



2020

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Recommended Citation

Worthington, Ana (2020) "Giving the Body a Voice: Dance as Embodied Illness Narrative," *The Macksey Journal*: Vol. 1 , Article 1.

Available at: <https://www.mackseyjournal.org/publications/vol1/iss1/1>

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Giving the Body a Voice: Dance as Embodied Illness Narrative

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Abstract

The expression of illness narratives within art has gained considerable attention within the field of medical humanities, however few have considered the ways in which dance functions as a medium for constructing and sharing such narratives. I aim to bring attention to the possibility that dance, as an embodied art form, may uniquely provide individuals with a medium for illness storytelling which gives a voice both to and *from* the suffering body. In this paper, I first discuss two significant social and artistic influences which inspired choreographers to incorporate illness stories into concert dance, the 1960's egalitarian art movement and the 1980s AIDS epidemic. I then look closely at three key pieces in dance history, Ann Cooper Allbright's 1988 performance, Neil Greenberg's *Not-About-Aids-Dance*, and Bill T. Jones' *Still / Here*, in order to reveal how the incorporation of illness narratives into concert dance provides insight into the personal and social functions of constructing and sharing illness narratives.

Keywords: Medical Humanities, Illness Narrative, Dance History

Introduction

Illness narratives are believed to have significant functions for both ill persons and those whom they share their illness story with. Not only does the construction of illness narratives allow for personal healing and sense-making, but the sharing of such stories promotes

community awareness and conversation about important issues regarding illness and dying. In this paper, I will first look historically at the incorporation of illness narratives into concert dance in the 1990's by discussing two significant social and artistic influences which inspired choreographers to explore the incorporation of illness narratives into concert dance, the 1960's egalitarian art movement and the 1980's AIDS epidemic. I will then focus on three key pieces in dance history which incorporated illness narratives into dance, Ann Cooper Albright's 1988 performance, Neil Greenberg's *Not-About-Aids-Dance*, and Bill T. Jones' *Still / Here*. These performances fostered for unique intimacy between the audience members and the performers by powerfully portraying the realities of illness and the suffering. By looking at how these performances sparked controversial debates regarding the ethical boundaries of choreographic inspiration, I will reveal the social functions of sharing illness narratives, which include that of raising community awareness to suffering as well as promoting important conversations about illness and death. I will also discuss the personal functions of constructing and sharing illness narratives, especially through the artistic medium of dance, which include that of coping, sense-making, and identity-reconstruction. In discussing the benefits of constructing illness narratives, I aim to raise important questions about dance as a unique medium of embodied illness narratives which gives a voice both to and *from* the suffering body.

The Incorporation of Illness Narratives into Dance in the 1990s

In the 1990's, what once was a performance art that highlighted physical virtuosity came to portray experiences of suffering, illness, and even death. I believe that there are two key social and artistic influences which inspired choreographers to incorporate illness narratives into concert dance, the 1960s Egalitarian art movement, which gave choreographers the artistic freedom to showcase ill persons on stage, and the AIDS epidemic of the 1980s, which

confronted the artistic community with illness and mortality in ways it had never been before. In this discussion, I will use Ann Cooper Albright's 1988 performance, Neil Greenberg's *Not-About-Aids-Dance*, and Bill T. Jones' *Still / Here* as examples of influential choreography which explored the telling of illness narratives through the artistic medium of dance. As well, I will begin to recognize how these performances fostered for intimacy between the audience and performers which allowed the sharing of these illness narratives to function in uniquely social capacities.

Foundationally, it was the 1960's egalitarian art movement which provided choreographers with the aesthetic freedom necessary to showcase ill persons onstage. During this movement, choreographers began to redefine what constitutes a dancer and the "dancing body". Rather than limiting the stage of concert dance to classically trained dancers, choreographers in the 1960's began to showcase "non-dancers", such as pedestrians, on stage (Banes 370). One of the leading studios which pioneered this movement was the Judson Dance Theatre in New York City, which showcased the pedestrian movements of New York City both on stage as well as in the streets of the city (Banes 371). Collectively, the egalitarian art movement asked, what can be considered dancing and who can be a "dancer"? On this foundation, choreographers in the 1990's were able to further push the boundaries of choreographic inspiration by showcasing diseased and disabled dancers on stage.

