered account. As Carol Rambo Ronai explained thirty years ago: “The layered account offers an impressionistic sketch, handing readers layers of experience so they may fill in the spaces and construct an interpretation of the writer's narrative” (Rambo Ronai 396). While she was referring to one writer employing multiple voices and perspectives, and *Healing* is a collaborative autoethnography telling multiple stories, these writer-performers use various strategies, including the multiply embodied “Voice of Medicine” character, shared narration, and shifting modes, to create a palimpsest text where speakers and subjects split and combine. I imagine their patient, friend, family, doctor, nurse, medical educator, and communication scholar subjectivities floating into place atop one another like wispy paper. It is as if one could trace them into a single, multiply voiced story.

The structure of the performance helps produce this layered effect, with each scene performing repetition as if spiraling fibers into an interwoven thread. *Healing's* structure can be summarized as: an expositional Prelude; three echoing scenes (dramatic) interspersed by Interludes (also expositional/theoretical); and a Finale (persuasive and summative). Each scene is a narrative in itself. I was tempted, at first, to experience these as separate, beautiful (maybe incomplete) narrative arcs: the Voice of Medicine states the case (introduction, rising action), the patient attempts to reconcile their voice of experience with that scientific voice (climax), and then some sort of resolution, perhaps unsatisfactory (denouement). Upon further witnessing, though, I think they proceed more like spirals. Jane Alison has argued in the realm of fiction for spirals (and other natural structures) as models for narrative form: “A spiraling narrative might move around and around with regular, rhythmic repetitions, yet it advances steadily, deepening into the past, perhaps, or rising into the future” (Alison). This is what *Healthful* does – it spirals together a healthful, heartful, and hopeful narrative of medical communication.

Several aesthetic choices help to drive this spiral upward toward the future; the ones that most struck me are related to color and focus. One of the more obvious visual choices that resonates deeply in its simplicity is the stark juxtaposition of white lab coats with black clothing and the way it echoes differences between the Voices of Medicine and Experience. The coats, emblazoned with official names and titles, add to the considerable weight of the medical voices—spoken with a cold credibility at the start but softening with experience by the third scene, when a nurse speaks vulnerably and an audience member responds with new-found, reflexive authority.

Shifts in focus or mode—with performers speaking in the lyric (and sometimes presentational) mode to the audience, in dramatic mode to one another, from off stage entirely as omnipotent narrators, and even in unison at key moments—carry the juxtaposition from visual to vocal and allow for a kind of greying, that is, a blurring of the dialectic, to complicate the distance between the voices. By seamlessly and intentionally moving between these modes, the performers create the effect of a cacophony of voices coming together in this medical-experiential discourse.

Loath as I am to reduce a complex performance to a single argument, I believe Baglia, Defenbaugh, and Foster have argued capably, here, for the importance of narrative and storytelling in the context of medical discourse. They have also succeeded in humanizing medical workers and patients alike through their embodiment. The strongest moment of this, for me, is one of the most subtle, when Nicole-as-nurse is seen mostly as an arm—an expressive, caring arm—reaching out to Jay-as-patient. If pressed to critique, I would say that I am saddened not to have seen the live performances, which are of course impossible to fully replicate for the camera, as I believe these embodied signifiers would be even more meaningful. As it stands, I leave the piece inspired to tell more of my own and my family's medical stories, and that, to me, signals a successful performance intervention. You can bet that these voices will ring in my ears at my father's next medical appointment—one that I approach with heart and hope.

Works Cited

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