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My Body, My World:

Illness and Identity in Alice Walker's "Beauty: When the Other Dancer is the Self"

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Abstract: Writing Center faculty at the Medical University of South Carolina teach humanities courses in which we include literary texts that are not ostensibly “about health care” to introduce to students how unique an illness narrative can be—to challenge, in fact, preconceived notions student may have about what “counts” as a healthcare narrative. One narrative we teach is Alice Walker’s “Beauty: When the Other Dancer is the Self.” Walker’s account provides opportunities to examine how injury and illness can affect one over the course of a lifetime, contributing to the formation and constant renegotiation of identity from childhood to adulthood. This paper describes the method by which we have taught Walker’s story to engage students on these topics.

Willa Cather once wrote, “There are only two or three human stories, and they go on repeating themselves as fiercely as if they had never happened before” (Cather, 2008). The fierceness with which human beings tell and repeat stories demonstrates that narrative is a powerful force in our lives. This force is important to consider in the context of health care education, specifically in the literature-and-medicine classroom. Literature-and-medicine teachers, influenced by the theories of narrative medicine, believe that the study of narrative allows medical and other health care students to develop analytical skills through close reading and to exercise empathy by imaginatively entering the stories of others (Charon, 2006; Engel, Zarconi, Pethel, & Missimi, 2008). The study of narrative can also challenge students to see how varied the healthcare experience can be (Engel et al., 2008). When reading personal narratives from patient perspectives, for example, students learn that, although all illness experiences may fit certain paradigms, the details of each patient’s story are unique. An outstanding example of a first-person narrative that stresses the connection between illness and personal identity is Alice Walker’s “Beauty: When the Other Dancer is the Self,” a story that is often anthologized as an exemplary model of the autobiographical essay and is frequently taught in college classrooms. In the health care classroom, Walker’s account provides opportunities to explore how injury and illness can affect one over the course of a lifetime—can, in fact, contribute to the formation and constant renegotiation of identity from childhood to adulthood. The purpose of this paper is to describe an approach to teaching Walker’s essay in the literature-and-medicine classroom to promote better understanding of illness experiences and facilitate the development of narrative competence.

Course Background

The teaching methods described in this paper were used in a 12-week interprofessional elective course called “Health Care and the Humanities.” The course was originally designed for medical students by faculty members from the College of Medicine (COM) and the Center for Academic Excellence/Writing Center (CAE/WC) at the Medical University of South Carolina (MUSC). As a faculty member of the CAE/WC, I co-designed and co-taught the course for three years. In the second year, the course became interprofessional and was opened to students from all six colleges at the University; students from nursing, dental medicine, and pharmacy have taken the class along with medical students. In the third year, I began to teach sections of the class independently.

From its inception, this course included narratives written by physician-writers like Anton Chekhov, William Carlos Williams, Abraham Verghese, Richard Selzer, and David Watts. However, because one of the primary objectives of the course is for students to demonstrate the ability to respond empathetically and analytically to patient narratives, the course also includes texts by literary greats like W.H. Auden, Ann Sexton, and Raymond Chandler, stories and poems that require students to analyze narrative devices and techniques to develop narrative competence (Charon, 2002), a second course objective. Unlike physician-penned narratives, these narratives allow students to enter imaginatively the territory of Other (Dasgupta, 2008), reinforcing the idea that this is not a class “about doctors” but about becoming more mindful, humble, and self-aware (Dasgupta, 2008) in order to better serve patients. In the interprofessional classroom, where a third objective is to encourage communication and understanding among the professions by having students learn “with, from, and about” each another (Medical University of South Carolina, 2011), these literary texts create an atmosphere of inclusivity with no one profession represented more frequently than others in the readings.

In an effort to center conversations on illness experiences over the professional experience, I began to include more patient-centered narratives in my own independently taught sections of the class. Over time, I pushed the envelope further, incorporating stories like Frank O’Connor’s “The Drunkard” and David Sedaris’ “Go Carolina,” stories that have a tangential connection to health care, but realistically depict how illness affects individuals in unique and profound ways. Like these narratives, Alice Walker’s essay challenges students to reflect on the value of stories that are not ostensibly “about health care” while also providing a complex literary text for in-depth analysis. To date, Walker’s essay has been included in two sections of my course. In the first class, it was taught in an “adjustment to illness” unit with two poems: Donald Hall’s “The Ship Pounding” and Jane Kenyon’s “Coats.” In a later class, the story was included in an “illness and identity” unit with the same works by Hall and Kenyon, as well as with Reynolds Price’s poem “The Dream of Me Walking.”