One example of this is Ann Cooper Albright's performance in 1998, which she performed naked and in a backless wheelchair which revealed her curved, degenerative spine in order to showcase her diseased body (Albright 58). Albright challenged the audience's expectations of the dancing body as a medium of control and rather confronted the audience with the physical realities of the illness which had disrupted her dancing career. In the performance,

Allbright didn't just share her illness physically with the audience but also verbally, and throughout the performance a recording played of Allbright's voice as she told stories of illnesses which had profoundly affected her life, such as her son's first days of life in the Neonatal Intensive Care Unit, her grandfather's struggle with Multiple Sclerosis, and her own spinal degeneration (Allbright 60). Ann Cooper Allbright's performance is just one example of the ways in which choreographers in the 1990's worked to redefine the conception of the dancer and began to experiment with the incorporation of illness on stage.

The 1980's AIDS epidemic was another social factor which heavily influenced the artistic community and inspired choreographers to include experiences of illness into their choreography. By the year 2000, an estimate of 774,647 persons had been diagnosed with AIDS in the United States and 85% of those diagnosed had died from their illness ("HIV and AIDS—United States, 1981-2000"). This epidemic confronted the artistic community with death in a way that it had never been before and effected the lives of many highly recognized choreographers. This confrontation transformed the content of concert dance, as choreographers began pushing the boundaries of choreographic inspiration in order to incorporate their personal experiences with illnesses and death into their artistic work, especially pertaining to experiences with HIV. Two examples of this are key choreographers Neil Greenberg and Bill T. Jones.

In 1994, Neil Greenberg was inspired to choreograph and perform *Not-About-AIDS-Dance* after experiencing the loss of his brother and eight other friends to AIDS ("Not-About-Aids-Dance-1994"). In the piece, Greenberg took a multi-media approach to sharing his illness narrative, similar to Allbright, by using slide projections and voice recordings in order to tell stories of lost loved ones to HIV and even Greenberg's HIV+ status. While these recordings played, the performers on stage embodied the narration through dance. The goal of Greenberg's

performance was to integrate his HIV+ status into both his own identity as well as raise HIV awareness within his community (“Not-About-Aids-Dance-1994”). By allowing the audience to receive extra dance information about the performers that usually remains unrevealed, Greenberg fostered for unique intimacy between the audience and the performers through unexpected disclosure.

Bill T. Jones was another choreographer with a disclosed HIV+ status whose choreographic work was influenced by his own illness and loved ones he lost during the AIDS epidemic, including his long-time dance partner Arnie Zane (Dills 465). One of Jones’ pieces which attracted particular attention was his 1994 piece, *Still / Here*. For this performance, Jones took inspiration not just from his own experience with illness but also from workshops he held with terminally ill patients. In these workshops, Jones would ask the participants to show him, through dance movement, how their illness was affecting their lives and how that made them feel. Jones would also ask the participants to draw out “maps” of their lives and then “walk” him through the “map”, stopping at critical moments, such as their diagnosis and even their future death, and ask if they could show him through dance movement what was happening (Dills 466). In *Still / Here* Jones incorporated the participant’s movements into the choreography while also showing video portraits and playing voice recordings from the workshops during the performance (Dills 465). Unlike Allbright and Greenberg’s performances, however, the illness narratives shared through the video portraits were not those of the dancers on stage, but instead the audience members were encouraged to create their own connections between faces, conversations, and movements shared between the absent workshop participants and the performers. This absence of the workshop participants plays an important role in the performance, as audience members are brought to wonder if the video participants are still alive

and fighting their illness, if some had already passed away, and others were still left facing uncertain futures (Dills 470).

The Social Functions of Dance as Illness Narratives

In each of these performances, the incorporation of illness narratives into concert dance fostered for a unique intimacy between the audience and the performers. Audience members become active participants in the emotional, and even physical, pain of illness by empathizing with the performers and comparing the pain of the performers to similar pain in their own lives. Even more significantly, these performances connected audience members with real-life people rather than “people” as theatrical entities. Because of this, these performances stimulated important ethical debate regarding which aspects of life and death can be ethically integrated into art. Should performance art be allowed to portray the sensitive human experiences of illness and dying? In this discussion, I will compare two significant responses to Bill T. Jones’ *Still / Here* made by dance critics Arlene Croce and Carol Oates in order to both survey the public response to the incorporation of illness narratives into concert dance as well as reveal the social functions of sharing illness narratives.

