Program Notes: The Dance of Dismissal

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Research Week

Performing Art Presentation: Graduate

This performance piece is attempting to answer a question, "How can diverse performance techniques be developed to convey the emotional impact of women's misdiagnosis and dismissal of physical pain?" Through various poems, stories, dramas, and articles, a story is created. This story tells the journey of a girl, grappling with physical pains and being met with a dismissive, almost robotic, attitude from healthcare professionals. Through an analysis of the performative narrative, this study seeks to shed light on a silent struggle. This piece skillfully leverages historical context and recent studies to show the mistreatment of women in the medical field.

Program Oral Interpretation Overview

This performance is a program oral interpretation (POI). Drawing from prose, poetry, drama, and news articles, a performance centered around a unifying theme was curated. A POI is crafted to show the skills of interweaving diverse literary genres into a cohesive performance. In speech competitions a little black binder is required to hold the manuscript (Alderdice, 2014). In program oral interpretation, the binder should be used as a prop to extend the performance. An introduction is necessary after a brief teaser. The introduction explains the theme and cites the authors. In this performance, three distinct themes are explored: the plight of a misdiagnosed narrator, the depiction of a dismissive doctor, and the representation of a utopian "garden of dance."

The performance's first theme delves into the narrator's misdiagnosis story, employing a range of techniques to immerse the audience in the character's emotional journey. Through nuanced characterization, the performer breathes life into the misdiagnosed girl, utilizing changes in voice tone, facial expressions, and body language to convey her confusion, pain, and hidden suffering. Vivid imagery is woven into the narrative, employing metaphors and similes to

describe physical pain and isolation. Voice variation adds depth, with moments of despair creating a dynamic performance. Strategic blocking movements mirror the character's internal turmoil, from tense postures to gestures of resilience, enhancing the audience's connection to her pain.

Transitioning to the portrayal of a dismissive doctor, the performance employs structured repetition in dialogue and actions to underscore the character's dismissive attitude and lack of empathy. The performer's physicality transforms to embody the clinical and detached demeanor of the doctor, with rigid postures, minimal facial expressions, and monotone delivery. Subtle facial expressions, such as raised eyebrows or a condescending smile, deepen the characterization.

The final theme, depicting the utopian "garden of dance," shifts to a lyrical and melodious voice, mimicking the rhythm of poetry and creating a harmonious atmosphere. This segment serves as a contrast, representing a symbolic paradise where women are liberated from misdiagnosis and dismissal, free to revel in joyous dance without fear. Fluid blocking movements symbolize freedom and joy, with sweeping gestures evoking imagery of blossoming flowers and open spaces. Visual metaphors are prevalent. This reinforces the theme of liberation. The performer actively involves the audience, fostering a sense of communal celebration and unity. Together, these techniques transform the performance into a multi-dimensional sensory experience.

Prior Research Informing the Performance

The incorporation of prior research into the performance significantly contributes to its depth and relevance. It enriches the audience's understanding of the themes explored. By highlighting real-life experiences, such as Venessa Valaquez's medical journey, the performance

grounds itself in the reality of systemic biases in healthcare. Venessa's story serves as a powerful catalyst. Venessa Valaquez hurried to the hospital on multiple occasions with abdominal pain (ADN American News, 2018). Without performing a single test, the doctors trivialized her pain. Their misdiagnosis led to septic shock, three heart attacks, nine days in a coma, the removal of her uterus and an ovary, and the amputation of her legs. Ms. Venessa is not an isolated incident. She is emblematic of the systemic bias that impedes proper care for women, and she illustrates our two main issues: minimization of pain and the proliferation of misdiagnoses.

First, minimization of pain. A study in The Journal of Pain underscores this dynamic (Zhang et al., 2021). It asked participants to view facial video clips of female and male patients in chronic pain. After controlling patients' facial expressiveness, the data showed that a female's pain was wildly under-estimated compared male patients. Also, perceivers judged female patients as relatively more likely to benefit from psychotherapy, whereas male patients were judged to benefit more from pain medicine. Why? Because females were dismissed as being hysterical. Through strategic repetition and physicality, the performance captures the demeaning, dismissive attitudes often faced by women seeking medical help for their pain.

This leads to our next issue, misdiagnosis. Women are less likely to receive CPR, they are 50% more likely to be misdiagnosed during heart attacks, 33% more likely to be misdiagnosed during strokes, and after the onset of symptoms, it takes women approximately five years longer to be diagnosed with an autoimmune disease (Dusenbery, 2018). Women are underrepresented in many different types of medical research (Staff, 2009). Women are writhing in pain from a disease seeking to attack their quality of life. The performance skillfully weaves this issue into the piece, illustrating the challenges women encounter in receiving accurate diagnoses. This not only educates the audience but also fosters empathy and awareness regarding the systemic barriers women face in healthcare settings.

How the Performance Contributes to the Discipline

This performance piece contributes to the discipline of performance and communication by effectively using storytelling, research, and a call to action. This piece demonstrates the potential of performance as a tool for social advocacy and education. It shows how the art of communication can be a powerful force for change and awareness in society. The performance is not just entertaining but also encourages action by shedding light on the biases in women's healthcare. This call to action is a testament to the power of performance as a means of communication.

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    https://doi.org/10.1016/j.jpain.2021.03.001