Because graduate health care students come to these texts with limited expertise in literary analysis, I begin the semester by modeling the process of close reading, providing them a vocabulary (diction, imagery, tone, etc.) to use during discussion. The weekly two-hour class sessions often open with informal writing assignments or small group activities designed to engage prior knowledge and get students actively involved with the text before delving into a teacher-guided analysis. Sessions sometimes end with a reflection exercise in which students are asked to make connections between readings and their personal experiences. The teaching

methods section that follows incorporates a brief summary of Walker's story and provides an overview of class activities and discussion.

Teaching Methods

Narrative Summary

In "Beauty: When the Other Dancer is the Self," Walker describes a BB gun accident that leaves her blind in one eye at the age of eight. This accident alters her appearance, leaving a "glob of whitish tissue" (Walker, 2002, p. 44) on her right eye that transforms her from a beautiful, confident child to one who would no longer raise her head. Over the course of the narrative, Walker traces the evolution of her personality from childhood to adulthood, describing the negative impacts of the injury that resulted in her loss of beauty and, as a result, her self-confidence. Only when she is 27 and has a child of her own, who informs her, "Mommy, there's a *world* in your eye" (Walker, 2002, p. 48), is Walker able to accept—even celebrate—that world as part of her identity. At the close of the essay, Walker dances with joy, joined by an imagined dance partner who is a "beautiful, whole, and free" (Walker, 2002, p. 48) version of herself.

Class Activities and Discussion

Our class discussion of Walker's narrative opens with an analysis of Walker's character transformation, which occurs over the course of the essay. First, we perform a close reading of a passage near the beginning of the essay in which Walker describes herself delivering an Easter speech in 1950. At this age, she claims to have had a "spirit bordering on sassiness" (Walker, 2002, p. 43) that she developed not only because others acknowledged her intelligence, but also, and more importantly, because she was an extremely attractive child. Together, my students and I analyze diction, noting that the paragraph contains strings of adjectives that illustrate how deeply aware the six-year-old Walker is of her beauty. For example, Walker describes in detail her showy outfit: a "green, flocked, scalloped dress" and "T-strap patent leather" and "biscuit-polished" shoes (Walker, 2002, p. 43). Consumed with her physical charms, Walker's child-self imagines that she rises to her performance on a "great wave of love and pride and expectation" (Walker, 2002, p. 43). This overweening self-confidence evaporates as soon as she incurs her injury and her eye is scarred. As a result, our class begins to debate compelling questions: *How much of one's identity is connected to the body? Can one's body change, for better or worse, without that person's identity also changing? How do bodily illness and injury affect a person's sense of self?*

When addressing these questions, students are asked to locate passages that suggest the body and identity are inextricably linked. Doing so, they note that not only does Walker develop shame as a result of her lost beauty, but also that her family begins to treat her differently while simultaneously denying that she has changed at all. I ask students to consider this denial, which is emphasized through the repetition of a key line that family members recite to Walker throughout her life: “You did not change.” These words elucidate the gap between Walker’s perception of her illness experience and the perceptions of others. In contrast to her family, Walker has vivid memories of how she didn’t raise her head for six years (Walker, 2002, p. 44), how she abused herself in front of the mirror, and how she started praying not for the return of her sight but for the return of her lost beauty (Walker, 2002, p. 45). The contrast between these points of view allows us to discuss the family’s role in illness: *What might have motivated Walker’s family members to deny the changes in her? Did they not see them? Were they trying to reassure her?*

This conversation about family leads us to consider the multiple points of view that surround any one illness or patient, and we debate to whom medical narratives “belong” and what implications this has in health care for patients, providers, and families. *How important is it, I ask, for all parties involved in a patient’s life to work toward constructing a shared narrative? How damaging is it when, as in Walker’s case, a patient feels her story is not heard or understood?* Since Walker implies that being accurately seen and heard is essential to coping and healing, our class might list off strategies providers can use to ensure that patients feel their stories and perceptions matter. Students note that open body language, eye contact, and physical touch, for example, can be used to indicate engagement, applying what they have learned from clinical mentors or from courses designed to prepare them for patient encounters.