In *The New Yorker* in 1994, Croce published an article entitled “Discussing the Undiscussable” in which she argued that, by incorporating the illness narratives of terminally ill patients into his work, Jones crossed the line of ethical artistic inspiration and produced a dance that was beyond the reach of artistic criticism due to the emotional sensitivity of the performance. Croce argued that, not only is it unethical and distasteful to incorporate the narratives of dying patients into art, but that its “emotional intimidation” of the audience was an unjust tactic that placed the piece beyond approachability or criticism. Croce claimed that the

piece was an example of “victim art”, an artistic production that serves simply to showcase human suffering.

Carol Oates, on the other hand, wrote a contrasting review of Jones’ piece in *The New York Times* in 1995 entitled “Confronting Head on The Face of The Afflicted: Art Has Always Borne” in which she argued that portraying a dancer’s suffering on stage is not necessarily an act of “victimizing” but rather an act of “humanizing”. Oates recognized that art has traditionally functioned to bear witness to human suffering, through which the truth of human experiences can be revealed. While both of these critics make interesting points regarding the ethics of art and the incorporation of illness narratives into concert dance, perhaps even more significant is that they point toward a larger public response to the sharing of illness stories which reveals the social functions of telling illness stories.

The sharing of an illness narrative requires two people, the teller and the listener. For every illness story there is a “witness”, and this vital role can be one of challenging emotional discomfort and confrontation. The embodiment of illness narratives in the concert dance forces audience members to acknowledge that the historical function of the dancer, which was to embody social ideals and desires for control, is one of fabricated, unrealistic expectations, and in its place the audience is faced with the uncontrollable physical and emotional reality of illness and death. What is challenging about witnessing illness narratives is that it confronts us with the uncontrollability of illness, a failing body, and death. Within this challenge are startlingly personal implications for our own lives in which we are called to take on the responsibility of coping with this realization. Jones asks the audience at the end of *Still / Here*, “Can you picture your death? Can you picture it? Own it? Be responsible for it? And now that that part’s over, what happens next?” Performances which share illness narratives ask their audiences, and

society at large, to accomplish one of the most difficult responsibilities as a human, which is to listen to the voices, or the dancing bodies, of those who are suffering and consequently reflect on one's own mortality.

One may ask, why did these choreographers feel so compelled to choreograph such controversial and emotionally challenging performances? I would argue that, in sharing illness narratives through dance, the choreographers were aware that they were *accomplishing* something socially. One of the social functions of sharing illness narratives, such as through dance performance, is that conversation is stimulated within the communities which witness these illness narratives. Illness narratives can provide a platform from which to construct difficult but important discussions regarding issues of life and death. Greenberg's goal in choreographing *Not-About-AIDS-Dance* was not just to share his HIV+ status, but also to negotiate his own existence within his community by raising awareness and promoting conversation within his community about how AIDS was affecting the lives of those around them. Greenberg wrote, "When I witness you dancing, I must negotiate your particular existence. . . I proceed from the aesthetic stance of working with 'what is,' which for me includes the real bodies, personal histories, and relationships of the dancers onstage—with each other and with the audience—as well as the relation of these with the cultural/political/social context, the 'what is' outside the studio" ("Not-About-AIDS-Dance"). Greenberg's goal in choreographing *Not-About-AIDS-Dance* went beyond wanting to accomplish something within the performance but rather to accomplish something that transcended beyond the performance theatre. The effects of sharing illness narrative in concert dance, or any form of art, is that the story travels beyond those participating in the storytelling and to the social context in which the story is told. Sharing illness

stories functions to raise awareness to human suffering and promote public moral discourse about universal but unspoken human experiences of illness and death.

The Personal Functions of Dance as Illness Narratives

Disease is a disruption which leaves patients' lives in the midst of incoherency; where they were going is not where they have ended up, and this discrepancy leaves nonsensical gaps of lost meaning in a person's life. Illness stories allow patients to re-construct lost meaning in their lives by connecting the discrepancies between what "should have been" and what is the reality of their lives in the light of their diagnosis. Significantly, it is believed that constructing and sharing illness narratives can function in powerful ways for the ill person by aiding in processes of sense-making and identity-reconstruction in the midst of the personal crisis that constitute illness experiences. I aim to discuss the commonly recognized personal functions of constructing and sharing illness narratives as well as hypothesize how dance, as an embodied form of narrative, may provide a uniquely beneficial medium for doing so.

For the ill person, one of the primary functions of constructing illness narratives is that patients are able to create new significance within their lives in light of their diagnosis. Narrative is a primary means of comprehending our experiences, and the construction of illness narrative allows for a re-representation of reality in which the "new" reality is reconfigured in order to express meaning (Hazel 7). Arthur Frank, a medical sociologist, discusses this in his pioneering book about illness narratives *The Wounded Storyteller*: "Stories have to repair the damage that illness has done to the ill person's sense of where she is in life, and where she may be going. Stories are a way of redrawing maps and finding new destination" (Frank 53). Through narrative, a coherent story is constructed which connects the discrepancies between what "should have

been” and the unexpected reality of illness, which allows patients to make sense of their illness and create significance in light of their diagnosis.

Narratives also allows for unique opportunities to re-define lost identities. Illness often drastically alters a person’s social roles and responsibilities, both within family units as well as society. In light of these changing roles and responsibilities, the patient’s sense of identity often comes into crisis as they are caught between their “pre” and “post” diagnosis identity. Constructing illness narratives can be a way for patients to re-claim lost identities or to construct new identities in light of their diagnosis. Ann Cooper Albright faced this dilemma as a professional dancer who struggled with spinal degeneration. She wrote, “Through this process of performing the un-performable, of telling the untold story, of staging the antithesis of my identity as a dance professional, I began to reclaim the expressive power of my body (Albright 56).” Through sharing her illness narrative through dance, Albright was able to re-claim her identity as a dancer despite the disruption of her illness in her life.

However, constructing and articulating an illness narrative has been found to often be a challenging task for patients (Frank 50). Illness changes a person’s state of being; in the state of illness, the body is no longer our dependable instrument but rather the object of concern. In this sense, during a crisis of illness the unity of the body and the “self” is fractured as the “self” steps back and the body steps forward. What is unique and challenging about the construction of illness narratives is the illness story is not just that of the “self” but also that of the body. Frank describes the ways in which the illness narrative come *from* the suffering body, “Illness was not just the topic of her story; it was the condition of her telling that story. Her story was not just *about* illness. The story was told *through* a wounded body. The stories that ill people tell come out of their bodies. . . The body, whether still diseased or recovered, is simultaneously cause,

topic, and instrument of whatever new stories are told” (52). Through the illness narratives, patients find a way to give the inarticulate, suffering body a voice for the first time.

What I believe is significant about Allbright, Greenberg, and Jones’ performances is that, although they included oral narrative, they primarily showcased illness narratives through the embodied medium of dance. If constructing an illness narrative is a challenging attempt to give a voice to the inarticulate, failing body, I believe that the *embodied* art form of dance may be able to uniquely communicate such a narrative. While speech and written word are confined to being about the body, dance may function uniquely in the construction of illness narratives by its ability to give a voice both to and *from* the suffering body.

Conclusion

By discussing the incorporation of illness narratives into concert dance, it can be seen that concert dance has served as a platform for sharing illness narratives which provide us insight into the personal and social functions of constructing and sharing illness narratives. Ann Cooper Allbright’s 1988 performance, Neil Greenberg’s *Not-About-Aids-Dance*, and Bill T. Jones’ *Still / Here* each serve as examples of influential choreography which explored the telling of illness narratives through the artistic medium of dance. By fostering for unique intimacy between the audience and performers, the sharing of these illness narratives to functioned in uniquely social capacities by raising community awareness as well as promoting public moral discourse about the experiences of illness and death. These performances also give us insight into understanding the personal benefits of constructing illness narratives as they serve unique functions of re-constructing lost meaning in a person’s life and can aid in processes of sense-making and identity reformation in the midst of the personal crisis that is the illness experience. Dance, as an

embodied art form, may be able to uniquely communicate illness narratives by more readily giving a voice both to and *from* the inarticulate, suffering body than other art forms.

In light of this, the potential healing benefits of dance providing embodied healing experiences for patients. There are many scholars exploring the benefits of dance as a unique medium for the construction of illness narratives in order to promote healing for suffering patients, such as a study conducted by Karin Eli and Rosie Kay at The University of Oxford in 2014 that explored how, by embodying their illness experiences through contemporary dance, women with eating disorders were able to describe their illness experiences in ways they previously weren't able to: "By engaging women with contemporary dance practices, we can begin to identify and examine the embodied experience of illness that is otherwise silenced through just speech or writing" (65). Going forward, recognizing the functions of illness narratives alongside dance as a unique medium for doing so could have a great impact on interdisciplinary research between medical and artistic communities as researchers explore the unique benefits of dance as an artistic medium able to give a voice to the suffering body.

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