Our discussion of communication leads us to inquire about Walker’s methods of communicating. Part of this discussion involves Walker’s use of the present tense to describe events that happened in the past. I encourage students to see how the use of present tense reinforces Walker’s theme that an illness is never “past” for the person who bears physical reminders. Students are also encouraged to see how the narrative structure—Walker’s “scrapbook” technique of juxtaposing moments from various times in her life that demonstrate how she was changed by her injury—also contributes to the thematic unity of the piece. I remind students that as providers, they too will seek to create unified narratives from charts, lab values, and patient- and family- narratives. Walker’s essay is a prime example of how a patient’s story can provide the thread needed to draw seemingly disparate pieces into a meaningful whole.

Throughout this discussion, students readily make connections between Walker’s experiences and the experiences of patients they have seen in clinics. As we consider how various physical alterations—seen and unseen by the public eye—might affect the patient, students demonstrate particular sensitivity toward patients who cannot hide their scars. They are quick to acknowledge societal pressures to be thin and attractive and are generally willing to deconstruct biases they have or assumptions they make about patients based on appearance. To urge them to apply these ideas to a specific topic in health care, I might ask students to consider how appearance shapes providers’ perceptions of obesity by asking a question like this: *Are patients who appear obese stigmatized more than patients who appear thin and healthy but are normal-weight obese (ie—patients who have a normal weight for their height according to the body mass index [BMI] but an unhealthy percentage of body fat)?* This and similar questions

challenge students to reconsider assumptions they've made about health based on appearance. During this discussion, students may mention that making judgments based on physical appearance is part of their profession; providers may judge how "well" a patient looks over all, how old he or she looks compared to actual stated age, whether a patient appears to practice good hygiene or not. These points can lead to deeper discussions about how health care providers walk the line between observation and assumption, judgment and bias.

To close discussion, and with the clinical setting in mind, I ask students to reflect in writing on what Walker's story taught them about the connection between body and identity, and how they might apply this knowledge in practice. Although they are not required to do so, a few students often volunteer to share their responses with the class. This reflective writing exercise not only allows students to synthesize their learning and reinforce key take-away points but also provides a means of assessment for the teacher.

Assessment

While informal assessments of student learning can be taken during discussion based on the quality of student comments, a more formal, individualized assessment of student learning and insight can be gleaned from the written responses. Students who volunteer to share reflections demonstrate the ability to connect our reading with the health care world and the world at large. For example, students have written about how body-image illnesses relate to societal pressures to be thin and beautiful. They express empathy for patients like Walker whose illnesses are physically manifested, causing patients to face insecurity, ridicule, and isolation. More than one student has reported witnessing insensitive treatment of patients based on appearance: a resident making inappropriate comments about a female patient's body; nurses snubbing a man because of his disheveled appearance. In each case, students have expressed concern for the patient and increased awareness about using sensitivity in clinical settings.

Additional assessments for the course also prompt students to apply what they've learned to their clinical work and to their personal experiences. For a final project, students write a three-to-five page paper. They may write about their own personal health care experiences, relating them to other patient stories we've read; describe a clinical experience from the point of view of a patient or family member; or rewrite one of the stories we've read from a different point of view. All of these assignments require students to think critically and creatively about the illness experience and to consider how point of view shapes narrative. Students share their essays with the class, and we discuss each essay as we would any other reading—paying attention to diction, detail, style, metaphor, and point of view, among other elements. By asking students to write, I hope to encourage them to gain a richer understanding of the relationship between a writer's identity and the narrative he or she creates. In the interprofessional classroom, students often comment that they have developed new appreciation for their classmates' professions as well as for the patient experience.

Conclusion

Inviting students to learn through patient narratives can be a complicated task, especially as students often enter the class expecting to read stories primarily by and about health care providers. But when course objectives involve helping students develop narrative competence, improving patient-provider communication, and fostering empathy, it is critical to teach literary works that require students to conduct in-depth analyses of complex texts and to make empathetic leaps into the stories of others. Even if stories may be categorized into two or three types, it is vital for providers to discern how each patient's story is unique—and how that uniqueness can shape each patient's plan of care. By studying the idiosyncratic features of both the teller and the tale, health care professional students may be better prepared to provide more compassionate, effective care tailored to individual patients rather than to types of patients.

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